



Compliance Courier

QUALITY PAYMENT PROGRAM

The transition to a Quality Payment Program (QPP) for professional services provided under Medicare is underway. Most clinicians will participate in QPP under the Merit Based Incentive Payment System (MIPS) where their Medicare payment will be adjusted based on performance in four categories including quality and cost. Clinicians eligible to participate in MIPS are: physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists. Performance reporting under MIPS opened January 1, 2017 and closes December 31, 2017 with the first performance payment adjustments going into effect on January 1, 2019.

CMS recently posted the following new resources for clinicians participating in MIPS

- [Advancing Care Information Measure Specifications and Transition Measure Specifications - Updated](#): Includes additional details on each objective and measure in the Advancing Care Information performance category.
- [An Introduction to Group Participation in MIPS in 2017](#): Offers an in-depth overview of how to participate as a group in MIPS. This user guide is interactive for quick navigation.
- [CMS-Approved Qualified Clinical Data Registries \(QCDRs\) Vendor List for 2017](#): Provides contact information for the QCDRs that will be able to report data for the Quality, Advancing Care Information, and Improvement Activities performance categories in 2017.
- [Consumer Assessment of Healthcare Providers & Systems \(CAHPS\) for MIPS - CMS-Approved Survey Vendor List](#): Includes contact information for the survey vendors approved by CMS to administer the CAHPS for MIPS Survey in 2017.
- [MIPS Measures Guide for Cardiologists - Updated](#): Highlights a sample of measures and activities for the Quality, Improvement Activities, and Advancing Care Information performance categories that may apply to cardiologists in 2017.

Most Clinicians will participate in QPP under the Merit based Incentive Payment System

[MIPS Measures Guide for Primary Care Clinicians](#): Offers a sample of measures and activities for the Quality, Improvement Activities, and Advancing Care Information performance categories that may apply to primary care clinicians in 2017.



UConn
HEALTH

LEAVING STATE SERVICE?

The State Code of Ethics has several “revolving door” provisions that apply to individuals ending their employment with UConn Health or any other state agency. If you are planning to leave UConn Health, it is important to review the ethics rules and to seek guidance as needed from the Office of Audit Compliance and Ethics or from the Office of State Ethics.

WHAT YOU NEED TO KNOW ABOUT THE STATE CODE OF ETHICS

One-year Prohibitions

You may not represent anyone before UConn Health for compensation. If, after leaving state service, you begin work with another entity that conducts business with UConn Health, there is a one-year “cooling off” period. In such cases, “represent” includes any activity

that reveals your identity or informs UConn Health of your relationship with your new employer. Examples include attending meetings with UConn Health employees, phone calls to UConn Health, and signatures or identification on documents or your new company’s letterhead. The reason is to prevent former employees from using their UConn Health contacts or influence to gain an advantage in business dealings. This does not prohibit social interactions with former UConn Health colleagues as long as no business matters are discussed. It also does not forbid you from using your expertise or advising your private employer as long as your identity or company association is not revealed and no confidential information learned during your state service is used. *You may not accept employment with a party to a contract valued at \$50,000 or more if you participated substantially in the negotiation or award of that contract and the contract was signed during your final year of state service.* Substantial participation applies whenever a former employee has exercised discretionary authority at any level of the contract award process.

Lifetime Prohibitions

You may never use or share confidential information obtained in your state position for financial gain for yourself or any other person. “Confidential information” is data in any form that is not generally available to the public. This includes written, photographic, recorded, electronic and oral information obtained through conversations, negotiations, or other verbal exchanges.

You may never represent anyone concerning a particular matter in which you personally and substantially participated while in state service and in which the state has a substantial interest. A “particular matter” refers to a specific contract, project, or report that is most often determined on a case by case basis. This prevents a former employee from “side-switching” on a specific matter to obtain an improper benefit. For questions or to review a specific scenario, please contact Ginny Pack, UConn Health Ethics Liaison, at 860-679-1280 or pack@uchc.edu or the Office of State Ethics at 860-263-2400 or ethics.code@ct.gov

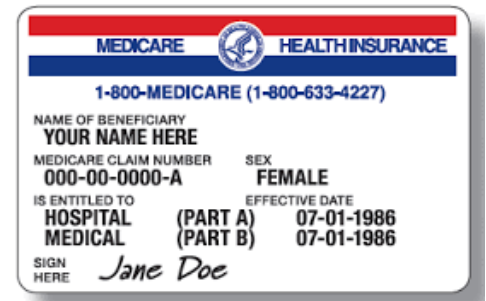
GET READY FOR NEW MEDICARE CARDS

Medicare is taking steps to remove Social Security numbers from Medicare cards. Through this initiative the Centers for Medicare & Medicaid Services (CMS) will prevent fraud, fight identity theft and protect essential program funding and the private healthcare and financial information of our Medicare beneficiaries. CMS will issue new Medicare cards with a new unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI) to replace the existing Social Security-based Health Insurance Claim Number (HICN) both on the cards and in various CMS systems being used today. CMS will start mailing new cards to people with Medicare benefits in April 2018. All Medicare cards will be replaced by April 2019. Based on feedback from healthcare providers, practice managers and other stakeholders, CMS is developing capabilities where doctors and other healthcare providers will be able to look up the new MBI through a secure tool at the point of service. To make this change easier, there is a 21-month transition period where all healthcare providers will be able to use either the MBI or the HICN for billing purposes.

Here are 5 steps you can take today to help your office or healthcare facility get ready: 1) Go to the [CMS provider website](#) and sign-up for the weekly MLN Connects® newsletter. 2) Attend CMS quarterly calls to get more information. Upcoming calls will be scheduled in the MLN Connects newsletter. 3) Verify all of your Medicare patients’ addresses. If the addresses you have on file are different than the Medicare address you get on electronic eligibility transactions, ask your patients to contact Social Security and update their Medicare records. 4) Work with CMS to help your Medicare patients adjust to their new Medicare card. When available, later this fall, you can display helpful information about the new Medicare cards. Hang posters about the change in your offices to help spread the word. 5) Test your system changes and work with your billing office staff to be sure your office is ready to use the new MBI format.

To learn more, visit: cms.gov/Medicare/SSNRI/Providers/Providers.html

(Source: Connecticut Dept. of Social Services, Important Message to Providers July 2017)



A MEMO TO MANAGERS:

When's the last time you took a few moments to do an ethics and compliance risk assessment on...yourself? Things at UConn Health, like all organizations, can change quickly, including managers' span of control, members of your team, which vendors we use and more. As your partners, we in the Compliance Department want to be a resource for you when your exposure to ethics and compliance risk changes or expands.


So take a moment and review this list: do any of these sound familiar?

- Your span of control has increased, and you are now dealing with employees or third parties that you haven't worked with before.
- You've started working with a new internal team.
- You're dealing with fast-moving structural changes to your team or your department.
- A new law or regulation has come into effect and you're not sure what the implications might be for your team.

Has your compliance risk profile changed?

- You have new team members from a generation or cultural heritage you're not accustomed to working with.
- You've recently been promoted to a management position, and wish you had a better grasp on ethics and compliance issues that might come up in your new role.
- An employee brings a potential compliance violation to you and you aren't sure how to respond.
- You're not entirely clear on how to apply one of our new or updated policies—or a longstanding policy that now applies to you more directly.

Any and all of these issues (and many more like them!) can create new ethics and compliance challenges for managers. We want to remind you that you are not on your own! If you have questions about ethics and compliance concerns, we want to connect you with help. From one-on-one consultations, training resources and advice to setting up mentoring relationships with other managers within our organization, we are committed to equipping you for success. Raising your hand when issues come up is a major part of owning ethics and compliance. There is no question too small to ask. Set an example for your team: "speak up" when you face new ethics and compliance challenges. Together, we'll continue to build an ethical and compliant organizational culture we can all be proud of. Please contact us directly by phone: 860-679-4180, Fax: 860-679-1608, via email at compliance.officer@uchc.edu or mail at 263 Farmington Avenue, MC 8214 Farmington, CT 06030. **You may also call our REPORTLINE at 1-888-685-2637.**

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We feature a monthly Compliance Quandary on our website which may be found at <http://audit.uconn.edu/uconn-health-quandaries/>

Previous editions of our quarterly newsletter may be found at: <http://audit.uconn.edu/uconn-health-compliance-courier/>



REPORTLINE: 1-888-685-2637