CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

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Official CMS news from the Medicare Learning Network®

Thursday, April 11, 2019

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News

Patients Over Paperwork April Newsletter

Read the CMS Patients Over Paperwork April newsletter for updates about our work to reduce administrative burden and improve the customer experience for hospitals:

- Human centered design to incorporate hospital perspective
- Local Coverage Determination (LCD) process
- Recent policies and proposed rules

Highlights include:

- A new tool to illustrate hospital burden: Complexity and Burden of Hospital Reporting Ecosystem Map
- Final rules removed duplicative and costly measures from our quality programs and set a new direction for Medicare Accountable Care Organizations
- Contractor Advisory Committee meetings which discuss LCD's are now open to the public with minutes posted to your Medicare Administrative Contractor's website

- Proposed rules would support seamless and secure access, exchange, and use of electronic health information
- A new podcast, CMS: Beyond the Policy highlights updates and changes to policies and programs in an easily accessible and conversational format
- New Medicare Enrollment Application for physicians and non-physician practitioners

For More Information:
- Patients Over Paperwork website
- Past Newsletters

New Part D Opioid Overutilization Policies: Myths and Facts

CMS implemented new opioid policies for Medicare drug plans effective January 1. Over the next few weeks, we will share common myths about these new policies and the facts for providers.

Myth: "Medicare is requiring that all opioid prescriptions be limited to a 7-day supply at a time."
Fact:
- Medicare Part D enrollees who have not filled an opioid prescription recently, such as within the last 60 days, will be limited to up to a 7-day supply
- This limit does not apply to enrollees already taking opioids

Medicare Part D opioid policies are not prescribing limits, and generally don't apply to enrollees who have cancer; get hospice, palliative, or end-of-life care; or who live in a long-term care facility. The new policies encourage collaboration and care coordination among Medicare drug plans, pharmacies, prescribers, and patients to improve opioid management, prevent opioid misuse, and promote safer prescribing practices.

For More Information:
- Roadmap
- Letter to providers about reducing opioid misuse
- Prescriber's Guide to New Medicare Part D Opioid Overutilization Policies for 2019 MLN Matters Article
- Training materials for prescribers, pharmacists, and patients

Medicare Shared Savings Program: Submit Notice of Intent to Apply Beginning June 11

January 1, 2020, Start Date

CMS announced Notice of Intent to Apply (NOIA) and application cycle dates for a January 1, 2020, start date for the Medicare Shared Savings Program – Pathways to Success. Beginning June 11, 2019, CMS will start accepting NOIAs via the Accountable Care Organization (ACO) Management System (ACO-MS). You must submit a NOIA if you intend to apply to the BASIC or ENHANCED track of the Shared Savings Program, apply for a Skilled Nursing Facility 3-Day Rule Waiver, and/or establish and operate a Beneficiary Incentive Program.

NOIA submissions are due no later than June 28 at noon ET. A NOIA submission does not bind your organization to submit an application; however, you must submit a NOIA to be eligible to apply. Each ACO should submit only one NOIA. ACOs will have an opportunity to make changes to their tracks, repayment mechanisms, and other NOIA-related information during the application submission period. Also, CMS allows ACOs to submit sample documentation (e.g., sample ACO participant agreements) with their NOIA in order to receive feedback from CMS before the application period opens.

The application submission period will be open from July 1 through 29, 2019, at noon ET.

For More Information:
- Shared Savings Program website
- Application Types and Timeline webpage
- Application Toolkit webpage
- For questions email SSPACO_Applications@cms.hhs.gov

Quality Payment Program CMS Web Interface and CAHPS for MIPS Survey: Register by July 1

Registration is required for groups and virtual groups that intend to use the CMS Web Interface and/or administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for Merit-based Incentive Payment System (MIPS) Survey for 2019. The registration period closes on July 1 at 5 pm ET.

For More Information:

- How to Register for CMS Web Interface and the CAHPS for MIPS Survey webpage
- Registration Guide
- Access User Guide
- How to Create a Quality Payment Program Account video
- Resource Library webpage
- Individual or Group Participation webpage
- CMS Web Interface Fact Sheet
- CAHPS for MIPS Survey Vendor List
- Participation Status Tool

Quality Payment Program: 2018 MIPS Data Submission Preliminary Feedback

The data submission period for the 2018 Merit-based Incentive Payment System (MIPS) closed on April 2. If you submitted data through the Quality Payment Program (QPP) website, you can review your preliminary performance feedback data. Your final score and feedback will be available in July. Between now and June 30, your score could change based on:

- Special status scoring considerations
- All-Cause Readmission Measure for the Quality performance category
- Claims measures to include the 60-day run out period
- CAHPS for MIPS Survey results
- Advancing Care Information Hardship Application status
- Improvement Study participation and results
- Creation of performance period benchmarks for Quality measures that didn't have a historical benchmark

For More Information:

- Access User Guide
- How to Create a QPP Account video
- Contact the Quality Payment Program at 866-288-8292/TTY: 877-715-6222 or QPP@cms.hhs.gov

IRF and SNF Quality Reporting Program: Enhanced Review and Correct Reports

Enhanced Inpatient Rehabilitation Facility (IRF) and Skilled Nursing Facility (SNF) Quality Reporting Program review and correct reports are available in the Certification and Survey Provider Enhanced Reporting (CASPER) application. Access your reports by selecting the CASPER reporting link on the "Welcome to the CMS QIES Systems for Providers" webpage; you must log in using your CMSNet user ID and password.

In addition to enhanced sorting functionality, these reports include:

- Patient level data and automated CSV file creation
- Quality measure information at the facility level
- Aggregate performance for the past four quarters (when data are available)
- Data submitted prior to the applicable quarterly data submission deadlines
- Information on whether the data correction period is "open" or "closed"

Part A Providers: Formal Telephone Discussion Demonstration Expansion

The CMS Qualified Independent Contractor (QIC) Formal Telephone Discussion Demonstration is expanding into Medicare Administrative Contractor (MAC) Jurisdictions H, J, K, L, M, and N effective May 1; participation remains voluntary. All Part A claim types are eligible for the Demonstration except:

- Reconsiderations for service termination
- Hospital discharge reviews
- Claims or providers that are already involved in another CMS initiative (e.g., the Settlement Conference Facilitation)

Current Demonstration activities conducted within DME MAC Jurisdictions will continue. Visit the Original Medicare Appeals webpage for more information.

Help Prevent Alcohol Misuse or Abuse

April is Alcohol Awareness Month, and April 11 is National Alcohol Screening Day. Excessive alcohol use can lead to an increased risk of health problems, including injuries, liver diseases, and cancer. Ask your Medicare patients about their drinking habits and perform a brief screen and intervention if appropriate.

For More Information:

- Screening, Brief Intervention, and Referral to Treatment Services Fact Sheet
- Medicare Preventive Services Educational Tool
- National Institute on Alcohol Abuse and Alcoholism website

Visit the Preventive Services website to learn more about Medicare-covered services.

National Health Care Decisions Day is April 16

National Health Care Decisions Day educates the public and providers about the importance of Advance Care Planning (ACP). Did you know that ACP services can be billed to the Medicare Physician Fee Schedule?

For More Information:

- ACP Fact Sheet
- Billing the Physician Fee Schedule for ACP Services Frequently Asked Questions
- ACP as an Optional Element of an Annual Wellness Visit MLN Matters Article
- National Health Care Decisions Day website

Compliance

Provider Minute Video: The Importance of Proper Documentation

Why is proper documentation important to you and your patients? Find out how it affects items/services, claim payment, and medical review in the Provider Minute: The Importance of Proper Documentation video. Learn about:

- Top five documentation errors
- How to submit documentation for a Comprehensive Error Rate Testing review
- How your Medicare Administrative Contractor can help

Claims, Pricers & Codes

Hold Hospice Adjustments to Avoid Underpayments

On July 2, 2018, CMS changed Medicare's claims processing systems to better identify prior hospice days when calculating hospice routine home care payments after a transfer; see MLN Matters Article MM10180. This process is not working correctly, resulting in underpayment for these claims. CMS will fix this issue on October 7:

- Until October 7, do not submit adjustments when there is a transfer within the benefit period
- Beginning October 7 or after, resume submitting adjustments
- If the dates of service are beyond the timely filling period, submit a reopening request using Type of Bill 8XQ

Publications

Medicare Fraud & Abuse: Prevent, Detect, Report

A new Medicare Fraud & Abuse: Prevent, Detect, Report Medicare Learning Network Booklet is available. Learn about:

- Fraud and abuse definitions and laws
- How to report suspected fraud
- Physician business relationships that may raise concerns

Promoting Interoperability Programs

CMS updated the Promoting Interoperability Programs website with resources for eligible hospitals and critical access hospitals to help you succeed in the 2019 program year:

- 2015 Edition of Certified Electronic Health Record Technology Fact Sheet
- Scoring Methodology Fact Sheet
- Electronic Prescribing Fact Sheet
- Health Information Exchange Fact Sheet
- Provider to Patient Exchange Fact Sheet
- Public Health and Clinical Data Exchange Fact Sheet
- Payment Adjustment and Hardship Information Tip Sheet and Table
- Clinical Quality Measures Fact Sheet and Table
- Security Risk Analysis Fact Sheet

Telehealth Services — Revised

A revised Telehealth Services Medicare Learning Network Booklet is available. Learn about:

- Requirements
- Distant site practitioners
- Billing and payment for the originating site facility

Descriptors of G-codes and Modifiers for Therapy Functional Reporting — Revised

A revised Quick Reference Chart: Descriptors of G-codes and Modifiers for Therapy Functional Reporting Medicare Learning Network Educational Tool is available. Learn about:

- 42 functional G-codes
- Seven severity/complexity modifiers

Medicare Fraud & Abuse Poster — Reminder

The Medicare Fraud & Abuse Poster Medicare Learning Network educational tool is available. Learn about:

- Ways to avoid fraudulent activities

- How to contact the Office of the Inspector General Hotline

Multimedia

CMS: Beyond the Policy Podcast

CMS released the latest episode of our podcast, CMS: Beyond the Policy. This episode brings highlights from the 2019 CMS Quality Conference, including CMS Administrator Seema Verma's keynote speech where she discussed the vision for Medicare and the agency this year as well as audience reaction. You can also listen to the podcast on Google Play and iTunes.

Cost Reports Webcast: Audio Recording and Transcript

An audio recording and transcript are available for the March 28 Medicare Learning Network webcast on Submitting Your Medicare Part A Cost Report Electronically. Learn how to use the new Medicare Cost Report e-Filing system.

Quality Payment Program Merit-based Incentive Payment System (MIPS): Quality Performance Category in 2019 Web-Based Training Course — Revised

With Continuing Medical Education Credit

A revised Quality Payment Program Merit-based Incentive Payment System (MIPS): Quality Performance Category in 2019 Web-Based Training Course is available through the Medicare Learning Network Learning Management System. Learn about:

- Reporting requirements
- Identifying data submission and collection types
- Scoring and benchmark methodology, and helpful resources

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