

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



CMS has instructed its contractors to delay turning on Phase 2 denial edits on the following claims to check for a valid individual National Provider Identifier (NPI) and to deny the claim when this information is missing:

- Medicare Part B **laboratory and imaging** claims and Durable Medical Equipment, Orthotics, and Supplies (DMEPOS) claims that require an ordering or referring physician/non-physician provider; and
- Part A Home Health Agency (HHA) claims that require an attending physician provider.

CMS will advise you of the new implementation date in the near future. In the interim, informational messages will continue to be sent for those claims that would have been denied had the edits been in place. See [MLN Matters® Article SE1305](#) for more information.

MLN Matters® Number: SE1306

Related Change Request (CR) #: Not applicable (N/A)

Related CR Release Date: N/A

Effective Date: N/A

Related CR Transmittal #: N/A

Implementation Date: N/A

Update on the Medicare Hospice Quality Reporting Program (HQRP)

Note: This article was revised on March 2, 2016, to add reference to MLN Matters® Articles [MM9460](#) to alert providers to changes in the payment reduction reconsideration process for hospice agencies that do not submit required quality data. All other information remains unchanged.

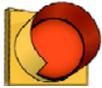
Provider Types Affected

This MLN Matters® Special Edition Article is intended for hospices submitting data under the Medicare Hospice Quality Reporting Program and claims to Medicare contractors (Regional Home Health Intermediaries (RHHIs) and A/B Medicare Administrative Contractors (MACs)) for services to Medicare beneficiaries.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

Provider Action Needed



STOP – Impact to You

The Affordable Care Act, Section 3004, requires each hospice to collect data on quality measures specified by the Secretary, Department of Health and Human Services (DHHS), and submit the data timely, beginning in January 2013, to the Center for Medicare & Medicaid Services (CMS).



CAUTION – What You Need to Know

This article informs hospices about:

- What they should be doing now with regard to data submission of the National Quality Forum (NQF) # 0209 measure that is due on April 1, 2013, for the Fiscal Year (FY) 2014 Annual Payment Update (APU) determination;
- What they should be doing with regard to data collection for the second year of reporting (FY 2015 APU determination); and
- Where to get resources on the CMS HQRP Web Page to help them with the above activities.



GO – What You Need to Do

Make sure that your staff is aware of these data collection and reporting requirements.

Background

Requirements for the First Year of Reporting

For the first year of reporting (affecting the FY 2014 payment determination), hospices will submit two measures:

- The Structural/Quality Assurance and Performance Improvement (QAPI) measure; and
- The NQF # 0209 measure.

The data collection period is October 1, 2012 through December 31, 2012.

Note: To avoid a reduction in your APU, the structural measure must have been reported by January 31, 2013, and the NQF # 0209 measure by April 1, 2013.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

Requirements for the Second Year of Reporting

For the second year of reporting (affecting APU determination for FY 2015), hospices will:

- Collect data on these measures from January 1, 2013, through December 31, 2013, for the FY 2015 payment determination; and
- Submit data for **both measures** by April 1, 2014.

The Hospice Wage Index Final Rule, published in the Federal Register in August 2011, finalized that after the first year of reporting, all subsequent years of reporting would be based on a calendar year. Therefore, the data collection cycle is for duration of 12 months.

The Home Health Final Rule (November 2012) finalized that, for the second year of reporting (affecting the FY 2015 payment determination), the data submission periods for the two measures are consolidated (both measures will be submitted by April 1, 2014).

Key Points to Remember

You should now prepare for the second year of required reporting by:

- Collecting data for the Structural/QAPI measure and the NQF # 0209 measure, as of January 1, 2013; and
- Preparing to submit the data on these measures by April 1, 2014, for the APU, FY 2015 determination.

For FY 2014, and each subsequent year, failure to submit required quality data will result in a 2 percentage point reduction to the market basket update for that fiscal year.

The following chart summarizes the dates you need to remember:

	Data Collection Period	Submission Date
Year 1 Reporting	Oct. 1, 2012 - Dec. 31, 2012	Jan 31, 2013 - Structural/QAPI Measure April 1, 2013 - NFQ #209 data
Year 2 Reporting	Jan. 1, 2013 - Dec. 31, 2013	April 1, 2014, both Measures

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

Additional Information

If you have any questions, please contact your RHHI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

The FY2012 Hospice Wage Index Final Rule may be viewed at <https://federalregister.gov/a/2011-19488> on the Internet.

The Home Health Final Rule, published in November 2012, which contains information on the hospice quality reporting requirements for CY 2013, is available at <https://federalregister.gov/a/2012-26904> on the Internet.

You can keep informed of highlights activities and announcements, technical information and guides for the HQRP by visiting <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html> on the CMS website.

This article contains updated information from MLN Matters® Special Edition Article #SE1301, titled “Hospice Quality Data Reporting Reminders,” which was published on January 17, 2013, and is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1301.pdf> on the CMS website.

DOCUMENT HISTORY

Date of Change	Description
March 2, 2016	The article was revised to add reference to MLN Matters® Articles MM9460 to alert providers to changes in the payment reduction reconsideration process for hospice agencies that do not submit required quality data.
May 26, 2015	The article was revised to add a reference to MLN Matters® Article MM9091 that provides a summary of the penalties for hospice agencies that do not comply with the quality data submission requirements of Medicare.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.