



# mlnconnects

Official CMS news from the Medicare Learning Network

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## News & Announcements

### MIPS Group Reporting: Registration Period Ends June 30

Groups planning to use the CMS Web Interface or administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey to submit data for the Merit-based Incentive Payment System (MIPS) must register by June 30.

For More Information:

- [Group Registration for CMS Web Interface and CAHPS for MIPS](#)
- [2017 Registration Guide for the CMS Web Interface or CAHPS for MIPS Survey](#)
- [2017 CAHPS for MIPS Fact Sheet](#)
- [2017 MIPS: CMS Web Interface Fact Sheet](#)
- [2017 CAHPS for MIPS Survey](#)
- [2017 CAHPS for MIPS Conditionally-Approved Survey Vendor List](#)
- [MIPS Group Participation Webinar Recording](#)

### MIPS Performance Categories: Accepting Future Measures and Activities until June 30

The CMS Annual Call for Measures and Activities for the Merit-based Incentive Payment System (MIPS) track of the Quality Payment Program is open until June 30. CMS encourages clinicians, measure stewards, organizations, and other stakeholders to identify and submit measures and activities to be considered for the Quality, Advancing Care Information, and Improvement Activities performance categories of MIPS in future years. Review the [Annual Call for Measures and Activities](#) fact sheet to learn more.

## Chronic Care Management Services: New Connected Care Materials

CMS has new resources to help you and your patients understand Chronic Care Management (CCM) services. Order these free materials from the [CMS Product Ordering](#) website:

- [Postcard for Health Care Professionals](#) (Pub # 909444): An overview of CCM, the four billing codes for payment, and how to learn more about implementation
- Postcard for Consumers ([English](#) and [Spanish](#), Pub #909443): Helps you explain CCM and its benefits
- Poster ([English](#) and [Spanish](#), Pub #909445): Display in office or waiting room to get your patient's attention and help start the conversation

For More Information:

- [Connected Care](#) website
- [Connected Care Health Care Professional Toolkit](#)
- [Partner Toolkit](#)
- Email [ccm@cms.hhs.gov](mailto:ccm@cms.hhs.gov)

## National Men's Health Week 2017

June is Men's Health Month, and June 12 through 18 is National Men's Health Week, which ends on Father's Day. These observances heighten awareness of preventable health problems and encourage early detection and treatment of disease. Help your Medicare patients understand the steps they can take to improve their health and recommend appropriate preventive services.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- Centers for Disease Control and Prevention [Men's Health](#) website

Visit the [Preventive Services](#) website to learn more about Medicare-covered services.

## County by County Analysis of Current Projected Insurer Participation in Health Insurance Exchanges

CMS released a [county-level map](#) of 2018 projected Health Insurance Exchanges participation based on the known issuer participation public announcements through June 9, 2017. This map shows that insurance options on the Exchanges continue to disappear. Plan options are down from last year and, in some areas, Americans will have no coverage options on the Exchanges, based on the current data.

The CMS map displays point in time data and is expected to fluctuate as issuers continue to make announcements on exiting or entering specific states and counties. It currently shows that nationwide 47 counties are projected to have no insurers, meaning that Americans in these counties could be without coverage on the Exchanges for 2018. It's also projected that as many as 1,200 counties - nearly 40% of counties nationwide – could have only one issuer in 2018. Currently, for 2018 at least 35,000 active Exchange participants live in the counties projected to be without coverage in 2018, and roughly 2.4 million Exchange participants are projected to have one issuer. It's expected that the number of consumers with no coverage choices will rise.

CMS continues to work with state departments of insurance and issuers to address bare counties, exploring all options available under current law to provide Americans with access to coverage. Qualified Health Plan submissions for the Federally-facilitated Exchanges will be accepted by states and CMS through June 21, 2017. You can learn more by visiting [hhs.gov/relief](http://hhs.gov/relief).

See the full text of this excerpted [CMS Press Release](#) (issued June 13).

## Provider Compliance

### CMS Provider Minute: CT Scans Video

Insufficient documentation continues to be a leading cause of Medicare noncompliance for providers who bill for CT Scans. The [CMS Provider Minute: CT Scans](#) video includes pointers to help you properly submit claims with sufficient documentation. This is the fourth in a [series](#) of Medicare compliance videos to educate on areas identified with a high degree of noncompliance.

## Claims, Pricers & Codes

### 2018 ICD-10-CM Code Files Available

The 2018 ICD-10-CM code files are now available on the [2018 ICD-10 CM and GEMs](#) webpage. This includes the 2018 tabular and index, as well as code descriptions and addendum files:

- 2018 General Equivalence Mappings (GEMs) will be posted in August
- 2018 ICD-10-CM guidelines, present on admission exempt codes, and conversion table will be posted later, once they are finalized and received from the Centers for Disease Control and Prevention

## Upcoming Events

### IMPACT Act Special Open Door Forum — June 20

Tuesday, June 20 from 2 to 3 pm ET

This Special Open Door Forum (SODF) provides information and solicits feedback on the Improving Medicare Post-Acute Care Transformation Act of 2014 ([IMPACT Act](#)). Learn about goals; RAND contract activities for item development, including the upcoming national testing; and opportunities for providers, consumers, stakeholders, researchers, and advocates to become involved over the next year. See the [announcement](#) for more information.

### CLIA Certificate of Provider-performed Microscopy Webcast — June 28

Wednesday, June 28 from 1:30 to 3 pm ET

[Register](#) for Medicare Learning Network events.

During this webcast, learn about the Clinical Laboratory Improvement Amendments (CLIA) requirements for Provider-performed Microscopy (PPM) testing. Participants should review [PPM Procedures: A Focus on Quality](#) prior to the webcast.

CLIA established quality standards to ensure accuracy and reliability of patients' test results regardless of where the test is performed. The CLIA Certificate for PPM procedures is issued to laboratories where physicians, mid-level practitioners or dentists perform specific microscopic examinations during the course of the patients' visit.

Target Audience: Physicians, mid-level practitioners, dentists, pathologists, laboratory directors, laboratories managers, point-of care testing coordinators, clinical laboratory scientists, and medical laboratories technicians.

### Diagnosis and Treatment of Parkinson's Disease Webinar — June 28

Wednesday, June 28 from noon to 1:30 pm ET

[Register](#) for a webinar on the recognition of Parkinson's disease, treatment options, importance of an interdisciplinary care team treatment, and impact of the illness on affected older adults, including Medicare-Medicaid enrollees and their caregivers. Continuing Medical Education (CME) and Continuing Education (CE) credit may be available at no additional cost to participants; see the registration page for more information.

### **Improvements to the Medicare Claims Appeal Process and Statistical Sampling Call — June 29**

Thursday, June 29 from 1 to 3 pm ET

[Register](#) for Medicare Learning Network events.

Are you aware of recent regulatory changes to the Medicare claims appeal process? During this call, CMS and the Office of Medicare Hearings and Appeals (OMHA) discuss the HHS [Medicare Appeals Final Rule](#), published on January 17, 2017. Learn about changes intended to streamline the administrative appeal processes, reduce the backlog of pending appeals, and increase consistency in decision making across appeal levels. For an overview of the Final Rule, see the HHS [fact sheet](#).

Did you know that certain appeals pending at OMHA may be eligible for more efficient adjudication through statistical sampling? Learn about the expansion of this program based on feedback from the pilot phase and how your participation may advance the adjudication of your appeals.

A question and answer session follows the presentation.

Target Audience: All Medicare Fee-For-Service providers.

## **Medicare Learning Network Publications & Multimedia**

### **Guidance to Providers that Submit Outpatient Facility Claims and Those That Enter Claims Data via DDE Screens to Reduce Incidence of Claims Not Crossing Over MLN Matters® Article — New**

An MLN Matters Special Edition Article on [Guidance to Providers that Submit Outpatient Facility Claims and Those That Enter Claims Data via Direct Data Entry Screens to Reduce Incidence of Claims Not Crossing Over](#) is available. Learn about correctly submitting HIPAA ASC X12N 837 institutional claims and Direct Data Entry (DDE) claims.

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