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Official CMS news from the Medicare Learning Network

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News & Announcements

ESRD: Proposed 2018 Policy and Payment Rate Changes

Proposed rule builds patient-centered system of care to increase competition, quality and care

On June 29, CMS issued a [proposed rule](#) that would update payment policies for the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS). The ESRD PPS proposed rule is one of several for CY 2018 that reflect a broader strategy to relieve regulatory burdens for providers; support the patient-doctor relationship in healthcare; and promote transparency, flexibility, and innovation in the delivery of care.

“CMS is committed to transforming healthcare to empower patients and doctors so that they can make the best decisions about their health,” said CMS Administrator Seema Verma. “A focus on patient-centered care allows providers to direct their time and resources to improving health outcomes for all patients rather than complying with burdensome regulations from Washington, D.C.”

This proposed rule ensures program stability through payment incentives that focus on improved quality of care at dialysis facilities. The rule covers payment rates for renal dialysis services, including updates to acute kidney injury, furnished to beneficiaries on or after January 1, 2018.

The ESRD Quality Incentive Program (QIP) proposed changes are for payment years 2019, 2020, and 2021, and a number of key dialysis data methodologies and quality measures. The proposed rule also requests comment on how to include individuals with acute kidney injury in the ESRD QIP.

In addition to the proposed rule, CMS is releasing a Request for Information to welcome continued feedback on the Medicare program.

See the full text of this excerpted [Press Release](#) (issued June 29).

For More information:

- [Fact Sheet](#)
- [ESRD Center](#) webpage

ESRD QIP: Prepare for the PY 2018 Preview Period

The End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) Payment Year (PY) 2018 Preview Period will begin on July 17, giving you an important opportunity to review and pose questions about your ESRD QIP scores and any potential payment reductions that may result.

Take the following steps to prepare for the Preview Period:

- [Register](#) now for the PY 2018 Preview Period webinar scheduled for July 10.
- Confirm or designate your Point of Contact (POC) in the ESRD Quality Reporting System (EQRS). Facilities that do not have a POC will be unable to access their reports or participate in the Preview Period.
- Update user account passwords in EQRS to comply with [new standards](#) CMS issued last month.

If you have questions about EQRS, contact the QualityNet Help Desk at gnet-support-esrd@hcqis.org or 866-288-8912 (7am to 7pm CT, Monday through Friday). If you have questions about the ESRD QIP, contact the program at esrdqip@cms.hhs.gov.

QPP: New Resources to Help Clinicians Participate in MIPS

CMS posted new resources to help clinicians successfully participate in the first year of the Merit-based Incentive Payment System (MIPS). Visit the Resource Library to review the following resources:

- [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.
- [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.

Additional resources are available in the [Resource Library](#) section of the [Quality Payment Program](#) (QPP) website.

QPP: New Webpage for Clinicians in Small, Rural, or Underserved Areas

CMS launched a new Quality Payment Program (QPP) [webpage](#) dedicated to doctors and other clinicians working in small or rural practices as well as those treating patients in underserved areas. This page provides:

- Single point of reference to help you prepare for, and actively participate in QPP, especially for those of you participating under the Merit-based Incentive Payment System track.
- Contact information for organizations providing assistance to practices through a simple interactive map. These local, experienced, community-based organizations provide hands-on training.
- Free training and education resources.
- Flexibilities to help reduce the participation and reporting burden for 2017.

We plan to add more features and information and will continue to keep the lines of communication open. We value your feedback in helping us improve your experience in the QPP.

Open Payments Program Posts 2016 Financial Data

Applicable manufacturers and Group Purchasing Organizations (GPOs) collectively reported \$8.18 billion in payments and ownership and investment interests to physicians and teaching hospitals in 2016. This amount is comprised of 11.96 million total records attributable to 630,824 physicians and 1,146 teaching hospitals. On June 30, CMS published the Program Year (PY) 2016 Open Payments data, along with newly submitted and updated payment records for PYs 2013, 2014, and 2015 on the [Open Payments Data](#) website. We also incorporated new features and enhancements to the Open Payments [Search Tool](#).

The Open Payments program requires that transfers of value by drug, device, biological, and medical supply manufacturers to physicians and teaching hospitals be published on a public website.

Provider Compliance

Chiropractic Services: High Improper Payment Rate within Medicare FFS Part B

CMS continues to deny many chiropractic claims because they do not meet Medicare requirements. During the 2015 reporting period, the Medicare Fee-For-Service (FFS) improper payment rate for chiropractic services was 51.7 percent, representing approximately \$300 million in improper payments and accounting for 0.7 percent of the overall Medicare FFS improper payment rate. ([Source](#)).

The most common reason for the improper payments is insufficient documentation to support the billed services. This type of error occurs when the medical records do not contain enough information for the reviewer to make a decision about medical necessity for the item or service furnished. Avoid denied claims and overpayment recovery by understanding Medicare requirements, especially documentation and medical necessity.

Resources:

- [Improving the Documentation of Chiropractic Services Video](#) on medical necessity and proper documentation
- [April 2013 Medicare Quarterly Provider Compliance Newsletter](#) with article on chiropractic claims

MLN Matters® Articles:

- [Overview of Medicare Policy Regarding Chiropractic Services](#)
- [Medicare Coverage for Chiropractic Services: Medical Record Documentation Requirements for Initial and Subsequent Visits](#)
- [Use of the AT Modifier for Chiropractic Billing](#)
- [Educational Resources to Assist Chiropractors with Medicare Billing](#)

Upcoming Events

ESRD QIP: Reviewing Your Facility's PY 2018 Performance Data Call — July 10

Monday, July 10 from 1 to 2:30 pm ET

[Register](#) now.

Do you participate in the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)? Preview Payment Year (PY) Performance Score Reports (PSRs) will be available on July 17. Learn more about how to access, review, and submit clarification questions and/or a formal inquiry about your estimated performance scores by the August 18 deadline. A question and answer session will follow the presentation.

Agenda:

- Access and review your Preview PSR
- Scores calculated using quality data
- Impact of Facility Total Performance score on your 2018 payment rates
- Formal inquiry into your facility's estimated scores
- Making performance data transparent to patients
- Assistance and additional information

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts

Creating and Verifying Your National Provider Identifier Call — July 12

Wednesday, July 12 from 2 to 3:30 pm ET

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

It is now easier to create, verify, or look up your National Provider identifier (NPI) using the National Plan and Provider Enumeration System (NPPES). During this call, CMS experts provide details on the improved NPPES process. A question and answer session follows the presentation.

Target Audience: All providers/suppliers

Assessing Your Ability to Support Patient Self-Management Webinar — July 19

Wednesday, July 19 from 2:30 to 3:30 pm ET

Expand your knowledge and skills in providing self-management support for clients with serious mental illness and/or substance abuse conditions. This webinar will focus on assessing the ability of providers and health care professionals to support a shared decision-making model. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available. [Register](#) and obtain more information.

ESRD QIP: Proposed Rule for Payment Year 2021 Listening Session — July 26

Wednesday, July 26 from 2 to 3 pm ET

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

During this call, learn about provisions in the CY 2018 End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) [proposed rule](#), including plans for the program in Payment Years (PY) 2019, 2020, and 2021.

Topics include:

- ESRD QIP legislative framework
- Proposed measures, standards, scoring method, and payment reduction scale for PY 2021
- Proposed modifications to PY 2019 and PY 2020 activities
- Methods for reviewing and commenting on the proposed rule

If time allows, we will open the lines for feedback. Note: feedback received during the listening session will not be considered formal comments on the rule. See the proposed rule for information on submitting these comments by the close of the 60-day comment period on August 28.

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts.

Medicare Learning Network Publications & Multimedia

Modernized National Plan and Provider Enumeration System MLN Matters Article — New

An MLN Matters Special Edition Article on [Modernized National Plan and Provider Enumeration](#) is available. Learn about the new and improved features/processes of the National Plan and Provider Enumeration System.

Infection Control: Hand Hygiene Video — New

The [Infection Control: Hand Hygiene](#) Video is available. Learn about when to wash your hands, the technique to wash visibly dirty hands, and the technique to wash non-visibly dirty hands.

PECOS for Provider and Supplier Organizations Booklet — Reminder

The [PECOS for Provider and Supplier Organizations](#) Booklet is available. Learn about:

- Provider and supplier organizations
- Disregarded entities
- Medicare enrollment application submission options

Medicare Vision Services Fact Sheet — Reminder

The [Medicare Vision Services](#) Fact Sheet is available. Learn about:

- Billing for cataract removal of intraocular lenses
- Glaucoma screening
- Other eye-related Medicare-covered services

Mass Immunizers and Roster Billing Booklet — Reminder

The [Mass Immunizers and Roster Billing](#) Booklet is available. Learn about:

- Requirements for mass immunizers
- Roster billing
- Centralized billing

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