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Official CMS news from the Medicare Learning Network

Thursday, July 27, 2017

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News & Announcements

Home Health Agencies: CMS Proposes 2018 and 2019 Payment Changes

On July 25, CMS issued a proposed rule that would update payment rates and the wage index for Home Health Agencies (HHAs) serving Medicare beneficiaries in 2018 and proposes a redesign of the payment system in 2019. The Home Health Prospective Payment System (HH PPS) proposed rule is one of several proposed rules that would be effective for CY 2018 that reflect a broader strategy that CMS is pursuing to relieve regulatory burdens for providers; support the patient-doctor relationship in healthcare; and promote transparency, flexibility, and innovation in the delivery of care.

Under the proposed rule, the home health payment update percentage for HHAs that submit the required quality data for the Home Health Quality Reporting Program would be 1 percent in 2018. The proposed rule also includes:

- Proposals to refine the HH PPS case-mix adjustment methodology, including a change in the unit of payment from 60-day episodes of care to 30-day periods of care, to be implemented for periods of care beginning on or after January 1, 2019
- Proposals for the Home Health Value-Based Purchasing Model and the Home Health Quality Reporting Program
- A Request for Information to welcome continued feedback on the Medicare program.

For More Information:

- [Proposed Rule](#)
- [Fact Sheet](#)
- [HH PPS](#) website
- [HHA Center](#) website
- [Home Health Value-Based Purchasing Model](#) webpage
- [Home Health Quality Initiative Spotlight](#) webpage

See the full text of this excerpted [Press Release](#) (issued July 25).

New Medicare Card (formerly called SSNRI)

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, we said that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, we referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, we will refer to this project as the New Medicare Card.

To help you find information quickly, we designed a new homepage linking you to the latest details, including how to [talk to your Medicare patients](#) about the new Medicare Card. Bookmark the [New Medicare Card](#) homepage and [Provider](#) webpage, and visit often, so you have the information you need to be ready by April 1.

Quality Payment Program: Explanation of Special Status Calculation

CMS has new information on the [Quality Payment Program](#) website that indicates whether clinicians have “special status”. These circumstances are applicable for rural, non-patient facing and hospital-based clinicians, as well as clinicians in Health Professional Shortage Areas and small practices.

Updated CMS Measures Inventory Posted

Updated CMS Measures Inventory and the Measures under Development (MUD) list are posted on the [Measures Inventory](#) webpage:

- The Inventory includes 30 programs, 2,180 unique measures - including the addition of the eCQMs, and is accompanied by the [CMS Measures Inventory User Guide](#)
- The MUD List contains 30 programs and 535 unique measures

The next public posting will be in February 2018. For questions, contact MMSSupport@battelle.org.

World Hepatitis Day: Medicare Coverage for Viral Hepatitis

For World Hepatitis Day on July 28, learn more about the different types of viral hepatitis and how to take action. Most people with chronic hepatitis virus do not have symptoms until the later stages of the infection, putting them at risk for serious liver disease, liver cancer, and even death. Medicare covers viral hepatitis immunization and screening services, including Hepatitis B vaccine, screening for Hepatitis C, screening for Sexually Transmitted Infections (STIs), and high-intensity behavioral counseling to prevent STIs.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Medicare Part B Immunization Billing](#) Educational Tool, includes Hepatitis B
- Centers for Disease Control and Prevention websites: [World Hepatitis Day](#) and [Viral Hepatitis:](#)

- [World Hepatitis Day](#) website

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

Anniversary of the American Disabilities Act

In July, we celebrate the anniversary of the Americans with Disabilities Act of 1990. CMS is talking to beneficiaries with disabilities, advocates, providers, researchers, and federal partners to address healthcare barriers faced by people with disabilities.

Highlights from an issue brief on [Physical Accessibility of Healthcare Facilities](#) from May 2017:

- Many Americans have disabilities, which are congenital, temporary, or developed later in life
- Educating providers about this problem and potential solutions is a critical first step toward increasing physical accessibility of health care services

For questions, contact HealthEquityTA@cms.hhs.gov.

Provider Compliance

Hospital Discharge Day Management Services CMS Provider Minute Video

Avoid delays. Bill it right the first time. The [CMS Provider Minute: Hospital Discharge Day Management Services](#) video includes helpful pointers to properly bill for these services. Learn about:

- Appropriate Healthcare Common Procedure Coding System (HCPCS) codes
- Who can submit a bill

This video is part of a [series](#) to help providers of all types improve in areas identified with a high degree of noncompliance.

Claims, Pricers & Codes

2018 ICD-10-CM POA Exempt Codes Available

The 2018 ICD-10-CM Present on Admission (POA) Exempt Codes are posted on the [2018 ICD-10-CM and GEMs](#) webpage.

Upcoming Events

New Proposals for RHCs and FQHCs on Care Management Services and ACO Assignments Listening Session — August 1

Tuesday, August 1 from 2 to 3:30 pm ET

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

During this call, CMS experts review proposals for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) in the Physician Fee Schedule [proposed rule](#) on requirements and payment for Care Management Services, which includes Chronic Care Management (CCM), General Behavioral Health Integration (BHI), and Psychiatric Collaborative Care Model (CoCM) services. Learn about the CMS CCM Campaign and the proposed new process for using RHC and FQHC claims to assign beneficiaries to Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program.

A question and answer session follows the presentation. 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 comment period on September 11, 2017.

Visit these CMS websites for more information: [RHC Center](#), [FQHC Center](#), and [Connected Care: The Chronic Care Management Resource](#).

Target Audience: RHCs, FQHCs, and other interested stakeholders

Medicare Diabetes Prevention Program Model Expansion Listening Session — August 16

Wednesday August 16 from 1:30 to 3 pm ET

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

The CY 2018 Medicare Physician Fee Schedule [proposed rule](#) makes additional proposals to implement the Medicare Diabetes Prevention Program (MDPP) expanded model starting in 2018, including the payment structure, as well as additional supplier enrollment requirements and supplier compliance standards to ensure program integrity. During this call, CMS experts provide a high-level overview of the proposed policies; participants should review the proposed rule prior to the call. Visit the [MDPP](#) webpage for more information.

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 comment period on September 11.

Target Audience: Current Centers for Disease Control and Prevention recognized Diabetes Prevention Program organizations; organizations interested in becoming MDPP suppliers, including existing Medicare providers/suppliers, community organizations, not-for-profits; associations, and advocacy groups focused on seniors or diabetes; and other interested stakeholders, including health plans, primary care/internal medicine specialties.

IMPACT Act: Drug Regimen Review Measure Overview for the Home Health QRP Call — August 17

Thursday, August 17 from 1:30 to 3 pm ET

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

The Improving Medicare Post-Acute Care Transformation of 2014 ([IMPACT Act](#)) requires reporting of standardized patient assessment data by Post-Acute Care (PAC) providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals for specified domains. During this call, CMS and measure developers will present the Drug Regimen Review (DRR) quality measure for the home health Quality Reporting Program (QRP), which was adopted to fulfill the medication reconciliation domain requirement. A question and answer session follows the presentation.

Agenda:

- Review the goals of the DRR measure
- Review guidance and walk through scenarios for coding the Outcome and Assessment Information Set (OASIS) items used to calculate the measure

You may email questions in advance of the call to PACQualityInitiative@cms.hhs.gov. Questions received in advance of the call may be addressed during the call or used for other materials following the call.

Target Audience: PAC providers, healthcare industry professionals, clinicians, researchers, health IT vendors, and other interested stakeholders.

LTCH Quality Reporting Program Refresher Training Webinar — August 22

Tuesday, August 22 from 2 to 4 pm ET

CMS is hosting a webinar for Long-Term Care Hospital (LTCH) providers. Visit the [LTCH Quality Reporting Training](#) webpage for more information and to register.

CMS National Provider Enrollment Conference — September 6 and 7

North Charleston, South Carolina

Wednesday, September 6 from 8 am to 5 pm ET

Thursday, September 7 from 8 am to 4 pm ET

CMS will hold a National Provider Enrollment Conference on September 6 and 7 at the Charleston Area Convention Center in South Carolina. Take advantage of this opportunity to interact directly with CMS and Medicare Administrative Contractor provider enrollment experts. [Register](#) and learn more about this conference.

Medicare Learning Network Publications & Multimedia

Quality Payment Program 2017 MIPS: Improvement Activities Performance Category Web-Based Training Course — New

With Continuing Education Credit

A new Quality Payment Program 2017 Merit-based Incentive Payment System (MIPS): Improvement Activities Performance Category Web-Based Training (WBT) course is available through the [Learning Management System](#). Learn about:

- Improvement Activities performance category requirements
- How this category fits into the larger Quality Payment Program
- Steps you need to take to report Improvement Activities data to CMS
- Basics about scoring

Provider/Supplier Enrollment Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [July 12](#) call on Creating and Verifying Your National Provider Identifier. During this call, CMS experts provide details on the improved NPPES process.

Medicare Part B Immunization Billing Educational Tool — Reminder

The [Medicare Part B Immunization Billing](#) Educational Tool is available. Learn about:

- Administration and diagnosis codes
- Vaccine codes and descriptors
- Frequently Asked Questions

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