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Official CMS news from the Medicare Learning Network

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News & Announcements

CMS Releases Hospice Compare Website to Improve Consumer Experiences, Empower Patients

On August 16, as part of our continuing commitment to greater data transparency, CMS unveiled the [Hospice Compare](#) website. The site displays information in a ready-to-use format and provides a snapshot of the quality of care each hospice facility offers to its patients. CMS is working diligently to make healthcare quality information more transparent and understandable for consumers to empower them to take ownership of their health. By ensuring patients have the information they need to understand their options, CMS is helping individuals make informed healthcare decisions for themselves and their families based on objective measures of quality.

The Hospice Compare site allows patients, family members, caregivers, and healthcare providers to compare hospice providers based on important quality metrics. Currently, the data on Hospice Compare is based on information submitted by approximately 3,876 hospices.

For More Information:

- [Fact Sheet](#)
- [Hospice Quality Public Reporting](#) webpage

See the full text of this excerpted [Press Release](#) (issued August 16).

Proposed Changes to Comprehensive Care for Joint Replacement Model, Cancellation of Other Models

Proposed rule to offer greater flexibility and choice for hospitals in orthopedic care for Medicare beneficiaries

On August 15, CMS announced a [proposed rule](#) to reduce the number of mandatory geographic areas participating in the Center for Medicare and Medicaid Innovation's Comprehensive Care for Joint Replacement (CJR) model from 67 to 34. In addition, CMS proposes to allow CJR participants in the 33 remaining areas to participate on a voluntary basis. In this rule, CMS also proposes to make participation in the CJR model voluntary for all low volume and rural hospitals in all of the CJR geographic areas.

CMS also is proposing through this rule to cancel the Episode Payment Models and the Cardiac Rehabilitation incentive payment model, which were scheduled to begin on January 1, 2018. Eliminating these models would give CMS greater flexibility to design and test innovations that will improve quality and care coordination across the in-patient and post-acute-care spectrum. "Changing the scope of these models allows CMS to test and evaluate improvements in care processes that will improve quality, reduce costs, and ease burdens on hospitals," said CMS Administrator Seema Verma.

For More Information:

- [Fact Sheet](#)
- [CJR Model](#) webpage
- [Episode Payment Models: General Information](#) webpage

See the full text of this excerpted [Press Release](#) (issued August 15).

CMS Releases Updated Data on Medicare Hospice Utilization and Payment

CMS announced the second annual release of the Medicare Hospice Utilization and Payment Public Use File, a comprehensive resource for information on hospice utilization, payments, submitted charges, diagnoses, and beneficiary demographics organized by hospice provider and state. The public data set includes information on 4,232 hospice providers, over 1.38 million hospice beneficiaries, and over \$15.9 billion in Medicare payments for 2015. For more information visit the [Medicare Provider Utilization and Payment Data: Hospice Providers](#) webpage.

SNF Quality Reporting Program Web-based Training Module Available

CMS offers a refresher [web-based training module](#), addressing areas that generated the most questions from the 2016 Skilled Nursing Facility (SNF) Quality Reporting Program Provider Trainings. Visit the [SNF Quality Reporting Training](#) webpage for more information.

Beneficiary Notices: Large Print Forms Available

The following forms and notices that you issue to your Medicare patients are now available in a large print Word version as well as the PDF and original Word format in English and Spanish on the web:

- CMS-R-131 - [Advance Beneficiary Notice of Noncoverage](#)
- CMS-10124 - [Detailed Explanation of Non-Coverage](#)
- CMS-10123 - [Notice of Medicare Non-Coverage](#)
- CMS-10611 - [Medicare Outpatient Observation Notice](#)

For more information see the [Beneficiary Notification Initiative](#) website

Provider Compliance

Inpatient Skilled Nursing Facility Denials

According to the 2015 Comprehensive Error Rate Testing (CERT) Report, the denial rate for Skilled Nursing Facilities (SNFs) increased from 6.9% in 2014 to 11% in 2015 due to missing or incomplete certification/recertification:

- Statement must contain need for skilled services that can only be provided in SNF/swing-bed on a daily basis for a condition patient was treated for in prior hospital stay
- Must include physician's dated signature (printed name if signature is illegible)

In addition, recertifications should include:

- Expected length of stay
- Explanation if continued need for services is for a condition that arose after SNF admission
- Any plans for home care

Resources:

- [CERT: SNF Certifications and Recertifications](#) MLN Matters® Special Edition Article
- [SNF Billing Reference](#) Fact Sheet
- [Medicare Fee-For-Service 2014 Improper Payments Report](#), page 19
- [Medicare Fee-For-Service 2015 Improper Payments Report](#), page 18

Claims, Pricers & Codes

2018 ICD-10-CM Coding Guidelines and Conversion Table Available

The 2018 ICD-10-CM Coding Guidelines and Conversion Table are posted on the [2018 ICD-10 CM and GEMs](#) webpage.

Upcoming Events

IMPACT Act: Medicare Spending Per Beneficiary Measures Call — September 6

Wednesday, September 6 from 1:30 to 3 pm ET

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

During this call, CMS and measure developers present information on the adopted Medicare Spending per Beneficiary Post-Acute Care (PAC) resource use measures, focusing on the components of each measure, as well as public reporting. A question and answer session follows the presentation.

The Improving Medicare Post-Acute Care Transformation of 2014 ([IMPACT Act](#)) requires the development of resource use measures for PAC providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals.

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

Nursing Home Facility Assessment Tool and State Operations Manual Revisions Call — September 7

Thursday, September 7 from 1:30 to 3 pm ET

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

During this call, learn about the new Facility Assessment Tool to help identify and develop the specific assessment of your facility. Also, find out about frequently asked questions related to revision of the State

Operations Manual Appendix PP for Phase 2 of the Reform of Requirements for Long-Term Care Facilities [final rule](#). A question and answer session follows the presentation.

Speakers:

- Kelly O'Neill, Stratis Health
- CMS Experts

Target Audience: Consumer and advocacy groups, nursing home providers, surveyor community, prescribers, professional associations, and other interested stakeholders.

Medicare Learning Network Publications & Multimedia

Care Management Listening Session: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [August 1](#) call on Chronic Care Management (CCM). Learn about the CCM Campaign and the proposed new process for using Rural Health Clinic and Federally Qualified Health Center claims to assign beneficiaries to Accountable Care Organizations participating in the Medicare Shared Savings Program.

Medicare Parts A & B Appeals Process Booklet— Revised

A revised [Medicare Parts A & B Appeals Process](#) Booklet is available. Learn about:

- Original Medicare's (Part A and Part B) five levels of claim appeals
- New option for a level three on-the-record review
- Available forms and helpful tips for filing an appeal

DMEPOS Information for Pharmacies Fact Sheet – Revised

A revised Durable Medical Equipment, Prosthetics, Orthotics, and Supplies [DMEPOS Information for Pharmacies](#) Fact Sheet is available. Learn about:

- Pharmacy accreditation exemption
- Accreditation requirement for a new pharmacy
- Accreditation requirement for change of ownership

DMEPOS Accreditation Fact Sheet – Revised

A revised Durable Medical Equipment, Prosthetics, Orthotics, and Supplies [DMEPOS Accreditation](#) Fact Sheet is available. Learn about:

- Accreditation requirement for DMEPOS suppliers
- Exempted supplies
- Exempted providers and other professionals

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