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Official CMS news from the Medicare Learning Network

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News & Announcements

- New PEPPER Available for Short-term Acute Care Hospitals
- Hospice Compare Update Document Available
- Participate in Quality Payment Program Website Testing
- Departmental Appeals Board: Submit Feedback
- Correction to QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals

Provider Compliance

- Billing For Stem Cell Transplants

Upcoming Events

- IMPACT Act: Medicare Spending Per Beneficiary Measures Call — September 6
- Nursing Home Facility Assessment Tool and State Operations Manual Revisions Call — September 7
- Qualified Medicare Beneficiary Program Billing Requirements Call — September 19
- Reporting Hospice Quality Data: Tips for Compliance Call — September 20
- PQRS: Feedback Reports and Informal Review Process for PY 2016 Results Call — September 26
- Physician Compare Call — September 28

Medicare Learning Network Publications & Multimedia

- IMPACT Act Call: Audio Recording and Transcript — New
- A Physician's Guide to Medicare Part D Medication Therapy Management Programs MLN Matters Article — Revised
- Preventive Services Poster Educational Tool — Revised
- Medicare Costs at a Glance: 2017 Educational Tool — Reminder
- Suite of Products & Resources for Rural Health Providers Educational Tool — Reminder
- Inpatient Rehabilitation Facility Prospective Payment System Fact Sheet — Reminder
- Physician Fee Schedule Fact Sheet — Reminder
- Telehealth Services Fact Sheet — Reminder
- Transitional Care Management Services Fact Sheet — Reminder
- Federally Qualified Health Center Fact Sheet — Reminder
- Rural Health Clinic Fact Sheet — Reminder
- Medicare Home Health Benefit Booklet — Reminder
- Critical Access Hospital Booklet — Reminder

News & Announcements

New PEPPER Available for Short-term Acute Care Hospitals

Second quarter FY 2017 Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) are available for short-term acute care hospitals. PEPPERS are distributed by TMF® Health Quality Institute under contract with CMS. These reports summarize provider-specific data statistics for Medicare services that may be at risk for improper payments. Providers can use the data to support internal auditing and monitoring activities. The PEPPER files were recently distributed through a QualityNet secure file exchange to hospital QualityNet Administrators and user accounts with the PEPPER recipient role.

Visit PEPPERresources.org for more information, including guides, recorded training sessions, information about QualityNet accounts, [frequently asked questions](#), and examples of how other hospitals are using

PEPPER. If you have questions or need help obtaining your report, contact the [Help Desk](#). Send us your [feedback or suggestions](#).

Hospice Compare Update Document Available

CMS posted a new [Hospice Compare Update](#) document with guidance on how to update provider demographic information, including address, telephone number, and state Automated Survey Processing Environment (ASPEN) coordinator ownership. The document also includes information on the cutoff dates for changes to demographic information for [Hospice Compare](#). Visit the [Hospice Quality Public Reporting](#) webpage for more information.

Participate in Quality Payment Program Website Testing

CMS invites representatives from organizations of all sizes to assess current and future functionality of the [Quality Payment Program](#) website, as well as make recommendations for improvements. We are looking for:

- Medicare clinicians
- Practice managers
- Administrative staff
- Electronic Health Record and registry vendors

If interested, email Partnership@cms.hhs.gov to participate in a one-on-one feedback session.

Departmental Appeals Board: Submit Feedback

The HHS Departmental Appeals Board (DAB) welcomes feedback on our adjudication procedures, including cases before:

- DAB Administrative Law Judges
- The Board
- Medicare Appeals Council

Email input to DABStakeholders@hhs.gov. For more information, visit the [Stakeholder Feedback](#) webpage.

Correction to QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals

CMS corrected an error in the [2017 Quality Reporting Document Architecture \(QRDA\) Category III Implementation Guide](#) version 1.0 for eligible clinicians and eligible professionals programs. The updated version has a correction in Table 49: Advancing Care Information Objectives and Measures Identifiers. The description of the measure identifier ACI_LVITC_1 now includes the word “Exclusion”. There are no other changes.

For More Information:

- Visit the [eCQI Resource Center](#) website and the [eCQM Library](#) webpage for additional QRDA related resources, as well as current and past implementation guides
- For questions related to the QRDA Implementation Guides and/or Schematrons, visit the [ONC QRDA JIRA Issue Tracker](#) website
- For questions related to Quality Payment Program or Merit-based Incentive Payment System submissions, visit the [Quality Payment Program](#) website or call 866-288-8292

Provider Compliance

Billing For Stem Cell Transplants

In a February 2016 report, the Office of the Inspector General (OIG) determined that Medicare paid for many stem cell transplants incorrectly. The main finding was that providers billed these procedures as inpatient when they should have been submitted as outpatient services. Use the following resources to bill correctly and avoid overpayment recoveries:

- OIG Report [Medicare did not Pay Selected Inpatient Claims for Bone Marrow and Stem Cell Transplant Procedures in Accordance with Medicare Requirements](#)
- [CMS Transmittal 1805](#)
- [MLN Matters® Article](#)

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.

Qualified Medicare Beneficiary Program Billing Requirements Call — September 19

Tuesday, September 19 from 1:30 to 3 pm ET

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

During this call, CMS experts discuss the Qualified Medicare Beneficiary (QMB) billing requirements and their implications. Find out about upcoming changes to the HIPAA Eligibility Transaction System (HETS) and

remittance advice to identify the QMB status of your patients and exemption from cost-sharing. Also, learn key steps to promote compliance.

Medicare providers may not bill people in the QMB program for Medicare deductibles, coinsurance, or copays. Visit the [QMB Program](#) webpage for more information.

Target Audience: Medicare Part A and B providers, medical billing specialists, practice administrators, IT vendors, health care industry professionals, and other interested stakeholders.

Reporting Hospice Quality Data: Tips for Compliance Call — September 20

Wednesday, September 20 from 1:30 to 3 pm ET

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

During this call, learn more about Hospice Quality Reporting Program requirements. Find out how to be compliant and successfully submit Hospice Item Set (HIS) data and the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey in the next reporting year. A question and answer session follows the presentation.

Topics:

- HIS and CAHPS® submission requirements
- Reasons for noncompliance and how to address them
- Timelines for data submission and compliance determinations
- Resources for success, including how to access important websites and helpdesks

Target Audience: Hospice providers.

PQRS: Feedback Reports and Informal Review Process for PY 2016 Results Call — September 26

Tuesday, September 26 from 1:30 to 3 pm ET

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

Learn about Physician Quality Reporting System (PQRS) downward payment adjustments, PQRS feedback reports, and the informal review process for Program Year (PY) 2016 results and 2018 payment adjustment determinations.

Note: 2016 was the last program year for PQRS. PQRS transitioned to the Merit-based Incentive Payment System (MIPS) under the Quality Payment Program. The final data submission timeframe for reporting 2016 PQRS quality data to avoid the 2018 PQRS downward payment adjustment was January through March 2017. The first MIPS performance period is January through December 2017. For more information, visit the [Quality Payment Program](#) website.

This event is being evaluated by CMS for CME and CEU continuing education credit (CE). Check the [event webpage](#) for CE Activity Information & Instructions.

Target Audience: Physicians; individual eligible professionals; group practices; Comprehensive Primary Care practice sites; Accountable Care Organizations; therapists; practice managers; medical and specialty societies; payers; and insurers.

Physician Compare Call — September 28

Thursday, September 28 from 1:30 to 3 pm ET

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

Are you interested in learning more about [Physician Compare](#)? Find out about the:

- Upcoming 30-day preview period for the 2016 performance data targeted for release in December
- Future of public reporting and what is coming in the next year

Learn how to review your performance information before it is published. A question and answer session follows the presentation.

This event is being evaluated by CMS for CME and CEU continuing education credit (CE). Check the [event webpage](#) for CE Activity Information & Instructions.

Target audience: Physicians and other clinicians; medical groups; practice managers; medical and specialty societies; and other interested stakeholders.

Medicare Learning Network Publications & Multimedia

IMPACT Act Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [August 17](#) call on the IMPACT Act: Drug Regimen Review Measure Overview for the Home Health Quality Reporting Program. The Improving Medicare Post-Acute Care Transformation of 2014 (IMPACT Act) requires reporting of standardized patient assessment data.

A Physician's Guide to Medicare Part D Medication Therapy Management Programs MLN Matters Article — Revised

A revised MLN Matters Special Edition Article on [A Physician's Guide to Medicare Part D Medication Therapy Management \(MTM\) Programs](#) is available. Learn how to refer patients to MTM services.

Preventive Services Poster Educational Tool — Revised

A revised [Preventive Services Poster](#) Educational Tool is available. Learn about:

- Coding
- Coverage requirements
- Patient cost-sharing for each Medicare preventive service

Medicare Costs at a Glance: 2017 Educational Tool — Reminder

A [Medicare Costs at a Glance: 2017](#) Educational Tool is available. Learn what beneficiaries pay for Medicare Parts A, B, C, and D in 2017.

Suite of Products & Resources for Rural Health Providers Educational Tool — Reminder

An [MLN Suite of Products & Resources for Rural Health Providers](#) Educational Tool is available. Learn about publications and resources available for the unique information needs of the rural health community.

Inpatient Rehabilitation Facility Prospective Payment System Fact Sheet — Reminder

An [Inpatient Rehabilitation Facility Prospective Payment System](#) Fact Sheet is available. Learn about:

- Elements of the Inpatient Rehabilitation Facility (IRF) Prospective Payment System
- Payment updates

- IRF Quality Reporting Program

Physician Fee Schedule Fact Sheet — Reminder

A [Physician Fee Schedule](#) Fact Sheet is available. Learn about:

- Physician services
- Medicare Physician Fee Schedule payment rates
- Quality Payment Program

Telehealth Services Fact Sheet — Reminder

A [Telehealth Services](#) Fact Sheet is available. Learn about:

- Originating sites
- Distant site practitioners
- Telehealth services
- Billing and payment

Transitional Care Management Services Fact Sheet — Reminder

A [Transitional Care Management Services](#) Fact Sheet is available. Learn about:

- Who may furnish these services
- Supervision
- Services settings, components, and billing
- Frequently asked questions on billing

Federally Qualified Health Center Fact Sheet — Reminder

A [Federally Qualified Health Center](#) Fact Sheet is available. Learn about:

- Certification
- Services
- Visits
- Payment
- Cost reports

Rural Health Clinic Fact Sheet — Reminder

A [Rural Health Clinic](#) Fact Sheet is available. Learn about:

- Services
- Medicare certification
- Visits
- Payments
- Cost reports
- Annual reconciliation

Medicare Home Health Benefit Booklet — Reminder

A [Medicare Home Health Benefit](#) Booklet is available. Learn about:

- Qualifying for home health services
- Consolidated billing

- Therapy services
- Physician billing and payment

Critical Access Hospital Booklet — Reminder

A [Critical Access Hospital](#) Booklet is available. Learn about:

- Critical Access Hospital designation
- Payments
- Grants to states under the Medicare Rural Hospital Flexibility Program

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