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Official CMS news from the Medicare Learning Network

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News & Announcements

National Partnership to Improve Dementia Care Achieves Goals to Reduce Unnecessary Antipsychotic Medications in Nursing Homes

On October 2, the National Partnership to Improve Dementia Care announced that it met its goal of reducing the national prevalence of antipsychotic use in long-stay nursing home residents by 30 percent by the end of 2016. It also announced a new goal of a 15 percent reduction by the end of 2019 for long-stay residents in those homes with currently limited reduction rates. Nursing homes with low rates of antipsychotic medication use are encouraged to continue their efforts and maintain their success.

For More Information:

- [Fact Sheet](#)
- [National Partnership to Improve Dementia Care in Nursing Homes](#) webpage

2018 eCQM Value Set Addendum Available

CMS issued an addendum to the electronic Clinical Quality Measure (eCQM) annual update specifications published in May 2017. The addendum updates the eCQM value sets, technical release notes, and the binding parameter specification for the 2018 reporting period for [eligible hospitals and Critical Access Hospitals \(CAHs\)](#) and the performance period for [Eligible Professionals \(EPs\) and eligible clinicians](#). These changes affect electronic reporting of eCQMs for the following programs:

- Quality Payment Program: Merit-based Incentive Payment System and Alternative Payment Models
- Hospital Inpatient Quality Reporting
- Medicaid Electronic Health Record (EHR) Incentive Program for EPs
- Medicare and Medicaid EHR Incentive Programs for Eligible Hospitals and CAHs

For More Information:

- [National Library of Medicine's Value Set Authority Center](#) website: All changes to the 2018 reporting/performance period eCQM value sets
- [ONC CQM Issue Tracker](#) website: Submit questions about the addendum and eCQM value sets
- [eCQI Resource Center](#) website: Information about eCQM specifications and supplemental materials,

2018 eCQM Logic Flows Available

CMS published the 2018 performance period electronic Clinical Quality Measure (eCQM) Logic Flows for eligible clinicians and eligible professionals on the [eCQI Resource Center](#) website. These flows supplement eCQM specifications for the following programs:

- Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Alternative Payment Models
- Medicaid Electronic Health Record Incentive Program for Eligible Professionals

For More Information:

- [ONC CQM Issue Tracker](#) website: Submit questions on the measure flows
- [Quality Payment Program](#) website: Information about MIPS

Health Services Research Health Equity Issue: Submit Abstracts by November 1

CMS contracted with the Health Research & Educational Trust to publish a Theme Issue on Health Equity. The aim of the publication is to achieve health equity and reduce health disparities experienced by racial and ethnic minorities; sexual and gender minorities; persons with disabilities; and individuals living in rural areas by creating new solutions to achieve health equity and for accelerating the implementation of measurable actions. We would like to include papers on clinical successes; please submit abstracts by November 1. Visit the [Health Services Research](#) webpage for more information.

Extension of Medicare IVIG Demonstration through December 31, 2020

The Medicare Intravenous Immune Globulin (IVIG) Demonstration, scheduled to end on September 30, 2017, is extended through December 31, 2020:

- Beneficiaries enrolled as of September 30, 2017 do not need to re-enroll
- New beneficiaries can enroll in accordance with the demonstration procedures

For information, visit the [IVIG Demonstration](#) webpage.

October is National Breast Cancer Awareness Month

Other than skin cancer, breast cancer is the most common cancer among American women. Talk to your patients about the importance of breast cancer screening.

Medicare Part B provides coverage for screening mammography. A clinical breast exam is also covered as part of the screening pelvic examination for beneficiaries who meet the coverage criteria.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Breast Cancer Awareness](#) webpage, Centers for Disease Control and Prevention

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

Provider Compliance

Hospice Election Statements Lack Required Information or Have Other Vulnerabilities — Reminder

After a stratified random sample review of hospice election statements and certifications of terminal illness, the Office of the Inspector General (OIG) reports that more than one-third of hospice General Inpatient (GIP) stays lack required information or had other vulnerabilities.

- Hospice election statements did not always mention – as required – that the beneficiary was waiving coverage of certain Medicare services by electing hospice care or that hospice care is palliative rather than curative
- In 14 percent of GIP stays, the physician did not meet requirements when certifying that the beneficiary was terminally ill and appeared to have limited involvement in determining that the beneficiary's condition was appropriate for hospice care

Hospices should improve their election statements and ensure that physicians meet requirements when certifying beneficiaries for hospice care. Resources:

- [Hospice Payment System](#) Booklet: Includes a section on the hospice election statement
- [Hospices Should Improve Their Election Statements and Certifications of Illness](#) OIG Report
- [Documentation Requirements for the Hospice Physician Certification/Recertification](#) MLN Matters® Article
- [Sample Hospice Election Statement](#) MLN Matters Special Edition Article

Claims, Pricers & Codes

FY 2018 IPPS and LTCH PPS Claims Hold

Due to revised rates in the FY 2018 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) [final rule correction notice](#), CMS-1677-CN, published on September 29, 2017, the FY 2018 IPPS and LTCH PPS Pricers will be installed into production on October 23, 2017. As a result, all IPPS and LTCH PPS claims with discharge dates on or after October 1, 2017, through October 23, 2017, are being held by your Medicare Administrative Contractor (MAC) until the Pricers are tested and installed. Since the required 14 day payment floor count begins the day a claim is received by the MAC, any clean claims held until October 23, 2017, will not be subject to another payment floor. Please contact your MAC with any questions.

Upcoming Events

2016 Annual QRURs Webcast — October 19

Thursday, October 19 from 1:30 to 3 pm ET

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

2016 Annual Quality and Resource Use Reports (QRURs) are available for all group practices and solo practitioners nationwide. This event provides an overview of the report and explains how to interpret and use the information.

2016 Annual QRURs show how groups and solo practitioners performed in 2016 on the quality and cost measures used to calculate the 2018 Value-Based Payment Modifier (Value Modifier) and how the Value Modifier will be applied to payments for physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists. Learn more on the [2016 QRUR and 2018 Value Modifier](#) webpage. This event will be more meaningful if you have your report in front of you to follow along. Visit [How to Obtain a QRUR](#) to access your report prior to the event.

Topics:

- Overview of the 2018 Value Modifier and 2016 Annual QRUR
- Information in the 2016 Annual QRUR and accompanying tables
- How to access the 2016 Annual QRUR
- How to request an informal review of your 2018 Value Modifier

CMS will use webcast technology for this event with audio streamed through your computer. Please note: if you are unable to stream audio through your computer, phone lines are available.

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, Medicare eligible professionals, medical group practices, practice managers, medical and specialty societies.

Definition of a Hospital: Primarily Engaged Requirement Call — November 2

Thursday, November 2 from 1:30 to 3 pm ET

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

Learn about new guidance in Appendix A of the [State Operations Manual](#) (SOM) that discusses the Medicare definition of a hospital, including the requirement for hospitals to be primarily engaged in providing care to inpatients.

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

Target Audience: Hospitals, facilities seeking to participate in Medicare as a hospital, hospital associations, accreditation organizations, state survey agencies, and CMS regional offices.

Medicare Learning Network Publications & Multimedia

Medicare Basics: Parts A and B Appeals Overview Video — New

The new [Medicare Basics: Parts A and B Appeals Overview](#) Video is available. Learn about:

- Part A and B five levels of claim appeals
- New level three, on-the-record review
- Helpful tips for filing an appeal

Updates to Medicare's Cost Report Worksheet S-10 to Capture Uncompensated Care Data MLN Matters Article — New

An MLN Matters Special Edition Article on [Updates to Medicare's Cost Report Worksheet S-10 to Capture Uncompensated Care Data](#) is available. Learn about the revisions and clarifications to the Worksheet S-10 to ensure appropriate reporting of uncompensated care costs and to achieve proper Medicare reimbursement

Qualified Medicare Beneficiary Program Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [September 19](#) call on Qualified Medicare Beneficiary Program (QMB) Billing Requirements. Find out about upcoming changes to the HIPAA Eligibility Transaction System and remittance advice to identify the QMB status of your patients and exemption from cost-sharing.

Hospice Quality Reporting Program Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [September 20](#) call on Reporting Hospice Quality Data: Tips for Compliance. Find out how to be compliant and successfully submit Hospice Item Set data and the Hospice Consumer Assessment of Healthcare Providers and Systems Survey in the next reporting year.

Hurricane Maria and Medicare Disaster Related United States Virgin Islands and Commonwealth of Puerto Rico Claims MLN Matters Article — Updated

The MLN Matters Special Edition Article on [Hurricane Maria and Medicare Disaster Related United States Virgin Islands and Commonwealth of Puerto Rico Claims](#) has been updated. This article was revised to include a section about applicability of reporting requirements for inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, ambulatory surgical centers, and renal dialysis facilities.

Reading a Professional Remittance Advice Booklet — Reminder

The [Reading a Professional Remittance Advice](#) Booklet is available. Learn about:

- Reading a professional Electronic Remittance Advice (ERA) or standard Paper Remittance Advice (SPR)
- Balancing the ERA or SPR so provider records are consistent with Medicare's records

Reading an Institutional Remittance Advice Booklet — Reminder

The [Reading an Institutional Remittance Advice](#) Booklet is available. Learn about:

- Reading an institutional Electronic Remittance Advice (ERA) or standard Paper Remittance Advice (SPR)
- Balancing the ERA or SPR so provider records are consistent with Medicare's records

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