mlnconnects
Official CMS news from the Medicare Learning Network

Thursday, October 12, 2017

News & Announcements

New Medicare Card Web Updates

CMS updated the New Medicare Card Overview webpage:
- Find Project Milestones
- Learn about updated Fee-For-Service exception span-dates for home health Request for Anticipated Payments

The “How do providers use MBIs?” section of the Provider webpage was also updated:
- Find the Medicare Beneficiary Identifier (MBI) on the remittance advice
- Use of qualifiers for beneficiary eligibility

2018 Medicare EHR Incentive Program Payment Adjustment Fact Sheet for Hospitals

Eligible hospitals that are not meaningful Electronic Health Record (EHR) users will be subject to a payment adjustment beginning on October 1, 2017. See the fact sheet for more information.

Qualifying APM Participant Look-Up Tool

CMS unveiled an interactive look-up tool where many 2017 Advanced Alternative Payment Model (APM) participants can look up their Qualifying APM Participant (QP) status based on calculations from claims with dates of service between January 1 and March 31, 2017, for the first QP snapshot.

Under the Quality Payment Program, eligible clinicians who meet certain criteria are considered QPs in Advanced APMs, and are therefore excluded from the Merit-based Incentive Payment System quality reporting program. QPs identified based on the 2017 performance year will receive a 5 percent lump sum Medicare incentive payment in 2019.

For More Information:

- Methodology Fact Sheet: Resource to understand how we determine QP status
- Supplemental Service Payments Fact Sheet: Reflects the supplemental service payments included in our APM Incentive Payment calculations

Hospice Quality Reporting Program: New and Updated Resources

New and updated resources are available for the Hospice Quality Reporting Program (HQRP):

- Getting Started with HQRP: Detailed information on the requirements of Hospice Item Set (HIS) and Hospice Consumer Assessment of Healthcare Providers and Systems® (CAHPS®). Designed especially for new providers and staff, this document gives comprehensive detail on the background of each requirement, data submission deadlines, possible exemptions, and tips for compliance.
- HQRP Activities Checklist: A quick reference for hospice providers, outlining a checklist of HIS and Hospice CAHPS reporting activities and when each activity needs to be completed.
- HQRP: Requirements for the FY 2019 Reporting Year Fact Sheet: Outlines the specific compliance requirements for HIS and CAHPS for the FY 2019 reporting year (data collection period January 1 through December 31, 2017).
- Hospice Compare Fact Sheet: Information on the Hospice Compare website, understanding your current quality ratings, and approaches to communicate with patients and family members.

For More Information:

- HQRP Requirements and Best Practices webpage
- Hospice Quality Public Reporting webpage

SNF Quality Reporting Program: Quick Reference Guide

A Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Quick Reference Guide is available, including frequently asked questions, information on help desks, and links to additional resources. Visit the SNF QRP Data Submission Deadlines webpage for more information.

Protect Your Patients from Influenza this Season

The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months of age and older receive an influenza vaccine every year. Influenza is a serious health threat, especially to vulnerable populations like people 65 and older, who are at high risk for hospitalization and complications from flu. Vaccinate with an injectable influenza vaccine before the end of October, if possible – to protect your patients, your staff, and yourself.

Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries. Medicare may cover additional seasonal influenza vaccinations if medically necessary.

For More Information:

- Preventive Services Educational Tool
- Influenza Resources for Health Care Professionals MLN Matters Article
- Influenza Vaccine Payment Allowances MLN Matters Article
- CDC Influenza website
- CDC Influenza Information for Health Care Professionals webpage
- CDC Make a Strong Flu Vaccine Recommendation webpage

Provider Compliance

Cochlear Devices Replaced Without Cost: Bill Correctly — Reminder

In November 2016, the Office of the Inspector General (OIG) reported that hospitals did not always comply with Medicare requirements for reporting cochlear devices replaced without cost to the hospital or beneficiary. In 116 of 149 claims reviewed, hospitals did not report the appropriate modifiers and charges or a combination of the appropriate value code and condition codes. Medicare Administrative Contractors use this information to adjust payment; incorrect billing led to Medicare overpayments of $2.7 million.

- Services furnished on or after January 1, 2014: outpatient hospitals should report value code “FD” along with condition code 49 or 50
- Services furnished prior to January 1, 2014: outpatient hospitals should report the modifier “FB” on the same line as the procedure code (not the Cochlear Device code)

Use the following resources to bill correctly and avoid overpayment recoveries:

- Nationwide Medicare Compliance Review of Cochlear Devices Replaced Without Cost OIG Report
- List of CMS resources

Claims, Pricers & Codes

Home Health Claims Will Be Returned When No OASIS Is Found

Until matching errors are corrected, Medicare systems will Return to Provider (RTP) home health claims when no Outcome and Assessment Information Set (OASIS) is found. When these claims are returned with reason code 37253, use the F9 function to resubmit your claim after taking one of these actions:

- Update the Health Insurance Claim (HIC) number on the OASIS assessment to match the current information
- Correct the assessment completion date reported in the claim treatment authorization code to match the OASIS assessment
- Resubmit for denial using condition code 21 and Type of Bill 320 if the assessment was not submitted

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

PQRS Call: Audio Recording and Transcript — New

An audio recording and transcript are available for the September 26 call on the Physician Quality Reporting System (PQRS). Learn about downward payment adjustments, feedback reports, and the informal review process for Program Year 2016 results and 2018 payment adjustment determinations.

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