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Official CMS news from the Medicare Learning Network

Thursday, October 19, 2017

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## News & Announcements

### Preview Draft eCQM Specifications through November 13

CMS invites electronic Clinical Quality Measure (eCQM) implementers to preview draft measure specifications using the Clinical Quality Language (CQL) standard for logic expression through November 13 on the [CQM Issue Tracker](#) via the following tickets:

- Eligible hospital and critical access hospital measures ([CQM-2858](#))
- Eligible professional and eligible clinician measures ([CQM-2860](#))

These draft specifications are for informational review only. To learn more, visit the [CQL Educational Resources](#) webpage.

### MIPS Virtual Group Election Period Ends December 1

The election period is open to form a virtual group for the 2018 Merit-based Incentive Payment System (MIPS) performance period. As proposed in the 2018 Quality Payment Program [proposed rule](#), solo practitioners and groups can choose to participate in MIPS as a virtual group for the 2018 performance period through an election process through December 1, 2017.

CMS proposed a virtual group to be a combination of two or more Taxpayer Identification Numbers (TINs) made up of:

- A solo practitioner who is eligible to participate in MIPS and bills under a TIN with no other National Provider Identifiers billing under the TIN, or
- A group with 10 or fewer eligible clinicians (at least 1 must be eligible for MIPS) that joins with at least one other solo practitioner or group for a performance period of a year

For More Information:

- [MIPS](#) webpage
- [Virtual Groups Toolkit](#): Information on the two-stage election process and agreements

### Quality Payment Program: New Resources

CMS posted new Merit-based Incentive Payment System (MIPS) resources:

- [MIPS Quality Performance Category Claims Data Submission Fact Sheet](#): How to submit data through your claims for the Quality performance category, including data collection and submission tips
- [MIPS Eligible Measure Applicability \(EMA\) Resources](#): Includes an overview fact sheet and supporting documents that provide details about EMA analysis and how it affects your Quality performance calculation and score

Additional resources are available on the [Quality Payment Program](#) website and [MACRA](#) webpage.

### SNF Quality Reporting Program Confidential Feedback Reports for Claims-Based Measures

Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Confidential Feedback Reports are available via the CASPER Reporting System. These reports contain information for the following Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) claims-based quality measures:

- Total Estimated Medicare Spending Per Beneficiary Measure
- Discharge to Community-Post Acute Care– SNF QRP
- Potentially Preventable 30-Day Post Discharge Readmission Measure

The full Confidential Feedback Reports containing all SNF QRP quality measures (claims and assessment-based) will be released later this year.

For More Information:

- Review the September 28 [presentation](#) and [audio and transcript](#)
- Contact the SNF QRP Help Desk at [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov).

### SNF Review and Correct Report Update

Skilled Nursing Facility (SNF) Review and Correct reports are available in the SNF Quality Reporting Program (QRP) report category in the CASPER Reporting application. Request your report to view updated measure results; the updated report should replace previous versions.

- Submission deadline for third quarter 2017 data is changed to May 15, 2018
- Report is updated to reflect that both first and second quarter 2017 are “open”
- Data for all measures for first quarter 2017 are recalculated for any assessment records that were received since the original first quarter 2017 submission deadline of August 15, 2017

For More Information:

- [SNF QRP Spotlights and Announcements](#) webpage
- [SNF QRP Data Submission Deadlines](#) webpage for previous updates
- Contact the QTSO Help Desk at [help@qtso.com](mailto:help@qtso.com) or 800-339-9313

## Post-Acute Care Quality Reporting Programs FY 2018 APU: Successful Facilities

CMS published lists of hospice providers, Inpatient Rehabilitation Facilities (IRFs), and Long-Term Care Hospitals (LTCHs) who successfully met the reporting requirements to avoid the FY 2018 Annual Payment Update (APU). View the lists on the following webpages:

- [HQRP Requirements and Best Practices](#)
- [IRF Quality Reporting Data Submission Deadlines](#)
- [LTCH Quality Reporting Data Submission Deadlines](#)

## New CMS Legionella Requirement for Hospitals, Critical Access Hospitals, and Nursing Homes

Learn to control the growth and spread of Legionella and other waterborne pathogens; review information from the Centers for Disease Control and Prevention and the new surveyor Legionella training webinar. Act now to protect your patients and be in compliance with new CMS requirements.

For More Information:

- [Water management fact sheet](#)
- [Legionella fact sheet](#)
- [Frequently Asked Questions](#)
- [From Plumbing to Patients](#) webpage
- Surveyor training [video](#)

## Provider Compliance

### Coudé Tip Catheters CMS Provider Minute Video — Reminder

Avoid delays. Bill it right the first time. The [CMS Provider Minute: Coudé Tip Catheters](#) video includes pointers on how to provide the correct documentation when submitting claims for this item. Learn about:

- Importance of documenting medical necessity
- Requirement of providing the KX modifier

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

### October 2017 OPPTS Pricer File

The [Outpatient Prospective Payment System \(OPPS\) Pricer](#) webpage is updated with outpatient provider data for October 2017 under “4th Quarter 2017 Files.” There is no Pricer file logic update this quarter.

### Outpatient Claims: Correcting Deductible and Coinsurance for Code G0473

Currently, deductible and coinsurance is incorrectly applied for HCPCS G0473 (face-to-face behavioral counseling for obesity, 15 minutes). The following claims are affected:

- HCPCS code = G0473
- Receipt Date = on or after January 1, 2015 and prior the January 2018 IOCE update release
- Types of Bill = 13X and 85X

The system will be updated in January 2018; Medicare Administrative Contractors will mass adjust these claims within 60 calendar days of the update. No action is required from providers.

## Upcoming Events

### 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](mailto: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.

### New Medicare Card Project Special Open Door Forum — November 9

Thursday, November 9 from 2 to 3 pm ET

This call will educate State Medicaid Agencies, Medicaid providers, Managed Care Organizations, Medicaid partners, and other Medicaid stakeholders about the change from Social Security Number-based Health Insurance Claim Numbers to new Medicare Beneficiary Identifiers (MBIs). A question and answer session follows the presentation. CMS discusses:

- Background and implementation
- MBI format
- Timeline and milestones, including the transition period
- Beneficiary outreach and education
- How to get ready for the new number

To participate:

- Dial-In Number: 800-837-1935; conference ID #: 49255212
- TTY services dial 7-1-1 or 800-855-2880

For more information, visit the [New Medicare Project](#) website and [Transcripts](#) webpage.

### SNF Value-Based Purchasing Program FY 2018 Final Rule Call — November 16

Thursday, November 16 from 1:30 to 3 pm ET

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

Learn how the Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) Program will affect Medicare's payments to your SNF beginning October 1, 2018, as well as details on how CMS will translate SNF performance scores into value-based incentive payments. CMS will also discuss policies finalized in the FY 2018 [final rule](#).

A question and answer session follows the presentation; however attendees may email questions in advance to [SNFVBPInquiries@cms.hhs.gov](mailto:SNFVBPInquiries@cms.hhs.gov) with “SNF VBP November NPC” in the subject line. These questions may be addressed during the call or used for other materials following the call.

Target audience: SNFs, administrators, and clinicians.

## Medicare Learning Network Publications & Multimedia

### Medicare FFS Response to the 2017 California Wildfires MLN Matters Article — New

The President declared a major disaster in the state of California, and the Acting HHS Secretary declared a Public Health Emergency, which allows for a CMS programmatic waiver based on Section 1135 of the Social Security Act. An MLN Matters Special Edition Article on [Medicare Fee-for-Service \(FFS\) Response to the 2017 California Wildfires](#) is available. Learn about the waiver CMS issued for the impacted geographical areas.

### Hurricane Nate and Medicare Disaster Related Alabama, Florida, Louisiana and Mississippi Claims MLN Matters Article — New

The President declared a state of emergency for Alabama, Florida, Louisiana, and Mississippi, and the Acting HHS Secretary declared a Public Health Emergency, which allows for CMS programmatic waivers based on Section 1135 of the Social Security Act. An MLN Matters Special Edition Article on [Hurricane Nate and Medicare Disaster Related Alabama, Florida, Louisiana and Mississippi Claims](#) is available. Learn about blanket waivers that CMS issued for the impacted geographical areas. These waivers will prevent gaps in access to care for beneficiaries impacted by the emergency.

Check the [Hurricanes](#) webpage for current information on temporary emergency policies and waivers.

### Medicare Quarterly Provider Compliance Newsletter Educational Tool — New

A new [Medicare Quarterly Provider Compliance Newsletter](#) Educational Tool is available. Learn about:

- How to avoid common billing errors and other erroneous activities
- How to address and avoid the top issues this quarter

### Physician Compare Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [September 28](#) call on Physician Compare. Find out about the upcoming 30-day preview period, future of public reporting and what is coming in the next year.

### Prohibition on Billing Dually Eligible Individuals Enrolled in the QMB Program MLN Matters Article — Revised

An MLN Matters Special Edition Article on [Prohibition on Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary \(QMB\) Program](#) is available, including these revisions:

- New changes to the Provider Remittance Advice and the Medicare Summary Notice to identify the QMB status of beneficiaries and exemption from cost-sharing for Part A and B claims processed on or after October 2, 2017
- Ways providers can use these and other upcoming system changes to promote compliance with QMB billing requirements

## Critical Access Hospital Booklet — Revised

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

- Critical Access Hospital (CAH) designation
- CAH payments and additional Medicare payments
- Grants to states under the Medicare Rural Hospital Flexibility Program

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