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Official CMS news from the Medicare Learning Network

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News & Announcements

ESRD PPS: Updates to Policies and Payment Rates

CMS issued a [final rule](#) that updates payment policies and rates under the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) for renal dialysis services furnished to beneficiaries on or after January 1, 2018. In addition, this rule finalizes updates to the acute kidney injury dialysis payment rate for renal dialysis services, as well as updates to the ESRD Quality Incentive Program for payment years 2019, 2020, and 2021.

CMS projects that the updates for CY 2018 will increase the total payments to all ESRD facilities by 0.5 percent compared with CY 2017. For hospital-based ESRD facilities, CMS projects an increase in total payments of 0.7 percent, while for freestanding facilities, the projected increase in total payments is 0.5 percent.

The final rule also includes:

- Update to the ESRD PPS base rate
- Annual update to the wage index and wage index floor
- Update to the outlier policy

See the full text of this excerpted [CMS Fact Sheet](#) (issued October 27).

New Medicare Card: Provider Ombudsman Announced

The Provider Ombudsman for the New Medicare Card serves as a CMS resource for the provider community. The Ombudsman will ensure that CMS hears and understands any implementation problems experienced by clinicians, hospitals, suppliers, and other providers. Dr. Eugene Freund will be serving in this position. He will also communicate about the New Medicare Card to providers and collaborate with CMS components to develop solutions to any implementation problems that arise. To reach the Ombudsman, contact:

NMCProviderQuestions@cms.hhs.gov.

The Medicare Beneficiary Ombudsman and CMS staff will address inquiries from Medicare beneficiaries and their representatives through existing inquiry processes. Visit Medicare.gov for information on how the Medicare Beneficiary Ombudsman can help you.

IRF and LTCH Quality Reporting Programs Submission Deadline: November 15

The submission deadline for the Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) Quality Reporting Programs is November 15 for the second quarter of 2017:

- IRF-PAI and LTCH CARE Data Set assessment data
- IRF and LTCH data submitted to CMS via the Center for Disease Control and Prevention's National Healthcare Safety Network for discharges

Run validation/output reports prior to each quarterly reporting deadline to ensure you submit all required data.

For a list of required measures:

- [IRF Quality Reporting Data Submission Deadlines](#) webpage
- [LTCH Quality Reporting Data Submission Deadlines](#) webpage

For providers affected by hurricanes Harvey, Irma, or Maria, CMS issued reporting exceptions:

- [IRF Quality Reporting Reconsideration and Exception & Extension](#) webpage
- [LTCH Quality Reporting Reconsideration and Exception & Extension](#) webpage

Physician Compare Preview Period Extended to December 1

Preview your 2016 performance information as it will appear on the [Physician Compare](#) website later this year. The preview period is extended to Friday, December 1 at 8 pm ET due to a technical issue that prevented the data from properly displaying in the [Provider Quality Information Portal \(PQIP\)](#); this display issue is now resolved. For more information, visit the [Physician Compare Initiative](#) website.

Questions:

- For assistance accessing PQIP or obtaining your Enterprise Identity Management user role, contact the QualityNet Help Desk at 866-288-8912 or qnetssupport@hcqis.org
- For questions about Physician Compare, public reporting, or the 30-day preview period, contact PhysicianCompare@Westat.com

Hospitals: Take Action before Meaningful Use Attestation Beginning January 2

Beginning January 2, eligible hospitals and critical access hospitals attesting to the Electronic Health Record (EHR) Incentive Programs will submit their 2017 Meaningful Use (MU) attestations through the [QualityNet Secure Portal \(QNet\)](#).

You must have an active and updated QNet account before submitting MU attestations:

- If you are new to the system, create an account and select the MU option
- If you are an existing user, select the MU option

For More Information:

- [Qnet Enrollment and Login User Guide](#).
- [QNet](#) webpage
- [EHR Incentive Programs Eligible Hospital](#) webpage

SNF Quality Reporting Program Submission Deadline Extended to May 15

The Skilled Nursing Facility (SNF) Quality Reporting Program submission deadline is extended to May 15, 2018, for CY 2017 data. However, SNFs are encouraged to review their data submission on at least a quarterly basis. Visit the [SNF Quality Reporting Program Data Submission Deadlines](#) webpage for a list of required measures.

For providers affected by hurricanes Harvey, Irma, or Maria, and the Northern California wildfires, CMS issued reporting exceptions. Visit the [SNF Quality Reporting Reconsideration and Exception & Extension](#) webpage for more information.

eCQM Value Set Addendum: Updated Technical Release Notes

CMS issued revised Technical Release Notes (TRNs) for the addendum to the electronic Clinical Quality Measure (eCQM) annual update specifications:

- Revised TRN files are available for download on the eCQI Resource Center: [Eligible Professional \(EP\)/Eligible Clinician](#) and [Eligible Hospital/Critical Access Hospital \(CAH\)](#) webpages
- Only the TRNs are updated; the value set content is not changed

Revisions were made to TRNs for the following measures for fourth quarter 2017 reporting:

- Eligible hospital and CAH measures: CMS71v6, CMS72v5, CMS104v5, and CMS108v5

Revisions were made to TRNs for the following measures for 2018 reporting:

- Eligible hospital and CAH measure: CMS108v6
- Eligible clinician and EP measures: CMS90v7, CMS117v6, CMS136v7, CMS137v6, CMS146v6, CMS147v7, CMS156v6, CMS164v6, and CMS166v7

The revised TRN files were updated to reflect:

- Inclusion of additional TRNs to accurately document all applicable coding changes for each measure
- Removal of TRNs that were irrelevant to a specific measure
- Numbers of codes indicated in the TRNs.

Administrative Simplification Enforcement and Testing Tool

The [Administrative Simplification Enforcement and Testing Tool \(ASETT\)](#) has a new address. Use the tool to:

- [Test](#) electronic transactions for compliance
- [File complaints](#) about noncompliant transactions

For More Information:

- [Quick Start User Guide](#)

- [FAQs](#)
- [Report](#) on complaints submitted through the ASETT tool from January to September 2017
- [Administrative Simplification](#) webpage

Antipsychotic Drug use in Nursing Homes: Trend Update

CMS is [tracking the progress](#) of the National Partnership to Improve Dementia Care in Nursing Homes by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who receive an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's disease, or Tourette's syndrome.

In the fourth quarter of 2011, 23.9 percent of long-stay nursing home residents received an antipsychotic medication; since then there has been a decrease of 35 percent to a national prevalence of 15.5 percent in the second quarter of 2017. Success varies by state and CMS region; some states and regions have a reduction greater than 35 percent. A four-quarter average of this measure is posted on the [Nursing Home Compare](#) website.

For More Information:

- Visit the [National Partnership](#) webpage
- Send correspondence to dnh_behavioralhealth@cms.hhs.gov
- [Register](#) for December 14 call

CMS Offers Medicare Enrollment Relief for Americans Affected by Recent Disasters

Information to Share with Your Patients

CMS is providing immediate relief to people who want to make a Medicare Part A or Part B enrollment request but may have been impeded by the recent hurricanes and the wildfires in California. This important relief gives certain individuals who have been affected by these events additional time to enroll in Part B and premium-Part A if they were unable to make a request during their initial enrollment period or special enrollment period.

See the full text of this excerpted [CMS Press Release](#) (issued October 30), including contact information for Social Security.

November is Home Care and Hospice Month

Did you know that Medicare covers a wide range of health care services that can be provided in the home to treat an illness or injury for homebound beneficiaries who require skilled services? In addition, hospice care empowers people with life-limiting illnesses to remain at home, surrounded and supported by family and loved ones. Talk to your Medicare patients about appropriate home care and hospice services.

For More Information:

- [Home Health Prospective Payment System](#) Fact Sheet
- [Medicare Home Health Benefit](#) Fact Sheet
- Medicare Home Health Benefit Web-Based Training course: Available through the [Learning Management System](#)
- [Hospice Payment System](#) Fact Sheet

Provider Compliance

Advanced Life Support Ambulance Services: Insufficient Documentation — Reminder

Ambulance suppliers often submit Medicare claims for Advanced Life Support (ALS) ambulance services that lack sufficient medical record documentation. The 2015 Comprehensive Error Rate Testing (CERT) Report states that the improper payment rate for ALS services was 14.5 percent with improper payments projected at \$226 million. The most frequent errors occur when documentation:

- Does not support the medical necessity of the ALS level of service
- Lacks the patient's signature authorizing the supplier to bill Medicare for the service.

Use the following resources to avoid documentation errors:

- [Medicare Ambulance Transports Booklet](#)
- [42 Code of Federal Regulations 424.36 - Signature Requirements](#)
- [April 2016 Medicare Quarterly Provider Compliance Newsletter](#), Pages 1 through 3
- [Ambulance Fee Schedule Fact Sheet](#)
- [Medicare Claims Processing Manual](#), Chapter 15

Claims, Pricers & Codes

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 October 1, 2017 and prior the January 2018 IOCE update release
- Types of Bill = 13X

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

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 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

QRUR Webcast: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [October 19](#) webcast on the 2016 Annual Quality and Resource Use Reports (QRURs). This event provides an overview of the report and explains how to interpret and use the information.

ICD-10-CM/PCS the Next Generation of Coding Booklet — Revised

A revised [ICD-10-CM/PCS the Next Generation of Coding](#) Booklet is available. Learn about:

- International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS), an improved classification system
- Examples
- Similarities and differences from ICD-9
- Current Procedural Terminology and HCPCS codes
- Use of external cause and unspecified codes; new features; and changes in ICD-10-CM

Diagnosis Coding: Using the ICD-10-CM Web-Based Training Course — Reminder

With Continuing Education Credit

A Diagnosis Coding: Using the ICD-10-CM Web-Based Training course is available through the [Learning Management System](#). Learn about:

- International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) coding tips, information, and resources
- ICD-10-CM structure, format, and features
- How to find correct ICD-10-CM codes

Medicare Home Health Benefit Web-Based Training Course — Reminder

With Continuing Education Credit

A Medicare Home Health Benefit Web-Based Training course is available through the [Learning Management System](#). Learn about:

- Qualifying for home health services
- Consolidated billing
- Therapy services
- Physician billing and payment

Dual Eligible Beneficiaries under Medicare and Medicaid Booklet — Reminder

A [Dual Eligible Beneficiaries under Medicare and Medicaid](#) Booklet is available. Learn about prohibited billing of Qualified Medicare Beneficiary individuals and Medicare assignment.

Resources for Medicare Beneficiaries Booklet — Reminder

A [Resources for Medicare Beneficiaries](#) Booklet is available. Learn about:

- Medicare, Medicare supplements, and other insurance
- Medical expenses and basic needs
- Long-term care
- Informed decisions; rights and protections; notices and forms
- Fraud, waste, and abuse
- Caregiving

Medicare Ambulance Transports Booklet — Reminder

A [Medicare Ambulance Transports](#) Booklet is available. Learn about:

- Ambulance transport benefit
- Ground and air ambulance provider and supplier; vehicle; and personnel requirements
- Documentation requirements
- Coverage, billing, and payments
- Advance Beneficiary Notice of Noncoverage

SNF Billing Reference Booklet — Reminder

A [SNF Billing Reference](#) Booklet is available. Learn about:

- Medicare-covered Skilled Nursing Facility (SNF) stays
- SNF payment and billing requirements

Items and Services Not Covered under Medicare Booklet — Reminder

An [Items and Services Not Covered under Medicare](#) Booklet is available. Learn about:

- Four categories of items and services not covered under Medicare and applicable exceptions
- Advance Beneficiary Notices

Guidelines for Teaching Physicians, Interns, and Residents Fact Sheet — Reminder

A [Guidelines for Teaching Physicians, Interns, and Residents](#) Fact Sheet is available. Learn about:

- Payment for physician services in teaching settings
- General documentation guidelines
- Evaluation and Management (E/M) documentation guidelines
- Exception for E/M services furnished in certain primary care centers

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