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Official CMS news from the Medicare Learning Network

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News & Announcements

New Medicare Card: New Webpage Information

View new content on the [Provider](#) webpage to be ready for the transition to the new Medicare card beginning April 1. We identify new and updated content as *New*. Learn more:

- Prepare for April 2018 – [Sign up](#) for your Medicare Administrative Contractor's portal now
- Help your patients learn about the new cards – [Order](#) or print the new [poster](#) (#12009-P) and [tear-off sheets](#) (#12006)
- How we are aligning eligibility search criteria among CMS systems
- Identify Railroad Retirement Board (RRB) Medicare patients – [view the RRB card](#)

CAHs: Deadline to Apply for a Hardship Exception is November 30

The deadline for Critical Access Hospitals (CAHs) to submit a [hardship exception application](#) to avoid the 2016 payment adjustment based on the 2016 reporting year is November 30:

- Electronic submission: ehrhardship@provider-resources.com
- Paper submission: Fax to 814-456-7132

All hardship exception determinations will be returned via email. If approved, the hardship exception is valid for the 2016 payment year only.

For More Information:

- [CAH Payment Adjustment and Hardship Exception](#) Tipsheet
- [Payment Adjustments and Hardship Information](#) webpage

Virtual Group for MIPS in 2018: Apply by December 31

Solo practitioners and groups can choose to participate in the Merit-based Incentive Payment System (MIPS) as a virtual group for the 2018 performance period. To form a virtual group, follow the election process, and submit your election to CMS by December 31.

For More Information:

- [Virtual Groups Toolkit](#)
- [MIPS Overview](#) webpage

If you need help with the election process, contact the Quality Payment Program Service Center at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222). Or, contact your [local support organization](#).

QMB Remittance Advice Issue

On October 2, [Change Request 9911](#) modified the Medicare Remittance Advice (RA) for Qualified Medicare Beneficiary (QMB) claims to identify QMB patients and reflect zero cost-sharing liability. This change resulted in unanticipated issues for providers, states, and other secondary payers who are used to seeing Medicare deductible and coinsurance amounts in specific fields on the RA. Beginning December 8, CMS systems will revert back to the previous display of patient responsibility for QMBs on RAs. You may want to hold QMB claims and submit them after December 8. See the [QMB Program](#) webpage for more information.

IRF/LTCH Quality Measure Reports: Measures Added

Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospitals (LTCH) Confidential Feedback Reports, also referred to as Facility-Level and Patient-Level Quality Measure reports, are updated to include additional quality measures. These on-demand, user-requested reports, are available via the Certification and Survey provider Enhanced Reports (CASPER) Reporting System. They provide feedback to help you identify data errors and improve quality of care. See the [announcement](#) for more information.

Hospice Quality Reporting Program: Quarterly Update

The Hospice Quality Reporting Program (HQRP) [Quarterly Update](#) is available for the third quarter (July through September) of 2017. This document includes frequently asked questions received by the Hospice Quality Help Desk, as well as HQRP updates and events from the third quarter and upcoming events in the fourth quarter. Visit the [HQRP Requirements and Best Practices](#) webpage for more information.

Physician Compare: How to Update Your Listing

To update your listing on [Physician Compare](#), including general information like practice location and phone number, update your information in the Internet-based [Provider Enrollment, Chain, and Ownership System](#) (PECOS). It can take up to 2 to 4 months for changes in PECOS to be reflected on Physician Compare.

To learn more about which information can be updated via PECOS and which data can be updated by contacting the Physician Compare support team, visit the [Physician Compare Initiative](#) webpage. If you have questions, contact PhysicianCompare@Westat.com.

Recognizing Lung Cancer Awareness Month and the Great American Smokeout

November is Lung Cancer Awareness Month, and November 16 is the Great American Smokeout. Tobacco use is the leading cause of preventable illness and death in the United States. Many smokers want to quit but have difficulty succeeding.

- Talk to your patients about quitting
- Recommend appropriate Medicare-covered preventative services, including counseling to prevent tobacco use and lung cancer screening

For More Information:

- [Preventive Services](#) Educational Tool
- [Lung Cancer Awareness](#) website, Centers for Disease Control and Prevention
- [Great American Smokeout](#) webpage, American Cancer Society

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

Provider Compliance

Evaluation and Management: Correct Coding — Reminder

In a study report, the Office of the Inspector General (OIG) noted that 42 percent of claims for Evaluation and Management (E/M) services in 2010 were incorrectly coded, which included both upcoding and downcoding (i.e., billing at levels higher and lower than warranted), and 19 percent were lacking documentation.

- A number of physicians increased their billing of higher level, more complex and expensive E/M codes
- Many providers submitted claims coded at a higher or lower level than the medical record documentation supports

Use the following resources to bill correctly for E/M services:

- [Improper Payments For Evaluation and Management Services](#) OIG Report
- [Claims Processing Manual](#): Chapter 12, Section 30.6
- [E/M Services](#) Guide
- [1995 Documentation Guidelines for E/M Services](#)
- [1997 Documentation Guidelines for E/M Services](#)
- [Frequently Asked Question on Use of 1995 and 1997 Guidelines](#)
- [Provider Compliance Tips for E/M Services](#) Fact Sheet
- E/M Services Web-Based Training course available through the [Learning Management System](#)

Upcoming Events

Quality Payment Program Year 2 Final Rule Call — November 30

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

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

The Quality Payment Program, established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), is a quality payment incentive program for physicians and other eligible clinicians, which rewards value and outcomes in one of two ways:

- The Merit-based Incentive Payment System
- Alternative Payment Models

The Quality Payment Program allows clinicians to choose the best way to deliver quality care and participate based on their practice size, specialty, location, or patient population. During this call, learn about the Quality Payment Program Year 2 provisions in the [final rule with comment and interim final rule with comment](#);

participants should review the final rules prior to the call. A question and answer session follows the presentation.

Target Audience: Medicare Part B Fee-For-Service clinicians; office managers and administrators; state and national associations that represent healthcare providers; and other stakeholders.

Medicare Diabetes Prevention Program Model Expansion Call — December 5

Tuesday, December 5 from 1:30 to 3 pm ET

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

The CY 2018 Medicare Physician Fee Schedule [final rule](#) includes the expansion of the Medicare Diabetes Prevention Program (MDPP) Model starting in 2018. During this call, CMS experts provide a high-level overview of the finalized policies. A question and answer session follows the presentation.

The MDPP expanded model is a structured intervention with the goal of preventing progression to type 2 diabetes in individuals with an indication of pre-diabetes. Participants should review the [final rule](#) prior to the call.

Target Audience: Current Centers for Disease Control and Prevention recognized Diabetes Prevention Program organizations; organizations interested in becoming MDPP suppliers, including existing Medicare providers/suppliers, community organizations, non-for-profits; associations, and advocacy groups focused on seniors or diabetes; and other interested stakeholders, including health plans, primary care/internal medicine specialties.

National Partnership to Improve Dementia Care and QAPI Call — December 14

Thursday, December 14 from 1:30 to 3 pm ET

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

During this call, learn how to work with physicians to ensure compliance with the new psychotropic medication prescribing requirements for long-term care facilities. Also, find out how nursing homes are putting the new Quality Assurance Performance Improvement (QAPI) requirements into practice. Additionally, CMS experts share updates on the progress of the [National Partnership to Improve Dementia Care in Nursing Homes](#) and [QAPI](#). A question and answer session follows the presentations.

Speakers:

- Dr. Arif Nazir, Signature Healthcare
- Deb Fournier, Maine Veterans' Homes
- Sarah Schumann, Brookside Inn (Colorado)
- Michele Laughman and Debbie Lyons, CMS

Target Audience: Consumer and advocacy groups; nursing home providers; surveyor community; prescribers; professional associations; and other interested stakeholders.

Medicare Learning Network Publications & Multimedia

Hospital Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [November 2](#) call on the Definition of a Hospital: Primarily Engaged Requirement. Learn about new guidance in Appendix A of the State Operations Manual.

Medicare and Medicaid Basics Booklet — Revised

A revised [Medicare and Medicaid Basics](#) Booklet is available. Learn about:

- Dual eligible beneficiaries
- Covered services
- Other common types of coverage

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Visit the [Medicare Learning Network](#) and see how we can support your educational needs. Learn about publications; calls and webcasts; continuing education credits; Web-Based Training; newsletters; and other resources.

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