CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

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Official CMS news from the Medicare Learning Network

Thursday, January 11, 2018

News & Announcements

New Payment Model to Improve Quality, Coordination, and Cost-effectiveness for Both Inpatient and Outpatient Care

On January 9, CMS announced the launch of a new voluntary bundled payment model called Bundled Payments for Care Improvement Advanced (BPCI Advanced). Under traditional fee-for-service payment, Medicare pays providers for each individual service they perform. Under this bundled payment model, participants can earn additional payment if all expenditures for a beneficiary's episode of care are under a spending target that factors in quality.

- BPCI Advanced participants may receive payments for performance on 32 different clinical episodes
- BPCI Advanced will qualify as an Advanced Alternative Payment Model (Advanced APM) under the Quality Payment Program

"CMS is proud to announce this Administration's first Advanced APM," said CMS Administrator Seema Verma. "BPCI Advanced builds on the earlier success of bundled payment models and is an important step in the move away from fee-for-service and towards paying for value. Under this model, providers will have an incentive to deliver efficient, high-quality care."

BPCI Advanced seeks to support and encourage participants who are interested in:

- Continuously redesigning and improving care
- Decreasing costs by eliminating care that is unnecessary or provides little benefit to patients
- Encouraging care coordination and fostering quality improvement
- Participating in a payment model that tests extended financial accountability for the outcomes of improved quality and reduced spending
- Creating environments that stimulate rapid development of new evidence-based knowledge

- Increasing the likelihood of better health at lower cost through patient engagement, education, and on-going communication between doctors and patients

The Model Performance Period for BPCI Advanced starts on October 1, 2018, and runs through December 31, 2023. For more information about the model and its requirements or to download a Request for Applications document, the application template, and attachments, visit the BPCI Advanced webpage. Applications must be submitted via the Application Portal, which will close on March 12, 2018, at 11:59 pm ET.

The CMS Innovation Center will hold a Q&A Open Forum on Tuesday, January 30 from 12 to 1 pm ET. Register in advance.

See the full text of this excerpted CMS Press Release (issued January 9).

SNF Quality Reporting Program Confidential Feedback Reports

Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Confidential Feedback Reports/Quality Measure Reports are available via the Certification and Survey provider Enhanced Reports (CASPER) Reporting System. For a list of assessment and claims-based quality measures included these reports, visit the SNF QRP Measures and Technical Information webpage.

CMS discovered an error in some of the Medicare Spending Per Beneficiary (MSPB) measure calculations in the October 2017 Confidential Feedback/Quality Measure Reports. CMS corrected the error, which affected the risk adjustment of some measures. Request an updated report in CASPER to review your corrected MSPB measure calculation.

For More Information:

- Presentation and audio and transcript from December 6 webinar
- SNF QRP Training webpage
- Contact the help desk at SNFQualityQuestions@cms.hhs.gov

Hospital Quality Reporting: Updated CY 2018 QRDA I Schematron

CMS published an updated schematron for the 2018 Quality Reporting Document Architecture (QRDA) Category I implementation guide for hospital quality reporting. This update ensures the presence of an additional patient identifier beyond the Health Insurance Claim Number and Medicare Beneficiary Identifier.

For More Information:

- eCQI Resource Center QRDA webpage
- For questions about the implementation guides or schematrons, visit the ONC QRDA JIRA Issue Tracker webpage

January is Cervical Health Awareness Month

Cervical cancer can often be prevented with regular screening tests and follow-up care. Talk to your patients about cervical health and encourage them to take advantage of Medicare-covered preventive services, including the screening Pap test and screening pelvic examination.

For More Information:

- Preventive Services Educational Tool
- Centers for Disease Control and Prevention Cervical Cancer webpage

Pap tests are promoted on your patients' Medicare Summary Notices. Visit the Preventive Services website to learn more about Medicare-covered services.

Provider Compliance

Proper Use of the KX Modifier for Part B Immunosuppressive Drug Claims — Reminder

A 2017 Office of the Inspector General (OIG) report noted that, in some cases, pharmacies incorrectly billed Medicare Part B for claims using the KX modifier for immunosuppressive drugs. It is estimated that Medicare paid $4.6 million for these claims that did not comply with Medicare requirements.

In response to this report, CMS clarified manual instructions on the use of the KX modifier to help pharmacies document the medical necessity of organ transplant and eligibility for Medicare coverage. Resources for pharmacies:

- Pharmacy Billing of Immunosuppressive Drugs MLN Matters® Article
- Clarification of the Billing of Immunosuppressive Drugs MLN Matters Article
- Change Request 10235
- OIG Report on the proper use of the KX modifier for Part B immunosuppressive drug claims

Upcoming Events

New Medicare Card Project Special Open Door Forum — January 23

Tuesday, January 23 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. This is the same presentation given on November 9.

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

Dial in at least 15 minutes prior to the start of the call.

- Dial-In Number: 800-837-1935; conference ID #: 8259057
- TTY services dial 7-1-1 or 800-855-2880

For More Information

- New Medicare Project website
- Transcripts webpage
- Provider Ombudsman, Dr. Eugene Freund: NMCProviderQuestions@cms.hhs.gov

ESRD QIP: Final Rule for CY 2018 Call — January 23

Tuesday, January 23 from 1:30 to 3 pm ET

Register for Medicare Learning Network events.

During this call, learn about provisions in the CY 2018 End-Stage Renal Disease (ESRD) Prospective Payment System final rule, including plans for the ESRD Quality Incentive Program (QIP) in Payment Year (PY) 2019, 2020, and 2021. Topics include:

- ESRD QIP legislative framework

- Measures, standards, scoring method, and payment reduction scale for PY 2021
- Modifications to PY 2019 and PY 2020 policies

A question and answer session follows the presentation.

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts.

Medicare Learning Network Publications & Multimedia

Major Joint Replacement (Hip or Knee) Booklet — New

A new Major Joint Replacement (Hip or Knee) Booklet is available: Learn about:

- How to document medical necessity
- Complete and accurate medical records
- Key points for billing codes
- Aids to correct billing

Medicare-Required SNF PPS Assessments Educational Tool — Revised

A revised Medicare-Required SNF PPS Assessments Educational Tool is available. Learn about:

- Minimum Data Set 3.0
- Factors affecting the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) assessment schedule
- Assessment results reporting