



mlnconnects

Official CMS news from the Medicare Learning Network

Thursday, February 1, 2018

## News & Announcements

Medicare Diabetes Prevention Program: Supplier Enrollment Open  
Targeted Probe and Educate: New Resources  
MIPS Clinicians: 2017 Extreme and Uncontrollable Circumstances Policy  
Quality Payment Program: Patient-facing Encounters Resources  
Eligible Hospitals and CAHs: Get Help with Attestation on QNet  
Find Medicare FFS Payment Regulations  
February is American Heart Month

## Provider Compliance

Cochlear Devices Replaced Without Cost: Bill Correctly — Reminder

## Upcoming Events

eQIM Reporting for Hospital IQR-EHR Incentive Program Webinar — February 6  
Low Volume Appeals Settlement Option Call — February 13

## Medicare Learning Network Publications & Multimedia

Next Generation Accountable Care Organization - Implementation MLN Matters® Article — Revised  
DMEPOS Quality Standards Educational Tool — Revised  
Home Oxygen Therapy Booklet — Revised  
Looking for Educational Materials?

## News & Announcements

### Medicare Diabetes Prevention Program: Supplier Enrollment Open

Medicare Diabetes Prevention Program (MDPP) supplier enrollment opened January 1:

- Use the [Enrollment Fact Sheet](#) and the [Checklist](#) to guide you through the enrollment process
- Delivery of and billing for MDPP services will begin April 1

For More Information:

- [MDPP](#) webpage
- [Supplier Road Map](#)
- [Orientation Webinar](#) (registration is required to view replay)
- [Final Rule](#)

### Targeted Probe and Educate: New Resources

Find out how the Targeted Probe and Educate (TPE) program helps providers and suppliers reduce claim denials and appeals through one-on-one education. The updated [TPE](#) webpage has new resources, including:

- Common claim errors
- TPE process graphic
- [One-pager](#) about the program to download and share

- [Q&As](#)

## **MIPS Clinicians: 2017 Extreme and Uncontrollable Circumstances Policy**

CMS updated the Extreme and Uncontrollable Circumstances policy for the 2017 Merit-based Incentive Payment System (MIPS) transition year to include counties affected by Hurricane Nate and additional counties affected by the California wildfires. MIPS eligible clinicians in Federal Emergency Management Agency designated areas affected by Northern California wildfires and Hurricanes Harvey, Irma, Maria and Nate will be automatically identified. No action is required.

For More Information:

- [Fact Sheet](#)
- [Interim final rule with comment period](#)
- Contact the Quality Payment Program Service Center at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or 866-288-8292 (TTY: 877-715-6222)

## **Quality Payment Program: Patient-facing Encounters Resources**

CMS posted these resources on the [2018 Resources](#) webpage:

- [Patient-facing Encounter Codes Fact Sheet](#): Defines patient-facing encounters and details the categories included in the patient-facing encounter codes list
- [Patient-facing Encounter Codes List](#): Code and description for each patient-facing encounter
- [Operational List of Care Episode and Patient Condition Codes Background](#): Context for the information presented in the Operational List of Care Episode and Patient Condition Codes document
- [Operational List of Care Episode and Patient Condition Codes](#): Operational list of eight episode-based cost measures and their corresponding episode group trigger codes

For More Information:

- [Quality Payment Program](#) website
- [Resource Library](#) webpage
- Contact the QPP Service Center at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or 866-288-8292 (TTY: 877-715-6222)

## **Eligible Hospitals and CAHs: Get Help with Attestation on QNet**

Medicare attestation for the Electronic Health Record (EHR) Incentive Program for eligible hospitals and Critical Access Hospitals (CAHs) transitioned to a new platform. Submit your CY 2017 attestations through the [QualityNet Secure Portal \(QNet\)](#).

- Medicaid eligible hospitals should contact their [state Medicaid agencies](#) for specific information on how to attest
- Dually eligible hospitals and CAHs will register and attest for Medicare on the [QNet portal](#) and update and submit registration information in the [Registration and Attestation System](#)

QNet Attestation Resources:

- [Enrollment User Guide](#): Creating and updating accounts
- [User Role Management Guide](#): Updating provider and administrator accounts with the appropriate user account “roles” required for attestation
- [Hospital Registration and Attestation User Guide](#): Registering for attestation
- [Hospital Objectives and Clinical Quality Measures User Guide](#): Navigating the data submission process
- [Video](#) from demonstration webinar
- [Eligible Hospital Information](#) webpage
- Contact the [QNet Help Desk](#) for help with registration and attestation

## Find Medicare FFS Payment Regulations

Each year, CMS issues proposed and final regulations with Medicare Fee-For-Service (FFS) payment and policy changes for each provider type. Find current and past regulations on the [Medicare FFS Payment Regulations](#) webpage.

## February is American Heart Month

Heart disease can often be prevented by identifying risk factors and making healthy lifestyle choices. Help your Medicare patients reduce their risk. Recommend appropriate preventive services, including cardiovascular disease screening tests and intensive behavioral therapy for cardiovascular disease.

For More Information:

- [Preventive Services](#) Educational Tool
- [Million Hearts®](#): Resources to help educate, motivate, and monitor your patients
- [Centers for Disease Control and Prevention Heart Disease](#) website

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

## 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](#)

## Upcoming Events

### eCQM Reporting for Hospital IQR-EHR Incentive Program Webinar — February 6

Tuesday, February 6 from 2 to 3 pm ET

[Register](#) for CY 2017 electronic Clinical Quality Measure (eCQM) Reporting Tips and Tools for the Hospital Inpatient Quality Reporting (IQR) and Medicare Electronic Health Record (EHR) Incentive Programs.

This presentation provides an overview of helpful tips and available tools for successful electronic submission of clinical quality measure data, including Quality Reporting Document Architecture Category I file submissions, tips to troubleshoot error messages, and resources.

### Low Volume Appeals Settlement Option Call — February 13

Tuesday, February 13 from 1:30 to 3 pm ET

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

As part of the broader HHS commitment to improving the Medicare appeals process, CMS is making available the Low Volume Appeals (LVA) settlement option on February 5, 2018. LVA is for providers and suppliers (appellants) with fewer than 500 appeals pending at the Office of Medicare Hearings and Appeals (OMHA) and the Medicare Appeals Council (the Council) at the Departmental Appeals Board.

During this call, learn more about LVA, the current status, and how the settlement process works. CMS speakers discuss how to identify whether you are eligible and which of your pending appeals may be settled. Visit the [Low Volume Appeals Initiative](#) webpage for more information.

A question and answer session follows the presentation; however attendees may email questions in advance to [MedicareSettlementFAQs@cms.hhs.gov](mailto:MedicareSettlementFAQs@cms.hhs.gov) with “Low Volume Appeals Settlement February 13 Call” in the subject line. These questions may be addressed during the call or used for other materials following the call.

Target Audience: Medicare fee-for-service providers, physicians, and other suppliers with fewer than 500 appeals pending at OMHA and the Council.

## Medicare Learning Network Publications & Multimedia

### Next Generation Accountable Care Organization - Implementation MLN Matters® Article — Revised

A revised MLN Matters Special Edition Article on [Next Generation Accountable Care Organization - Implementation](#) is available. Learn about the model’s waiver initiatives and supplemental claims processing direction.

### DMEPOS Quality Standards Educational Tool — Revised

A revised [DMEPOS Quality Standards](#) Educational Tool is available. Learn about:

- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers standards
- Business service requirements
- Product-specific service requirements
- New guidance for therapeutic shoes

### Home Oxygen Therapy Booklet — Revised

A revised [Home Oxygen Therapy](#) Booklet is available. Learn about:

- Covered oxygen items and equipment for home use
- Criteria you must meet to furnish oxygen items and equipment for home use
- Advance Beneficiary Notice of Noncoverage
- Coverage requirements as well as oxygen equipment, items, and services that are not covered
- Payment for oxygen items and equipment
- Billing and coding guidelines

### Looking for Educational Materials?

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.

---

**[Like the newsletter? Have suggestions? Please let us know!](#)**

[Subscribe](#) to MLN Connects. Previous issues are available in the [archive](#).  
This newsletter is current as of the issue date. View the complete [disclaimer](#).

**Follow the MLN on [Twitter](#) #CMSMLN, and visit us on [YouTube](#).**

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health and Human Services (HHS).

