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Official CMS news from the Medicare Learning Network

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## News & Announcements

Patients over Paperwork: January Newsletter  
Open Payments Registration  
MIPS: Call for Advancing Care Information Measures and Improvement Activities  
Quality Payment Program: Advanced APM Table  
Hospice Quality Reporting Program Resources  
LTCH Quality Reporting Program: Materials from December Training  
SNF QRP Quality Measure and Review and Correct Report: Calculation Error  
Home Health Review and Correct Report: Correction  
Influenza Activity Continues: Are Your Patients Protected?

## Provider Compliance

Medicare Hospital Claims: Avoid Coding Errors — Reminder

## Upcoming Events

Low Volume Appeals Settlement Option Call — February 13  
What's New with Physician Compare Webinar — February 21 or 22  
Comparative Billing Report on Opioid Prescribers Webinar — February 21 or March 7  
ESRD QIP: Final Rule for CY 2018 Call — February 22

## Medicare Learning Network Publications & Multimedia

E/M Service Documentation Provided by Students MLN Matters Article — New  
Medicare Enrollment Resources Educational Tool — Revised  
Medicare Part B Immunization Billing Educational Tool — Reminder

## News & Announcements

### Patients over Paperwork: January Newsletter

In the [January edition](#) of Patients over Paperwork, CMS reflects on 2017 and updates you on how we have been working to reduce burdensome regulations, streamline requirements, and improve the clarity of our programmatic guidance. In this issue:

- Quality measures
- Quality Payment Program
- Appropriate use criteria for advanced diagnostic imaging
- Documentation review
- Quality and safety oversight
- Promoting affordability for consumers
- States
- Burden reduction highlights

Visit the [Patients over Paperwork](#) website for more information about this initiative.

## Open Payments Registration

Physicians and teaching hospitals: Prepare to review and, if necessary, dispute your data by registering in the [Open Payments system](#):

- If you registered last year, you do not need to register again
- If it has been over 180 days since you logged onto the system, your account is deactivated for security purposes; contact the Help Desk
- To set up a new account, visit the [Resources for Physicians and Teaching Hospitals](#) webpage for help with registering

The review and dispute period is targeted to start in April 2018.

For More Information:

- [Open Payments](#) website
- Contact the Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) or 855-326-8366

## MIPS: Call for Advancing Care Information Measures and Improvement Activities

CMS invites you to submit Advancing Care Information measures and improvement activities for consideration for future years of the Merit-based Incentive Payment System (MIPS). Review the [Call for Measures and Activities Overview fact sheet](#) for more information:

- Improvement Activities Performance Category: Submission period from February 1 to March 1, 2018, for 2019 activities
- Advancing Care Information Performance Category: Submission period from February 1 to June 29, 2018, for 2020 measures

## Quality Payment Program: Advanced APM Table

CMS published a [table](#) displaying the Alternative Payment Models (APMs) for the Quality Payment Program, including Merit-based Incentive Payment System and Advanced APMs. We will modify this list based on changes in the designs of APMs or the announcement of new APMs.

## Hospice Quality Reporting Program Resources

Visit the Hospice Quality Reporting Program [Requirements and Best Practices](#) webpage for new resources:

- [FY 2020 Requirements Fact Sheet](#): Compliance requirements for Hospice Item Set and Consumer Assessment of Healthcare Providers and Systems for the FY 2020 reporting year (data collection period January 1 through December 31, 2018)
- [Quarterly Update Document for the Fourth Quarter of 2017](#): Frequently asked questions, updates, and events from the fourth quarter of 2017 and upcoming events in the first quarter of 2018

## LTCH Quality Reporting Program: Materials from December Training

[Training materials](#) are available from the Long-Term Care Hospital (LTCH) Quality Reporting Program provider training in Dallas, TX on December 6 and 7. Visit the [LTCH Quality Reporting Training](#) webpage for more information.

## SNF QRP Quality Measure and Review and Correct Report: Calculation Error

A calculation error is identified for the three assessment-based quality measures (NQF #0678, NQF #0674, and NQF #2631) reported on the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) facility-level and resident-level Quality Measure and Review and Correct reports. Duplicate stays and invalid admission dates can appear on these reports. See the [announcement](#) and [SNF QRP Data Submission Deadlines](#) webpage for more information.

### Home Health Review and Correct Report: Correction

CMS determined that the denominator counts for the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678) on the home health Review and Correct reports are incorrect. This will be corrected in your next confidential feedback reports and public reporting on Home Health Compare starting in 2019. Visit the [Spotlight and Announcements](#) webpage for more information.

### Influenza Activity Continues: Are Your Patients Protected?

People 65 years and older are at a greater risk of serious complications from seasonal influenza. The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months of age and older receive an influenza vaccine every year. It is not too late to get vaccinated – to protect your patients, your staff, and yourself.

Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries. Medicare may cover additional seasonal influenza vaccinations if medically necessary.

For More Information:

- [Preventive Services](#) Educational Tool
- [Influenza Resources for Health Care Professionals](#) MLN Matters® Article
- [Influenza Vaccine Payment Allowances](#) MLN Matters Article
- [CDC Influenza](#) website
- [CDC Influenza Information for Health Professionals](#) webpage
- [CDC Make a Strong Flu Vaccine Recommendation](#) webpage
- [CDC Antiviral Drugs](#) webpage

## Provider Compliance

### Medicare Hospital Claims: Avoid Coding Errors — Reminder

In two recent reports, the Office of Inspector General (OIG) cited significant issues leading to coding errors on Medicare hospital claims:

- [Hospitals Nationwide Generally Did Not Comply with Medicare Requirements for Billing Outpatient Right Heart Catheterizations with Heart Biopsies](#): The OIG found that hospitals often use modifier -59 incorrectly when billing for outpatient right heart catheterizations with heart biopsies, which leads to significant overpayments and overpayment recoveries on claims for these services
- [Medicare Improperly Paid Hospitals for Beneficiaries Who Had Not Received 96 or More Consecutive Hours of Mechanical Ventilation](#): The OIG found that hospitals often use incorrect procedure codes when billing for mechanical ventilation

Use the following resources to bill correctly and avoid overpayment recoveries:

- [OIG Reports Highlight Hospital Billing Issues](#) MLN Matters Special Edition Article
- [Proper Use of Modifier 59](#) MLN Matters Special Edition Article
- [Specific Modifiers for Distinct Procedural Services](#) MLN Matters Article
- [Medicare Claims Processing Manual, Chapter 3, Inpatient Hospital Billing](#): Section 10, General Inpatient Requirements

- [Medicare Quarterly Provider Compliance Newsletter, Volume 2, Issue 1](#)
- [Medicare Quarterly Provider Compliance Newsletter, Volume 7, Issue 4](#)

## Upcoming Events

### 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.

### What’s New with Physician Compare Webinar — February 21 or 22

Wednesday, February 21 from 11 am to 12:30 pm ET

Thursday, February 22 from 3:30 to 5 pm ET

Register for [February 21](#) or [February 22](#); both webinars will present the same information.

CMS is hosting webinars to talk about the recent Physician Quality Reporting System (PQRS) and non-PQRS payment year 2016 measures release on Physician Compare. Learn about star ratings and what Quality Payment Program information is in the pipeline for potential inclusion on Physician Compare in late 2018. During each webinar, you will have an opportunity to ask questions.

Visit the [Physician Compare Initiative](#) website for more information.

### Comparative Billing Report on Opioid Prescribers Webinar — February 21 or March 7

Wednesday, February 21 from 3 to 4:30 pm ET

Wednesday, March 7 from 3 to 4:30 pm. ET

[Register](#) for only one date; both sessions will cover the same material.

Join us for a discussion of the Comparative Billing Report on Opioid Prescribers (CBR201801), an educational tool for providers of all specialties who prescribe opioids for Medicare Part D beneficiaries. During the webinar, interact directly with content specialists, including guest speakers from the Food and Drug Administration and the Centers for Disease Control and Prevention, and submit questions about the report.

### ESRD QIP: Final Rule for CY 2018 Call — February 22

Thursday, February 22 from 1 to 2 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

### E/M Service Documentation Provided by Students MLN Matters Article — New

An MLN Matters Article on [E/M Service Documentation Provided by Students \(Manual Update\)](#) is available. Learn about updated policy on Evaluation and Management (E/M) documentation that allows teaching physicians to verify student documentation in the medical record, rather than re-documenting the work. You can learn more about other Patients over Paperwork updates in the [second issue](#) of our recurring newsletter.

### Medicare Enrollment Resources Educational Tool — Revised

A revised [Medicare Enrollment Resources](#) Educational Tool is available. Learn about:

- How to enroll in the Medicare Program
- What to do if you run into problems
- Where to locate enrollment forms

### Medicare Part B Immunization Billing Educational Tool — Reminder

The [Medicare Part B Immunization Billing](#) Educational Tool is available. Learn about:

- Administration and diagnosis codes
- Vaccine codes and descriptors
- FAQs

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