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Official CMS news from the Medicare Learning Network

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News & Announcements

MIPS Reporting Deadlines Fast Approaching: 10 Things to Do and Know

Deadlines are fast approaching if you plan to submit data for the 2017 [Merit-based Incentive Payment System \(MIPS\)](#) performance period. The two key dates are:

- March 16 at 8 pm ET for group reporting via the [CMS web interface](#)
- March 31 for all other MIPS reporting, including via the [Quality Payment Program](#) website

Read the [article](#) for 10 things you need to do and know if you are an eligible clinician.

Quality Payment Program: Performance Scores for 2017 Claims Data

If you are an eligible clinician who submitted 2017 Quality performance data for the [Merit-based Incentive Payment System](#) (MIPS) via claims, view your performance scores through the [data submission feature](#). Simply login and view your calculated individual measures' scores and category score for Program Year 2017.

If you still have 2017 claims you would like to submit for the Quality performance category, make sure to submit them now. Claims must get to the national Medicare claims system data warehouse by March 1 to be analyzed.

Submission Resources:

- [2017 Resources](#) webpage
- MIPS Claims Data Submission [Fact Sheet](#) and [Video](#)
- Submitting 2017 Transition Year Data [Fact Sheet](#)
- Contact the Quality Payment Program Service Center at 866-288-8292 (TTY: 877-715-6222) or gpp@cms.hhs.gov

Diabetic Self-Management Training Accreditation Program: New Webpage and Helpdesk

Medicare covers Diabetic Self-Management Training (DSMT) services furnished to beneficiaries with diabetes by certified providers. Visit the new [DSMT Accreditation Program](#) webpage for information on the certification process and accrediting organizations. Providers, patients, accrediting organizations, and stakeholders: Contact the new helpdesk at DSMTAccreditations@cms.hhs.gov to submit questions or concerns about the program to CMS.

Measures of Hospital Harm: Comment by February 16

CMS contracted with Yale New Haven Health Services Corporation to develop four hospital-level electronic clinical quality measures on dimensions of patient harm or adverse patient safety events that can be improved with high quality care:

- Hypoglycemia
- Opioid-Related Adverse Events
- Hospital-Acquired Pressure Injury
- Acute Kidney Injury

The public comment period closes on February 16. For information on measure specifications and instructions for how to submit comments for each measure, visit the [Public Comment](#) webpage. CMS will post all comments on the website at the end of the comment period. For questions contact e-measures@mathematica-mpr.com.

EHR Incentive Program: Accepting Proposals for New Measures by June 29

The [Annual Call for Measures](#) for eligible hospitals and critical access hospitals participating in the Medicare Electronic Health Record (EHR) Incentive Program is open. Submit a [measure proposal](#) by June 29. CMS is interested in adding measures that:

- Build on the advanced use of certified EHR technology using 2015 Edition Standards and Certification Criteria
- Increase health information exchange and interoperability
- Continue improving program efficiency, effectiveness, and flexibility
- Measure patient outcomes

- Emphasize patient safety

New Option for Submission of Medicare Cost Reports

CMS is committed to decreasing the time and money you spend on CMS-mandated compliance and increasing the number of tasks you can do electronically. Beginning in March, you will have the option to submit Medicare cost reports through a new national web portal. The Medicare Cost Report e-Filing system will be available for cost reporting periods ending on or after December 31, 2017. We will offer training during March and April.

Provider Compliance

Home Health Care: Proper Certification Required — Reminder

Physicians or non-physician practitioners are required to have face-to-face encounters with beneficiaries before they certify eligibility for the home health benefit. One aspect of the certification is for the certifying physician to certify (attest) that the face-to-face encounter occurred and document the date of the encounter. For medical review purposes, Medicare requires documentation in the certifying physician's medical records and/or the acute/post-acute care facility's medical records to be used as the basis for certification of patient eligibility. This documentation must include the clinical note or discharge summary for the face-to-face encounter. Avoid home health claims payment denials or improper payment recoveries by understanding Medicare's requirements.

Resources:

- [CY 2015 Home Health Prospective Payment System](#) Final Rule
- Medicare Benefit Policy Manual, [Chapter 7, Section 30.5.1](#)
- [Certifying Patients for the Medicare Home Health Benefit](#) National Provider Call

MLN Matters® Articles:

- [Certifying Patients for the Medicare Home Health Benefit](#)
- [Manual Updates to Clarify Requirements for Physician Certification and Recertification of Patient Eligibility for Home Health Services](#)

Claims, Pricers & Codes

January 2018 OPPS Pricer File

The [Outpatient Prospective Payment System \(OPPS\) Pricer](#) webpage is updated with revised outpatient provider data for January 2018, under "1st Quarter 2018 Files."

Upcoming Events

Improving Accessibility of Provider Settings Webinar — February 21

Wednesday, February 21 from 2 to 3 pm ET

[Register](#) for this webinar.

Part of the Disability Competent Care series, this webinar focuses on medical office accessibility, including physical and communication barriers that may impede participants with disabilities from receiving care. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

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. A question and answer session follows the presentation.

Topics:

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

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

2018 QCDR Measures Workgroup Webinar — February 27

Tuesday, February 27 from 2 to 4 pm ET

[Register](#) for this webinar.

CMS provides an overview of the development, criteria, and evaluation of Qualified Clinical Data Registry (QCDR) measures. Learn how to:

- Identify meaningful quality actions
- Construct measures that have an increased likelihood of being approved for the Merit-based Incentive Payment System
- Understand the structure of multi-strata measures
- Appropriately apply measure analytics

Serving Adults with Disabilities on the Autism Spectrum Webinar — February 28

Wednesday, February 28 from 2 to 3 pm ET

[Register](#) for this webinar.

Part of the Disability Competent Care series, this webinar provides a basic understanding of the autism spectrum and examines the unique care management needs of adults with disabilities who are on the autism spectrum. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

MIPS Quality Data Submission Webinar — February 28

Wednesday, February 28 from 3 to 4 pm

[Register](#) for this webinar.

Deadlines are fast approaching to submit data for the 2017 Merit-based Incentive Payment System (MIPS) performance period. CMS experts answer commonly asked questions about the submission feature, as well as answer attendees' questions live.

Palliative and Hospice Care for Adults with Disabilities Webinar — March 7

Wednesday, March 7 from 2 to 3 pm ET

[Register](#) for this webinar.

Part of the Disability Competent Care series, this webinar discusses palliative and hospice care services and the delivery of these services to participants with disabilities. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

Low Volume Appeals Settlement Option Update Call — March 13

Tuesday, March 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 made 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, which of your pending appeals may be settled, and upcoming submission timeframes. 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 with “Low Volume Appeals Settlement March 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.

Open Payments: The Program and Your Role Call — March 14

Wednesday, March 14 from 2 to 3 pm ET

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

Industry is currently submitting data to the Open Payments System on payments or transfers of value made to physicians and teaching hospitals during 2017. Beginning in April, physicians and teaching hospitals have 45 days to review and dispute records attributed to them. During this call, find out how to access the Open Payments system to review the accuracy of the data submitted about you before it is published on the CMS website. A question and answer session follows the presentation.

See the [Open Payments Registration](#) webpage for more information. CMS will publish the 2017 payment data and updates to the 2013 through 2016 data on June 30, 2018.

Topics

- Overview of the Open Payments national transparency program
- Program timeline
- Registration process
- Critical deadlines for physicians and teaching hospitals to review and dispute data

Target Audience: Physicians, teaching hospitals and physician office staff.

MIPS Attestation for Advancing Care Information and Improvement Activities Webinar — March 14

Wednesday, March 14 from 3 to 4 pm ET

[Register](#) for this webinar.

Deadlines are fast approaching to submit data for the 2017 Merit-based Incentive Payment System (MIPS) performance period. CMS experts will answer commonly asked questions about the submission feature, as well as answer attendees' questions live.

Medicare Learning Network Publications & Multimedia

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

PECOS FAQs Booklet — Revised

A revised [PECOS FAQs](#) Booklet is available. Learn about:

- Information you need before you begin Provider Enrollment, Chain, and Ownership System (PECOS) enrollment
- Application issues
- Revalidations

PECOS for DMEPOS Suppliers Booklet — Revised

A revised [PECOS for DMEPOS Suppliers](#) Booklet is available. Learn about:

- Medicare enrollment application submission options in the Provider Enrollment, Chain, and Ownership System (PECOS)
- Individual and organizational Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers

Safeguard Your Identity and Privacy Using PECOS Booklet — Revised

A revised [Safeguard Your Identity and Privacy Using PECOS](#) Booklet is available. Learn about:

- Keeping your enrollment information up to date in the Provider Enrollment, Chain, and Ownership System
- Protecting your enrollment information
- Privacy tips

PECOS for Provider and Supplier Organizations Booklet — Revised

A revised [PECOS for Provider and Supplier Organizations](#) Booklet is available. Learn about:

- Provider and supplier organizations
- Disregarded entities
- Medicare enrollment application submission options in the Provider Enrollment, Chain, and Ownership System

PECOS Technical Assistance Contact Information Fact Sheet — Revised

A revised [PECOS Technical Assistance Contact Information](#) Fact Sheet is available. Learn about:

- Common problems and who to contact
- Provider Enrollment, Chain, and Ownership System (PECOS) resources

Health Professional Shortage Area Physician Bonus Program Fact Sheet — Revised

A revised [Health Professional Shortage Area Physician Bonus Program](#) Fact Sheet is available. Learn about:

- Definition of a Health Professional Shortage Area
- Bonus payment

Medicare Secondary Payer Booklet – Reminder

The [Medicare Secondary Payer](#) Booklet is available. Learn about:

- When Medicare may pay first or second
- Conditional payments
- Coordination of benefits rules
- The Benefits Coordination & Recovery Center's role

Beneficiaries in Custody under a Penal Authority Fact Sheet — Reminder

The [Beneficiaries in Custody under a Penal Authority](#) Fact Sheet is available. Learn about:

- Medicare policy, claims processing, and appeals
- Determining whether a Medicare beneficiary is in custody under a penal statute or rule
- Social Security Administration policy

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