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Official CMS news from the Medicare Learning Network

Thursday, March 1, 2018

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News & Announcements

New Medicare Card: Video for Your Waiting Room

In April, CMS will begin mailing new Medicare cards with new numbers. Help inform Medicare patients by playing the [New Medicare Cards are coming!](#) video in your waiting room. The video tells patients when and how they will receive the new card. This one minute video is available on [YouTube](#) and in [opened caption](#) and [1080p](#) formats. Visit the [Provider](#) webpage for the latest information on the new Medicare card.

Patients over Paperwork Newsletter

The February Patients over Paperwork [newsletter](#) discusses the new Meaningful Measures Initiative, field visits for feedback from providers, as well as the latest documentation review improvements:

- Supplier use of bar codes to track Certificates of Medical Necessity
- Teaching physician verification of student medical record documentation
- Physician delegation of documentation requirements
- Skilled nursing facility: Streamlined process for Advanced Beneficiary Notice

[Learn more](#) about Patients over Paperwork, and view [past editions](#) of this newsletter. Visit the [Simplifying Documentation Requirements](#) webpage for previous updates, and find out how to submit an idea.

CMS Launches Public Reporting of CAHPS® Hospice Survey Results

CMS announces the initial publication of results from the CAHPS® Hospice Survey on [Hospice Compare](#). It provides information to help patients, their families, caregivers, and providers make more informed decisions about choosing a hospice. Hospice Compare allows users to select up to three hospices at a time to compare the clinical quality of care provided and patient experiences with these hospices.

Survey results are published for all Medicare-certified hospices that had at least 30 completed surveys during the eight quarters from Quarter 2, 2015 (April 1, 2015) through Quarter 1, 2017 (March 31, 2017). In addition to the survey results, the Hospice Compare website provides a variety of other data about the quality of hospice care, including the Hospice Item Set.

We are working to make health care quality information more transparent and understandable for consumers and are committed to helping individuals make informed healthcare decisions for themselves and their families based on objective measures of quality. Visit the [Hospice Compare](#) website for additional details about the Hospice CAHPS® survey.

Hospice Compare Quarterly Refresh

The February 2017 quarterly refresh is available; visit [Hospice Compare](#) to view the data. This refresh is based on patient stays discharged for the second quarter of 2016 through the first quarter of 2017.

Medicare Diabetes Prevention Program: Supplier Enrollment

Medicare Diabetes Prevention Program (MDPP) supplier enrollment is open:

- 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](#)

Medicare EHR Incentive Program Hospital Attestation: Deadline Extended to March 16

The Medicare Electronic Health Record (EHR) Incentive Program eligible hospital and Critical Access Hospital (CAH) attestation deadline is extended to March 16 at 11:59 pm PT. Submit data through the [QualityNet Secure Portal \(QNet\)](#).

- Medicaid eligible hospitals: Contact your [state Medicaid agencies](#) for information on how to attest
- Dually eligible hospitals and CAHs: Register and attest for Medicare on [QNet](#) and update and submit registration information in the [Registration and Attestation System](#)

For More Information:

- [Attestation Demonstration Video](#): Visit the [Eligible Hospital Information](#) webpage for presentation and transcript
- [QNet Enrollment User Guide](#): Creating and updating accounts
- [QNet 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 on QNet.
- [Hospital Objectives and Clinical Quality Measures User Guide](#): Navigating the data submission process on QNet.
- Contact the [QNet Help Desk](#)

Draft 2019 QRDA Category I Implementation Guide: Submit Comments by March 21

The draft 2019 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting is available for public comment:

- Ticket number [QRDA-660](#); a JIRA account is required to submit a comment
- Comments will be accepted until 5 pm ET on March 21

For More Information:

- [eCQI Resource Center QRDA](#) webpage
- For questions, visit the [ONC QRDA JIRA Issue Tracker](#)

MIPS: Apply to Participate in Quality Measures Study by March 23

CMS is conducting the [2018 Burdens Associated with Reporting Quality Measures](#) study, as outlined in the Quality Payment Program Year 2 final rule to:

- Examine clinical workflows and data collection methods using different submission systems
- Understand the challenges clinicians face when collecting and reporting quality data
- Make future recommendations for changes that will attempt to eliminate clinician burden, improve quality data collection and reporting, and enhance clinical care

Clinicians and groups who are eligible for the Merit-based Incentive Payment System (MIPS) that participate successfully in the study will receive full credit for the 2018 MIPS Improvement Activities performance category. Applications for this study will be accepted through March 23. Applicants will be notified by email of their status in spring of 2018.

For More Information:

- [Application](#)
- [Feedback](#) webpage
- Email MIPS_Study@abtassoc.com

MIPS Reporting Deadlines

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

- March 1 – Individual eligible clinicians: Deadline for final claims to be processed for the Quality performance category via your Medicare Administrative Contractor, including claims adjustments, re-openings, or appeals; read the [claims data submission fact sheet](#)
- March 16 at 8 pm ET – Groups reporting via the [CMS web interface](#): Deadline for 2017 data submission
- March 31 – All other MIPS reporting, including via the [Quality Payment Program](#) website: Deadline for 2017 data submission

MIPS 2018 QCDR Measure Specifications

CMS posted the [Qualified Clinical Data Registries \(QCDRs\) Measure Specifications](#) on the [2018 Resources](#) webpage:

- QCDR measures for the 2018 Merit Based Incentive Payments System (MIPS) performance period
- Step-by-step instructions for searching the measures

For More Information:

- [QCDR Qualified Posting](#) - contact information for the 2018 approved vendors
- [Quality Payment Program Resource Library](#) webpage
- Contact the Quality Payment Program Service Center at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

MIPS Claims Based Quality Measures Projections and Results Video

This [video](#) demonstrates a new [Quality Payment Program](#) website feature for the Merit-Based Incentive Program (MIPS). This feature allows users from groups who submit Quality Measures using the claims based submission method to log in and view monthly calculations.

eCQM Annual Update Pre-Publication Document

CMS published the electronic Clinical Quality Measures (eCQM) [Annual Update Pre-Publication](#) document. This document describes changes in the standards and code set versions used in the updated measures for potential use in CMS quality reporting programs for 2019 reporting/performance. Submit questions or comments to the [eCQM Issue Tracker](#).

What's New with Physician Compare Webinar Materials

In Physician Compare webinars, CMS shared information about the recent payment year 2016 measures release, star ratings, and upcoming additions to Physician Compare:

- [Presentation](#)
- [Physician Compare Initiative](#) website – Public reporting resources
- For questions, contact PhysicianCompare@Westat.com

Are You Prepared for a Health Care Emergency?

HHS offers a comprehensive national knowledge center about emergency preparedness for health care, public health, and disaster clinical practitioners. [Sign up](#) to receive [monthly Express and quarterly Exchange newsletters](#) from the Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) that highlight new and trending emergency preparedness resources.

The most recent [ASPR TRACIE Exchange](#) focuses on evacuating healthcare facilities. Authors from the private sector, federal, regional, and local levels share lessons learned about their recent evacuation experiences, including the historic wildfires and hurricanes.

For More Information:

- [Healthcare Emergency Preparedness Information Gateway](#) Fact Sheet
- [ASPR TRACIE](#) website

March is National Colorectal Cancer Awareness Month

Of cancers that affect both men and women, colorectal cancer is the second leading cause of cancer-related deaths in the United States. Screening can help find this cancer at an early stage, when treatment often leads to a cure. Help protect your Medicare patients by recommending screening if appropriate.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Colorectal Cancer](#) website - Centers for Disease Control and Prevention (CDC)
- [Screen for Life: National Colorectal Cancer Action Campaign](#) webpage - CDC

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

Provider Compliance

Provider Compliance Tips for Laboratory Blood Counts Fact Sheet — New

In 2017, the Medicare Fee-For-Service improper payment rate for blood counts was 19.2 percent with projected inaccurate payments of \$56.6 million. Improper payments resulted from:

- Insufficient documentation - 89 percent
- Incorrect coding - 8.3 percent
- No documentation - 2.7 percent

Prevent denials by reviewing the [Provider Compliance Tips for Laboratory Tests – Blood Counts](#) Fact Sheet, which details coverage and documentation requirements.

Upcoming Events

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.

Dementia Care: Person-Centered Care Planning and Practice Recommendations Call — March 20

National Partnership to Improve Dementia Care and Quality Assurance Performance Improvement
Tuesday, March 20 from 1:30 to 3 pm ET

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

During this call, gain insight on the phase two changes for person-centered care planning and discharge planning. Also, learn about the new Alzheimer’s Association Dementia Care Practice Recommendations. Additionally, CMS shares updates on the progress of the [National Partnership to Improve Dementia Care in Nursing Homes](#). A question and answer session follows the presentations.

Speakers:

- Debra Lyons, CMS
- Douglas Pace, Alzheimer’s Association
- Michele Laughman, CMS

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

E/M Services: Documentation Guidelines and Burden Reduction Listening Session — March 21

Wednesday, March 21 from 1:30 to 3 pm ET

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

CMS is looking for physicians and non-physician practitioners to provide feedback on Evaluation and Management (E/M) services. CMS seeks comments from stakeholders on potential updates to the E/M guidelines to reduce burden and better align coding and documentation with the current practice of medicine. This listening session follows CY 2018 Medicare Physician Fee Schedule rulemaking and is part of an ongoing effort to seek input from stakeholders on these topics.

Target Audience: Individual physicians and non-physician practitioners who perform and bill E/M services; state and national associations that represent healthcare providers; and other interested stakeholders.

Medicare Learning Network Publications & Multimedia

Provider Compliance Tips for PAP Devices and Accessories Including CPAP Fact Sheet — New

A new [Provider Compliance Tips for Positive Airway Pressure \(PAP\) Devices and Accessories Including Continuous Positive Airway Pressure \(CPAP\)](#) Fact Sheet is available. Learn about:

- Reasons for denial
- How to prevent claim denials
- Coverage guidance

Provider Compliance Tips for Oral Anticancer Drugs and Antiemetic Drugs Used in Conjunction Fact Sheet — New

A new [Provider Compliance Tips for Oral Anticancer Drugs and Antiemetic Drugs Used in Conjunction](#) Fact Sheet is available. Learn about:

- Reasons for denial
- How to prevent claim denials
- Documentation requirements
- Coverage criteria

Provider Compliance Tips for Bariatric Surgery Fact Sheet — New

A new [Provider Compliance Tips for Bariatric Surgery](#) Fact Sheet is available. Learn about:

- Reasons for denial
- How to prevent claim denials
- Types of surgical procedures

Provider Compliance Tips for Diabetic Shoes Fact Sheet — New

A new [Provider Compliance Tips for Diabetic Shoes](#) Fact Sheet is available. Learn about:

- Improper payment rates for diabetic shoes
- How to prevent claim denials
- Type of order needed to submit a claim

Provider Compliance Tips for Lower Limb Orthoses Fact Sheet — New

A new [Provider Compliance Tips for Lower Limb Orthoses](#) Fact Sheet is available. Learn about:

- Reasons for denial
- How to prevent claim denials
- Differentiating factors for proper coding

Provider Compliance Tips for Enteral Nutrition Fact Sheet — New

A new [Provider Compliance Tips for Enteral Nutrition](#) Fact Sheet is available. Learn about:

- Reasons for denial
- How to prevent claim denials
- Coverage requirements

Provider Compliance Tips for Immunosuppressive Drugs Fact Sheet — New

A new [Provider Compliance Tips for Immunosuppressive Drugs](#) Fact Sheet is available. Learn about:

- Reasons for denial
- How to prevent claim denials
- Coverage requirements

Provider Compliance Tips for Ambulance Services Fact Sheet — Revised

A revised [Provider Compliance Tips for Ambulance Services](#) Fact Sheet is available. Learn about:

- Reasons for denial
- How to prevent claim denials
- Signature requirements

Provider Compliance Tips for Clinic ESRD Services (Part A Non-DRG) Fact Sheet — Revised

A revised [Provider Compliance Tips for Clinic End-Stage Renal Disease \(ESRD\) Services \(Part A Non-DRG\)](#) Fact Sheet is available. Learn about:

- Reasons for denial
- How to prevent claim denials
- Conditions for coverage

Provider Compliance Tips for CT Scans Fact Sheet — Revised

A revised [Provider Compliance Tips for Computed Tomography \(CT\) Scans](#) Fact Sheet is available. Learn about:

- Reasons for denial
- How to prevent claim denials
- Documentation requirements

Medicare Part D Vaccines and Vaccine Administration Fact Sheet — Revised

A revised [Medicare Part D Vaccines and Vaccine Administration](#) Fact Sheet is available. Learn about:

- Difference between Part B and Part D vaccine coverage
- Reimbursement
- Patient access to vaccines

Medicare Part B Immunization Billing Educational Tool — Revised

A revised [Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B Educational Tool](#) is available. Learn about:

- Administration and diagnosis codes
- Vaccine codes and descriptors
- Frequency of administration

Screening Pap Tests and Pelvic Examinations Booklet — Revised

A revised [Screening Pap Tests and Pelvic Examinations](#) Booklet is available. Learn about:

- Coding and diagnosis
- Payment
- Reasons for claim denial

Medicare Enrollment for Physicians, NPPs, and Other Part B Suppliers Booklet — Revised

A revised [Medicare Enrollment for Physicians, NPPs, and Other Part B Suppliers](#) Booklet is available. Learn about:

- Quick Start Guide for physicians, Non-Physician Practitioners (NPPs), and supplier organizations
- Determining if you are eligible to enroll
- How to enroll

Hospital Outpatient Prospective Payment System Booklet — Revised

A revised [Hospital Outpatient Prospective Payment System](#) Booklet is available. Learn about:

- Ambulatory payment classifications
- How payment rates are set
- Payment rates under the Outpatient Prospective Payment System

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