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Official CMS news from the Medicare Learning Network

Thursday, June 7, 2018

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News & Announcements

New Medicare Card: MBI Look-up Tool Available through your MAC

All Medicare Administrative Contractor (MAC) secure portal Medicare Beneficiary Identifier (MBI) look-up tools are ready for use. If you don't already have access, [sign up](#) for your MAC's portal to use the tool.

Submit four data elements about your patient through the tool, and we will return the MBI if we have already mailed the new Medicare card. Medicare is mailing new cards in [phases by geographic location](#). For more information about the MBI, read the [MLN Matters® Special Edition Article](#).

We are currently mailing new cards to people who:

- Live in Alaska, American Samoa, California, Delaware, District of Columbia, Guam, Hawaii, Maryland, Northern Mariana Islands, Oregon, Pennsylvania, Virginia, and West Virginia
- Get Railroad Retirement Board benefits
- Are newly entitled to Medicare

Declines in Hospital-Acquired Conditions Save 8,000 Lives and \$2.9 Billion

Data released by the Agency for Healthcare Research and Quality (AHRQ) show continued progress in improving patient safety, a signal that initiatives led by CMS are helping to make care safer. National efforts to reduce hospital-acquired conditions, such as adverse drug events and injuries from falls helped prevent an estimated 8,000 deaths and save \$2.9 billion between 2014 and 2016, according to the report.

The [AHRQ National Scorecard on Hospital-Acquired Conditions](#) estimates that 350,000 hospital-acquired conditions were avoided and the rate was reduced by 8 percent from 2014 to 2016. Federal experts note that the gains in safety among hospital patients echoed earlier successes, including 2.1 million hospital-acquired conditions avoided between 2010 and 2014.

“Today’s results show that this is a tremendous accomplishment by America’s hospitals in delivering high-quality, affordable healthcare,” said CMS Administrator Seema Verma. “CMS is committed to moving the healthcare system to one that improves quality and fosters innovation while reducing administrative burden and lowering costs. This work could not be accomplished without the concerted effort of our many hospital, patient, provider, private, and federal partners—all working together to ensure the best possible care by protecting patients from harm and making care safer.”

See the full text of this excerpted [CMS Press Release](#) and [fact sheet](#) (issued June 5).

2017 Quality Payment Program Year 1 Submission Results

On May 31, CMS Administrator Seema Verma issued a [blog](#) announcing successes in reporting 2017 Quality Payment Program Year 1 Submission Results.

DMEPOS Prior Authorization List Additions

CMS added 31 durable medical equipment items to the Durable Medical Equipment, Prosthetic, Orthotics, Supplies (DMEPOS) [Required Prior Authorization List](#), effective nationwide on September 1, 2018. The items added are currently included in the Prior Authorization of Power Mobility Devices (PMDs) Demonstration, which is scheduled to end on August 31, 2018. For more information, visit the [Prior Authorization Process for Certain DMEPOS Items](#) webpage.

For More Information:

- [FAQs](#)
- [Federal Register Notice](#)

Draft QRDA III Implementation Guide: Submit Comments by June 20

CMS published the draft 2019 Quality Reporting Document Architecture (QRDA) Category III Implementation Guide for Eligible Clinicians and Eligible Professionals for public comment. The 2019 Implementation Guide helps you report electronic clinical quality measures for the following programs:

- Quality Payment Program: Merit-based Incentive Payment System
- Advanced Alternative Payment Model: Comprehensive Primary Care Plus
- Medicaid Promoting Interoperability Program

How to Submit Comments:

- Ticket number: [QRDA-691](#); a JIRA account is required
- Comments accepted until June 20 at 5 pm ET

For More Information:

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

IRF and LTCH Provider Preview Reports: Review Your Data by June 30

Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) Provider Preview Reports are now available on quality measures based on fourth quarter 2016 through third quarter 2017 data. Review your performance data by June 30, prior to public display on [IRF Compare](#) and [LTCH Compare](#) in September 2018. Corrections to the underlying data will not be permitted during this time; request a CMS review if you believe that your data is inaccurate.

IRF Provider Preview Report:

- [IRF Quality Public Reporting](#) webpage, including information on new measures
- [IRF Compare](#) website
- [Preview Report Access Instructions](#)

LTCH Provider Preview Report:

- [LTCH Quality Public Reporting](#) webpage, including information on new measures
- [LTCH Compare](#) website
- [Preview Report Access Instructions](#)

SNF Provider Preview Report: Review Your Data by June 30

Skilled Nursing Facility (SNF) Provider Preview Reports are now available; visit the [Spotlights and Announcements](#) webpage for a list of quality measures based on quarterly data. Review your performance data by June 30, prior to public display on [Nursing Home Compare](#). Corrections to the underlying data will not be permitted during this time; request a CMS review if you believe that your data is inaccurate.

Hospice Provider Preview Reports: Review Your Data by June 30

Two reports are available in your Certification and Survey Provider Enhanced Reports (CASPER) folder: Hospice provider preview report and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey provider preview report. Review your Hospice Item Set (HIS) quality measure results from the fourth quarter of 2016 to the third quarter of 2017 and your facility-level CAHPS survey results from the fourth quarter of 2015 to the third quarter of 2017 by June 30.

If you believe that the denominator or other HIS quality metric is inaccurate or if there are errors in the results from the CAHPS survey data, request CMS review:

- [HIS Preview Reports and Requests for CMS Review](#) webpage
- [CAHPS Preview Reports and Requests for CMS Review](#) webpage

Access Instructions:

- [Hospice Provider Preview Report](#)
- [Hospice CAHPS Provider Preview Reports](#)

Eligible Hospitals: Submit a Hardship Exception Application by July 1

Eligible hospitals and critical access hospitals may be exempt from Medicare penalties if they can show that demonstrating meaningful use would result in a significant hardship. To be considered for an exemption, complete a hardship exception application and provide proof of hardship by July 1.

For More Information:

- [2019 Hardship Exception Application](#)
- [Payment Adjustments & Hardship Information](#) webpage

PEPPER for Short-term Acute Care Hospitals

First quarter FY 2018 Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) are available for short-term acute care hospitals. These reports summarize provider-specific data statistics for Medicare services that may be at risk for improper payments. Providers can use the data to support internal auditing and monitoring activities. The PEPPER files were recently distributed through a QualityNet secure file exchange to hospital QualityNet Administrators and user accounts with the PEPPER recipient role.

For More Information:

- Visit the [PEPPER Resources](#) website for [guides](#), [recorded training sessions](#), QualityNet account information, [FAQs](#), and examples of how other hospitals are using the report
- Visit the [Help Desk](#) if you have questions or need help obtaining your report
- Send us your [feedback or suggestions](#)

View Your MIPS Preliminary Performance Feedback Data

If you submitted 2017 Merit-based Incentive Payment System (MIPS) data through the [Quality Payment Program](#) website, access preliminary performance feedback data with your [Enterprise Identity Management \(EIDM\)](#) credentials. Your final MIPS score and feedback will be available in July. Between now and June 30, your score could change based on:

- Special status scoring considerations
- Final calculations of the All-Cause Readmission Measure for the Quality performance category
- Inclusion of claims measures from 60-day run out period
- Results of the CAHPS for MIPS Survey
- Approval or denial of Promoting Interoperability performance category Hardship Application
- Improvement Activities Study participation and results
- Creation of performance period benchmarks for Quality measures that didn't have a historical benchmark

If you have questions about your data, contact the Quality Payment Program at 866-288-8292 (TTY: 877-715-6222) or QPP@cms.hhs.gov.

Physician Compare Downloadable Database: 2016 Performance Scores

Clinicians and group representatives, your 2016 performance scores are available through the [Physician Compare Downloadable Database](#):

- 2016 Physician Quality Reporting System (PQRS) measures for clinicians and groups

- 2016 Consumer Assessment of Healthcare Providers and Systems for PQRS summary survey measures for groups
- 2016 non-PQRS Qualified Clinical Data Registry (QCDR) measures for clinicians and groups
- Subset of 2015 utilization data for clinicians

Provider Compliance

Bill Correctly for Device Replacement Procedures — Reminder

In a September 2017 report, the Office of the Inspector General (OIG) determined that Medicare paid for many device replacement procedures incorrectly. Hospitals are required to use condition codes 49 or 50 on claims for device replacement procedures resulting from a recall or premature failure (whether the device is provided at no cost or with a credit).

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

- [Shortcomings of Device Claims Data Complicate and Potentially Increase Medicare Costs for Recalled and Prematurely Failed Devices](#). OIG Report, September 2017.
- [Medicare Claims Processing Manual, Chapter 3](#), section 100.8
- [Medicare Claims Processing Manual, Chapter 4](#), section 61.3.5 and 61.3.6

Claims, Pricers & Codes

July 2018 Average Sales Price Files

CMS posted the July 2018 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks on the [2018 ASP Drug Pricing Files](#) webpage.

Upcoming Events

MIPS Promoting Interoperability Performance Category Webinar — June 12

Tuesday, June 12 from 1 to 2 pm ET

[Register](#) for this webinar.

Learn information about the Promoting Interoperability performance category of the Merit-based Incentive Payment System (MIPS). CMS will:

- Provide a brief overview of MIPS requirements in 2018
- Discuss the renaming of Advancing Care Information to Promoting Interoperability
- Explain the Promoting Interoperability performance category requirements for 2018
- Discuss scoring for the Promoting Interoperability performance category

CMS Quality Measures: Development, Implementation, and You Webinar — June 13 or 14

Wednesday, June 13 from 12 to 1 pm ET

Thursday, June 14 from 4 to 5 pm ET

Register for [June 13](#) or [June 14](#). Both webinars will present the same information.

This second webinar of a two-part series covers an introduction to quality measures, overview of the measure development process, and how providers, patients, and families can be involved.

Medicare Diabetes Prevention Program: Supplier Enrollment Call — June 20

Wednesday, June 20 from 1:30 to 3 pm ET

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

During this call, find out about the Medicare Diabetes Prevention Program (MDPP), the processes organizations and health care providers must go through to enroll as MDPP suppliers, and how to bill for services. A question and answer session follows the presentation.

Target Audience: Current Centers for Disease Control and Prevention recognized Diabetes Prevention Program organizations; organizations interested in becoming MDPP suppliers, including existing Medicare providers/suppliers, community organizations, non-for-profits; associations, and advocacy groups focused on seniors or diabetes; and other interested stakeholders, including health plans, primary care/internal medicine specialties.

IMPACT Act: Frequently Asked Questions Call — June 21

Thursday, June 21 from 2 to 3 pm ET

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

During this call, learn more about the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). CMS answers your frequently asked questions on quality measures, standardized data elements, the CMS data element library, and future directions of the IMPACT Act. A question and answer session follows the presentation.

Target Audience: Post-acute care providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals; researchers; administrators; and other industry stakeholders and interested parties.

Home Health Agencies: Quality of Patient Care Star Ratings Algorithm Call — June 27

Wednesday, June 27 from 2 to 3 pm ET

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

During this call, learn about proposed modifications to the way CMS calculates Home Health Quality of Patient Care star ratings, including:

- Removal of the Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care measure
- Addition of the Improvement in Oral Medications measure

CMS presents the rationale, proposed timing, and impact of these changes. A question and answer session follows the presentation.

Target Audience: Home health agencies and other industry stakeholders.

Ground Ambulance Providers and Suppliers: Data Collection System Listening Session — June 28

Thursday, June 28 from 1:30 to 3 pm ET

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

Section 50203(b) of the [Bipartisan Budget Act of 2018](#) requires the development of a data collection system (which may include use of a cost survey) to collect cost, revenue, utilization, and other information on providers and suppliers of ground ambulance services. The system must collect information:

- Needed to evaluate the extent to which reported costs relate to payment rates
- On the utilization of capital equipment and ambulance capacity
- On different types of ground ambulance services furnished in different geographic locations, including rural and super rural areas

This listening session is an opportunity to provide input on the development of this system, including:

- Recommendations on the data elements that CMS should collect
- Identifying costs that would be difficult to define and report and why
- Addressing the potential that there is a variation of costs among organizations that provide ambulance services
- Other comments on the provision that CMS should consider

Target Audience: Ground ambulance providers and suppliers, as well as ambulance stakeholders.

Comparative Billing Report on Knee Orthoses Referring Providers Webinar — July 11

Wednesday, July 11 from 3 to 4 pm ET

Join us for a discussion of the comparative billing report on Knee Orthoses Referring Providers (CBR201805), an educational tool focusing on referring providers for off the shelf and pre-fabricated knee orthoses, also known as braces. During the webinar, providers interact directly with content specialists and submit questions about the report. See the [announcement](#) for more information and find out how to participate.

Medicare Learning Network® Publications & Multimedia

New Q Code for In-Line Cartridge Containing Digestive Enzyme(s) MLN Matters Article — New

A new MLN Matters Article on [New Q Code for In-Line Cartridge Containing Digestive Enzyme\(s\)](#) is available. Learn about addition of Q9994 to the Level II HCPCS code set effective July 1, 2018.

July 2018 Update of the Ambulatory Surgical Center Payment System MLN Matters Article — New

A new MLN Matters Article on [July 2018 Update of the Ambulatory Surgical Center \(ASC\) Payment System](#) is available. Learn about changes to and billing instructions for various payment policies implemented in the July 2018 ASC payment system update.

Claim Status Category and Claim Status Codes Update MLN Matters Article — New

A new MLN Matters Article on [Claim Status Category and Claim Status Codes Update](#) is available. Learn about code changes approved during the June 2018 National Code Maintenance Committee meeting.

Settlement Conference Facilitation Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [May 22](#) call on the Settlement Conference Facilitation (SCF) Expansion. Learn about the newly expanded SCF Initiative, which appeals are eligible, and the process.

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

A revised MLN Matters Article on [Evaluation and Management \(E/M\) Service Documentation Provided by Students \(Manual Update\)](#) is available. Learn about updated policy on E/M documentation that allows students to document services in the medical record.

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