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Official CMS news from the Medicare Learning Network

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News & Announcements

MIPS 2017 Performance Feedback User Guide

CMS posted the [2017 Performance Feedback User Guide](#) to help eligible clinicians and groups understand their 2017 Merit-based Incentive Payment System (MIPS) performance feedback. This User Guide:

- Discusses who can access MIPS performance feedback
- Highlights the differences between preliminary and final performance feedback
- Provides step-by-step instructions for accessing your feedback

For More Information:

- [2017 Performance Feedback Fact Sheet](#)
- [2017 Resources](#) webpage
- Contact the Quality Payment Program at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

MIPS Payment Adjustment Targeted Review: Request by October 1

If you participated in the Merit-based Incentive Payment System (MIPS) in 2017, your MIPS final score and performance feedback is available for review on the [Quality Payment Program](#) website. If you believe an error has been made in your 2019 MIPS payment adjustment calculation, you can request a targeted review until October 1.

For More Information:

- [Performance Feedback Fact Sheet](#)
- [Performance Feedback User Guide](#)
- [Targeted Review Fact Sheet](#)
- [Targeted Review User Guide](#)
- If you have questions about your performance feedback or MIPS final score, contact the Quality Payment Program at 866-288-8292 (TTY: 877-715-6222) or QPP@cms.hhs.gov

PEPPERs for Home Health Agencies, Partial Hospitalization Programs

Fourth quarter CY 2017 Program for Evaluating Payment Patterns Electronic Reports (PEPPERs) are available for Home Health Agencies (HHAs) and Partial Hospitalization Programs (PHPs). 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.

- HHAs and Community Mental Health Center PHPs: For instructions on obtaining your PEPPER, see the [Secure PEPPER Access Guide](#)
- PHPs operated by short-term acute care hospitals or inpatient psychiatric facilities: Your PEPPER was distributed via the QualityNet secure portal

For More Information:

- Attend a WebEx training session: [July 25](#) for HHAs or [August 2](#) for PHPs
- Visit the [PEPPER Resources](#) website for user guides, recorded training sessions, information about QualityNet accounts, [frequently asked questions](#), and examples of how other providers are using the reports
- Visit the [Help Desk](#) if you have questions or need help obtaining your report
- Send us your [feedback or suggestions](#)

July Quarterly Provider Update

The July [Quarterly Provider Update](#) is available. Find out about:

- Regulations and major policies currently under development during this quarter
- Regulations and major policies completed or cancelled
- New or revised manual instructions

Provider Compliance

Cardiac Device Credits: Medicare Billing

A 2018 Office of the Inspector General (OIG) Report noted that payments reviewed for recalled cardiac medical devices did not comply with Medicare requirements for reporting manufacturer credits. Medicare incorrectly paid hospitals \$7.7 million for cardiac device replacement claims, resulting in potential overpayments of \$4.4 million. Manufacturers issued reportable credits to hospitals for recalled cardiac medical devices, but the hospitals did not adjust the claims with the proper condition codes, value codes, or modifiers to reduce payment as required.

CMS developed the [Medicare Billing for Cardiac Device Credits](#) Fact Sheet to ensure that hospitals properly report manufacturer credits for cardiac devices and avoid overpayment recoveries. Additional resources:

- [Hospitals Did Not Comply With Medicare Requirements For Reporting Certain Cardiac Device Credits](#) OIG Report, March 2018
- [Medicare Quarterly Provider Compliance Newsletter Volume 5, Issue 2](#), January 2015
- [Medicare Claims Processing Manual, Chapter 3](#), Section 100.8: Replaced Devices Offered Without Cost or With a Credit
- [Medicare Claims Processing Manual, Chapter 4](#), Section 61.3.5: Reporting and Charging Requirements When a Device is Furnished Without Cost to the Hospital or When the Hospital Receives a Full or Partial Credit for the Replacement Device Beginning January 1, 2014

Upcoming Events

CY 2018 eCQM Self-Directed Tools and Resources Webinar — July 24

Tuesday, July 24 from 2 to 3 pm ET

[Register](#) for this webinar.

This presentation provides a high-level overview of self-directed tools and resources available to hospitals and vendors to support successful electronic Clinical Quality Measure (eCQM) reporting to the Hospital Inpatient Quality Reporting Program and Promoting Interoperability Program.

IMPACT Act and SPADE Special Open Door Forum — July 25

Wednesday, July 25 from 2 to 3 pm ET

This Special Open Door Forum provides information and solicits feedback on the Standardized Patient Assessment Data Elements (SPADE) work under the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). Learn about recent SPADE activities, including progress on national field test data collection, early feedback from providers participating in the beta data collection, and upcoming stakeholder engagement activities that will help stakeholders remain engaged and informed during the upcoming year. See the [announcement](#) for more information.

Meeting the Behavioral Health Needs of the Dually Eligible Webinar — August 2

Thursday, August 2 from 2 to 3 pm ET

[Register](#) for this webinar.

This interactive webinar discusses common behavioral health conditions and related challenges among dually eligible older adults, identifies best practices for treatment options and care coordination, and demonstrates practical strategies for meeting beneficiary needs. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

ESRD Quality Incentive Program: CY 2019 ESRD PPS Proposed Rule Call — August 14

Tuesday, August 14 from 2 to 3 pm ET

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

During this call, learn about proposals for the End Stage Renal Disease Quality Incentive Program (ESRD QIP) in the CY 2019 ESRD Prospective Payment System (PPS) [proposed rule](#). Topics include:

- ESRD QIP legislative framework
- Proposed updates to ESRD QIP measures, domain structure, and weights

- Proposed modifications to data submission requirements and the National Healthcare Safety Network Validation Study
- Methods for reviewing and commenting on the proposed rule

Please note: This call will not include a question and answer session.

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

CBR on Independent Diagnostic Testing Facilities Referring Providers Webinar — August 22

Wednesday, August 22 from 3 to 4 pm ET

Join us for a discussion of the Comparative Billing Report (CBR) on Independent Diagnostic Testing Facilities Referring Providers (CBR201806), an educational tool focusing on the referring providers of Medicare Part B claims submitted by Independent Diagnostic Testing Facilities. During the webinar, 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 MBI: Get It, Use It MLN Matters® Article — Revised

A revised MLN Matters Article on [New Medicare Beneficiary Identifier \(MBI\) Get It, Use It](#) is available. The MBI does not use the letters S, L, O, I, B, and Z to avoid confusion when differentiating between some letters and numbers (e.g., between “0” and “O”).

Medical Review of E/M Documentation MLN Matters Article — New

A new MLN Matters Article on [Medical Review of Evaluation and Management \(E/M\) Documentation](#) is available. Learn about how to review claims where a medical student documented the E/M service.

New Physician Specialty Code for Undersea and Hyperbaric Medicine MLN Matters Article — New

A new MLN Matters Article on [New Physician Specialty Code for Undersea and Hyperbaric Medicine](#) is available. Learn about the new code D4.

Medicare Part A SNF PPS Pricer Update MLN Matters Article — New

A new MLN Matters Article on [Medicare Part A Skilled Nursing Facility \(SNF\) Prospective Payment System \(PPS\) Pricer Update](#) is available. Learn about the SNF payment increase factor for FY 2019.

Automating First Claim Review in Serial Claims for DMEPOS MLN Matters Article — Revised

A revised MLN Matters Article on [Implementation of Automating First Claim Review in Serial Claims for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#) is available. Learn about a system solution regarding pre-payment complex medical review on claim line.

Medicare Preventive Services Educational Tool — Revised

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

- HCPCS/CPT and ICD-10 Codes
- Who is covered
- Frequency
- What the beneficiary pays

Behavioral Health Integration Services Fact Sheet — Reminder

The [Behavioral Health Integration Services](#) Fact Sheet is available. Learn about:

- Who can bill for services
- New CPT codes
- Integrating behavioral health with primary care services
- Psychiatric Collaborative Care Model

Chronic Care Management Services: Changes for 2017 Fact Sheet — Reminder

The [Chronic Care Management Services Changes for 2017](#) Fact Sheet is available. Learn about:

- 2017 coding changes
- Included services
- Key improvements reducing requirements associated with initiating care

Chronic Care Management Services Fact Sheet — Reminder

The [Chronic Care Management Services](#) Fact Sheet is available. Learn about:

- Separately payable services for non-face-to-face coordinated care for beneficiaries with multiple chronic conditions
- Physician Fee Schedule billing requirements
- Practitioner and patient eligibility
- Service elements

Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians Web-based Training — Reminder With Continuing Education Credit

A revised Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians Web-Based Training course is available through the [Learning Management System](#). Learn about:

- Federal laws that combat fraud and abuse
- "Red flags" that could lead to potential liability
- Three types of physician business relationships that may raise concerns
- Where to find help

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