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Official CMS news from the Medicare Learning Network

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News & Announcements

ACOs Taking Risk in Innovative Payment Model Generate Savings for Patients and Taxpayers

On August 27, CMS released an evaluation report for the first performance year of the Innovation Center's Next Generation Accountable Care Organization (ACO) Model showing promising early results. Results demonstrated the positive outcomes in terms of quality and costs when providers are responsible for managing to a budget. For the 2016 performance year, the Next Generation ACO Model generated net savings to Medicare of approximately \$62 million while maintaining quality of care for beneficiaries. As part of CMS's

recent “Pathways to Success” proposal, CMS proposed taking many principles from the Next Generation ACO Model and adopting them more broadly for ACOs in the Medicare Shared Savings Program.

“These results provide further evidence that ACOs succeed under two-sided risk,” said CMS Administrator Seema Verma. “ACOs in the Next Generation Model are being held accountable with strong financial incentives and are provided with substantial flexibility and regulatory relief. They are delivering value and providing quality care to patients and taxpayers even in their first performance year, and we believe that these results are achievable for other ACOs under similar incentives.”

For More Information:

- [Evaluation Report](#)
- [Findings at a Glance](#)
- [“Pathways to Success,” an Overhaul of Medicare’s ACO Program](#) Press Release
- [Health Affairs](#) blog

See the full text of this excerpted [CMS Press Release](#) (issued August 27).

Physician Fee Schedule Year 3 Proposed Rule: Comments due September 10

On July 12, CMS released proposed changes to the Physician Fee Schedule and Quality Payment Program. CMS seeks comment on various proposals by 5 pm ET on September 10. See the [proposed rule](#) for information on how to submit your comments.

Call for Panel on 2018 MIPS IA Performance Category — Nominations due September 21

Nominations are due September 21 for a Technical Expert Panel (TEP) around the effectiveness and accuracy of the Improvement Activities (IAs) included in Year 2 of the Merit-based Incentive Payment System. For more information, visit the [TEP](#) webpage.

MIPS Targeted Review Request: Deadline October 1

If you participated in the Merit-based Incentive Payment System (MIPS) in 2017, your MIPS final score and performance feedback are available on the [Quality Payment Program](#) website. The payment adjustment you receive in 2019 is based on this final score. If you believe there is an error in your 2019 MIPS payment adjustment calculation, request a targeted review until October 1 at 8 pm.

For More Information:

- [How to Request a Targeted Review](#) Video
- [Targeted Review of 2019 MIPS Payment Adjustment](#) User Guide
- [Targeted Review of 2019 MIPS Payment Adjustment](#) Fact Sheet
- Contact the Quality Payment Program at 866-288-8292 (TTY: 877-715-6222) or QPP@cms.hhs.gov

Hospice Public Reporting: Key Dates

Hospices, make sure that your Hospice Item Set (HIS) records are complete and accurate prior to submission. Submit all HIS modification or inactivation records prior to the “freeze date” and, beginning January 1, 2019, the 4.5 month data correction deadline for public reporting. Check the [Key Dates](#) webpage for deadlines to have your modifications reflected in corresponding HIS Provider Preview Reports and Hospice Compare.

For More Information:

- [Requirements and Best Practices](#) webpage
- [Getting Started with Hospice Quality Measure Reports](#) Fact Sheet

2019 eCQM Flows for EPs

CMS posted 2019 performance period electronic Clinical Quality Measure (eCQM) flows for eligible clinicians and Eligible Professionals (EPs) on the [eCQI Resource Center](#) for the following programs:

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

CMS plans to publish flows for eligible hospital and critical access hospital eCQMs in September. Send questions to the [ONC eCQM Issue Tracker](#).

Home Health Agencies: 2016 Utilization and Payment Data

CMS released the fourth annual Medicare Home Health Agency Utilization and Payment Public Use File, which includes utilization, payment (Medicare payment and Medicare standardized payment), submitted charges, and demographic and chronic condition indicators organized by CMS Certification Number, Home Health Resource Group and state of service. The public data set includes information on 10,139 home health agencies, almost 6 million claims, and \$18 billion in Medicare payments for 2016. Access the data on the [Medicare Provider Utilization and Payment Data: Home Health Agencies](#) webpage.

Provider Compliance

Provider Minute: Laboratory and Diagnostic Services Billing Video

Why are proper physician orders important to you and your patients? Watch the [Provider Minute: Physician Orders/Intent to Order Laboratory Services and Other Diagnostic Services](#) video and find out how they affect patient care/services, claim payment, and medical review. Learn about:

- Importance of legible signed orders
- Signed orders versus intent to order services
- Documentation of medical necessity

Claims, Pricers & Codes

Integrated OCE Files for October 2018

The [Outpatient Code Editor \(OCE\) Quarterly Release Files](#) webpage is updated with files for October 2018.

Claims for Biosimilar Drug Code Q5108

Medicare will pay for a new biosimilar drug (code Q5108) provided on or after July 12. You may submit claims for this drug starting October 1. See the [HCPCS Drug/Biological Code Changes](#) MLN Matters® Article for more information.

Upcoming Events

New Medicare Card Open Door Forum — September 13

Thursday, September 13 from 2 to 3 pm ET

Attend the next Open Door Forum on the New Medicare Card. We will discuss FAQs and provide an opportunity for questions and comments.

Participation Instructions:

- Conference call only; you do not need to RSVP
- Dial: 800-837-1935 and reference Conference ID: 7692637
- TTY services dial 7-1-1 or 800-855-2880; A Relay Communications Assistant will help

Dementia Care: Opioid Use & Impact for Persons Living with Dementia Call — September 18

National Partnership to Improve Dementia Care and Quality Assurance Performance Improvement
Tuesday, September 18 from 1:30 to 3 pm ET

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

During this call, gain insight on opioid use in the post-acute and long-term care setting. Also, learn about the impact of opioid use on persons living with dementia. 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:

- Dr. Karl Steinberg, Mariner Health Care
- Dr. Abraham Brody, Hartford Institute for Geriatric Nursing
- Michele Laughman, CMS

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

Medicare Diabetes Prevention Program: New Covered Service Call—September 26

Wednesday, September 26 from 2 to 3 pm ET

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

The 2019 Medicare and You Handbook includes information on the Medicare Diabetes Prevention Program, a new Medicare-covered service. Help your patients prevent or delay Type 2 diabetes and understand their treatment options. During this call, learn about the service, eligibility requirements, and how to refer your patients. A question and answer session follows the presentation.

Target Audience: Medicare fee-for-service providers.

Medicare Learning Network® Publications & Multimedia

Next Generation ACO Model 2019 Benefit Enhancement MLN Matters Article — New

A new MLN Matters Article MM10824 on [Next Generation Accountable Care Organization \(ACO\) Model 2019 Benefit Enhancement](#) is available. Learn about implementing one new Benefit Enhancement for program year three.

Update to Chapter 15: Certification Statement Policies MLN Matters Article — New

A new MLN Matters Article MM10845 on [Update to Chapter 15, Pub. 100-08, Certification Statement Policies](#) is available. Learn about modifications to certain provider enrollment certification statement policies.

HPTCs Code Set Update: October 2018 MLN Matters Article — New

A new MLN Matters Article MM10857 on [Healthcare Provider Taxonomy Codes \(HPTCs\) October 2018 Code Set Update](#) is available. Learn about updating your internal HPTC tables and/or reference files.

I/OCE Specifications Version 19.3: October 2018 MLN Matters Article — New

A new MLN Matters Article MM10900 on [October 2018 Integrated Outpatient Code Editor \(I/OCE\) Specifications Version 19.3](#) is available. Learn about instructions and specifications.

Implement Operating Rules - Phase III ERA EFT MLN Matters Article — New

A new MLN Matters Article MM10904 on [Implement Operating Rules - Phase III Electronic Remittance Advice \(ERA\) Electronic Funds Transfer \(EFT\): Committee on Operating Rules for Information Exchange \(CORE\) 360 Uniform Use of Claim Adjustment Reason Codes \(CARC\), Remittance Advice Remark Codes \(RARC\) and Claim Adjustment Group Code \(CAGC\) Rule - Update from Council for Affordable Quality Healthcare \(CAQH\) CORE](#) is available. Learn about the next version of the Code Combination List to be published on or about October 1, 2018.

Claim Status Category and Codes Update MLN Matters Article — New

A new MLN Matters Article MM10925 on [Claim Status Category and Claim Status Codes Update](#) is available. Learn about code changes approved during the September/October 2018 National Code Maintenance Committee meeting.

Medicare Billing for Outpatient Physical Therapy Fact Sheet — New

A new [Medicare Billing for Outpatient Physical Therapy](#) Fact Sheet is available. Learn about:

- Covered services
- Documentation requirements
- Coding requirements and proper billing

Diabetes Self-Management Training Accrediting Organizations Fact Sheet — New

A new [Diabetes Self-Management Training Accrediting Organizations](#) Fact Sheet is available. Learn about:

- Diabetes
- Medicare programs to prevent and manage diabetes
- How to become an accredited provider

ESRD Quality Incentive Program Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [August 14](#) call on End Stage Renal Disease (ESRD) Quality Incentive Program. Learn about proposals in the CY 2019 ESRD Prospective Payment System proposed rule.

Medical Privacy of Protected Health Information Fact Sheet — Revised

A revised [Medical Privacy of Protected Health Information](#) Fact Sheet is available. Learn about:

- Privacy rule and how it applies to customary health care practices
- Tips for securing protected health information when using a mobile device
- HHS HIPPA webpage resources

Diagnosis Coding: Using the ICD-10-CM Web-Based Training Course — Revised

With Continuing Education Credit

A revised Diagnosis Coding: Using the ICD-10-CM Web-Based Training course is available through the [Learning Management System](#). Learn about:

- Structure, format, and features
- How to find correct codes
- ICD-10-CM/PCS coding tips, information, and resources

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

The [Medicare Enrollment for Physicians, Non-Physician Practitioners \(NPPs\), and Other Part B Suppliers](#) Booklet is available. Learn about:

- Who are Part B suppliers
- Enrolling in the Medicare Program
- Determining if you want to be a participating provider

Screening Pap Tests and Pelvic Examinations Booklet — Reminder

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

- Coding and diagnosis
- Payment
- Reasons for claim denial

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