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Official CMS news from the Medicare Learning Network

Thursday, September 6, 2018

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News & Announcements

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.

QRDA III Implementation Guide: Submit Comments by September 21

The draft 2019 CMS Quality Reporting Document Architecture (QRDA) Category III Implementation Guide for eligible clinicians and eligible professionals is posted for a second opportunity to submit public comment. This version includes updates from feedback we received during the first comment period that end on June 20.

To Submit Comments:

- Ticket number: [QRDA-724](#); a JIRA account is required
- Comments will be accepted until 5 pm ET on September 21

For More Information:

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

PEPPERS for Short-term Acute Care Hospitals

Second 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](#)

Hospice Quality Reporting Program: Training Materials from August Webinar

[Training materials](#) from the August 16 Hospice Quality Reporting Program Webinar: From Data to Measure training are available. For more information, visit the [Hospice Quality Reporting Training and Education Library](#) webpage.

Healthy Aging® Month: Discuss Preventive Services with your Patients

Healthy Aging Month focuses national attention on all aspects of growing older. Talk with your patients about adopting a healthy lifestyle, including use of appropriate Medicare-covered preventive services; care coordination for chronic conditions; behavioral health integration; and cognitive assessment and care planning.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Chronic Care Management Services](#) Fact Sheet
- [Connected Care: The Chronic Care Management Resource](#) webpage
- [Centers for Disease Control and Prevention Healthy Aging](#) website

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

Provider Compliance

CMS Provider Minute Video: The Importance of Proper Documentation — Reminder

Why is proper documentation important to you and your patients? Find out how it affects items/services, claim payment, and medical review in the [CMS Provider Minute: The Importance of Proper Documentation](#) video. Learn about:

- Top five documentation errors
- How to submit documentation for a Comprehensive Error Rate Testing review
- How your Medicare Administrative Contractor can help

Claims, Pricers & Codes

Average Sales Price Files: October 2018

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

Upcoming Events

Quality Payment Program All-Payer Combination Option Overview Webinar — September 12

Wednesday, September 12 from 2 to 3 pm ET

[Register](#) for this webinar.

CMS provides an overview of the All-Payer Combination Option, which allows clinicians to become a Qualifying Alternative Payment Model (APM) Participant (QP), eligible for the 5% APM incentive payment through participation in a combination of Medicare APMs and other-payer Advanced APMs. CMS discusses:

- Overview of APMs and Advanced APMs
- All-Payer Combination Option basics
- Determinations of Other Payer Advanced APMs
- Determinations for QPs under the All-Payer Combination Option
- Frequently asked questions
- Additional resources

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 & 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

Review of Opioid Use during the IPPE and AWV MLN Matters® Article — New

A new MLN Matters Article SE18004 on [Review of Opioid Use during the Initial Preventive Physical Examination \(IPPE\) and Annual Wellness Visit \(AWV\)](#) is available. Learn about inclusion of opioid use in the “Review of Medical and Family History” elements of the IPPE and AWV.

Update of the Hospital OPPS: October 2018 MLN Matters Article — New

A new MLN Matters Article MM10923 on [October 2018 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#) is available. Learn about payment policy changes and billing instructions.

Physician Fee Schedule Listening Session: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [August 22](#) listening session on the Physician Fee Schedule Proposed Rule. CMS experts covered three provisions and addressed your clarifying questions to help you formulate your written comments for formal submission:

- Streamlining Evaluation and Management (E/M) payment and reducing clinician burden
- Advancing virtual care
- Continuing to improve the Quality Payment Program to reduce burden and offer flexibilities to help clinicians successfully participate

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

A revised 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 four.

Mass Immunizers and Roster Billing Booklet — Revised

A revised [Mass Immunizers and Roster Billing](#) Booklet is available. Learn about:

- Requirements for mass immunizers
- Roster billing
- Centralized billing

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