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Official CMS news from the Medicare Learning Network

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News & Announcements

CMS Proposes to Lift Unnecessary Regulations and Ease Burden on Providers

On September 17, CMS announced a [proposed rule](#) to relieve burden on health care providers by removing unnecessary, obsolete, or excessively burdensome Medicare compliance requirements for health care facilities. Collectively, these updates would save health care providers an estimated \$1.12 billion annually. Taking into account policies across rules finalized in 2017 and 2018, as well as this and other proposed rules, savings are estimated at \$5.2 billion.

CMS developed the proposed rule in response to President Trump's charge to federal agencies to "cut the red tape" and reduce burdensome regulations. In addition, feedback from Requests for Information the agency issued seeking stakeholder input on regulatory burdens helped inform this proposed rule.

"We are committed to putting patients over paperwork, while at the same time increasing the quality of care and ensuring patient safety and bolstering program integrity," said CMS Administrator Seema Verma. "With this proposed rule, CMS takes a major step forward in its efforts to modernize the Medicare program by removing regulations that are outdated and burdensome. The changes we're proposing will dramatically reduce the amount of time and resources that health care facilities have to spend on CMS-mandated compliance activities that do not improve the quality of care, so that hospitals and health care professionals can focus on their primary mission: treating patients."

Includes proposed changes for:

- Conditions of participation and conditions for coverage
- Emergency Preparedness policies
- Hospitals
- Critical access hospital, rural health centers, and federally qualified health centers
- Ambulatory surgical centers
- Transplant centers
- Hospices
- Comprehensive outpatient rehabilitation facilities
- Community mental health centers
- Portable x-ray services
- Religious nonmedical health care institutions

See the full text of this excerpted CMS [Press Release](#) and [Fact Sheet](#) (issued September 17).

Hospital Quality Reporting System Open for CY 2018 eCQM Data

The Hospital Quality Reporting system is available to accept electronic Clinical Quality Measure (eCQM) data for the CY 2018 reporting period. The system, accessible via the QualityNet Secure Portal, is updated to accept Quality Reporting Document Architecture (QRDA) Category I test and production files using CY 2018 requirements.

CY 2018 Resources:

- [Available eCQMs](#)
- [eCQM Overview](#)
- Preparation Checklists for [Test](#) and [Production](#) Files
- [Electronic Health Record Report Overview](#)
- [eCQI Resource Center](#) webpage: QRDA Category I Schematrons and Sample Files
- [QualityNet eCQM Overview](#) webpage

For Questions:

- QualityNet Secure Portal, Promoting Interoperability Program, PSVA tool, and file error messages: Contact the QualityNet Help Desk at gnetsupport@hcqis.org or 866-288-2912
- eCQM specifications, value sets, and mapping: Visit the [eCQM Issue Tracker](#)
- Hospital Inpatient Quality Reporting Program: Visit the [Hospital Inpatient Questions and Answers](#) webpage or call 844-472-4477

eCQM Value Sets: Updates for 2019 Reporting and Performance Periods

CMS and the National Library of Medicine (NLM) published updates to the electronic Clinical Quality Measure (eCQM) value sets to align with recent releases to terminologies, including, ICD-10-CM/PCS, SNOMED CT, LOINC, and RxNorm. This addendum affects the electronic reporting of eCQMs for the following programs:

- Quality Payment Program: Merit-based Incentive Payment System and Advanced Alternative Payment Models
- Comprehensive Primary Care Plus
- Hospital Inpatient Quality Reporting
- Medicare and Medicaid Promoting Interoperability Programs

Where is the addendum posted?

All changes to the eCQM value sets are available through the [NLM Value Set Authority Center](#) website in the download tab. The value sets are available as a complete set, as well as value sets per measure.

For More Information:

- [Addendum FAQs](#)
- [eCQI Resource Center](#) website: Updated measure information, including revised technical release notes
- Report questions on the addendum, value sets, and mapping to the [ONC eCQM Issue Tracker](#)

MIPS Targeted Review Request: Deadline Extended to October 15

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 15 at 8 pm ET.

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

Quality Payment Program: MIPS Resources

CMS posted new Merit-based Incentive Payment System (MIPS) resources:

- [2019 Virtual Groups Toolkit](#): Includes an overview fact sheet, an election process fact sheet, a sample virtual group election submission email, and a virtual group agreement template
- [2018 Cost Performance Category Fact Sheet](#) (updated): Includes information on how the cost performance category is weighted and scored
- [2018 Claims Data Submission Fact Sheet](#): Provides details on how to submit Quality performance category data
- 2018 MIPS Specialty Measures Guides for [Anesthesiologists and Certified Registered Nurse Anesthetists](#), [Cardiologists](#), and [Radiologists](#): Highlights a list of measures and activities for the Quality, Cost, Improvement Activities and Promoting Interoperability performance categories
- [MIPS Data Validation Criteria](#): Includes an overview fact sheet and the 2018 criteria used to audit and validate data submitted in the Quality, Improvement Activities, and Promoting Interoperability performance categories
- [2018 Eligible Measure Applicability \(EMA\) Resources](#): Provides an overview of the EMA process and lists individual quality measures for both registry and claims data submission

For More Information:

- [2018 Resources](#) webpage
- Contact the Quality Payment Program at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier

Medicare pays Medicare Diabetes Prevention Program (MDPP) suppliers to furnish group-based intervention to at-risk Medicare beneficiaries:

- Centers for Disease Control and Prevention (CDC)-approved National Diabetes Prevention Program curriculum
- Up to 2 years of sessions delivered to groups of eligible beneficiaries

Find out how to become a Medicare enrolled MDPP supplier:

- Obtain CDC preliminary or full recognition: Takes at least 12 months to obtain preliminary recognition and up to 24 additional months to achieve full recognition; visit the [CDC](#) website for more information
- Prepare for Medicare enrollment; see the [Enrollment Fact Sheet](#) and [Checklist](#)
- [Apply](#) to become a Medicare enrolled MDPP supplier (existing Medicare providers must re-enroll)
- Furnish MDPP services; see the [Session Journey Map](#)
- Submit claims to Medicare; see the [Billing and Claims Fact Sheet](#) and [Billing and Payment Quick Reference Guide](#)

For More Information:

- [Materials](#) from Medicare Learning Network call on June 20
- [MDPP](#) webpage
- [CDC - CMS Roles Fact Sheet](#)
- Contact the MDPP Help Desk at mdpp@cms.hhs.gov

Provider Compliance

Billing for Stem Cell Transplants — Reminder

In a February 2016 report, the Office of the Inspector General (OIG) determined that Medicare paid for many stem cell transplants incorrectly. The main finding was that providers billed these procedures as inpatient when they should have been submitted as outpatient services.

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

- [Medicare Did Not Pay Selected Inpatient Claims for Bone Marrow and Stem Cell Transplant Procedures in Accordance with Medicare Requirements](#) OIG Report, February 2016
- [OIG Report: Stem Cell Transplantation](#) MLN Matters® Article
- [CMS Transmittal 1805](#)

Claims, Pricers & Codes

ASP Pricing Files and Coverage for Drugs

The [Average Sales Price \(ASP\) files](#) include payment amounts for Medicare Part B drugs. These files are not intended indicate whether a drug or biological is covered under Part B:

- The absence or presence of a HCPCS code and payment allowance limit does not indicate whether Medicare covers the drug
- The inclusion of a payment allowance limit within a specific column (for example clotting factor) does not indicate whether Medicare covers the drug in that specific category

Remember: Medicare Part B drug coverage determinations are made by your Medicare Administrative Contractor.

Upcoming Events

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.

FY 2019 IPPS/LTCH PPS Final Rule Webinar—September 26

Overview of eCQM Reporting and Promoting Interoperability Programs

Wednesday, September 26 from 2 to 3 pm ET

[Register](#) for this webinar.

Learn about the FY 2019 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) final rule, focusing on finalized electronic Clinical Quality Measure (eCQM) reporting requirements for the Hospital Inpatient Quality Reporting Program and finalized requirements for the Medicare and Medicaid Promoting Interoperability Programs for hospitals.

Final Modifications to the Quality of Patient Care Star Rating Algorithm Call — October 3

Wednesday, October 3 from 2 to 3 pm ET

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

During this call, learn about planned modifications to the 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 Management of Oral Medications measure

CMS presents the rationale, timing, and impact of this change. A question and answer session follows the presentation.

Target Audience: Home health agencies and other industry stakeholders.

Provider Compliance Focus Group Meeting — October 5

Friday, October 5 from 10 am to 2 pm ET

CMS Central Office, Baltimore, MD or via phone/webinar

[Register](#) for this meeting.

Join us for a focus group meeting on Medicare fee-for-service compliance topics, including targeted probe and educate, Electronic Submission of Medical Documentation System (esMD), and more. CMS is interested in hearing from you about what we can do to better communicate, improve our processes, and eliminate unnecessary requirements.

Target Audience: Physicians, non-physician practitioners, billing specialists, suppliers, and associations.

Submitting Your Medicare Part A Cost Report Electronically Webcast — October 15

Monday, October 15 from 1:30 to 3 pm ET

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

Medicare Part A providers: Learn how to use the new Medicare Cost Report e-Filing (MCReF) system. Use MCReF to submit cost reports with fiscal years ending on or after December 31, 2017. You have the option to electronically transmit your cost report through MCReF or mail or hand deliver it to your Medicare Administrative Contractor. You must use MCReF if you choose electronic submission of your cost report. For more information, see the [MCReF](#) MLN Matters Article and [MCReF](#) webpage.

During this webinar, CMS discusses:

- Changes based on user feedback
- How to access the system
- Detailed overview
- Frequently asked questions

A question and answer session follows the presentation; however, attendees may email questions in advance to OFMDPAOQuestions@cms.hhs.gov with “Medicare Cost Report e-Filing System Webcast” in the subject line. These questions may be addressed during the webcast or used for other materials following the webcast.

CMS will use webcast technology for this event with audio streamed through your computer. If you are unable to stream audio, phone lines are available.

Target Audience: Medicare Part A providers and entities that file cost reports for providers.

Home Health Quality Reporting Program In-Person Training Event — November 6 and 7

Baltimore, MD

Join CMS for this 2-day, in-person, “Train the Trainer” event for the Home Health Quality Reporting Program. See the [Home Health Quality Reporting Training](#) webpage for details.

Medicare Learning Network® Publications & Multimedia

IMRT Planning Services Editing MLN Matters Article — New

A new MLN Matters Article SE18013 on [Intensity-Modulated Radiation Therapy \(IMRT\) Planning Services Editing](#) is available. Learn about billing correctly and avoiding overpayments.

Payment Policy Changes Affecting Hospice Aggregate Cap Calculation and Designation of Hospice Attending Physicians MLN Matters Article — New

A new MLN Matters Article MM10517 on [Manual Updates Related to Payment Policy Changes Affecting the Hospice Aggregate Cap Calculation and the Designation of Hospice Attending Physicians](#) is available. Learn about policies finalized in the FY 2016 Hospice Final Rule.

Medicare Claims Processing Manual, Chapter 23: Update MLN Matters Article — New

A new MLN Matters Article MM10924 on [Update to the Medicare Claims Processing Manual, Chapter 23, Section 60.3](#) is available. Learn about potential sources for gap-filling.

Procedure Coding: Using the ICD-10-PCS Web-Based Training — New

With Continuing Education Credit

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

- Coding tips, information, and resources
- Format and features
- How to find correct codes

ICD-10 and Other Coding Revisions to NCDs MLN Matters Article — Revised

A revised MLN Matters Article MM10859 on [International Classification of Diseases, Tenth Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determinations \(NCDs\)](#) is available. Learn about coding updates.

HCPCS Drug/Biological Code Changes: October 2018 Update MLN Matters Article — Revised

A revised MLN Matters Article MM10834 on [Quarterly Healthcare Common Procedure Coding System \(HCPCS\) Drug/Biological Code Changes – October 2018 Update](#) is available. Learn about the addition of new HCPCS codes.

Hurricane Maria and Medicare Disaster Related U.S Virgin Islands and Commonwealth of Puerto Rico Claims MLN Matters Article — Revised

The MLN Matters Special Edition Article SE17028 on [Hurricane Maria and Medicare Disaster Related United States Virgin Islands and Commonwealth of Puerto Rico Claims](#) is updated. This article was revised to advise providers that the public health emergency declaration and Section 1135 waiver authority for the U.S. Virgin Islands were renewed again on September 11.

Preventive Services Poster Educational Tool — Revised

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

- Coding
- Coverage requirements
- Patient cost-sharing for each Medicare preventive service

Medicare Fraud & Abuse Poster — Revised

A revised [Medicare Fraud & Abuse Poster](#) is available. Learn about:

- Web-based trainings
- Publications
- Frequently asked questions

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