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Official CMS news from the Medicare Learning Network

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## News & Announcements

### New Medicare Card: MBI on Remittance Advice October 1

For Remittance Advices generated after October 1 through the end of the [transition period](#), CMS will return both the new Medicare Beneficiary Identifier (MBI) and Health Insurance Claim Number (HICN) when you submit a claim with a valid and active HICN. We will report the MBI in the same place you get the “changed HICN” today. You can also get the MBI by asking your patients for their new Medicare card or using your Medicare Administrative Contractor’s MBI look up tool through their portal; [sign up](#) if you do not have access.

To ensure your Medicare patients continue to get care, you can use either the HICN or MBI for all Medicare transactions through December 31, 2019.

## Quality Payment Program: Funding for Quality Measure Development

On September 21, CMS awarded seven organizations cooperative agreements to partner with us in developing, improving, updating, or expanding quality measures for Medicare's Quality Payment Program (QPP). These cooperative agreements, authorized under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), represent the first funding initiative supporting public-private efforts to develop measures for QPP. Through these partnerships, we will work closely with external organizations to develop and implement measures that offer the most promise for improving patient care.

"CMS looks forward to collaborating with these clinicians, patients, and other key stakeholders to identify quality measures that will meaningfully impact patient care," said Administrator Seema Verma. "Through our Meaningful Measures initiative, CMS is committed to advancing measures that minimize burden on clinicians, improve outcomes for patients, and drive high-quality care. We need the expertise and firsthand experience of those on the front lines to develop measures that achieve these goals."

This year, we removed or proposed to eliminate reporting requirements for 105 measures across our programs, saving healthcare providers \$178 million over the next three years. More than 400 measures remain; we are committed to patient safety and quality.

Visit the [MACRA](#) webpage for more information and a list of awardees. Read the full text of this excerpted [Press Release](#) (issued September 21).

## Patients Over Paperwork September Newsletter

Read the CMS Patients Over Paperwork [September newsletter](#), part of our ongoing effort to reduce administrative burden and improve the customer experience, while putting patients first. In this edition, we highlight our progress on burden reduction efforts:

- How we are reducing burden in 2018, including a proposed rule to lift unnecessary regulations and ease burden on providers
- Requests for information process, including our progress in addressing comments
- How we are engaging with customers through our customer centered workgroups
- Proposed and final rules to save money and reduce burden hours
- Documentation simplification efforts
- Other initiatives that reduce burden, including the Meaningful Measures initiative and MyHealthEdata

For More Information:

- [Patients Over Paperwork](#) website
- [Past Newsletters](#)

## Hospice Provider Preview Reports: Review Your Data by October 5

Two reports are available in your Certification and Survey Provider Enhanced Reports (CASPER) non-validation reports folder:

- Hospice provider preview report: Review Hospice Item Set (HIS) quality measure results from the first to fourth quarter of 2017
- Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey provider preview report: Review facility-level CAHPS survey results from the first quarter of 2016 to the fourth quarter of 2017

Review your HIS and CAHPS® results by October 5. This update includes the Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission (NQF #3235).

If you believe the denominator or other HIS quality metric is inaccurate or if there are errors in the results from the CAHPS survey data, request a 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](#)

### **IRF Provider Preview Reports: Review Your Data by October 8**

Inpatient Rehabilitation Facility (IRF) Provider Preview Reports are now available with first to fourth quarter 2017 data. Review your performance data on quality measures by October 8, prior to public display on [IRF Compare](#) in December 2018. Corrections to the underlying data are not 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 measures
- [IRF Compare](#) website
- [Preview Report Access Instructions](#)

### **LTCH Provider Preview Reports: Review Your Data by October 8**

Long-Term Care Hospital (LTCH) Provider Preview Reports are now available with first to fourth quarter 2017 data. Review your performance data on quality measures by October 8, prior to public display on [LTCH Compare](#) in December 2018. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate.

LTCH Provider Preview Report:

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

### **QRURs and PQRS Feedback Reports: Access Ends December 31**

The final performance period for the Value Modifier and Physician Quality Reporting System (PQRS) programs was 2016 and the final payment adjustment year is 2018. Quality and Resource Use Reports (QRURs) and PQRS Feedback Reports will no longer be available after the end of 2018. If you need these reports, download them through December 31, 2018. Visit the [How to Obtain a QRUR](#) webpage for more information.

For access to PQRS Taxpayer Identification Number or National Provider Identifier reports from program year 2013 or earlier, contact the [QualityNet Help Desk](#). They are no longer available from the [QualityNet Secure Portal](#).

The Merit-based Incentive Payment System (MIPS) under the Quality Payment Program replaced the Value Modifier and PQRS programs. Visit the [Quality Payment Program](#) website to learn more. Note: QRURs and PQRS Feedback Reports are not same as the MIPS Performance Feedback.

For More Information:

- [PQRS Analysis and Payment](#) webpage: Information on PQRS Feedback Report
- [Value-Based Payment Modifier](#) webpage: Information on QRURs
- For assistance with Enterprise Identity Management or PQRS Feedback Reports, contact the [QualityNet Help Desk](#)
- For assistance with the QRURs or Value Modifier, contact the Physician Value Help Desk at [pvhelpdesk@cms.hhs.gov](mailto:pvhelpdesk@cms.hhs.gov) or 888-734-6433 (select option 4)

## 2019 Eligible Hospital eCQM Flows

2019 reporting period electronic Clinical Quality Measure (eCQM) flows for eligible hospitals and critical access hospitals are available on the [eCQI Resource Center](#). The flows supplement specifications for the following programs:

- Medicare and Medicaid Promoting Interoperability
- Hospital Inpatient Quality Reporting

These flows are intended as an additional resource when implementing eCQMs and should not be used in place of the specification or for reporting purposes. A “Read Me First” guide is available within the eCQM flows zip file. Direct questions to the [eCQM Issue Tracker](#).

## Connected Care Toolkit

The [Connected Care Toolkit: Chronic Care Management \(CCM\) Resources for Health Care Professionals and Communities](#) is revised based on partner feedback to provide better clarity and add resources about CCM services. This version includes current care coordination information for rural health clinics and federally qualified health centers. To learn more, visit the [Connected Care](#) webpage.

## Development of a Disability Index

[Toward the Creation of a Patient-Reported Disability Index](#) summarizes the development and initial validation of a Disability Index to assess variability in quality of care and access to care across different population subgroups. Current disability indicators for program eligibility do not provide information on the individual’s level of difficulty or inability to function. The creation of a patient reported Disability Index provides this information in a single summary measure. To learn more, visit the [Office of Minority Health](#) website.

## Hurricane Resources from ASPR TRACIE

The Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) highlights resources to help you prepare for hurricanes and their aftermath, including:

- [Select Hurricane Related Resources](#) webpage
- [After the Flood: Mold-Specific Resources](#)
- [Considerations for Oxygen Therapy in Disasters](#)
- [Durable Medical Equipment in Disasters](#)
- [Exchange Issue 6: Evacuating Healthcare Facilities](#)
- [Major Hurricanes: Potential Public Health and Medical Implications](#)
- [Post-Disaster Lessons Learned: Dialysis Patient Management](#)
- [Tips for Retaining and Caring for Staff after a Disaster](#)
- [Utility Failures Topic Collection](#)

## Medicare Appeals Council: New Decision Format

Beginning in October, the Medicare Appeals Council at the HHS Departmental Appeals Board is changing the look and format of its decisions, including a different font style and simplified layout. Email questions about the new format to [DABStakeholders@hhs.gov](mailto:DABStakeholders@hhs.gov).

## National Cholesterol Education Month and World Heart Day

September is National Cholesterol Education Month, and September 29 is World Heart Day. These observances raise awareness about cardiovascular disease, cholesterol, and stroke. Talk to your patients about appropriate Medicare-covered services and screenings.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [National Cholesterol Education Month](#) website, Centers for Disease Control and Prevention (CDC)
- [World Heart Day](#) website
- [Million Hearts®](#): HHS initiative to improve cardiovascular health

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

## Provider Compliance

### Improper Payment for Intensity-Modulated Radiation Therapy Planning Services

In a recent report, the Office of Inspector General (OIG) determined that payments for outpatient Intensity-Modulated Radiation Therapy (IMRT) did not comply with Medicare billing requirements. Specifically, hospitals billed separately for complex stimulations when they were performed as part of IMRT planning. Overpayments occurred because hospitals are unfamiliar with or misinterpreted CMS guidance.

Use the following resources to bill correctly:

- [IMRT Planning Services Editing](#) MLN Matters® Article
- [Medicare Improperly Paid Hospitals Millions of Dollars for IMRT Planning Services](#) OIG Report, August 2018
- [Medicare Claims Processing Manual, Chapter 4, Section 200.3.1](#)
- [July 2016 Update of the Hospital Outpatient Prospective Payment System](#) MLN Matters Article

## Claims, Pricers & Codes

### FY 2019 IPPS and LTCH PPS Claims Hold

Due to revised rates and factors in the FY 2019 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) final rule correction notice, Medicare Administrative Contractors will hold claims with discharge dates on or after October 1 through October 22, 2018. No provider action is required.

## Upcoming Events

### 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 (MCR<sub>e</sub>F) system. Use MCR<sub>e</sub>F 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 MCR<sub>e</sub>F or mail or hand deliver it to your Medicare Administrative Contractor. You must use MCR<sub>e</sub>F if you choose electronic submission of your cost report. For more information, see the [MCR<sub>e</sub>F MLN Matters Article](#) and [MCR<sub>e</sub>F 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](mailto: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.

## **Medicare Learning Network® Publications & Multimedia**

### **New Waived Tests MLN Matters Article — New**

A new MLN Matters Article MM10958 on [New Waived Tests](#) is available. Learn about the latest tests approved by the Food and Drug Administration under the Clinical Laboratory Improvement Amendments.

## HCPCS Drug/Biological Code Changes: October 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 new HCPCS codes Q5108 and Q5110.

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