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Official CMS news from the Medicare Learning Network

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News & Announcements

Hand in Hand: A Training Series for Nursing Homes

Do you need in-service training on dementia management and resident abuse prevention? Hand in Hand: A Training Series for Nursing Homes focuses on caring for residents with dementia and preventing abuse. This training is updated and available in two formats:
- Self-Paced Online Training
- Downloadable Materials for Instructor-Led Training

For help with registration and technical issues, contact the Helpdesk at cmstraininghelp@hendall.com.

MIPS Quality Data Submitted via Claims: 2018 Performance Feedback

CMS updated the Quality Payment Program website so individual eligible clinicians who choose to submit their Quality performance category data via claims can access performance feedback for the 2018 performance year on an ongoing basis.

For More Information:
- 2018 Claims Data Submission Fact Sheet

- For questions, contact the Quality Payment Program Service Center at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

Quality Payment Program: 2018 CME Modules, Infographics, and Scoring Guide

CMS posted three new Continuing Medical Education (CME) modules on the Medicare Learning Network Learning Management System for the 2018 Merit-based Incentive Payment System (MIPS):
- Improvement Activities Performance Category: Basics, including reporting requirements, scoring, and flexibilities for small and rural practices
- Cost Performance Category: Overview and how CMS calculates scores
- Alternative Payment Model (APM): Overview, scoring standard, and reporting requirements for participants

Additional 2018 Program Resources:
- Quality Payment Program Participation Infographic: Explains how eligible clinicians can participate in the program for the 2018 performance year
- MIPS Data Submission Infographic: Reviews how eligible clinicians can submit data for the 2018 performance year
- MIPS Scoring 101 Guide: Overview of how each performance category is scored, how CMS calculates bonus points, and how the payment adjustment is calculated based on the final score

For More Information:
- Improvement Activities Performance Category Fact Sheet
- 2018 Cost Performance Category Fact Sheet
- 2018 Other MIPS APM Quality Performance Category
- Scores for Improvement Activities in MIPS APMs in the 2018 Performance Period
- MIPS Participation & Overview Fact Sheet
- Contact the Quality Payment Program at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

2019 QRDA III Implementation Guide, Schematron, and Sample Files

CMS published the 2019 Quality Reporting Document Architecture (QRDA) Category III Implementation Guide, Schematron, and Sample files. The Implementation Guide helps eligible clinicians and eligible professionals report CY 2019 performance period electronic clinical quality measures, improvement activities, and/or promoting interoperability measures for the following programs:
- Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models
- Comprehensive Primary Care Plus
- Promoting Interoperability

For More Information:
- Electronic Clinical Quality Improvement Resource Center website
- Quality Payment Program website
- For questions about the Implementation Guide and Schematrons, visit the ONC QRDA JIRA Issue Tracker
- For questions about the Quality Payment Program/MIPS data submissions, call 866-288-8292 (TTY: 877-715-6222) or email QPP@cms.hhs.gov

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

Cardiac Device Credits: Medicare Billing — Reminder

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

Claims, Pricers & Codes

2019 MS-DRG Definitions Manual and Software

The 2019 Medicare Severity Diagnosis Related Group (MS-DRG) definitions manual and software is available on the MS-DRG Classifications and Software webpage:
- Definition of Medicare Code Edits v36: Description of each coding edit with the corresponding code lists, effective FY 2019 (PDF and text file)
- Errata and ICD-10 MS-DRG Definitions Manual Files v36 R1: Complete documentation of the ICD-10 MS-DRG Grouper logic (text version, updated October 9, 2018)
- ICD-10-CM/PCS MS-DRG v36 R1 Definitions Manual: Table of contents with full titles (HTML version, updated October 12, 2018)

- [MS-DRG Grouper Software and Medicare Code Editor v36](): ICD-10 software

Upcoming Events

Hospital Reporting: Successful eCQM Submission for CY 2018 Webinar — October 24
Wednesday, October 24 from 2 to 3 pm ET

[Register]() for this webinar.

The demonstration will walk data submitters through the steps to electronically report clinical quality measure (CQM) data via the QualityNet Secure Portal.

Physician Compare: Preview Period and Public Reporting Webcast — October 30
Tuesday, October 30 from 1:30 to 3 pm ET

[Register]() for Medicare Learning Network events.

Are you interested in learning more about [Physician Compare]()? Find out about the:
- 2017 Quality Payment Program performance information targeted for public reporting
- Upcoming 30-day preview period

Learn how to review your performance information before it is publicly reported. A question and answer session follows the presentation.

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: Physicians and other clinicians; medical groups; practice managers; medical and specialty societies; and other interested stakeholders.

Medicare Learning Network® Publications & Multimedia

Systematic Validation Edits for OPPS Providers MLN Matters® Article — New

A new MLN Matters Article SE18023 on [Activation of Systematic Validation Edits for Outpatient Prospective Payment System (OPPS) Providers with Multiple Service Locations]() is available. Learn about requirements previously discussed in MLN Matter Articles 9613 and 9907.

IPPS and LTCH PPS: FY 2019 Changes MLN Matters Article — New

A new MLN Matters Article MM10869 on [Fiscal Year (FY) 2019 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) Prospective Payment Schedule (PPS) Changes]() is available. Learn about policy changes.

Home Health Star Ratings Call: Audio Recording and Transcript — New

An [audio recording]() and [transcript]() are available for the [October 3]() call on Final Modifications to the Quality of Patient Care Star Rating Algorithm. CMS presented the rationale, timing, and impact of planned modifications to the Home Health Quality of Patient Care star ratings.

Annual Wellness Visit Booklet — Revised

The revised Annual Wellness Visit Booklet is available. Learn about:
- Health risk assessment
- Initial and subsequent components
- Coding, diagnosis, and billing

Initial Preventive Physical Examination Educational Tool — Revised

The revised Initial Preventive Physical Examination Educational Tool is available. Learn about:
- Components
- Coding, diagnosis, and billing