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Official CMS news from the Medicare Learning Network

Thursday, December 20, 2018

News & Announcements

Provider Compliance

Upcoming Events

Medicare Learning Network® Publications & Multimedia

News & Announcements

Opioids Training Modules

The Centers for Disease Control & Prevention (CDC) launched two new opioid trainings that support providers in safer prescribing of opioids for chronic pain. The modules are part of a series of interactive online trainings that feature recommendations from the CDC Guideline for Prescribing Opioids for Chronic Pain, clinical scenarios, tools, and resource libraries to enhance learning. The modules offer free continuing education.

- Determining Whether to Initiate Opioids for Chronic Pain: Identify and consider important patient factors when starting or continuing opioid therapy
- Implementing CDC's Opioid Prescribing Guideline into Clinical Practice: Walk through a quality improvement process using the set of 16 clinical measures outlined in Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain

View additional modules in the series on the CDC Interactive Training Series webpage.

Open Payments: Review Program Year 2017 Data through December 31

On June 29, CMS published Program Year 2017 Open Payments data, along with updated and newly submitted data from previous program years (2013-2016). Physicians and teaching hospitals: This data is available for review and dispute through December 31. Review of the data is voluntary, but strongly encouraged.

For More Information:
* [Review and Dispute for Physicians and Teaching Hospitals](#) webpage
* [Resources for Physicians and Teaching Hospitals](#) webpage
* [Review the data](#)
* Submit questions to openpayments@cms.hhs.gov or call 855-326-8366

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, from the [CMS Enterprise Portal](#) using an Enterprise Identity Management (EIDM) system account with the correct role. 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 the same as the MIPS Performance Feedback.

For More Information:
* [PQRS Analysis and Payment](#) webpage: Information on PQRS Feedback Reports
* [Value-Based Payment Modifier](#) webpage: Information on QRURs
* For assistance with EIDM 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 or 888-734-6433 (select option 4)

LTCH Provider Preview Reports: Review Your Data by January 2

Long-Term Care Hospital (LTCH) Provider Preview Reports are now available with second quarter 2017 to first quarter 2018 data. Review your performance data on quality measures by January 2, prior to public display on [LTCH Compare](#) in March 2019. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate.

For More Information:
* [LTCH Quality Public Reporting](#) webpage
* [Preview Report Access Instructions](#)

IRF Provider Preview Reports: Review Your Data by January 2

Inpatient Rehabilitation Facility (IRF) Provider Preview Reports are now available with second quarter 2017 to first quarter 2018 data. Review your performance data on quality measures by January 2, prior to public display

on IRF Compare in March 2019. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate.

For More Information:
- IRF Quality Public Reporting webpage
- Preview Report Access Instructions

Hybrid Hospital-Wide Readmission Measure: Voluntary Reporting Extended to January 4

The deadline for the voluntary reporting of Hybrid Hospital-Wide Readmission (HWR) measure data under the Hospital Inpatient Quality Reporting Program is extended to January 4 at 11:59 pm PT. For more information, visit the Voluntary Hybrid HWR Measure Overview webpage.

LTCH Compare Refresh

The December 2018 quarterly Long-term Care Hospital (LTCH) Compare refresh is available, including quality measure results based on data from the first to fourth quarter of 2017. Visit LTCH Compare to view the data. For more information, visit the LTCH Quality Public Reporting webpage.

IRF Compare Refresh

The December 2018 quarterly Inpatient Rehabilitation Facility (IRF) Compare refresh is available, including quality measure results based on data from the first to fourth quarter of 2017. Visit IRF Compare to view the data. For more information, visit the IRF Quality Public Reporting webpages.

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; see the Supplier Fact Sheet and 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:
- MDPP Expanded Model Booklet
- 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

The CY 2018 Electronic Clinical Quality Measure (eCQM) Data Receiving System Edits Document is available. Use this resource to troubleshoot errors during the submission of Quality Reporting Document Architecture (QRDA) Category I test and production files to the Hospital Quality Reporting system.

For More Information:
- 2018 QRDA I: Implementation Guide, Addendum, and Conformance Statement Resource
- Electronic Clinical Quality Improvement Resource Center website
- For questions about the Implementation Guide and Schematrons, visit the ONC Issue Tracking System
- For questions about the QualityNet Secure Portal, contact the QualityNet Help Desk or call 866-288-8912

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

Upcoming Events

ESRD Quality Incentive Program: CY 2019 ESRD PPS Final Rule Call — January 15
Tuesday, January 15 from 2 to 3 pm ET

Register for Medicare Learning Network events.

During this call, learn about provisions for the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) in the CY 2019 ESRD Prospective Payment System (PPS) final rule. Find out how CMS will conduct ESRD QIP for Payment Years 2021 and 2022. Topics include:
- Legislative framework
- Updates to ESRD QIP measures, domain structure, and weights
- Modifications to data submission requirements and the National Healthcare Safety Network Validation Study

Target Audience: Dialysis facilities that participate in the ESRD QIP.

Clinical Diagnostic Laboratories to Collect and Report Private Payor Rates Call —January 22
Tuesday, January 22 from 2 to 3 pm ET

Register for Medicare Learning Network events.

Do you need to submit data required by the Clinical Diagnostic Test Payment System final rule? Laboratories, including physician offices laboratories and hospital outreach laboratories that bill using a 14X TOB are required to report laboratory test HCPCS codes, associated private payor rates, and volume data if they:

- Have more than $12,500 in Medicare revenues from laboratory services on the Clinical Laboratory Fee Schedule (CLFS), and
- Receive more than 50 percent of their Medicare revenues from CLFS and physician fee schedule services during a data collection period

This call provides a refresher on how to collect and submit required data. CMS will use this data to set Medicare payment rates effective January 1, 2021.

A question and answer session follows the presentation; however, you may email questions in advance to CLFS_Inquiries@cms.hhs.gov with "January 22 Call" in the subject line. These questions may be addressed during the call or used for other materials following the call. For more information, visit the PAMA Regulations webpage.

Target Audience: Clinical diagnostic laboratories, including physician offices and hospital outreach laboratories.

Medicare Learning Network® Publications & Multimedia

DMEPOS Fee Schedule: CY 2019 Update MLN Matters Article — New

A new MLN Matters Article MM11064 on Calendar Year (CY) 2019 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule is available. Learn about data files and update factors.

Inpatient Psychiatric Facility Benefit Policy Manual Update MLN Matters Article — New

A new MLN Matters Article MM11062 on Updates to the Inpatient Psychiatric Facility Benefit Policy Manual is available. Learn about updated language.

Next Generation Sequencing NCD MLN Matters Article — New

A new MLN Matters Article MM10878 on National Coverage Determination (NCD90.2): Next Generation Sequencing (NGS) is available. Learn about covered diagnostic laboratory tests.

Physician Supervision of Diagnostic Procedures, Telehealth Services MLN Matters Article — New

A new MLN Matters Article MM11043 on Revision of Definition of the Physician Supervision of Diagnostic Procedures, Clarification of DSMT Telehealth Services, and Establishing a Modifier for Expanding the Use of Telehealth for Individuals with Stroke is available. Learn about updated policies.

RHC and FQHC Medicare Benefit Policy Manual Update MLN Matters Article — New

A new MLN Matters Article MM11019 on Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Medicare Benefit Policy Manual Chapter 13 Update is available. Learn about requirements and payment policies.

Hurricane Florence and Medicare Disaster Related North Carolina, South Carolina, and the Commonwealth of Virginia Claims MLN Matters Article — Updated

The MLN Matters Special Edition Article on Hurricane Florence and Medicare Disaster Related North Carolina, South Carolina, and the Commonwealth of Virginia Claims has been updated. This article was revised to advise providers that the public health emergency declaration and Section 1135 waiver authority expired for North Carolina on December 6, 2018, and for South Carolina and the Commonwealth of Virginia on December 7, 2018.

Hurricane Michael and Medicare Disaster Related Florida and Georgia Claims MLN Matters Article — Updated

The MLN Matters Special Edition Article on Hurricane Michael and Medicare Disaster Related Florida and Georgia Claims has been updated. This article was revised to advise providers that the public health emergency declaration and Section 1135 waiver authority expires for Florida on January 5, 2019, and for Georgia on January 7, 2019.