



mlnconnects

Official CMS news from the Medicare Learning Network®

Thursday, March 21, 2019

News

Hospice Provider Preview Reports: Review Your Data by March 31
LTCH Provider Preview Reports: Review Your Data by April 3
IRF Provider Preview Reports: Review Your Data by April 3
Draft 2020 QRDA Category I Implementation Guide — Submit Comments by April 8
Medicare Promoting Interoperability Program: Submit a Measure Proposal by June 28
Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
Influenza Activity Continues: Are Your Patients Protected?

Compliance

Improper Payment for Intensity-Modulated Radiation Therapy Planning Services

Events

Submitting Your Medicare Part A Cost Report Electronically Webcast — March 28

MLN Matters® Articles

I/OCE Specifications: April 2019 Update
RARC, CARC, MREP and PC Print Update
Active Billing Hospice Submitting Revocations — Revised
Next Generation Sequencing NCD — Revised
SNF Patient Driven Payment Model — Revised

Publications

Inpatient Rehabilitation Facility Prospective Payment System — Revised
Medicare Enrollment for Institutional Providers — Revised
Medicare Enrollment Resources — Revised
Items and Services Not Covered Under Medicare — Reminder

Multimedia

Promoting Interoperability Listening Session: Audio Recording and Transcript

News

Hospice Provider Preview Reports: Review Your Data by March 31

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 third quarter of 2017 to the second quarter of 2018
- Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey provider preview report: Review facility-level CAHPS survey results from the third quarter of 2016 to the second quarter of 2018

Review your HIS and CAHPS results by March 31. 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](#)

LTCH Provider Preview Reports: Review Your Data by April 3

Long-Term Care Hospital (LTCH) Provider Preview Reports are now available with third quarter 2017 to second quarter 2018 data. Review your performance data on quality measures by April 3, prior to public display on [LTCH Compare](#) in June 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 April 3

Inpatient Rehabilitation Facility (IRF) Provider Preview Reports are now available with third quarter 2017 to second quarter 2018 data. Review your performance data on quality measures by April 3, prior to public display on [IRF Compare](#) in June 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](#)

Draft 2020 QRDA Category I Implementation Guide — Submit Comments by April 8

CMS posted the draft 2020 Quality Reporting Document Architecture (QRDA) Category I [Implementation Guide](#). The Implementation Guide outlines requirements for eligible hospitals and critical access hospitals to report electronic clinical quality measures for the CY 2020 reporting period. Submit comments by 5 pm ET on April 8; a JIRA account is required.

For More Information:

- [QRDA](#) webpage
- For questions, visit the [JIRA QRDA project](#) webpage

Medicare Promoting Interoperability Program: Submit a Measure Proposal by June 28

The Annual Call for Measures for eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program is open. Submit a measure proposal by June 28. Proposals will be considered for inclusion in future rulemaking.

CMS is interested in adding measures that:

- Build on the advanced use of certified electronic health record technology using 2015 edition certification standards and criteria
- Promote interoperability and health information exchange
- Improve program efficiency, effectiveness, and flexibility
- Provide patient access to their health information
- Reduce clinician burden
- Align with the Merit-Based Incentive Payment System Promoting Interoperability performance category

Applicants should also consider:

- Health IT activities that may be attested to in lieu of traditional reporting
- Potential new opioid use disorder prevention and treatment related measures
- Measurable outcomes demonstrating greater efficiency in costs or resource use that can be linked to the use of health IT-enabled processes

For More Information:

- [2019 Call For Measures](#) webpage
- [Fact Sheet](#)
- [Submission Form](#)

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](#)

Separate NPI for MDPP Enrollment:

We strongly encourage you to obtain a separate National Provider Identifier (NPI) for MDPP enrollment; claim rejections and denials may occur if multiple enrollments are associated with a single NPI. If you are a currently enrolled MDPP supplier that elects to obtain a separate NPI, update your enrollment in the Provider Enrollment, Chain and Ownership System (PECOS) with the new NPI. Contact your Medicare Administrative Contractor for assistance if:

- Your organization is unable to obtain a separate NPI
- You continue to encounter claims submission and processing issues after you update your enrollment with the new NPI

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

Influenza Activity Continues: Are Your Patients Protected?

People over 65 are at a greater risk of serious complications from seasonal influenza. The Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for everyone 6 months and older. It is not too late to get vaccinated – to help protect your patients, your staff, and yourself.

Medicare Part B covers the influenza virus vaccine once per influenza season. Medicare covers additional influenza vaccines if medically necessary.

You may also want to recommend the [pneumococcal vaccine](#) during the same visit. Medicare covers:

- An initial pneumococcal vaccine for Medicare beneficiaries who never received the vaccine under Medicare Part B
- A different, second pneumococcal vaccine 1 year after the first vaccine was administered

For More Information:

- [Preventive Services](#) Educational Tool
- [Influenza Resources for Health Care Professionals](#) MLN Matters Article
- [Influenza Vaccine Payment Allowances](#) MLN Matters Article
- [CDC Influenza](#) website
- [CDC Information for Health Professionals](#) webpage
- [CDC Tools to Prepare Your Practice for Flu Season](#) webpage
- [CDC Make a Strong Flu Vaccine Recommendation](#) webpage

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

Events

Submitting Your Medicare Part A Cost Report Electronically Webcast — March 28

Thursday, March 28 from 1 to 2:30 pm ET

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

Medicare Part A providers: Learn how to use the new Medicare Cost Report e-Filing (MCR_eF) system. Use MCR_eF 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_eF or mail or hand deliver it to your Medicare Administrative Contractor. You must use MCR_eF if you choose electronic submission of your cost report. Note: This content was presented in prior webcasts on May 1 and October 15, 2018.

Topics:

- 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. For more information, see the [MCR_eF](#) MLN Matters Article and [MCR_eF](#) webpage.

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.

MLN Matters® Articles

I/OCE Specifications: April 2019 Update

A new MLN Matters Article MM11192 on [April 2019 Integrated Outpatient Code Editor \(I/OCE\) Specifications Version 20.1](#) is available. Learn about updated software instructions.

RARC, CARC, MREP and PC Print Update

A new MLN Matters Article MM11204 on [Remittance Advice Remark Code \(RARC\), Claims Adjustment Reason Code \(CARC\), Medicare Remit Easy Print \(MREP\) and PC Print Update](#) is available. Learn about software changes.

Active Billing Hospice Submitting Revocations — Revised

A revised MLN Matters Article MM11049 on [Ensuring Only the Active Billing Hospice Can Submit a Revocation](#) is available. Learn about the new edit in Medicare systems.

Next Generation Sequencing NCD — Revised

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

SNF Patient Driven Payment Model — Revised

A revised MLN Matters Article MM11152 on [Implementation of the Skilled Nursing Facility \(SNF\) Patient Driven Payment Model \(PDPM\)](#) is available. Learn about changes to the SNF Prospective Payment System required for the PDPM.

Publications

Inpatient Rehabilitation Facility Prospective Payment System — Revised

A revised [Inpatient Rehabilitation Facility Prospective Payment System](#) Medicare Learning Network Booklet is available. Learn about:

- How payments are determined
- Fiscal year updates
- Quality Reporting Program

Medicare Enrollment for Institutional Providers — Revised

A revised [Medicare Enrollment for Institutional Providers](#) Medicare Learning Network Booklet is available. Learn:

- Who are institutional providers
- How to obtain a National Provider Identifier
- How to respond to Medicare Administrative Contactor requests

Medicare Enrollment Resources — Revised

A revised [Medicare Enrollment Resources](#) Medicare Learning Network Educational Tool is available. Learn:

- How to enroll
- What to do if you encounter enrollment problems
- Where to find enrollment forms

Items and Services Not Covered Under Medicare — Reminder

The [Items and Services Not Covered Under Medicare](#) Medicare Learning Network Booklet is available. Learn about:

- Categories of items and services not covered under Medicare
- Exceptions

Multimedia

Promoting Interoperability Listening Session: Audio Recording and Transcript

An [audio recording](#) and [transcript](#) are available for the [March 5](#) Medicare Learning Network listening session on the Interoperability and Patient Access Proposed Rule. Learn about the provisions that impact you and get information to help you develop comments for formal submission.

[Like the newsletter? Have suggestions? Please let us know!](#)

[Subscribe](#) to MLN Connects. Previous issues are available in the [archive](#).
This newsletter is current as of the issue date. View the complete [disclaimer](#).

Follow the MLN on [Twitter](#) #CMSMLN, and visit us on [YouTube](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health and Human Services (HHS).

