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Official CMS news from the Medicare Learning Network®

Thursday, June 13, 2019

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## News

### DMEPOS Competitive Bidding - Round 2021: Register Now

Registration is open to all suppliers interested in participating in Round 2021 of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. In order to bid in Round 2021, you must have a user account in the CMS Enterprise Portal and have access added to the online DMEPOS Bidding System, DBidS, and Connexion, the program's secure portal. Instructions, including the [Registration Reference Guide](#), are available on the [Competitive Bidding Implementation Contractor](#) (CBIC) website.

Register for webcasts from 3- 4 pm ET:

- June 11 - [Registering and Submitting a Bid - Part 1](#) (Now available on-demand)
- July 23 - [Registering and Submitting a Bid - Part 2](#)

Once a live webcast is presented, on-demand sessions are available through the registration link. Resources such as slides and other handouts will be available during both the live and on-demand sessions.

The CBIC is the official information source for bidders and bidder education. CMS cautions bidders about potential inaccurate information concerning the Competitive Bidding Program posted on websites other than the CBIC website. Bidders that rely on this information in the preparation or submission of their bids could be at

risk of submitting a non-compliant bid. Visit the [CBIC](#) website for resources, tools, and to [subscribe](#) to email updates.

If you have any questions or need assistance, call the CBIC customer service center at 877-577-5331 between 9 am and 5:30 pm ET, Monday through Friday.

### **Medicare Shared Savings Program: Submit Notice of Intent to Apply by June 28**

CMS is accepting Notices of Intent to Apply (NOIAs) via the [Accountable Care Organization \(ACO\) Management System](#) (ACO-MS) for a January 1, 2020, start date. You must submit a NOIA if you intend to apply to the BASIC track or ENHANCED track of the Medicare Shared Savings Program, for a Skilled Nursing Facility (SNF) 3-Day Rule Waiver, and/or to establish and operate a Beneficiary Incentive Program:

- NOIA submissions are due no later than June 28 at noon ET
- A NOIA submission does not bind your organization to submit an application; however, you must submit a NOIA to be eligible to apply
- Submit only one NOIA per ACO
- You can make changes to your track, repayment mechanisms, and other NOIA-related information during the application submission period
- You can submit sample documentation (i.e. sample ACO Participant Agreements, sample SNF Affiliate Agreements, and/or draft repayment mechanism documentation) with your NOIA to receive feedback from CMS before the application period opens

Submitting sample documentation with your NOIA will allow CMS to review and provide feedback so you may resolve any issues with these documents before the application cycle begins. Submit your NOIA as soon as possible to take advantage of this opportunity.

ACOs that applied for a July 1, 2019, start date and withdrew their application or were denied are eligible to submit a NOIA for the January 1, 2020 start date. If the NOIA is approved, you will be able to access ACO-MS using your existing login credentials.

The application submission period is July 1 through July 29 at noon ET.

#### For More Information

- [Shared Savings Program](#) website
- [Application Types & Timeline](#) webpage
- [Application Toolkit](#) webpage
- [ACO-MS Contact Us/FAQ](#) webpage
- [NOIA Guidance](#)
- [ACO Participant List and Participant Agreement Guidance](#)
- [SNF 3-Day Rule Waiver Guidance](#)
- [Repayment Mechanism Arrangements Guidance](#)
- Email questions to [SSPACO\\_Applications@cms.hhs.gov](mailto:SSPACO_Applications@cms.hhs.gov)

### **LTCH Provider Preview Reports: Review Your Data by July 10**

Long-Term Care Hospital (LTCH) Provider Preview Reports are now available with fourth quarter 2017 to third quarter 2018 data. Review your performance data on quality measures by July 10, prior to public display on [LTCH Compare](#) in September 2019. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate.

Access your report by logging into the [Quality Improvement and Evaluation System](#) (QIES). At the main screen, select "Reports;" then "My Reports." For more information, visit the [LTCH Quality Public Reporting](#) webpage.

## IRF Provider Preview Reports: Review Your Data by July 10

Inpatient Rehabilitation Facility (IRF) Provider Preview Reports are now available with fourth quarter 2017 to third quarter 2018 data. Review your performance data on quality measures by July 10, prior to public display on [IRF Compare](#) in September 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](#)

## When It Comes To Our Health – Every Second Counts: Comment on RFI by August 12

CMS created the Patients over Paperwork initiative to eliminate outdated, duplicative, and overly burdensome regulations so clinicians and providers can focus on their primary mission: patient care. Savings to providers and clinicians are estimated at \$5.7 billion and 40 million burden hours through 2021. Estimated savings come from both final and proposed rules. This includes the elimination of 79 overly burdensome, redundant, or low-value measures for a projected savings of \$128 million and anticipated reduction of 3.3 million burden hours through 2020.

Over the last two years, we solicited feedback from the medical and patient communities through Requests for Information (RFIs), listening sessions, and onsite engagements with front-line clinicians, staff, and patients. We addressed or are in the process of addressing 83% of the actionable areas of burden identified through the 2017 Request for Information (RFI). Using the information we gained, we made changes, such as:

- Allowing patient notes written by medical students to count for billing purposes when the supervising clinician signs off
- Streamlining the process that Medicare beneficiaries, providers, and suppliers must follow to appeal denials
- Making 11 updates to modernize and reduce burden related to Local Coverage Determinations
- Changing 13 documentation requirements

Last week, we issued an RFI inviting patients and their families, the medical community, and other health care stakeholders to recommend further changes that would shift more of clinicians' time and our health care system's resources from needless paperwork to high-quality care that improves patient health. [Submit comments](#) by August 12. We also continue listening to you through our Patients over Paperwork email address: [PatientsoverPaperwork@cms.hhs.gov](mailto:PatientsoverPaperwork@cms.hhs.gov).

See the full text of this excerpted [CMS Blog](#) (issued June 10).

## LTCH Compare Refresh

The June 2019 quarterly Long-term Care Hospital (LTCH) Compare refresh is available, including quality measure results based on data from the third quarter of 2017 to the second quarter of 2018. Visit [LTCH Compare](#) to view the data. For more information, visit the [LTCH Quality Public Reporting](#) webpage.

## IRF Compare Refresh

The June 2019 quarterly Inpatient Rehabilitation Facility (IRF) Compare refresh is available, including quality measure results based on data from the third quarter of 2017 to the second quarter of 2018. Visit [IRF Compare](#) to view the data. For more information, visit the [IRF Quality Public Reporting](#) webpages.

## Men's Health Week Ends on Father's Day

June is Men's Health Month, and June 10 through 16 is Men's Health Week, which ends on Father's Day. These observances heighten awareness of preventable health problems and encourage early detection and treatment of disease. Help your patients understand the steps they can take to improve their health and recommend appropriate Medicare preventive services.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Men's Health Month](#) website
- [Men's Health Week](#) webpage

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

## Compliance

### Outpatient Rehabilitation Therapy Services: Comply with Medicare Billing Requirements

In a recent [report](#), the Office of Inspector General (OIG) determined that payments for physical therapy services did not comply with Medicare billing requirements. CMS developed the [Outpatient Rehabilitation Therapy Services: Complying with Documentation Requirements](#) Booklet to help you bill correctly, reduce common errors, and avoid overpayments.

Additional resources:

- [Updated Editing of Always Therapy Services - MCS](#) MLN Matters Article
- [Update to Editing of Therapy Services to Reflect Coding Changes](#) MLN Matters Article
- [Outpatient Therapy Functional Reporting Requirements](#) MLN Matters Article
- [Medicare Benefit Policy Manual, Chapter 12](#)
- [Medicare Benefit Policy Manual, Chapter 15, Sections 220 and 230](#)
- [Medicare Claims Processing Manual, Chapter 5](#)
- [Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5](#)
- [Medicare Program Integrity Manual Chapter 3](#)
- [Medicare Program Integrity Manual Chapter 13](#)
- [Comprehensive Error Rate Testing Program](#) webpage
- [Functional Reporting](#) webpage
- [Local Coverage Determinations State Index Tool](#)
- [Social Security Act § 1128J \(d\)](#)
- [Many Medicare Claims For Outpatient Physical Therapy Services Did Not Comply With Medicare Requirements](#) OIG Report, March 2018

## Events

### DMEPOS Competitive Bidding: Round 2021 Webcast Series

Register for the last webcast in the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program series:

- [Registering and Submitting a Bid - Part 2](#) on July 23 from 3-4 pm ET
- You can submit questions during the webcast; however, to increase the likelihood of your question being answered, submit it in advance to [cbic.admin@palmettogba.com](mailto:cbic.admin@palmettogba.com) with "Webcast Question" in the subject line

On-demand sessions for previous webcasts are available through the registration link:

- [Bid Surety Bond and Lead Item Pricing](#) on May 14
- [Preparing and Submitting Financial Documents](#) on May 21
- [Registering and Submitting a Bid - Part 1](#) on June 11

Resources such as slides and other handouts will be available during both the live and on-demand sessions.

## Ligature Risk in Hospitals Listening Session — June 20

Thursday, June 20 from 2 to 3 pm ET

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

CMS wants your feedback on [draft revised guidance](#) for Appendix A of the [State Operations Manual](#) and the Chapter 2 certification process addressing ligature risks in hospitals and psychiatric hospitals. We want to provide direction and clarity around the care and safety of psychiatric patients at risk of harm to themselves or others. We are seeking your input on compliance with the Conditions of Participation and the ligature risk extension request process.

You may email comments/questions in advance of the listening session to [HospitalSCG@cms.hhs.gov](mailto:HospitalSCG@cms.hhs.gov) with June 20 in the subject line. These may be addressed during the listening session or used for other materials following the session.

Target Audience: Hospitals, psychiatric hospitals, critical access hospitals with distinct part psychiatric units, hospital associations, accreditation organizations, state survey agencies, and interested stakeholders.

## Hospital Co-location Listening Session — June 27

Thursday, June 27 from 2 to 3 pm ET

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

CMS wants your feedback on new [draft guidance](#) for Appendix A of the [State Operations Manual](#). Under the Medicare Conditions of Participation, hospitals may co-locate with other hospitals or health care entities, meaning they share certain common areas on the same campus or building. We are seeking your input on staffing, contracted services, emergency services, and distinct and shared spaces.

You may email comments/questions in advance of the listening session to [HospitalSCG@cms.hhs.gov](mailto:HospitalSCG@cms.hhs.gov) with June 27 in the subject line. These may be addressed during the listening session or used for other materials following the session.

Target Audience: Hospitals, hospital associations, accreditation organizations, state survey agencies, and interested stakeholders.

## Publications

### Quality Payment Program: 2019 Resources

CMS posted new resources on the Quality Payment Program (QPP) [Resource Library](#) webpage for 2019 participation:

- [Participating in QPP Infographic](#): Describes how to check your QPP participation status; basic requirements for participating in the Merit-based Incentive Payment System (MIPS), Advanced Alternative Payment Models (APMs), and MIPS APMs; and key dates
- [MIPS Eligibility Decision Tree](#): Uses a series of questions to help you determine if you are eligible for MIPS
- [Qualifying APM Participant \(QP\) Methodology Fact Sheet](#): Details how we determine which eligible clinicians are QPs and make predictive QP determinations
- MIPS Specialty Guides: Highlights specific MIPS measures and activities that may apply to [clinical psychologists](#), [physical therapists and occupational therapists](#), [speech-language pathologists and audiologists](#), [registered dietitian and nutrition professionals](#), [anesthesiologists and certified nurse anesthetists](#), and [primary care clinicians](#)

- [CAHPS for MIPS Approved Survey Vendors](#): Lists the survey vendors CMS approved to administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for MIPS survey
- [MIPS Quality User Guide](#): Details how to participate in the Quality performance category
- [MIPS Cost User Guide](#): Details how to participate in the Cost performance category

For More Information:

- Check the [QPP Participation Status Tool](#) for initial eligibility information
- For questions, contact your local [technical assistance organization](#), [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov), or 866-288-8292 (TTY: 877-715-6222)

## Provider Compliance Tips for Urological Supplies — Revised

A revised [Provider Compliance Tips for Urological Supplies](#) Medicare Learning Network Fact Sheet is available. Learn:

- Reasons for denials
- How to prevent claim denials
- Documentation requirements
- Specific criteria that must be met to qualify for payment

## Multimedia

### Medicare Billing: Form CMS-1450 and the 837 Institutional Web-Based Training Course — Reminder

With Continuing Education Credit

The Medicare Billing: Form CMS-1450 and the 837 Institutional Web-Based Training (WBT) course is available through the Medicare Learning Network [Learning Management System](#). Learn:

- Billing requirements
- Claim completion information
- How to identify aspects of paper and electronic claims

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