Thursday, April 30, 2020

News
- Infection Control Guidance to Home Health Agencies on COVID-19
- Now Available: Nursing Home Five Star Quality Rating System Updates, Nursing Home Staff Counts, and Frequently Asked Questions
- CMS Adds New COVID-19 Clinical Trials Improvement Activity to the Quality Payment Program
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier

Claims, Pricers & Codes
- Home Health Claims: Correcting Recoding Errors

Events
- COVID-19: Lessons from the Front Lines Calls — May 1 and 8
- COVID-19: Home Health and Hospice Call — May 5
- COVID-19: Office Hours Call — May 5
- COVID-19: Nursing Homes Call — May 6

MLN Matters® Articles
- July 2020 Quarterly Update to the Inpatient Prospective Payment System (IPPS) Fiscal Year (FY) 2020 Pricer
- Quarterly Update to the Long Term Care Hospital (LTCH) Prospective Payment System (PPS) Fiscal Year (FY) 2020 Pricer
- Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendment (CLIA) Edits — Revised
- Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule - Update from Council for Affordable Quality Healthcare (CAQH) CORE — Revised

Publications
- April 2020 Medicare Quarterly Provider Compliance Newsletter
- Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants — Revised
- Ambulatory Surgical Center Payment System — Revised
- Dual Eligible Beneficiaries Under Medicare and Medicaid — Revised
- Hospital Outpatient Prospective Payment System — Revised
- How to Use the Searchable Medicare Physician Fee Schedule — Revised
- Long-Term Care Hospital Prospective Payment System — Revised

Multimedia
- Combating Medicare Parts C and D Fraud, Waste, and Abuse Web-Based Training Course — Revised
- Medicare Parts C and D General Compliance Training Web-Based Training Course — Revised

News
Infection Control Guidance to Home Health Agencies on COVID-19

CMS issued guidance to respond to questions from Medicare & Medicaid Home Health Agencies and Religious Nonmedical Healthcare Institutions. The guidance addresses the COVID-19 outbreak and minimizing transmission to other individuals.

Guidance

Now Available: Nursing Home Five Star Quality Rating System Updates, Nursing Home Staff Counts, and Frequently Asked Questions

In a recent memo to State Survey Agencies, CMS announced that the inspection domain of the Nursing Home Compare website will be held constant temporarily due to the prioritization and suspension of certain surveys, to ensure the rating system reflects fair information for consumers. In addition, CMS is releasing information that shows the average number of staff each nursing home has onsite, each day (nursing staff and total staff), and aggregated by state and nationally. Along with these announcements CMS released a list of Frequently Asked Questions to clarify certain actions the agency has taken related to visitation, surveys, waivers, and other guidance.

Memo

Five-Star Quality Rating Information

CMS Adds New COVID-19 Clinical Trials Improvement Activity to the Quality Payment Program

CMS issued a letter thanking clinicians for their ongoing efforts to treat patients and combat COVID-19 and shared additional details on the new Merit-Based Incentive Payment System (MIPS) improvement activity. As announced earlier this month, clinicians who participate in a COVID-19 clinical trial and report their findings to a clinical data repository or registry many now earn credit in MIPS under the Improvement Activities performance category for the 2020 performance period by attesting to this new activity.

Letter

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 eligible 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
- 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): See the Enrollment Webinar Recording and Enrollment Tutorial Video
- Furnish MDPP service: See the Session Journey Map
- Submit claims to Medicare: See the Billing and Claims Webinar Recording, Billing and Claims Fact Sheet, and Billing and Payment Quick Reference Guide

For More Information:

- Participants in the MDPP: CMS Flexibilities to Fight COVID-19
- MDPP Expanded Model Booklet
Claims, Pricers & Codes

Home Health Claims: Correcting Recoding Errors

Medicare home health claims are being paid based on incorrect HIPPS codes when:
- Dates spanning January 1, 2020, are recoded by Medicare systems
- From dates after January 1, 2020, are submitted with institutional occurrence codes and are recoded due to period timing

These errors will be corrected by May 4, 2020. Medicare Administrative Contractors will adjust the claims to correct payments. Home health agencies do not need to take any action.

Events

COVID-19: Lessons from the Front Lines Calls — May 1 and 8
Fridays from 12:30 to 2 pm ET

These weekly calls are a joint effort between CMS Administrator Seema Verma, Food and Drug Administration Commissioner Stephen Hahn, MD, and the White House Coronavirus Task Force. Physicians and other clinicians: Share your experience, ideas, strategies, and insights related to your COVID-19 response. There is an opportunity to ask questions.

To Participate on May 1:
- Conference lines are limited, so we encourage you to join via audio webcast, either on your computer or smartphone web browser
- Or, call 877-251-0301; Access Code: 9545128

To Participate on May 8:
- Conference lines are limited, so we encourage you to join via audio webcast, either on your computer or smartphone web browser
- Or, call 877-251-0301; Access Code: 9146779

For More Information:
- Coronavirus.gov
- CMS Current Emergencies website
- Podcast and Transcripts webpage: Audio recordings and transcripts

Target Audience: Physicians and other clinicians.

COVID-19: Home Health and Hospice Call — May 5
Tuesday, May 5 from 3 to 3:30 pm ET

These calls provide targeted updates on the agency’s latest COVID-19 guidance. Leaders in the field also share best practices. There is an opportunity to ask questions if time allows.

To Participate:
- Conference lines are limited, so we encourage you to join via audio webcast, either on your computer or smartphone web browser
For More Information:
- Coronavirus.gov
- CMS Current Emergencies website
- Podcast and Transcripts webpage: Audio recordings and transcripts

Target Audience: Home health and hospice providers.

COVID-19: Office Hours Call — May 5
Tuesday, May 5 from 5 to 6 pm ET

Hospitals, health systems, and providers: Ask CMS questions about our temporary actions that empower you to:
- Increase hospital capacity – CMS Hospitals Without Walls
- Rapidly expand the health care workforce
- Put patients over paperwork
- Promote telehealth

To Participate:
- Conference lines are limited, so we encourage you to join via audio webcast, either on your computer or smartphone web browser
- Or, call 833-614-0820; Access Passcode: 3996146

For More Information:
- Coronavirus.gov
- CMS Current Emergencies website
- Podcast and Transcripts webpage: Audio recordings and transcripts

Target Audience: Hospitals, health systems, and providers.

COVID-19: Nursing Homes Call — May 6
Wednesday, May 6 from 4:30 to 5 pm ET

These calls provide targeted updates on the agency’s latest COVID-19 guidance. Leaders in the field also share best practices. There is an opportunity to ask questions if time allows.

To Participate:
- Conference lines are limited, so we encourage you to join via audio webcast, either on your computer or smartphone web browser
- Or, call 833-614-0820; Access Passcode: 8899983

For More Information:
- Coronavirus.gov
- CMS Current Emergencies website
- Podcast and Transcripts webpage: Audio recordings and transcripts

Target Audience: Nursing home providers.

MLN Matters® Articles

July 2020 Quarterly Update to the Inpatient Prospective Payment System (IPPS) Fiscal Year (FY) 2020 Pricer
A new MLN Matters Article MM11764 on July 2020 Quarterly Update to the Inpatient Prospective Payment System (IPPS) Fiscal Year (FY) 2020 Pricer is available. Learn about new payment policy for COVID-19.

Quarterly Update to the Long Term Care Hospital (LTCH) Prospective Payment System (PPS) Fiscal Year (FY) 2020 Pricer

A new MLN Matters Article MM11742 on Quarterly Update to the Long Term Care Hospital (LTCH) Prospective Payment System (PPS) Fiscal Year (FY) 2020 Pricer is available. Learn about the discharge payment percentage payment adjustment and new payment policy for COVID-19.

Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendment (CLIA) Edits — Revised

A revised MLN Matters Article MM11640 on Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendment (CLIA) Edits is available. This Article was revised to update the change request information.

Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule - Update from Council for Affordable Quality Healthcare (CAQH) CORE — Revised

A revised MLN Matters Article MM11490 on Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule - Update from Council for Affordable Quality Healthcare (CAQH) CORE is available. This Article was revised to update the Washington Publishing Company website.

Publications

April 2020 Medicare Quarterly Provider Compliance Newsletter

A new Medicare Learning Network April 2020 Medicare Quarterly Provider Compliance Newsletter - [Volume 10, Issue 3] is available. Learn about:

- Lower limb orthosis-knee orthosis: Insufficient documentation
- Visits to patients in swing beds: Incorrect coding

Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants — Revised

A revised Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants Medicare Learning Network Booklet is available. Learn about:

- Qualifications
- Billing and payment guidelines

Ambulatory Surgical Center Payment System — Revised

A revised Ambulatory Surgical Center Payment System Medicare Learning Network Booklet is available. Learn about:
Payment
• Quality Reporting Program

Dual Eligible Beneficiaries Under Medicare and Medicaid — Revised

A revised Dual Eligible Beneficiaries Under Medicare and Medicaid Medicare Learning Network Booklet is available. Learn about:
  • Medicare Savings Programs, including benefits and qualifications
  • Billing requirements

Hospital Outpatient Prospective Payment System — Revised

A revised Hospital Outpatient Prospective Payment System Medicare Learning Network Booklet is available. Learn about:
  • Payment classification
  • Payment rates
  • Quality Reporting Program

How to Use the Searchable Medicare Physician Fee Schedule — Revised

A revised How to Use The Searchable Medicare Physician Fee Schedule Medicare Learning Network Booklet is available. Learn to navigate and search for:
  • Pricing information
  • Payment policy indicators
  • Relative value units and geographic practice cost index

Long-Term Care Hospital Prospective Payment System — Revised

A revised Long-Term Care Hospital Prospective Payment System Medicare Learning Network Booklet is available. Learn about:
  • Certification
  • Patient classification
  • Payment adjustments

Multimedia

Combating Medicare Parts C and D Fraud, Waste, and Abuse Web-Based Training Course — Revised

A revised Combating Medicare Parts C and D Fraud, Waste, and Abuse Web-Based Training (WBT) course is available through the Medicare Learning Network Learning Management System. Learn about:
  • Laws and regulations
  • Consequences and penalties for violations
  • How to recognize and prevent

Medicare Parts C and D General Compliance Training Web-Based Training Course — Revised

A revised Medicare Parts C and D General Compliance Training Web-Based Training (WBT) course is available through the Medicare Learning Network Learning Management System. Learn:
• How compliance programs operate
• How to report violations