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Official CMS news from the Medicare Learning Network

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News & Announcements

Interoperability and Patient Access to Health Data: New Proposals

CMS proposed policy changes supporting the MyHealthEData initiative to improve patient access and advance electronic data exchange and care coordination throughout the health care system. The Interoperability and Patient Access Proposed Rule outlines opportunities to make patient data more useful and transferable through open, secure, standardized, and machine-readable formats while reducing restrictive burdens on health care providers.

In addition to the policy proposals, CMS released two requests for information to obtain feedback on:

- Interoperability and health information technology adoption in post-acute care settings
- The role of patient matching in interoperability and improved patient care.

“For far too long, electronic health information has been stuck in silos and inaccessible for health care consumers,” said CMS Administrator Seema Verma. “Our proposals help break down existing barriers to

important data exchange needed to empower patients by giving them access to their health data. Touching all aspects of health care, from patients to providers to payers and researchers, our work leverages identified technology and standards to spark new opportunities for industry and researchers while improving health care quality for all Americans. We ask that members of the health care system join forces to provide patients with safe, secure access to, and control over, their health care data."

Proposed Changes and Updates:

- Patient access through Application Programming Interfaces (APIs)
- Health information exchange and care coordination across payers
- API access to published provider directory data
- Care coordination through trusted exchange networks
- Improving the dual eligible experience by increasing frequency of federal-state data exchanges
- Public reporting and prevention of information blocking
- Provider digital contact information
- Revisions to the conditions of participation for hospitals and critical access hospitals
- Advancing interoperability in innovative models

For More Information:

- Proposed Rule: CMS will accept comments until early April
- Register for Medicare Learning Network Listening Session on March 5

See the full text of this excerpted CMS Fact Sheet.

Opioid Prescribing Mapping Tool Improved with Medicaid and Rural Data

On February 22, CMS released an expanded version of the Opioid Prescribing Mapping Tool, ensuring that you have the most complete and current data to effectively address the opioid epidemic across the country. This update further demonstrates the agency's commitment to opioid data transparency and using data to better inform local prevention and treatment efforts, particularly in rural communities hard hit by the opioid crisis. For the first time, the tool includes data for opioid prescribing in the Medicaid program. Additionally, users can now make geographic comparisons of Medicare Part D opioid prescribing rates over time for urban and rural communities.

See the full text of this excerpted CMS Press Release (issued February 22).

Hospice Compare Refresh

The February 2019 Hospice Compare refresh is available. Visit Hospice Compare to view the data. For more information, visit the Hospice Quality Public Reporting webpage.

Data on Geographic Variation in the Medicare Program

CMS posted the annual release of the Geographic Variation Public Use File (PUF) with data for 2007 to 2017. This PUF is a series of downloadable tables and reports with demographic, spending, utilization, and quality indicators for the Medicare fee-for-service population. It presents data at the state, hospital referral region, and county level.

2017 CMS Program Statistics

CMS released 2017 program statistics, including detailed summary information on Medicare populations, utilization, expenditures, and certified providers. Visit the CMS Program Statistics webpage for more information.

Quality Payment Program: Payment Adjustment Resource

CMS posted a new Merit-based Incentive Payment System (MIPS) resource, addressing frequently asked questions about the application of payment adjustments, which began January 1, 2019. Topics include:

- Services subject to the 2019 MIPS payment adjustment
- Changes made to remittance advice documents
- Impact of claim assignments on payment adjustments
- Correction of the inclusion of Medicare Part B drugs and certain items and services
- Links to additional resources

For More Information:

- Resource Library webpage
- For questions, reach out to your local technical assistance organization or contact the Quality Payment Program at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

Choosing a Primary Clinician in MyMedicare.gov: New Video for Your Patients

Your Medicare patients may be interested in a new video titled How to Choose a Primary Clinician on MyMedicare.gov. This video shows people with Medicare the step-by-step process on how to choose or change their primary clinician—a doctor, physician assistant, clinical nurse specialist, nurse practitioner, or Federally Qualified Health Center/Rural Health Clinic practitioner—on MyMedicare.gov.

Choosing a primary clinician gives a person's primary clinician access to more tools and/or services to coordinate patient care, especially if you participate in an Accountable Care Organization (ACO) or other Medicare alternative payment model(s). Choosing a primary clinician does not change a person's Medicare benefits or limit what clinician he/she can see.

The video:

- Describes a primary clinician
- Explains that a primary clinician may be best able to help make health care decisions, which can improve coordination and lead to better results

You can find the video, How to Choose a Primary Clinician on MyMedicare.gov, on YouTube and on the For Beneficiaries webpage on the Shared Savings Program website. A Spanish translation is also available.

Provider Compliance

Laboratory Blood Counts: Provider Compliance Tips — Reminder

In 2017, the Medicare fee-for-service improper payment rate for blood counts was 19.2 percent with projected inaccurate payments of $56.6 million. Improper payments resulted from:

- Insufficient documentation - 89 percent
- Incorrect coding - 8.3 percent
- No documentation - 2.7 percent

Prevent denials by reviewing the Provider Compliance Tips for Laboratory Tests – Blood Counts Fact Sheet, which details coverage and documentation requirements.

Upcoming Events

Interoperability and Patient Access Proposed Rule Listening Session — March 5

Tuesday, March 5 from 2 to 3:30 pm ET

Register for Medicare Learning Network events.

On February 11, CMS released the Interoperability and Patient Access proposed rule outlining opportunities to make patient data more useful and transferable through open, secure, standardized, and machine-readable formats, while reducing restrictive burdens on health care providers. In addition, CMS released two Requests for Information (RFIs) to obtain feedback on:

- Interoperability and health information technology adoption in post-acute care settings
- Role of patient matching in interoperability and improved patient care

CMS Administrator Seema Verma opens this listening session, followed by an overview by CMS experts. Learn about the provisions that impact you and get answers to your clarifying questions to help formulate comments for formal submission. Topics:

- Patient access through application programming interfaces
- Health information exchange and care coordination across payers
- Public reporting and prevention of information blocking
- Provider digital contact information
- Revisions to the conditions of participation for hospitals and critical access hospitals
- RFIs

We encourage you to review the proposed rule prior to the listening session. Note: Feedback received during this listening session will not be considered formal comments on the rule. See the proposed rule for information on submitting these comments by the deadline.

Target Audience: All Medicare fee-for-service providers and industry-wide stakeholders.

Dementia Care & Psychotropic Medication Tracking Tool Call — March 12

National Partnership to Improve Dementia Care and Quality Assurance Performance Improvement
Tuesday, March 12 from 1:30 to 3 pm ET

Register for Medicare Learning Network events.

During this call, gain insight on the Dementia Care & Psychotropic Medication Tracking Tool, a free, publicly available electronic tool that facilitates a structured approach to tracking preference-based care and psychotropic medication use among residents living with dementia. Also, learn about a recently released Nursing Home Staff Competency Assessment toolkit. Additionally, CMS provides updates on the Phase 3 Requirements for Participation from the Reform of Requirements for Long-Term Care Facilities final rule and the progress of the National Partnership to Improve Dementia Care in Nursing Homes. A question and answer session follows the presentations.

Speakers:

- Adrienne Mihelic, National Nursing Home Quality Improvement Campaign
- David Reynolds, National Nursing Home Quality Improvement Campaign
- Jay Weinstein, CMS
- Debra Lyons, CMS
- Michele Laughman, CMS

Target Audience: Consumer and advocacy groups; nursing home providers; surveyor community; prescribers; professional associations; and other interested stakeholders.

Open Payments: Transparency and You Call — March 13

Wednesday, March 13 from 1 to 2 pm ET

Register for Medicare Learning Network events.

Reporting entities are submitting data to the Open Payments system on payments or transfers of value made to physicians and teaching hospitals during 2018. Beginning in April, physicians and teaching hospitals have 45 days to review and dispute records attributed to them. During this call, find out how to access the Open Payments system to review the accuracy of the data submitted about you before it is published on the CMS website. A question and answer session follows the presentation.

See the Open Payments Registration webpage for more information. CMS will publish the 2018 payment data and updates to the 2013 through 2016 data by June 30, 2019.

Topics:

- Overview of the Open Payments national transparency program
- Program timeline
- Registration process
- Critical deadlines for physicians and teaching hospitals to review and dispute data

Target Audience: Physicians, teaching hospitals, and physician office staff.

SNF Value-Based Purchasing Program: Phase One Review and Corrections Call — March 20
Wednesday, March 20 from 1:30 to 3 pm ET

Register for Medicare Learning Network events.

During this call, participants learn about the Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) Program Review and Corrections process and get answers to frequently asked questions about Phase One of the process. During the Review and Corrections period, SNFs have an opportunity to review and submit correction requests to quality measure information. Deadline for correction submission is April 1, 2019. For more information: visit the SNF VBP Program webpage.

A question and answer session follows the presentation; however attendees may email questions in advance to SNFVBPInquiries@cms.hhs.gov with “SNF VBP Mar 20 NPC” in the subject line. These questions may be addressed during the call or used for other materials following the call.

Target Audience: SNFs, administrators, clinicians, and other stakeholders.

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 (MCReF) system. Use MCReF 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 MCReF or mail or hand deliver it to your Medicare Administrative Contractor. You must use MCReF 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 MCReF MLN Matters® Article and MCReF 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.

Medicare Learning Network® Publications & Multimedia

HPTCs Code Set: April 2019 Update MLN Matters Article — New

A new MLN Matters Article MM11121 on Healthcare Provider Taxonomy Codes (HPTCs) April 2019 Code Set Update is available. Learn about updating internal HPTC tables and reference files.

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

A new MLN Matters Article MM11179 on April Quarterly Update for 2019 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule is available. Learn about amounts for new codes.

NCCI: Modification of MCS Logic for Modifiers Involving PTP MLN Matters Article — New

A new MLN Matters Article MM11168 on Modification of the MCS Claims Processing System Logic for Modifier 59, XE, XS, XP, and XU Involving the National Correct Coding Initiative (NCCI) Procedure to Procedure (PTP) Column One and Column Two Codes is available. Learn about modifiers on column one and column two codes bypassing the edit.

Home Health PDGM MLN Matters Article — Revised

A revised MLN Matters Article MM11081 on Home Health Patient-Driven Groupings Model (PDGM) - Split Implementation is available. Learn about the payment reform requirements.

Organ Acquisition Charges Not Included in IPPS Payment MLN Matters Article — Revised

A revised MLN Matters Article MM11087 on Ensuring Organ Acquisition Charges Are Not Included in the Inpatient Prospective Payment System (IPPS) Payment Calculation is available. Learn about system changes.

Medical Documentation: Exchanging the List of eMDR via esMD MLN Matters Article — Revised

A revised MLN Matters Article MM11003 on Implementation to Exchange the List of Electronic Medical Documentation Requests (eMDR) for Registered Providers via the Electronic Submission of Medical Documentation (esMD) System is available. Learn about changes required to send Additional Documentation Request letters.

How to Use the Medicare Coverage Database Booklet — Revised

A revised How to Use The Medicare Coverage Database Booklet is available. Learn about:

- Navigating the database
- Searching indexes
- Downloading reports

SNF Billing Reference Booklet — Revised

A revised SNF Billing Reference Booklet is available. Learn about:

- Coverage rules
- Payment information
- Billing requirements

Clinical Laboratory Fee Schedule Fact Sheet — Revised

A revised Clinical Laboratory Fee Schedule Fact Sheet is available. Learn about:

- Coverage requirements
- How payments rates are set
- Updates

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