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Official CMS news from the Medicare Learning Network®

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News

Quality Payment Program: MIPS 2019 Data Submission Period Open through March 31

The data submission period is open for Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in the 2019 performance period of the Quality Payment Program. Submit and update your data until 8 pm ET on March 31. Note: The data submission period for accountable care organizations and pre-registered groups and virtual groups also closes on March 31.

For More Information:

- [Resource Library](#) webpage
- [Access User Guide](#)
- [Introduction and Overview of 2019 Data Submission](#) Video
- [File Upload and Quality Scoring](#) Video
- [Manual Attestation of Improvement Activities](#) Video

- [Manual Attestation of Promoting Interoperability Measures](#) Video
- [Support for Small, Underserved, and Rural Practices](#) webpage
- Contact gpp@cms.hhs.gov or 866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS communications assistant)

Anesthesia Modifiers: Comparative Billing Report in March

In early March, CMS will issue a Comparative Billing Report (CBR) on Anesthesia Modifiers, focusing on providers who submit Medicare Part B claims. These reports contain data-driven tables with an explanation of findings that compare your billing and payment patterns to those of your peers in your state and across the nation.

CBRs are not publicly available. Look for an email from cbrpepper.noreply@religroupinc.com to access your report. Update your contact email address in the Provider Enrollment, Chain, and Ownership System to ensure accurate delivery. Visit the [CBR](#) website for more information.

Compliance

Inpatient Rehabilitation Facility Services: Follow Medicare Billing Requirements

In a recent [report](#), the Office of Inspector General (OIG) determined that payments for Inpatient Rehabilitation Facility (IRF) services did not comply with Medicare billing requirements. Medical record documentation did not support that IRF care was reasonable and necessary. Use the following resources to bill correctly:

- [IRF Prospective Payment System \(PPS\)](#) Booklet
- [Medicare Benefit Policy Manual Chapter 1](#), Section 110
- [FY 2020 IRF PPS Final Rule](#)
- [IRF Quality Reporting Program](#) website
- [Many IRF Stays Did Not Meet Medicare Coverage and Documentation Requirements](#) OIG Report

Claims, Pricers & Codes

COVID-19: New ICD-10-CM Code and Interim Coding Guidance

The Centers for Disease Control and Prevention's National Center for Health Statistics will implement a new ICD-10-CM diagnosis code for the 2019 Novel Coronavirus (COVID-19), effective with the next update on October 1. See the [announcement](#) and [interim coding guidance](#) for more information.

SNF PDPM Claims Issue

Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) initial claims that are processed out of sequence are not paying the correct Variable Per Diem (VPD)-adjusted rate. Also, all adjustment claims are not processing correctly. Claims need to process in date of service order for each stay for the VPD to calculate correctly. We will correct this issue in October. In the interim:

- Submit claims in sequence by waiting at least 2 weeks before billing subsequent claims
- To adjust claims, cancel the initial claim and all subsequent claims in the SNF stay then rebill in sequential order; or, hold adjustments (when allowable) until October when they will process correctly
- We encourage you to submit a complete bill at the time of entry

FQHC: Mass Adjustment of Claims

As a result of the [Further Consolidated Appropriations Act, 2020](#), Medicare Administrative Contractors will be mass adjusting certain Federally Qualified Health Center (FQHC) claims with dates of service on or after January 1 through March 1, 2020.

Events

Dementia Care: CMS Toolkits Call — March 3

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

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

During this call, learn about new CMS toolkits for nursing homes:

- Head-to-Toe Infection Prevention: Easy to access best practices for direct care staff to prevent infections before they occur
- Developing a Restful Environment Action Manual: Non-pharmacological approach to improve the quality of life and quality of care for residents living with dementia
- Staffing Toolkits: Staff Competency Assessment, Employee Satisfaction Survey, and Guide to Improving Employee Satisfaction

Additionally, CMS provides updates on the progress of the [National Partnership to Improve Dementia Care in Nursing Homes](#). A question and answer session follows the presentations.

Speakers: Cathleen Lawrence, Michele Laughman, Sheila Hanns, and Dara Graham from CMS.

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

Part A Providers: QIC Appeals Demonstration Call — March 5

Thursday, March 5 from 1 to 2 pm ET

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

During this call, learn about the May 2019 expansion of the Qualified Independent Contractor (QIC) Telephone Discussion and Reopening Process Demonstration. It now includes Part A providers that submit second level claim appeals (reconsiderations) to C2C Innovative Solutions Inc., the Part A East QIC. Topics:

- Benefits
- Who can participate
- How to participate

A question and answer session follows the presentation; however attendees may email questions in advance to MedicareFFSappeals@cms.hhs.gov with "Appeals Demonstration" 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 [Original Medicare Appeals](#) webpage.

Target Audience: Part A providers located in these [areas](#) may participate in the demonstration; however, any Part A provider may attend.

Ground Ambulance Organizations: Data Collection for Public Safety-Based Organizations Call — March 12

Thursday, March 12 from 1 to 2 pm ET

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

During this call, ground ambulance organizations that also provide fire, police, and other public safety services learn how to collect information for reporting to the new Ground Ambulance Data Collection System.

A question and answer session follows the presentation; however, you may email questions in advance to AmbulanceDataCollection@cms.hhs.gov with "March 12 Call" in the subject line. These questions may be addressed during the call or used for other materials following the call. For more information, including ground ambulance organizations selected for the first round of reporting, see the [Ambulances Services Center](#) webpage, CY 2020 Physician Fee Schedule [final rule](#), and [Bipartisan Budget Act of 2018](#).

Target Audience: Ground ambulance organizations that also provide fire, police, or other public safety services.

Open Payments: Your Role in Health Care Transparency Call — March 19

Thursday, March 19 from 2 to 3 pm ET

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

Did you know that [reporting entities](#) annually submit records to CMS of payments or transfers of value they made to physicians and teaching hospitals? Beginning in April, you have 45 days to review and dispute Program Year 2019 records. CMS will publish this data and updates to previous program years' data by June 30. 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

A question and answer session follows the presentation.

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

MLN Matters® Articles

Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2020 Update

A new MLN Matters Article MM11661 on [Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) - April 2020 Update](#) is available. Learn about new and revised codes.

Implementation of the Long Term Care Hospital (LTCH) Discharge Payment Percentage (DPP) Payment Adjustment

A new MLN Matters Article MM11616 on [Implementation of the Long Term Care Hospital \(LTCH\) Discharge Payment Percentage \(DPP\) Payment Adjustment](#) is available. Learn about DPP for different cost reporting periods.

Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging- Approval of Using the K3 Segment for Institutional Claims — Revised

A revised MLN Matters Special Edition Article SE20002 on [Appropriate Use Criteria \(AUC\) for Advanced Diagnostic Imaging- Approval of Using the K3 Segment for Institutional Claims](#) is available. Learn about G-codes for qualifying clinical decision support mechanisms.

Accepting Payment from Patients with a Medicare Set-Aside Arrangement — Revised

A revised MLN Matters Special Edition Article SE17019 on [Accepting Payment from Patients with a Medicare Set-Aside Arrangement](#) is available. Learn about electronic attestations via the Workers' Compensation Medicare Set-Aside Arrangement.

January 2020 Integrated Outpatient Code Editor (I/OCE) Specifications Version 21.0 — Revised

A revised MLN Matters Article MM11564 on [January 2020 Integrated Outpatient Code Editor \(I/OCE\) Specifications Version 21.0](#) is available. Learn about modifications and effective dates.

Publications

Medicare Quarterly Provider Compliance Newsletter, Volume 10, Issue 2

A new [Medicare Quarterly Provider Compliance Newsletter, Volume 10, Issue 2](#) Medicare Learning Network Educational Tool is available. Learn about:

- Comprehensive Error Rate Testing: Lumbar sacral orthosis
- Recovery Auditor Finding: Trastuzumab multi-dose vial wastage

Visit the newsletter [archive](#) for past editions.

Quality Payment Program: 2020 Resources

CMS posted Quality Payment Program (QPP) resources to help you understand how to participate in the 2020 performance period:

Merit-based Incentive Payment System (MIPS) Quick Start Guides:

- [Overview](#)
- [Eligibility and Participation](#)
- [Part B Claims Reporting](#)
- [Quality Performance Category](#)
- [Promoting Interoperability Performance Category](#)
- [Improvement Activities Performance Category](#)
- [Cost Performance Category](#)

Measure Specifications and Lists:

- [Quality Measures List](#)
- [Medicare Part B Claims Measure Specifications and Supporting Documents](#)
- [Clinical Quality Measure Specifications and Supporting Documents](#)
- [CMS Web Interface Measure Specifications and Supporting Documents](#)
- [Qualified Clinical Data Registry Measure Specifications](#)
- [Improvement Activities Inventory](#)
- [Promoting Interoperability Measure Specifications](#)
- [Cost Measure Information Forms](#)
- [Cost Measure Code Lists](#)
- [Summary of Cost Measures](#)

Other Resources:

- [MIPS Data Validation Criteria](#)
- [Quality Benchmarks](#)
- [Shared Savings Program and QPP Interactions Guide](#)
- [Scores for MIPS Alternative Payment Models \(APMs\) Improvement Activities](#)

- [Comprehensive List of APMs](#)
- [Qualified Registries Qualified Posting](#)
- [Qualified Clinical Data Registries Qualified Posting](#)

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