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News

Medicare-Dependent Hospital COVID-19 Waiver: Modification

CMS modified the current COVID-19 blanket waiver for Medicare-Dependent Hospitals (MDHs) to include hospitals that became newly classified during the Public Health Emergency (PHE) without application of this waiver. For the duration of the PHE, we're waiving these MDH eligibility requirements:

- 100 or fewer beds
- · At least 60 percent of the inpatient days or discharges attributable to patients with Medicare Part A

For more information, see page 12 of the <u>COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers</u>.

Organ Procurement Organization Performance Report

The CMS Organ Procurement Organization (OPO) Performance Report is available in the left menu of the <u>S&C's Quality, Certification and Oversight Reports</u> webpage. The goal of this annual, aggregate report is to create greater transparency in our oversight of OPOs.

More Information:

- Quality, Certification, and Oversight Reports webpage
- Final Rule
- Fact sheet

NPPES: Add Digital Contact Information

In the May 2020 <u>CMS Interoperability and Patient Access final rule</u>, CMS finalized the policy to publicly report the names and National Provider Identifiers of providers who don't have digital contact information included in the National Plan and Provider Enumeration System (NPPES).

Enter your digital contact information, or Endpoints, in NPPES now. Provider organizations can upload new or updated data elements for their providers in bulk through the NPPES Electronic File Interchange (EFI) process. Endpoints allow health care providers to send authenticated, encrypted health information directly to trusted recipients securely over the internet. CMS plans to publicly report providers missing digital contact information by the end of this year.

More Information:

- EFI process
- How to enter Endpoint information in NPPES
- How to update Endpoints in NPPES (begins on slide 29)
- May 2020 CMS Interoperability and Patient Access final rule FAQs

Hospice QRP Claims-Based Measures: FAQs

CMS finalized 2 new claims-based measures as part of the Hospice Quality Reporting Program (QRP): Hospice Visits in the Last Days of Life and Hospice Care Index. Find FAQs on calculating and reporting claims-based measures in the Downloads section of the Public Reporting Background and Announcements webpage.

Breast Cancer: Talk to Your Patients about Screening

Medicare covers breast cancer screening. Your patients pay nothing for the following services if you accept assignment:

- Mammography screening
- Clinical breast exam during a screening pelvic exam

During National Breast Cancer Awareness Month, talk to your patients about the best screening options for them.

More Information:

- <u>Preventive Services</u> webpage
- Screening Pap Tests & Pelvic Exams booklet
- CDC Breast Cancer Awareness webpage
- Breast Cancer Screening Disparities data snapshot
- Information for your patients on mammograms and cervical & vaginal cancer screenings

Claims, Pricers, & Codes

Drugs & Biologics: HCPCS Level II Application Summaries & Coding Decisions

CMS published the third quarterly 2021 <u>HCPCS Application Summaries and Coding Decisions for Drugs and</u> Biologics. Visit the HCPCS Level II Coding Decisions webpage for more information.

Events

Medicare Ground Ambulance Data Collection System Webinar: Labor Costs — October 7

Thursday, October 7 from 2-3pm ET

Register for this Zoom webinar.

During this webinar, CMS will walk through the Labor Cost section of the Medicare Ground Ambulance Data Collection Instrument (section 7). The presentation includes examples to help different types of ground ambulance organizations understand how to collect and report data for their paid and volunteer staff.

A Q&A session will follow this presentation. You may also send your questions in advance to AmbulanceDataCollection@cms.hhs.gov with "October 7 Labor Cost Webinar" in the subject line.

More information:

- Presentation
- Ambulances Services Center webpage includes lists of organizations that must collect data starting in 2022
- CY 2022 Physician Fee Schedule (PFS) proposed rule
- CY 2020 PFS final rule
- Bipartisan Budget Act of 2018

Medicare Ground Ambulance Data Collection System: Q&A Session — October 12

Tuesday, October 12 from 2-3pm ET

Register for the session.

Do you have questions about the Medicare Ground Ambulance Data Collection System? Join this live Q&A session. You may also send your questions in advance to AmbulanceDataCollection@cms.hhs.gov with "October 12 Q&A" in the subject line. We'll update documents on our Ambulances Services Center webpage with answers to common questions from this session.

More Information:

- Ambulances Services Center webpage includes lists of organizations that must collect data starting in 2022
- CY 2022 Physician Fee Schedule (PFS) proposed rule
- CY 2020 PFS final rule
- Bipartisan Budget Act of 2018

Hospice Quality Reporting Program Forum — October 19

Tuesday, October 19 from 2-3pm ET

Register for this webinar.

This CMS webinar will include:

- New claims-based measures
- Quality Measures (QM) Specifications User's Manual v1.00
- QM Report Review
- Q&A session following the presentation

For more information contact CMSQualityTeam@ketchum.com.

MLN Matters® Articles

Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)

Learn about updates starting October 1:

- Diagnosis codes eligible for the ESRD PPS co-morbidity payment adjustment
- ICD-10 codes for the hereditary hemolytic and sickle cell anemia comorbidity category

Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Updates for Fiscal Year (FY) 2022 — Revised

We corrected the fixed dollar loss threshold amount to \$16,040, but made no other changes.

Publications

Medicare DMEPOS Payments While Inpatient — Revised

Read new Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) supplier information in this Medicare Learning Network fact sheet:

- 2020 Medicare Fee-for-Service Supplemental Improper Payment Data
- DMEPOS items that may be delivered to a facility
- Responsibility during transition from inpatient to home

Multimedia

Modernizing Health Care to Improve Physical Accessibility

<u>Learn how to make it easier for people with disabilities to get services</u> in this Medicare Learning Network webbased training:

- Requirements and definitions
- Facilities and services
- Policies and procedures

Like the newsletter? Have suggestions? Please let us know!

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