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Official CMS news from the Medicare Learning Network

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## News & Announcements

### **CMS: Beyond the Policy — New Podcast**

On February 19, CMS launched [CMS: Beyond the Policy](#), a new podcast highlighting updates and changes to policies and programs in an easily accessible and conversational format.

“The new Beyond the Policy podcast demonstrates our commitment to transparency and outreach by presenting CMS-related policies, updates, and innovations on as many platforms as possible,” said CMS Administrator Seema Verma. “This program is a direct response to stakeholders’ suggestions that a podcast would be a modern, user-friendly way to stay informed about CMS.”

The first episode focuses on evaluation and management coding. New episodes of the podcast will be released periodically.

See the full text of this excerpted [CMS Press Release](#) (issued February 19).

## CAR T-cell Therapy: CMS Proposes Coverage with Evidence Development

On February 15, CMS proposed to cover U.S. Food and Drug Administration-approved Chimeric Antigen Receptor (CAR) T-cell therapy under “Coverage with Evidence Development.” This is a new form of cancer therapy that uses a patient’s own immune system to fight the disease.

Currently, there is no national Medicare policy for covering CAR T-cell therapy, so local Medicare Administrative Contractors have discretion over whether to pay for it. The proposed National Coverage Determination would require Medicare to cover the therapy nationwide when it is offered in a CMS-approved registry or clinical study, in which patients are monitored for at least two years post treatment.

Submit comments on the [proposed decision memo](#) by March 17. A final decision will be issued no later than 60 days after the conclusion of the comment period. See the full text of this excerpted [CMS Press Release](#) (issued February 15).

## SNF Provider Preview Reports: Review Your Data by March 4

Skilled Nursing Facility (SNF) Provider Preview Reports are available. Review your performance data by March 4, prior to public display on [Nursing Home Compare](#) in April 2019. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe your data is inaccurate.

For more information:

- [SNF Quality Public Reporting](#) webpage
- [Access Instructions](#)

## IRF-PAI Clinical Help Desk: New Address for Questions

Submit your questions about Inpatient Rehabilitation Facility (IRF) - Patient Assessment Instrument (PAI) clinical items to: [IRF.questions@cms.hhs.gov](mailto:IRF.questions@cms.hhs.gov).

Get answers to your questions, including:

- Identification, payer, medical, and discharge information
- Function modifiers and the Functional Independence Measure (FIM™) instrument

Continue to submit questions about IRF-PAI data submission and validation to [help@qtso.com](mailto:help@qtso.com) or 800-339-9313.

## SNF PPS Patient Driven Payment Model: Updated Resources

On October 1, 2019, the new Patient Driven Payment Model (PDPM) is replacing Resource Utilization Group, Version IV for the Skilled Nursing Facility (SNF) Prospective Payment System (PPS). Based on stakeholder feedback, CMS revised resources on the [PDPM](#) webpage to help you prepare for implementation, including:

- [FAQs](#)
- [Fact sheets](#)
- [Presentation](#)
- [Classification walkthrough](#)

## Promoting Interoperability Program: 2019 Resources

CMS has Medicare Promoting Interoperability Program resources for the 2019 program year:

- [Promoting Interoperability Programs](#) website: Overview and important deadlines
- [2019 Program Requirements for Medicare](#) webpage: Reporting requirements

- [FY 2019 IPPS and Medicare Promoting Interoperability Program Overview Fact Sheet](#): Changes finalized in the Inpatient Prospective Payment System (IPPS) final rule

## Hospital Quality Reporting: Updated QRDA I Schematron

CMS released an updated 2019 Quality Reporting Document Architecture (QRDA) Category I [Schematron](#) for hospital quality reporting. It provides technical instructions for reporting electronic clinical quality measures (eCQMs) for the CY 2019 reporting period for:

- Hospital Inpatient Quality Reporting Program
- Medicare and Medicaid Promoting Interoperability Programs for eligible hospitals and critical access hospitals

For More Information:

- [Electronic Clinical Quality Improvement Resource Center QRDA](#) webpage
- For questions about the QRDA Implementation Guides and Schematrons, visit the [ONC Project Tracking System](#).
- For questions about the [QualityNet Secure Portal](#), contact the [QualityNet Help Desk](#) or call 866-288-8912

## Provider Compliance

### Payment for Outpatient Services Provided to Beneficiaries Who Are Inpatients of Other Facilities — Reminder

In a recent report, the Office of the Inspector General (OIG) determined that Medicare inappropriately paid acute-care hospitals for outpatient services provided to beneficiaries who were inpatients of other facilities, including long term care hospitals, inpatient rehabilitation facilities, inpatient psychiatric facilities, and critical access hospitals. As a result, beneficiaries were unnecessarily charged outpatient deductibles and coinsurance payments.

All items and non-physician services provided during a Medicare Part A inpatient stay must be provided directly by the inpatient hospital or under arrangements with the inpatient hospital and another provider. Use the following resources to bill correctly:

- [Medicare Inappropriately Paid Acute-Care Hospitals for Outpatient Services They Provided To Beneficiaries Who Were Inpatients of Other Facilities](#). OIG Report, September 2017
- [MLN Matters® Special Edition Article](#)
- [Provider Compliance Tips for Ordering Hospital Outpatient Services](#) Fact Sheet
- [Acute Care Hospital Inpatient Prospective Payment System](#) Fact Sheet: See payment information on page 3
- [Items and Services Not Covered Under Medicare](#) Booklet, Page 12
- [Medicare Claims Processing Manual, Chapter 3](#), Section 10.4

## Upcoming Events

### MIPS: 2019 QCDR Measure Development and Review Webinar Series — February 28 and March 5

Thursday, February 28 from 1 to 3 pm ET

Tuesday, March 5 from 1 to 2 pm ET

CMS is hosting a two-part webinar series on the 2019 Qualified Clinical Data Registry (QCDR) measures for the Merit-based Incentive Payment System (MIPS):

- [Register](#) for February 28: Overview of the QCDR measure development process, including measure requirements, principles, and structures.
- [Register](#) for March 5: QCDR measure review process

## Home Health Quality Reporting Program In-Person Training — March 5 and 6

Tuesday, March 5 and Wednesday, March 6  
Baltimore, MD

[Register](#) for this event.

CMS is hosting a 2-day Home Health Quality Reporting Program (QRP) in-person Train the Trainer event for providers, associations, and organizations responsible for training home health agency staff. Learn about the QRP and associated changes between the Outcome and Assessment Information Set (OASIS)-C2 and the OASIS-D, which became effective, January 1, 2019. Topics include:

- Section J: Health Conditions
- Section GG: Functional Abilities and Goals
- Pressure Ulcer/Injury Quality Measure
- Drug Regimen Review Quality Measure
- Interactive session on the use of reports

Visit the [Home Health Quality Reporting Training](#) webpage for more information, including details on reserving a hotel room by February 22.

## 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](mailto: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.

## **Medicare Learning Network® Publications & Multimedia**

### **New HHAs Placed in a Provisional Period of Enhanced Oversight MLN Matters Article — New**

A new MLN Matters Article SE19005 on [What New Home Health Agencies \(HHAs\) Need to Know About Being Placed in a Provisional Period of Enhanced Oversight](#) is available. Learn how new HHAs are affected by the provisional period of enhanced oversight authority.

### **Quality Payment Program: 2017 MIPS Performance Feedback Web-Based Training Course — New**

With Continuing Education Credit

A new Quality Payment Program: Using Your 2017 Merit-based Incentive Payment System (MIPS) Performance Feedback Web-Based Training (WBT) course is available through the [Learning Management System](#). Learn about:

- Who receives and accesses feedback
- Performance category details
- Targeted review process

### **Appeals Call: Audio Recording and Transcript — New**

An [audio recording](#) and [transcript](#) are available for the [February 5](#) call on the New Electronic System for Provider Reimbursement Review Board Appeals. Learn how to use the new Office of Hearings Case and Document Management System to submit new appeals, transfer issues, file position papers, and manage your appeals.

## LCDs MLN Matters Article — Revised

A revised MLN Matters Article MM10901 on [Local Coverage Determinations \(LCDs\)](#) is available. Learn about updates to the Medicare Program Integrity Manual.

## How to Use the Medicare National Correct Coding Initiative Tools Booklet — Revised

A revised [How to Use the Medicare National Correct Coding Initiative \(NCCI\) Tools](#) Booklet is available. Learn about:

- Website navigation
- Medicare code pair edits
- Medically unlikely edits
- Coding and billing errors

## 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

## Advance Care Planning Fact Sheet — Reminder

The [Advance Care Planning](#) Fact Sheet is available. Learn about:

- Provider and patient eligibility information
- How to code and bill services

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