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Official CMS news from the Medicare Learning Network®

**Wednesday, November 27, 2019**

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# News

### FY 2019 Medicare FFS Improper Payment Rate Lowest Since 2010

CMS announced that the Medicare Fee-For-Service (FFS) improper payment rate has fallen yet again, and is at its lowest level since FY 2010. Our aggressive program integrity measures lowered the estimated amount of Medicare FFS improper payments $7 billion from FY 2017-2019 to a total of $28.9 billion.

The Medicare FFS estimated improper payment rate decreased to 7.25 percent in FY 2019, from 8.12 percent in FY 2018, the third consecutive year the Medicare FFS improper payment rate has been below the 10 percent threshold for compliance established in the Improper Payments Elimination and Recovery Act of 2010. This year's decrease was driven largely by progress in a number of important areas:

- Home health claims corrective actions, including policy clarification and Targeted Probe and Educate for home health agencies, resulted in a significant $5.32 billion decrease in estimated improper payments from FY 2016 to FY 2019
- Other Medicare Part B services (e.g., physician office visits, ambulance services, lab tests, etc.) saw a $1.82 billion reduction in estimated improper payments in the last year due to clarification and simplification of documentation requirements for billing Medicare under our Patients Over Paperwork initiative
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies improper payments decreased an estimated $1.29 billion from FY 2016 to FY 2019 due to various corrective actions implemented over the years

CMS developed a five-pillar program integrity strategy to modernize the Agency's approach to reducing the improper payment rate, while protecting its programs for future generations:

- Stop bad actors
- Prevent fraud
- Mitigate emerging programmatic risks
- Reduce provider burden
- Leverage new technology

See the full text of this excerpted CMS Press Release (issued November 19).

## Patients Over Paperwork Newsletter

Read the latest CMS Patients Over Paperwork newsletter for updates about our work to reduce administrative burden:

- Applying a rural lens
- Second anniversary event
- Documentation simplification
- Recovery audit improvements
- New policies
- How to learn more

For More Information:

- Patients Over Paperwork website
- Past Newsletters

## Celebration of National Rural Health Day

CMS is highlighting strides toward increasing access to quality care for people in rural communities across the nation:

- CMS Blog: Get updates and insights about our progress in advancing rural health
- Rural-Urban Disparities in Health Care in Medicare Report: Examines the differences in the rural and urban patient experience and quality of care, as well as how quality of care varies for people of different races and ethnicities
- Rural Maternal Health Forum External Report: Summary of the panels, discussions, and questions addressed during the June event

Visit the CMS Rural Health website for activities and resources.

### November is Home Care and Hospice Month

Did you know that Medicare covers a wide range of health care services that can be provided in the home to treat an illness or injury for homebound beneficiaries who require skilled services? In addition, hospice care empowers people with life-limiting illnesses to remain at home, surrounded and supported by family and loved ones at the end of life. Talk to your Medicare patients about appropriate home care and hospice services.

For More Information:

- Home Health Prospective Payment System Booklet
- Medicare Home Health Benefit Fact Sheet
- Provider Compliance Tips for Home Health Services Fact Sheet
- Overview of the Patient-Driven Groupings Model MLN Matters Article
- Payments and Payment Adjustments under the Patient-Driven Groupings Model MLN Matters Article
- Medicare Home Health Benefit Web-Based Training course: Available through the Learning Management System — Updated training coming soon
- Hospice Payment System Booklet
- Provider Compliance Tips for Hospital Based Hospice Fact Sheet

### World AIDS Day is December 1

World AIDS Day raises awareness of the global impact of HIV and AIDS. People aged 50 and older have many of the same HIV risk factors as younger people but may be less aware of their risk. Use this opportunity to talk to your patients about the importance of HIV prevention and recommend screening if appropriate.

For More Information:

- HIV website, Centers for Disease Control and Prevention (CDC)
- World AIDS Day webpage, CDC

Visit the Preventive Services website to learn more about Medicare-covered services.

## Compliance

### Ambulance Fee Schedule and Medicare Transports

In a recent report, the Office of Inspector General (OIG) determined that Medicare made Part B payments to ambulance suppliers for transportation services that were also included in Medicare Part A payments to Skilled Nursing Facilities as part of consolidated billing requirements. CMS developed the Ambulance Fee Schedule and Medicare Transports Booklet to help you bill correctly. Additional resources:

- Ambulance Fee Schedule website
- Sections 1861(e)(1) or 1861(j)(1) of the Social Security Act
- Medicare Benefit Policy Manual, Chapter 10, Section 10.3.3
- Medicare Claims Processing Manual, Chapter 15
- Medicare Claims Processing Manual, Chapter 30, Section 50
- Medicare Paid Twice for Ambulance Services Subject to Skilled Nursing Facility Consolidated Billing Requirements OIG Report

## Events

### Hospital Price Transparency Final Rule Call — December 3

Tuesday, December 3 from 1:30 to 3 pm ET

Register for Medicare Learning Network events.

CMS finalized policies that lay the foundation for a patient-driven health care system by making standard charges for items and services provided by all hospitals in the United States more transparent. During this call, learn about provisions in the final rule effective January 1, 2021, including:

- Requirements for making public all standard charges for all items and services in a machine-readable format
- Requirements for displaying shoppable services in a consumer-friendly manner
- Monitoring and enforcement

A question and answer session follows the presentation. We encourage you to review the final rule, press release, and fact sheet prior to the call.

Please note: This call will not cover the proposed rule on Transparency in Coverage.

Target Audience: All hospitals operating in the United States and other stakeholders.

### Ground Ambulance Organizations: Data Collection System Call — December 5

Thursday, December 5 from 1:30 to 3 pm ET

Register for Medicare Learning Network events.

During this call, get an overview of the new Ground Ambulance Data Collection system, including:

- Background
- Selection of organizations required to report
- Detailed discussion of the Data Collection Instrument

A question and answer session follows the presentation; however, you may email questions in advance to AmbulanceDataCollection@cms.hhs.gov with "December 5 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 providers selected for the first round of reporting, see the Ambulance Services Center webpage, CY 2020 Physician Fee Schedule final rule, and Bipartisan Budget Act of 2018.

Target Audience: Ground ambulance organizations and ambulance stakeholders.

## MLN Matters® Articles

### Home Health Agencies (HHAs) Urged to Establish Access to the Internet Quality Improvement and Evaluation System (iQIES) By December 23, 2019

A new MLN Matters Article SE19025 on Home Health Agencies (HHAs) Urged to Establish Access to the Internet Quality Improvement and Evaluation System (iQIES) By December 23, 2019 is available. Learn how failure to obtain access will impact your agencies' ability to submit assessment data.

### Claim Status Category and Claim Status Codes Update

A new MLN Matters Article MM11467 on Claim Status Category and Claim Status Codes Update is available. Learn about updates used for the Accredited Standards Committee (ASC) X12 276/277 Health Care Claim Status Request and Response and ASC X12 277 Health Care Claim Acknowledgment transactions.

**Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2020**

A new MLN Matters Article MM11506 on Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2020 is available. Learn about rate updates for renal dialysis services.

**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**

A new 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. Learn about the next version of the Code Combination List.

**Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update**

A new MLN Matters Article MM11489 on Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update is available. Learn about updates to the RARC and CARC lists for these systems.

**Update to Medicare Deductible, Coinsurance and Premium Rates for Calendar Year (CY) 2020**

A new MLN Matters Article MM11542 on Update to Medicare Deductible, Coinsurance and Premium Rates for Calendar Year (CY) 2020 is available. Learn about rates for Part A and Part B services.

**Updating Fiscal Intermediary Shared System (FISS) Editing for Practice Locations to Bypass Mobile Facility and/or Portable Units and Services Rendered in the Patient's Home**

A new MLN Matters Article MM11470 on Updating Fiscal Intermediary Shared System (FISS) Editing for Practice Locations to Bypass Mobile Facility and/or Portable Units and Services Rendered in the Patient's Home is available. Learn about Condition Code “A7” and improved edit criteria.

**Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2020 — Revised**

A revised MLN Matters Article MM11485 on Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2020 is available. Learn about removal of an invalid code for NCD 190.14.

## Publications

**Quality Payment Program: MIPS and APM Resources**

CMS posted new Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (APM) resources:

2019 MIPS Resources:

- Assignment Methodology Specifications for the CMS Web Interface and CAHPS for MIPS Survey: Process for assigning patients to a group or virtual group that has elected to report Quality performance category data
- Opt-in and Voluntary Reporting Election Process Toolkit: Overview of the participation options, including information on eligibility, how to submit elections, and what to do to prepare
- Improvement Activities Quick Start Guide: How to get started with the Improvement Activities and Promoting Interoperability performance categories
- Improvement Activities Fact Sheet (updated): Overview of the performance category, including frequently asked questions

Advanced APM and Quality Payment Program Resources:

- 2019 All-Payer Data Submission Form Guide: Instructions for submitting payment amount and patient count data for consideration
- Glossary webpage: Brief definitions of terms and acronyms

For More Information:

- Resource Library webpage
- Contact QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

### ACOs: Beneficiary Engagement Toolkit and Case Studies

CMS released a beneficiary engagement toolkit highlighting strategies used by Accountable Care Organizations (ACOs) and end-stage renal disease seamless care organizations to engage beneficiaries. The toolkit explores how these organizations:

- Engage beneficiaries in ACO governance
- Elicit beneficiary and family feedback
- Support beneficiaries in self-care management
- Enhance beneficiary communication in the clinical setting
- Communicate with beneficiaries about the ACO as a value-based care organization

We also released case studies focused on:

- Partnerships with skilled nursing facilities
- Advanced care planning
- Provider engagement

Visit the ACO General Information webpage for more information, additional case studies, and the previously-released care coordination toolkit.

## Multimedia

### Physician Fee Schedule and Hospital OPPS/ASC Call: Audio Recording and Transcript

An audio recording and transcript are available for the November 6 Medicare Learning Network call on the Physician Fee Schedule and Quality Payment Program final rule and the Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) payment systems final rule. Learn about provisions in these CY 2020 final rules.

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