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Official CMS news from the Medicare Learning Network ®

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News

Quality Payment Program: 2020 Facility-Based Status

Facility-based measurement offers clinicians and groups the opportunity to receive scores in the Merit-based Incentive Payment System (MIPS) Quality and Cost performance categories based on the Hospital Value-Based Purchasing Program score earned by their assigned facility. Check Your 2020 facility-based status with the Participation Status Tool.

For More Information:
- [Facility-Based Measurement Quick Start Guide](#)
- Contact qpp@cms.hhs.gov or 866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS communications assistant)

Lower Extremity Joint Replacement: Comparative Billing Report in March

In late March, CMS will issue a Comparative Billing Report (CBR) on Lower Extremity Joint Replacement, 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.

IRF Provider Preview Reports: Review Your Data by April 13

Inpatient Rehabilitation Facility (IRF) Provider Preview Reports are available with fourth quarter 2018 to second third 2019 data. Review your performance data on quality measures by April 13, prior to public display on the [IRF Compare](#) website in June. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate.

Access your report by logging into the [Internet Quality Improvement and Evaluation System](#) (iQIES). At the main screen, select "Reports;" then "My Reports." For more information, visit the [IRF Quality Public Reporting](#) webpage.

LTCH Provider Preview Reports: Review Your Data by April 13

Long-Term Care Hospital (LTCH) Provider Preview Reports are available with fourth quarter 2018 to third quarter 2019 data. Review your performance data on quality measures by April 13, prior to public display on the [LTCH Compare](#) website in June. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate.

Access your report by logging into the [Internet Quality Improvement and Evaluation System](#) (iQIES). At the main screen, select "Reports;" then "My Reports." For more information, visit the [LTCH Quality Public Reporting](#) webpage.

Hospice Provider Preview Reports: Review Your Data by April 13

Two reports are available in your Certification and Survey Provider Enhanced Reports (CASPER) non-validation reports folder:
- Hospice provider preview report: Review Hospice Item Set (HIS) quality measure results from the third quarter of 2018 to the second quarter of 2019
- Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) provider preview report: Review facility-level CAHPS survey results from the third quarter of 2017 to the second quarter of 2019

Review your results by April 13, prior to public display on the Hospice Compare website in May. If you believe the denominator or other HIS quality metric is inaccurate or if there are errors in the results from the CAHPS survey data, request a CMS review.

For More Information:

- HIS Preview Report Access Instructions
- Hospice CAHPS Provider Preview Reports Access Instructions
- HIS Preview Reports and Requests for CMS Review webpage
- CAHPS Preview Reports and Requests for CMS Review webpage

IRF Compare Refresh

The March 2020 quarterly Inpatient Rehabilitation Facility (IRF) Compare refresh is available. Visit the IRF Compare website to view the data. For more information, visit the IRF Quality Public Reporting webpage.

LTCH Compare Refresh

The March 2020 quarterly Long-term Care Hospital (LTCH) Compare refresh is available. Visit the LTCH Compare website to view the data. For more information, visit the LTCH Quality Public Reporting webpage.

LTCH CARE Data Submission Specifications

Updated draft Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Submission Specifications Version V4.00.0 are available. These specifications include the new Standardized Patient Assessment Data Elements (SPADEs) and Transfer of Health items to align with Version 5.00, scheduled for implementation on October 1. Visit the LTCH Quality Reporting Technical Information webpage for more information.

Hospital Quality Reporting: Updated 2020 QRDA I Schematron and Sample File

CMS published an update to the 2020 Quality Reporting Document Architecture (QRDA) Category I Schematron and Sample File. The Schematron provides technical instructions for reporting CY 2020 electronic clinical quality measures for the:
- Hospital Inpatient Quality Reporting Program
- Medicare and Medicaid Promoting Interoperability Programs for eligible hospitals and critical access hospitals

For More Information:
- QRDA webpage
- Submit questions on QRDA Issue Tracker website

Influenza Activity Continues: Are Your Patients Protected?

People over 65 are at a greater risk of developing serious complications from seasonal influenza. The Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for everyone 6 months and older. As long as influenza viruses are circulating, it is not too late to get vaccinated – to help protect your patients, your staff, and yourself.

Medicare Part B covers:
- Influenza virus vaccine once per influenza season
- Additional influenza vaccines if medically necessary

For More Information:
- Medicare Preventive Services Educational Tool
- Influenza Resources for Health Care Professionals MLN Matters Article
- Influenza Vaccine Payment Allowances MLN Matters Article
- CDC Influenza website

- [CDC Information for Health Professionals](#) webpage
- [CDC Fight Flu Toolkit](#) webpage
- [CDC Make a Strong Flu Vaccine Recommendation](#) webpage

Compliance

Provider Minute Video: The Importance of Proper Documentation

Why is proper documentation important to you and your patients? Find out how it affects items/services, claim payment, and medical review in the [Provider Minute: The Importance of Proper Documentation](#) video. Learn about:
- Top five documentation errors
- How to submit documentation for a Comprehensive Error Rate Testing review
- How your Medicare Administrative Contractor can help

Claims, Pricers & Codes

SNF Claims Incorrectly Cancelled

From January 26 through February 16, 2020, a software issue caused Skilled Nursing Facility (SNF) claims to be incorrectly cancelled with a message that there was no three day qualifying hospital stay. This issue is corrected. If your claims were incorrectly cancelled, re-bill them in sequential order to receive payment.

Note:
- Claims need to process in date of service order for each stay for the Variable Per Diem (VPD) to calculate correctly
- Submit claims in sequence and wait at least 2 weeks before billing subsequent claims
- Some of the affected claims with older dates of service will require a timely filing exception; enter "Resubmission due to non-qualifying stay" in the remarks field
- This issue was not caused by the recent implementation of the SNF Patient Driven Payment Model
- Contact your MAC to receive the Medicare Beneficiary Identifier (MBI) for deceased beneficiaries

Events

Ground Ambulance Organizations: Data Collection for Medicare Providers Call — April 2
Thursday, April 2 from 2 to 3 pm ET

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

During this call, learn how to allocate costs, collect data, and report data for 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 "April 2 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 are Medicare providers, including hospitals, critical access hospitals, skilled nursing facilities, home health agencies, comprehensive outpatient rehabilitation facilities, and hospices.

Interoperability and Patient Access Final Rule Call — April 7
Tuesday, April 7 from 2 to 3:30 pm ET

Register for Medicare Learning Network events.

On March 9, 2020, CMS released the Interoperability and Patient Access final rule, outlining opportunities to put patients first by giving them better access to their health information. CMS and the Office of the National Coordinator for Health Information Technology (ONC) identified technical standards to support data exchange through secure Application Programming Interfaces (APIs). This secure, standards-based approach will help unleash innovation in health care, empower patients to be informed decision makers, and reduce burden on payers and providers. CMS Administrator Seema Verma opens this call, followed by an overview by CMS experts.

Learn about the provisions that impact you and get answers to your questions. Topics:
* Patient access API
* Provider directory API
* Payer-to-payer data exchange
* Improving the dual eligible experience
* Public reporting and information blocking
* Provider digital contact information
* Revisions to the conditions of participation for hospitals and critical access hospitals

We encourage you to review the final rule prior to the call.

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

MLN Matters® Articles

Ensure Required Patient Assessment Information for Home Health Claims

A new MLN Matters Special Edition Article SE20010 on Ensure Required Patient Assessment Information for Home Health Claims is available. Learn how to make sure claims match the corresponding Outcome and Assessment Information Set (OASIS) assessment.

Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits

A new MLN Matters Article MM11640 on Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits is available. Learn about new HCPCS codes for 2020 regarding CLIA edits. In Note section, we reference billing code U0002 for COVID-19 and SARS-Co-V-2 diagnostic tests.

Medicare FFS Response to the Public Health Emergency on the Coronavirus (COVID-19) — Revised

The MLN Matters Special Edition Article SE20011 on Medicare Fee-for-Service (FFS) Response to the Public Health Emergency on the Coronavirus (COVID-19) is updated. This article was revised to add information regarding Telehealth waiver.

Publications

Administrative Simplification: Code Set Basics

The Code Set Basics fact sheet covers code sets used in transactions and provides information on which code sets are appropriate for health care activities or items. This fact sheet is part of a series of fact sheets on Administrative Simplification.

Medicare Parts A & B Appeals Process — Revised

A revised Medicare Parts A & B Appeals Process Medicare Learning Network Booklet is available. Learn about:
- Five levels of appeals
- Appointing a representative
- Tips for filing

Clinical Laboratory Fee Schedule — Revised

A revised Clinical Laboratory Fee Schedule Medicare Learning Network Fact Sheet is available. Learn about:
- Coverage
- Private payor rates
- Advanced diagnostic laboratory tests

Multimedia

Part A Appeals Demonstration Call: Audio Recording and Transcript

An audio recording and transcript are available for the March 5 Medicare Learning Network call on the Part A Qualified Independent Contractor Appeals Demonstration. Find out about the benefits and how to participate.

Introduction to IRF Quality Reporting Program Web-Based Training

Are you new to the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program? This course provides a general overview of the program, as well as a variety of links and resources for additional information. Visit the IRF Quality Reporting Training webpage for more information, and access this training.

Introduction to SNF Quality Reporting Program Web-Based Training

Are you new to the Skilled Nursing Facility (SNF) Quality Reporting Program? This course provides a general overview of the program, as well as a variety of links and resources for additional information. Visit the SNF Quality Reporting Training webpage for more information, and access this training.

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