



**mlnconnects**

Official CMS news from the Medicare Learning Network®

**Thursday, June 6, 2019**

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- July 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS)
- Update to 46.2, 46.3, 46.4, and 46.5 in Publication (Pub.) 100-08

## Publications

- Quality Payment Program: 2019 Measure Development Plan Annual Report

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## News

### Medicare Shared Savings Program: Submit Notice of Intent to Apply Beginning June 11

On June 11, CMS will begin accepting Notices of Intent to Apply (NOIAs) via the [Accountable Care Organization \(ACO\) Management System](#) (ACO-MS) for a January 1, 2020 start date. You must submit a NOIA if you intend to apply to the BASIC track or ENHANCED track of the Medicare Shared Savings Program, for a Skilled Nursing Facility (SNF) 3-Day Rule Waiver, and/or to establish and operate a Beneficiary Incentive Program:

- NOIA submissions are due no later than June 28 at noon ET
- A NOIA submission does not bind your organization to submit an application; however, you must submit a NOIA to be eligible to apply

- Submit only one NOIA per ACO
- You can make changes to your track, repayment mechanisms, and other NOIA-related information during the application submission period
- You can submit sample documentation (i.e., sample ACO Participant Agreements, sample SNF Affiliate Agreements, and/or draft repayment mechanism documentation) with your NOIA to receive feedback from CMS before the application period opens

ACOs that applied for a July 1, 2019, start date and withdrew their application or were denied are eligible to submit a NOIA for the January 1, 2020 start date. If the NOIA is approved, you will be able to access ACO-MS using your existing login credentials.

The application submission period is July 1 through July 29 at noon ET.

For More Information

- [Shared Savings Program](#) website
- [Application Types & Timeline](#) webpage
- [Application Toolkit](#) webpage
- [ACO-MS Contact Us/FAQ](#) webpage
- [NOIA Guidance](#)
- [ACO Participant List and Participant Agreement Guidance](#)
- [SNF 3-Day Rule Waiver Guidance](#)
- [Repayment Mechanism Arrangements Guidance](#)
- Email questions to [SSPACO\\_Applications@cms.hhs.gov](mailto:SSPACO_Applications@cms.hhs.gov)

### Promoting Interoperability Program: Submit Comments on Proposed Changes by June 24

On April 23, CMS issued the FY 2020 Inpatient Prospective Payment System and Long-term Acute Care Hospital Prospective Payment System proposed rule, including proposals to update the Promoting Interoperability Program. Submit a formal comment by June 24.

For More Information:

- [Proposed Rule](#)
- [Fact Sheet](#)

### Promoting Interoperability Program: Submit a Measure Proposal by June 28

The Annual Call for Measures for eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program is open. Submit a measure proposal by June 28. Proposals will be considered for inclusion in future rulemaking.

CMS is interested in adding measures that:

- Build on the advanced use of certified electronic health record technology using 2015 edition certification standards and criteria
- Promote interoperability and health information exchange
- Improve program efficiency, effectiveness, and flexibility
- Provide patient access to their health information
- Reduce clinician burden
- Align with the Merit-Based Incentive Payment System Promoting Interoperability performance category

Applicants should also consider:

- Health IT activities that may be attested to in lieu of traditional reporting
- Potential new opioid use disorder prevention and treatment related measures
- Measurable outcomes demonstrating greater efficiency in costs or resource use that can be linked to the use of health IT-enabled processes

For More Information:

- [2019 Call For Measures](#) webpage
- [Fact Sheet](#)
- [Submission Form](#)

## Hospice Provider Preview Reports: Review Your Data by July 1

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 fourth quarter of 2017 to the third quarter of 2018
- Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) provider preview report: Review facility-level CAHPS survey results from the fourth quarter of 2016 to the third quarter of 2018

Review your HIS and CAHPS results by July 1. 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:

- [HIS Preview Reports and Requests for CMS Review](#) webpage
- [CAHPS Preview Reports and Requests for CMS Review](#) webpage

Access Instructions:

- [Hospice Provider Preview Report](#)
- [Hospice CAHPS Provider Preview Reports](#)

## PEPPERS for Short-term Acute Care Hospitals

First quarter FY 2019 Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) are available for short-term acute care hospitals. These reports summarize provider-specific data statistics for Medicare services that may be at risk for improper payments. Use your data to support internal auditing and monitoring activities. The PEPPER files were recently distributed through a QualityNet secure file exchange to hospital QualityNet Administrators and user accounts with the PEPPER recipient role.

For More Information:

- Visit the [PEPPER Resources](#) website for the [user's guide](#), [recorded training sessions](#), QualityNet account information, [FAQs](#), and examples of how other hospitals are using the report
- Visit the [Help Desk](#) if you have questions or need help obtaining your report
- Send us your [feedback or suggestions](#)

## Compliance

### Bill Correctly for Device Replacement Procedures

In a September 2017 report, the Office of the Inspector General (OIG) determined that Medicare paid for many device replacement procedures incorrectly. Hospitals are required to use condition codes 49 or 50 on claims for device replacement procedures resulting from a recall or premature failure (whether the device is provided at no cost or with a credit).

Use the following resources to bill correctly and avoid overpayment recoveries:

- [Shortcomings of Device Claims Data Complicate and Potentially Increase Medicare Costs for Recalled and Prematurely Failed Devices](#) OIG Report, September 2017
- [Medicare Claims Processing Manual, Chapter 3](#), section 100.8
- [Medicare Claims Processing Manual, Chapter 4](#), section 61.3.5 and 61.3.6

## Claims, Pricers & Codes

### ICD-10-PCS Procedure Codes: FY 2020

FY 2020 ICD-10-PCS procedure code updates including a complete list of code titles are posted on the [2020 ICD-10-PCS](#) webpage. FY 2020 ICD-10-CM diagnosis code updates will be posted in June.

### Average Sales Price Files: July 2019

CMS posted the July 2019 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks on the [2019 ASP Drug Pricing Files](#) webpage.

## Events

### DMEPOS Competitive Bidding: Round 2021 Webcast Series

The Durable Medical Equipment, Prosthetic, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program webcast originally scheduled for May 28 has been rescheduled for June 11. Additionally, CMS added a fourth webcast to its series on July 23. These remaining two webcasts will allow bidders to receive important information on registering and submitting a bid when the registration and bid windows are open and the systems are accessible to bidders. If you registered for the May 28 webcast, you are automatically registered for the webcast on June 11. Register for the new sessions that will be held from 3 to 4 pm ET:

- June 11 - [Registering and Submitting a Bid - Part 1](#)
- July 23 - [Registering and Submitting a Bid - Part 2](#)

On demand replay, slides, and other handouts for prior webinars can be viewed through the webcast's registration link:

- Held May 14 - [Bid Surety Bond and Lead Item Pricing](#)
- Held May 21 - [Preparing and Submitting Financial Documents](#)

You can submit questions during live webcasts; however, to increase the likelihood of your question being answered on the webcast, submit questions in advance to [cbic.admin@palmettogba.com](mailto:cbic.admin@palmettogba.com) with "Webcast Question" in the subject line.

### Developing a Hospice Assessment Tool Special Open Door Forum — June 12

Wednesday, June 12 from 2 to 3 pm ET

This Special Open Door Forum (SODF) is part of a series on the [Hospice Assessment Tool](#) and other key topics related to the Hospice Quality Reporting Program. During this SODF, get a status update and ask questions about the development of the tool. See the [announcement](#) for more information.

### Ligature Risk in Hospitals Listening Session — June 20

Thursday, June 20 from 2 to 3 pm ET

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

CMS wants your feedback on [draft revised guidance](#) for Appendix A of the [State Operations Manual](#) and the Chapter 2 certification process addressing ligature risks in hospitals and psychiatric hospitals. We are revising this guidance to provide direction and clarity around the care and safety of psychiatric patients at risk of harm to themselves or others. In addition, we are adding a new section to Chapter 2, describing the process for deemed and non-deemed hospitals to request a ligature risk extension. We are seeking your input on compliance with the Conditions of Participation and the ligature risk extension request process.

You may email comments/questions in advance of the listening session to [HospitalSCG@cms.hhs.gov](mailto:HospitalSCG@cms.hhs.gov) with June 20 in the subject line. These may be addressed during the listening session or used for other materials following the session.

Target Audience: Hospitals, psychiatric hospitals, critical access hospitals with distinct part psychiatric units, hospital associations, accreditation organizations, state survey agencies, and interested stakeholders.

### **Hospital Co-location Listening Session — June 27**

Thursday, June 27 from 2 to 3 pm ET

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

CMS wants your feedback on new [draft guidance](#) for Appendix A of the [State Operations Manual](#). Under the Medicare Conditions of Participation, hospitals may co-locate with other hospitals or health care entities, meaning they share certain common areas on the same campus or building. We are seeking your input on staffing, contracted services, emergency services, and distinct and shared spaces.

You may email comments/questions in advance of the listening session to [HospitalSCG@cms.hhs.gov](mailto:HospitalSCG@cms.hhs.gov) with June 27 in the subject line. These may be addressed during the listening session or used for other materials following the session.

Target Audience: Hospitals, hospital associations, accreditation organizations, state survey agencies, and interested stakeholders.

## **MLN Matters® Articles**

### **Chimeric Antigen Receptor (CAR) T-Cell Therapy Revenue Code and HCPCS Setup Revisions**

A new MLN Matters Article SE19009 on [Chimeric Antigen Receptor \(CAR\) T-Cell Therapy Revenue Code and HCPCS Setup Revisions](#) is available. Learn about new reporting instructions.

### **Documentation of Medical Necessity of the Home Visit; and Physician Management Associated with Superficial Radiation Treatment**

A new MLN Matters Article MM11273 on [Documentation of Medical Necessity of the Home Visit; and Physician Management Associated with Superficial Radiation Treatment](#) is available. Learn about removal of a requirement and how to bill codes with modifier 25.

### **July 2019 Integrated Outpatient Code Editor (I/OCE) Specifications Version 20.2**

A new MLN Matters Article MM11298 on [July 2019 Integrated Outpatient Code Editor \(I/OCE\) Specifications Version 20.2](#) is available. Learn about updates to the I/OCE.

### **July 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS)**

A new MLN Matters Article MM11318 on [July 2019 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#) is available. Learn about changes to billing instructions for various payment policies.

### **Update to 46.2, 46.3, 46.4, and 46.5 in Publication (Pub.) 100-08**

A new MLN Matters Article MM11242 on [Update to 46.2, 46.3, 46.4, and 46.5 in Publication \(Pub.\) 100-08](#) is available. Learn about changes to the content and format of additional documentation request letters.

## Publications

### Quality Payment Program: 2019 Measure Development Plan Annual Report

CMS posted the [2019 Quality Measure Development Plan Annual Report](#), which describes progress in developing clinician quality measures to support the Quality Payment Program. For more information, visit the [Measure Development](#) webpage.

## Multimedia

### CMS: Beyond the Policy Podcast: Innovation Center

CMS released the latest episode of our podcast, [CMS: Beyond the Policy](#). This episode on “CMS Innovation Center: Where we are, How Models are Developed and the Next Steps in Value” features a discussion with CMS Administrator, Seema Verma and CMS Innovation Center Director, Adam Boehler. You can also listen to the podcast on [Google Play](#) and [iTunes](#).

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