



**mlnconnects**

Official CMS news from the Medicare Learning Network®

**Thursday, February 6, 2020**

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## News

### Open Payments Registration

Reporting entities are currently submitting Program Year 2019 data. In order to participate in upcoming Open Payments program activities, physicians and teaching hospitals must be registered in the [Open Payments system](#):

- If you registered last year, you do not need to register again.
- If it has been over 180 days since you logged in, your account is deactivated for security purposes. Contact the Open Payments Help Desk.

The review and dispute period is targeted to begin in April 2020.

For More Information:

- [Open Payments](#) website
- [Resources](#) webpage
- Contact the Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) or 855-326-8366 (TTY: 844-649-2766)

### Promoting Interoperability Programs: Deadline to Submit 2019 Data is March 2

The deadline to submit your 2019 registration and attestation information for the Medicare Promoting Interoperability Program is March 2:

- Medicare eligible hospitals and Critical Access Hospitals (CAHs): Attest through the [QualityNet Secure Portal](#)
- Medicaid eligible professionals, eligible hospitals, and CAHs: Follow the requirements of your State Medicaid agency
- Dual-eligible hospitals and CAHs: Attest through the QualityNet Secure Portal (not your State Medicaid agency)

For More Information:

- [Eligible Hospital Information](#) webpage
- [Registration and Attestation](#) webpage
- [QualityNet Secure Portal Enrollment and Login User Guide](#)
- Contact the QualityNet help desk at 866-288-8912 or [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org)

### Quality Payment Program: Updated Explore Measures Tool

CMS updated the [Explore Measures Tool](#) for the 2020 performance period. The tool now includes 2020 Merit-based Incentive Payment System (MIPS) measures and activities for the four performance categories:

- [Quality](#)
- [Cost](#)
- [Improvement Activities](#)
- [Promoting Interoperability](#)

Note: The tool is only for informational and estimation purposes. It cannot be used to submit or attest to measures and activities.

2020 MIPS resources, including January technical updates:

- [Summary of Cost Measures](#)
- [Cost Measure Information Forms](#)
- [Cost Measure Code Lists](#)
- [Improvement Activities Inventory](#)
- [Promoting Interoperability Measure Specifications](#)
- [Quality Measures List](#)
- [Quality Benchmarks](#)
- [Clinical Quality Measure Specifications and Supporting Documents](#)
- [Qualified Clinical Data Registry Measure Specifications](#)
- [Medicare Part B Claims Measure Specifications and Supporting Documents](#)
- [Web Interface Measure Specifications and Supporting Documents](#)

For More Information:

- [Resource Library](#) webpage
- Contact [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov) or 866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS communications assistant)

## Quality Payment Program: MIPS 2020 Call for Measures and Activities

CMS encourages you to submit measures and activities for consideration for future years of the Merit-based Incentive Payment System (MIPS). Currently, we are accepting submissions for:

- Promoting Interoperability performance category: Submission period closes July 1 for 2022 measures
- Improvement Activities performance category: Submission period closes July 1 for 2022 activities

In March, we will provide information on submissions for the Quality performance category. For more information, see the Call for Measures and Activities Overview Fact Sheet in the [toolkit](#).

## Medicare Promoting Interoperability Program: Requirements for 2020

In the FY 2020 Medicare Hospital Inpatient Prospective Payment System for Acute Care Hospitals and the Long-term Care Hospital Prospective Payment System [final rule](#), CMS finalized changes to the Medicare Promoting Interoperability Program for eligible hospitals, critical access hospitals, and dual-eligible hospitals attesting to CMS. Visit the [2020 Program Requirements](#) webpage to learn about the changes.

## SNF Quality Reporting Program: FY 2022 APU Table

CMS published the FY 2022 Skilled Nursing Facility (SNF) Annual Payment Update (APU) [table](#). This table indicates the data elements we will use for Quality Reporting Program APU determinations. Visit the [Measures and Technical Information](#) webpage for more information.

## Reassignment of Medicare Benefits: Revised CMS-855R Required May 1

Physicians and non-physician practitioners: Use the revised CMS-855R (Reassignment of Benefits) application once it is posted on the [CMS Forms List](#) in early February 2020. Medicare Administrative Contractors will accept current and revised versions of the form through April 30, 2020. Starting May 1, 2020, you must use the revised form. Form updates:

- Can select Change of Reassignment Information as submission reason
- Option to identify a secondary practice address

Visit the Medicare [Provider-Supplier Enrollment](#) webpage for more information about Medicare enrollment.

## February is American Heart Month

Heart disease can often be prevented by identifying risk factors and making healthy lifestyle choices. Help your Medicare patients reduce their risk. Recommend appropriate preventive services, including cardiovascular disease screening tests and intensive behavioral therapy for cardiovascular disease.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Million Hearts®](#): An HHS initiative to prevent a million heart attacks and strokes
- [Centers for Disease Control and Prevention Heart Disease](#) website
- [American Heart Month](#) webpage

Visit the [Preventive Services](#) website to learn more about Medicare-covered services.

## Compliance

## Outpatient Rehabilitation Therapy Services: Comply with Medicare Billing Requirements

In a recent [report](#), the Office of Inspector General (OIG) determined that payments for physical therapy services did not comply with Medicare billing requirements. CMS developed the [Outpatient Rehabilitation Therapy Services: Complying with Documentation Requirements](#) Booklet to help you bill correctly, reduce common errors, and avoid overpayments.

Additional Resources:

- [Updated Editing of Always Therapy Services - MCS](#) MLN Matters Article
- [Update to Editing of Therapy Services to Reflect Coding Changes](#) MLN Matters Article
- [Outpatient Therapy Functional Reporting Requirements](#) MLN Matters Article
- [Medicare Benefit Policy Manual, Chapter 12](#)
- [Medicare Benefit Policy Manual, Chapter 15](#), Sections 220 and 230
- [Medicare Claims Processing Manual, Chapter 5](#)
- [Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5](#)
- [Medicare Program Integrity Manual Chapter 3](#)
- [Medicare Program Integrity Manual Chapter 13](#)
- [Comprehensive Error Rate Testing Program](#) webpage
- [Functional Reporting](#) webpage
- [Local Coverage Determinations State Index Tool](#)
- [Social Security Act § 1128J \(d\)](#)
- [Many Medicare Claims for Outpatient Physical Therapy Services Did Not Comply With Medicare Requirements](#) OIG Report

## Claims, Pricers & Codes

### ICD-10-CM: New Diagnosis Code for Vaping-related Disorders Effective April 1

The Centers for Disease Control and Prevention's National Center for Health Statistics is adding a new diagnosis code, U07.0, to ICD-10-CM. Use this code to report vaping-related disorders.

The ICD-10 MS-DRG grouper software package to accommodate this new code, Version 37.1, is effective for discharges on or after April 1. See the [announcement](#) for more information.

## Events

### Substance Use Disorders: Availability of Benefits Listening Session — February 18

Tuesday, February 18 from 1:30 to 3 pm ET

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

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ([SUPPORT Act](#)) outlines national strategies to help address opioid misuse. As part of Section 6084, CMS must evaluate the extent to which Medicare Advantage plans offer supplemental benefits to treat or prevent Substance Use Disorders (SUDs) not otherwise covered under traditional Medicare, including how clinicians are impacted by the availability of supplemental benefits used to treat SUDs.

CMS wants to collect your feedback on:

- What supplemental benefits do you use now to treat your Medicare Advantage patients with SUDs?
- Are there any challenges associated with accessing or using these supplemental benefits to treat patients, and if so, what are they?
- What benefits currently exist in the medical community for treatment of SUDs that you would like to see offered by your Medicare Advantage plan in the future?

Target Audience: Clinicians and state and national associations that represent health care providers.

### **Ground Ambulance Organizations: Reporting Volunteer Labor Call — February 20**

Thursday, February 20 from 2 to 3 pm ET

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

During this call, learn how to report volunteer labor in 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](mailto:AmbulanceDataCollection@cms.hhs.gov) with "February 20 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 use volunteer labor and ambulance stakeholders.

### **Dementia Care: CMS Toolkits Call — March 3**

National Partnership to Improve Dementia Care and Quality Assurance Performance Improvement

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

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

During this call, learn about new CMS toolkits for nursing homes:

- Head-to-Toe Infection Prevention: Easy to access best practices for direct care staff to prevent infections before they occur
- Developing a Restful Environment Action Manual: Non-pharmacological approach to improve the quality of life and quality of care for residents living with dementia
- Staffing Toolkits: Staff Competency Assessment, Employee Satisfaction Survey, and Guide to Improving Employee Satisfaction

Additionally, CMS provides updates on the progress of the [National Partnership to Improve Dementia Care in Nursing Homes](#). A question and answer session follows the presentations.

Speakers: Cathleen Lawrence, Michele Laughman, Sheila Hanns, and Dara Graham from CMS.

Target Audience: Consumer and advocacy groups; nursing home providers; surveyor community; prescribers; professional associations; and other interested stakeholders.

### **Part A Providers: QIC Appeals Demonstration Call — March 5**

Thursday, March 5 from 1 to 2 pm ET

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

During this call, learn about the May 2019 expansion of the Qualified Independent Contractor (QIC) Telephone Discussion and Reopening Process Demonstration. It now includes Part A providers that submit second level claim appeals (reconsiderations) to C2C Innovative Solutions Inc., the Part A East QIC. Topics:

- Benefits
- Who can participate
- How to participate

A question and answer session follows the presentation; however attendees may email questions in advance to [MedicareFFSappeals@cms.hhs.gov](mailto:MedicareFFSappeals@cms.hhs.gov) with "Appeals Demonstration" in the subject line. These questions may

be addressed during the call or used for other materials following the call. For more information, visit the [Original Medicare Appeals](#) webpage.

Target Audience: Part A providers located in these [areas](#) may participate in the demonstration; however, any Part A provider may attend.

## MLN Matters® Articles

### Provider Enrollment Appeals Procedure

A new MLN Matters Article MM11210 on [Provider Enrollment Appeals Procedure](#) is available. Learn about corrective action plans, reconsideration requests, and updates to model letters.

### Quarterly Influenza Virus Vaccine Code Update - July 2020

A new MLN Matters Article MM11603 on [Quarterly Influenza Virus Vaccine Code Update - July 2020](#) is available. Learn about updates to new or existing codes.

### 2020 Annual Update to the Therapy Code List — Revised

A revised MLN Matters Article MM11501 on [2020 Annual Update to the Therapy Code List](#) is available. Learn how the two new biofeedback codes are paid.

### 2020 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List — Revised

A revised MLN Matters Article MM11596 on [2020 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System \(HCPCS\) Code Jurisdiction List](#) is available. Learn about added or discontinued codes.

## Publications

### Medicare Mental Health

A new [Medicare Mental Health](#) Booklet is available. Learn about:

- Covered services
- Eligible professionals
- Coding and billing

### Medicare Provider Enrollment

A new [Medicare Provider Enrollment](#) Educational Tool is available. Learn about:

- Eligibility and process
- Application fee for institutional providers
- Revalidation
- Provider Enrollment, Chain and Ownership System (PECOS)

## Multimedia

## MAC Listening Session: Audio Recording and Transcript

An [audio recording](#) and [transcript](#) are available for the [January 22](#) Medicare Learning Network listening session on Medicare Administrative Contractor (MAC) Performance and Request for Feedback on Opportunities to Enhance Provider Experience and Beneficiary Quality of Care. CMS requested feedback to improve processes and enhance interactions with your MAC.

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