CMS Updates

Proposed Transformative Changes

The Centers for Medicare & Medicaid Services (CMS) proposed transformative changes to the payment systems for services furnished by a range of medical facilities. The agency's proposed payment rules also set out to continue to modernize Medicare through innovation in skilled nursing facility payment to drive value, advance meaningful quality measure reporting, and reduce paperwork and administrative costs. The proposed payment rules issued April 27, 2018 will update Medicare policies and rates under the Skilled Nursing Facilities Prospective Payment System (SNF PPS), Inpatient Rehabilitation Facilities Prospective Payment System (IRF PPS), Hospice Wage Index and Payment Rate Update, and Inpatient Psychiatric Facility Prospective Payment System (IPF PPS).

Links to the press releases

Skilled Nursing Facility Fact sheet: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-04-27-4.html;

Inpatient rehabilitation Facilities Fact Sheet: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-04-27.html;

Hospice Wage Index and Payment Rate Fact Sheet: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-04-27-3.html; and

Inpatient Psychiatric Facility Fact Sheet: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-04-27-2.html

Source: CMS ACO Spotlight Newsletter, May 2, 2018, Issue 18

CMS Overhauls Meaningful Use EHR Program, renames it "Promoting Inoperability"

Centers for Medicare and Medicaid Services Administrator Seema Verma on Tuesday announced changes to overhaul the meaningful use EHR incentive program, including equipping patients with access to their electronic health records on the day they leave the hospital.

Indeed, it starts with a new moniker: "Promoting Interoperability."

The proposed rules reiterate the requirement for providers to use the 2015 edition of certified electronic health record technology in 2019 as part of demonstrating meaningful use to qualify for incentive payments and to avoid reductions to Medicare payments.

Read more

CMS Provides Clarification on Eligibility Criteria for MACRA Measure Development Cooperative Agreements

On May 3, 2018, the Centers for Medicare & Medicaid Services (CMS) updated and republished the "Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Funding Opportunity: Measure Development for the Quality Payment Program" on Grants.gov to reflect an eligibility criteria update in order provide further clarification. As a reminder, the application due date was extended to May 30, 2018 at 3:00 PM ET as a result of stakeholder inquires about the application process.

You can find the 'Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Funding Opportunity: Measure Development for the Quality Payment Program' by searching the title or Catalog of Federal Domestic Assistance (CFDA) number, 93.986 on Grants.gov.

Please visit our webpage on the CMS website for a list of frequently asked questions and transcripts of our Pre-application conference calls held in March.

Updated eCQM Specifications and New eCQM Reading Guide Now Available

The Centers for Medicare & Medicaid Services (CMS) has posted the eCQM annual update for the 2019 reporting period for Eligible Hospitals and Critical Access Hospitals (CAHs), and the 2019 performance period for Eligible Professionals and Eligible Clinicians. CMS updates the specifications annually to align with current clinical guidelines and code systems so they remain relevant and actionable within the clinical care setting. These updated eCQMs are fully specified and are to be used to electronically report 2019 clinical quality measure data for CMS quality reporting programs. Measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

CMS has updated eCQMs for potential inclusion in the following programs:

- The Hospital Inpatient Quality Reporting (IQR) Program
- The Medicare Promoting Interoperability Program (formerly known as the Medicare Electronic Health Record (EHR) Incentive Program)
- The Medicaid Promoting Interoperability Program (formerly known as the Medicaid EHR Incentive Program)
- Quality Payment Program: The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
- Comprehensive Primary Care Plus (CPC+)

What's New for 2019 Reporting/Performance

Use of Clinical Quality Language (CQL) - eCQMs for 2019 reporting will be expressed using the new CQL standard for logic expression and will continue to use the Quality Data Model (QDM) as the conceptual model to express clinical concepts. Refer to the QDM v5.3 Annotated version and current version of the CQL standard to better understand how they work together to provide eCQMs that are human-readable and structured for electronic processing.

Guide to Reading eCQMs - This updated resource assists stakeholders in interpreting and understanding eCQMs. The guide provides information on eCQMs such as file naming conventions, understanding an eCQM human-readable rendition, QDM data criteria, value sets, and more.

Where to Find the Updated Measure Specifications

The updated measure specifications are available on the eCQI Resource Center for Eligible Hospitals and Critical Access Hospitals and Eligible Professionals and Eligible Clinicians under the 2019 Reporting/Performance Year.

Where to Find the 2019 eCQM Value Sets

The 2019 Reporting/Performance Period eCQM value sets are available through the National Library of Medicine's Value Set Authority Center (VSAC). The value sets are available as a complete set, as well as value sets per measure.

New Medicare Cards May Have QR Codes

New Medicare cards may have a square code, also referred to as a QR code (a type of machine-readable code). The QR codes on Medicare cards allow the contractor who prints the cards to ensure the right card goes to the right person with Medicare or Railroad Retirement Board (RRB) benefits. Providers cannot use it for any other purpose. The RRB issued cards may have a QR code on the front of the card while all other Medicare patients may get a new card with a QR code on the back of the cards. These are legitimate (official) Medicare cards.

Information on the transition to the new Medicare Beneficiary identifier:

New MBI Get It, Use It MLN Matters® Article

Transition to New Medicare Numbers and Cards MLN Fact Sheet

New Medicare Card information website

New Medicare cards are in the mail website for people with Medicare

NOTE: This came from: https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2018-06-21-eNews.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending#_Toc517251383

MLN Connects (CMS news from the Medicare Learning Network) Thursday June 21, 2018