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Official CMS news from the Medicare Learning Network

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News & Announcements

New Medicare Card: Are You Using the MBI?

Many providers are using the new Medicare Beneficiary Identifier (MBI) for Medicare transactions. For the week ending January 25, providers submitted 62% of fee-for-service claims with the MBI. We encourage you to use MBIs now for all Medicare transactions. Don't have an MBI?

- Ask your patient for their card. If they have not received a new card, ask them to look for a plain white envelope from the Department of Health and Human Services; sign into [MyMedicare.gov](https://www.medicare.gov) to get their new number or print an official card; or call 1-800-Medicare (1-800-633-4227).

- Use your Medicare Administrative Contractor's look up tool. [Sign up](#) for the Portal to use the tool.
- Check the remittance advice. We return the MBI on the remittance advice for every claim with a valid and active Health Insurance Claim Number.

For more information, see the [MLN Matters® Article](#).

Open Payments Registration

Physicians and teaching hospitals: In order to participate in Open Payments program actions such as review and dispute, you 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 onto the system, your account is deactivated for security purposes; contact the Help Desk
- To set up a new account, visit the [Registration for Physicians & Teaching Hospitals](#) webpage

The review and dispute period is targeted to start in April 2019.

For More Information:

- [Open Payments](#) website
- Contact the Help Desk at openpayments@cms.hhs.gov or 855-326-8366

Promoting Interoperability Programs: IPPS Final Rule Fact Sheet

The FY 2019 Hospital Inpatient Prospective Payment Systems (IPPS) [fact sheet](#) detailed changes for the Medicare Promoting Interoperability Program:

- New performance-based scoring methodology
- Introduction of two new bonus measures under the Electronic Prescribing objective
- Electronic Health Record (EHR) reporting period of a minimum of any continuous 90-day period in 2019 and 2020 for new and returning participants
- Beginning with a 2019 EHR reporting period, participants are required to use the 2015 Edition Certified EHR Technology

For more information, visit the [Promoting Interoperability Programs](#) website.

Promoting Interoperability Programs: Hospitals Submit Attestation Data by February 28

The deadline to submit 2018 attestation data for the Promoting Interoperability Programs is February 28:

- Medicare eligible hospitals and critical access hospitals: Attest through the [QualityNet Secure Portal](#)
- Medicaid eligible professionals and eligible hospitals: Follow the requirements of your state Medicaid agencies

For More Information:

- [Eligible Hospital Information](#) webpage
- [Registration and Attestation](#) webpage
- [QualityNet Secure Portal Enrollment and Login User Guide](#)

SNF Provider Preview Reports: Review Your Data by March 4

Skilled Nursing Facility (SNF) Provider Preview Reports are available. Review your performance data by March 4, prior to public display on [Nursing Home Compare](#) in April 2019. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe your data is inaccurate.

For more information:

- [SNF Quality Public Reporting](#) webpage
- [Access Instructions](#)

Nursing Home Compare Refresh

The January 2019 Nursing Home Compare refresh is available, including quality measure results based on Skilled Nursing Facility (SNF) Quality Reporting Program data. Visit [Nursing Home Compare](#) to view the data. For more information, visit the [SNF Quality Public Reporting](#) webpage.

QRDA III Implementation Guide Addendum

CMS released an [addendum](#) to the 2019 Quality Reporting Document Architecture (QRDA) Category III Implementation Guide for eligible clinicians and eligible professionals. This addendum supports CY 2019 Electronic Clinical Quality Measure (eCQM), Improvement Activity, and Promoting Interoperability reporting for:

- Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models
- Comprehensive Primary Care Plus
- MIPS Promoting Interoperability Performance Category

For More Information:

- [Electronic Clinical Quality Improvement Resource Center](#) website
- For questions about the Implementation Guide and Schematrons, visit the [ONC QRDA JIRA Issue Tracker](#)
- For questions about the Quality Payment Program/MIPS data submission, visit the [Quality Payment Program](#) website; contact 866-288-8292 or QPP@cms.hhs.gov

DMEPOS: Strategies to Support Access for Dually Eligible Individuals

CMS released an [Informational Bulletin](#) for state Medicaid agencies with strategies to support timely access to Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) for people dually eligible for Medicaid and Medicare. The bulletin clarifies that states do not need to obtain a Medicare denial for DMEPOS items that are not covered by Medicare.

If you are not sure which program will cover a DMEPOS item or how to bill for an item that Medicare does not cover, [check with your state Medicaid agency](#). Some states may create a list of Medicare non-covered items, so you can identify claims that can be submitted directly to your state Medicaid agency.

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:

- [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.

Provider Compliance

DME Proof of Delivery Documentation Requirements

CMS simplified and clarified documentation requirements for proof of delivery of Durable Medical Equipment (DME) and related services. If you are a physician, provider, or supplier who bills a DME Medicare Administrative Contractor, read the MLN Matters Article on [Proof of Delivery Documentation Requirements](#) for details. Learn about updates to support compliance and the impact on your payment.

More resources to help you bill correctly and avoid overpayment recoveries:

- [Medicare Program Integrity Manual, Chapter 4](#), Section 26
- [42 CFR Section 424.57\(c\)\(12\)](#)

Claims, Pricers & Codes

MIPS: Error in 2019 Payment Adjustment

Recently, CMS discovered an error in the implementation of the 2019 Merit-based Incentive Payment System (MIPS) payment adjustment; it incorrectly applies payments for Medicare Part B drugs and other non-physician services billed by physicians. Adjustments to impacted claims will occur in the near future:

- If we overpaid a claim based on this error, you will get a notification for recoupment from your Medicare Administrative Contractor.
- If we underpaid a claim, it will be adjusted.

You do not need to do anything.

DMEPOS 2019 Fee Schedule File Revision for HCPCS Code L3761

CMS revised the fee for HCPCS code L3761 (Elbow orthosis with adjustable position locking joint(s), prefabricated, off-the-shelf) in the 2019 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) fee schedule. See the updated file on the [Fee Schedule](#) webpage.

Upcoming Events

Home Health Patient-Driven Groupings Model Call — February 12

Tuesday, February 12 from 1:30 to 3 pm ET

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

During this call, learn about the Patient-Driven Groupings Model (PDGM) that will be implemented on January 1, 2020. CMS will use the PDGM to reimburse home health agencies for providing home health services under Medicare fee-for-service. Topics include:

- Overview of PDGM model
- Walkthrough of payment adjustments, including low utilization payment adjustments, partial payment adjustments, and outliers payments

A question and answer session follows the presentation. For more information, visit the [Home Health Prospective Payment System](#) webpage; review the CY 2019 [final rule](#) and [Overview of the PDGM](#).

Target Audience: Home health agencies, administrators, clinicians, and other interested stakeholders.

Falls Prevention for Older Adults Webinar — February 13

Wednesday, February 13 from 12 to 1:30 pm ET

[Register](#) for this webinar:

Learn about falls assessment and prevention for older adults, including concrete interventions and strategies to improve mobility and prevent falls. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

New Part D Opioid Overutilization Policies Call — February 14

Thursday, February 14 from 1:30 to 3 pm ET

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

CMS implemented [new opioid policies](#) for Medicare drug plans effective January 1. The new policies include:

- Improved safety alerts when patients fill opioid prescriptions at the pharmacy
- Drug management programs for patients at-risk for misuse or abuse of opioids or other drugs

During this call, CMS experts discuss the new policies and answer questions. Note: This content was previously presented during a Regional Office event on December 27.

Prior to the call, participants should review the following materials:

- Training materials, including slide decks and tip sheets for [prescribers](#), [pharmacists](#), and [patients](#)
- [A Prescriber's Guide to the New Medicare Part D Opioid Overutilization Policies for 2019](#) MLN Matters Article
- [Reducing Opioid Misuse](#) webpage for more information on the CMS strategy

Target Audience: Physicians; physician assistants; nurses; nurse practitioners; dentists and other prescribers; case managers; and other interested stakeholders.

Quality Payment Program: Overview of APMs for Year 3 Webinar — February 21

Thursday, February 21 from 2 to 3 pm ET

[Register](#) for this webinar.

This webinar provides a basic overview of Alternative Payment Models (APMs) for the 2019 Performance Year of the Quality Payment Program. Learn how to get started in an APM. Topics:

- Advanced APMs, Merit-Based Incentive Payment System APMs, and all-payer other payer combination options
- Qualifying APM participant determination and performance period
- Scoring standard
- Support

Medicare Learning Network® Publications & Multimedia

Functional Reporting Requirements and Therapy Provisions Update MLN Matters Article — New

A new MLN Matters Article MM11120 on [Updates to Reflect Removal of Functional Reporting Requirements and Therapy Provisions of the Bipartisan Budget Act of 2018](#) is available. Learn about repeal of the outpatient therapy caps.

Organ Acquisition Charges Not Included in IPPS Payment MLN Matters Article — New

A new MLN Matters Article MM11087 on [Ensuring Organ Acquisition Charges Are Not Included in the Inpatient Prospective Payment System \(IPPS\) Payment Calculation](#) is available. Learn about system changes.

RA Messaging: 20-Hour Weekly Minimum for PHP Services MLN Matters Article — New

A new MLN Matters Article MM11066 on [Revising the Remittance Advice \(RA\) Messaging for the 20-Hour Weekly Minimum for Partial Hospitalization Program \(PHP\) Services](#) is available. Learn about supplemental information.

VA Inpatient Claims Exempt from POA Reporting MLN Matters Article — New

A new MLN Matters Article MM11053 on [Processing Veterans Administration \(VA\) Inpatient Claims Exempt from Present on Admission \(POA\) Reporting](#) is available. Learn about coding an 'X' to the end of the K3 segment.

ASP Medicare Part B Drug Pricing Files: April 2019 MLN Matters Article — New

A new MLN Matters Article MM11151 on [April 2019 Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files](#) is available. Learn about implementing the pricing files.

Coding and Billing Date of Service on Professional Claims MLN Matters Article — Revised

A revised MLN Matters Article SE17023 on [Guidance on Coding and Billing Date of Service on Professional Claims](#) is available. Learn how to identify correct dates of service.

CWF Provider Queries NPI and Submitter ID Verification MLN Matters Article — Revised

A revised MLN Matters Article MM10983 on [Common Working File \(CWF\) Provider Queries National Provider Identifier \(NPI\) and Submitter Identification \(ID\) Verification](#) is available. Learn about modifying each Part A eligibility inquiry and establishing verification processes.

LCDs MLN Matters Article — Revised

A revised MLN Matters Article MM10901 on [Local Coverage Determinations \(LCDs\)](#) is available. Learn about detailed changes to the LCD process.

Inpatient Psychiatric Facility Prospective Payment System Booklet — Revised

A revised [Inpatient Psychiatric Facility Prospective Payment System](#) Booklet is available. Learn about:

- Payment rates
- Fiscal year updates
- Quality reporting program

Skilled Nursing Facility Prospective Payment System Booklet — Revised

A revised [Skilled Nursing Facility Prospective Payment System](#) Booklet is available. Learn about:

- Payment rates
- Quality reporting program
- Value-based purchasing program

Medicare Enrollment for Providers Who Solely Order, Certify, or Prescribe Booklet — Reminder

The [Medicare Enrollment for Providers Who Solely Order, Certify, or Prescribe](#) Booklet is available. Learn:

- Who is an eligible or certifying provider
- How to enroll in Medicare

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