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News

New Medicare Card: Transition Period Ends in Less Than 6 Months

Starting January 1, 2020, you must use the Medicare Beneficiary Identifier (MBI). We will reject claims you submit with the Health Insurance Claim Number (HICN), with a few [exceptions](#) and reject all eligibility transactions.

Many providers are using the MBI for Medicare transactions. For the week ending June 21, providers submitted 76% of fee-for-service claims with the MBI. Protect your patients' identities by using MBIs now for all Medicare transactions. Don't have an MBI?

- Ask your patients for their card. If they did not get a new card, give them the Get Your New Medicare Card flyer in [English](#) or [Spanish](#).

- 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 HICN.

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

HHS To Transform Care Delivery for Patients with Chronic Kidney Disease

On July 10, HHS and CMS announced five new CMS Center for Medicare and Medicaid Innovation payment models that aim to transform kidney care so that patients with chronic kidney disease have access to high quality, coordinated care. The proposed required End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model would encourage greater use of home dialysis and kidney transplants for Medicare beneficiaries with ESRD in order to preserve or enhance their quality of care while reducing Medicare expenditures, and the Kidney Care First (KCF) and Comprehensive Kidney Care Contracting (CKCC) Models will test new Medicare payment options that aim to improve the quality of care for patients kidney disease.

“The way we currently pay for chronic kidney disease and kidney failure isn’t working well for patients,” said CMS Administrator Seema Verma. “Under President Trump’s leadership, we are focused on strengthening Medicare and protecting the program for the individuals it was intended to serve. These historic initiatives aim to improve the quality of life for kidney disease patients by preventing disease progression, encouraging transplants over dialysis, and if dialysis is needed, more convenient home based dialysis to improve health outcomes.”

The proposed ETC Model would adjust certain Medicare payments to ESRD facilities and clinicians managing ESRD beneficiaries (Managing Clinicians) that are selected for participation in the model, through upward or downward payment adjustments based on their home and transplant rates to increase utilization of home dialysis and rates of kidney and kidney-pancreas transplants. Under the proposal, CMS would require certain ESRD facilities and Managing Clinicians to participate in the ETC Model based on their location in randomly selected geographic areas. Participating ESRD facilities and Managing Clinicians would account for approximately 50 percent of adult Medicare beneficiaries with ESRD across the country.

The proposed ETC Model would include protections for both beneficiaries and participating ESRD facilities and Managing Clinicians. The payment adjustments under the proposed ETC model would begin January 1, 2020, and end June 30, 2026.

CMS is also announcing four optional models: The KCF Model and the CKCC Graduated, CKCC Professional, and Global Models – that are designed to help health care providers reduce the cost and improve the quality of care for patients with late-stage chronic kidney disease and ESRD. These Models also aim to delay the need for dialysis and encourage kidney transplantation. The KCF and CKCC Models are expected to run from January 1, 2020, through December 31, 2023, with the option for one or two additional performance years, at CMS’s discretion.

For More Information:

- [ETC Model](#) website
- [Voluntary Kidney Models](#) website
- [Proposed Rule](#)
- [Proposed ETC Mandatory Model](#) Fact Sheet
- [KCF and CKCC Models](#) Fact Sheet
- [HHS Launches President Trump’s ‘Advancing American Kidney Health’ Initiative](#) Press Release

See the full text of this excerpted [CMS Press Release](#) (issued July 10).

CMS Expands Coverage of Ambulatory Blood Pressure Monitoring

On July 2, CMS finalized its national coverage policy for Ambulatory Blood Pressure Monitoring (ABPM). ABPM is a non-invasive diagnostic test that uses a device to track blood pressure over 24-hour cycles, allowing a doctor to assess a patient's blood pressure during routine daily living. ABPM may measure blood pressure more accurately and lead to the diagnosis of high blood pressure in patients who would not otherwise have been identified as having the condition.

“CMS is dedicated to improving cardiovascular health in the Medicare population,” said CMS Administrator Seema Verma. “Today’s decision reflects CMS’ commitment to continually updating our policies to ensure that more Medicare beneficiaries have access to the latest technology and appropriate evidence-based health care. We believe stakeholders will appreciate the policy being expanded to include diagnostic uses recommended by the multi-society task force blood pressure practice guidelines.”

In addition, this decision lowers the blood pressure threshold for hypertension from the current policy of 140/90 down to 130/80 to align with the latest society recommendations regarding the diagnostic criteria. This will allow more patients to use ABPM and receive appropriate treatment if needed.

For more information, read the [Decision Memo](#). See the full text of this excerpted [CMS Press Release](#) (issued July 2).

Open Payments: Program Year 2018 Data

On June 28, CMS published Open Payments [Program Year 2018 data](#), along with newly submitted and updated payment records for previous program years. Applicable manufacturers and group purchasing organizations collectively reported \$9.35 billion publishable payments and ownership and investment interests to physicians and teaching hospitals between January 1 and December 31, 2018. This amount is comprised of 11.40 million total records attributable to 627,392 physicians and 1,180 teaching hospitals. For more information, visit the [Open Payments](#) website.

SNF PPS Patient Driven Payment Model: Get Ready for Implementation on October 1

On October 1, the new Patient Driven Payment Model (PDPM) is replacing the Resource Utilization Group, Version IV for the Skilled Nursing Facility (SNF) Prospective Payment System (PPS). CMS has resources to help you prepare:

- [PDPM](#) webpage, including [fact sheets](#), [FAQs](#), [presentation](#), and [coding crosswalks/classification logic](#)
- [Materials](#) from the Medicare Learning Network call in December
- [New Medicare Webpage on PDPM](#) MLN Matters Article
- [Implementation of the SNF PDPM](#) MLN Matters Article

Events

DMEPOS Competitive Bidding: Round 2021 Webcast Series

Register for the last webcast in the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program series:

- [Registering and Submitting a Bid - Part 2](#) on July 23 from 3-4 pm ET
- You can submit questions during the webcast; however, to increase the likelihood of your question being answered, submit it in advance to cbic.admin@palmettogba.com with “Webcast Question” in the subject line

On-demand sessions for previous webcasts are available through the registration link:

- [Bid Surety Bond and Lead Item Pricing](#) on May 14
- [Preparing and Submitting Financial Documents](#) on May 21
- [Registering and Submitting a Bid - Part 1](#) on June 11

Resources such as slides and other handouts will be available during both the live and on-demand sessions.

Enrollment: Multi-Factor Authentication for I&A System Webcast — July 30

Tuesday, July 30 from 2 to 3 pm ET

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

During this webcast, learn about the new Multi-factor Authentication (MFA) requirement for the Identity and Access (I&A) system. Starting in September, when you login to I&A, you will enter your user ID and password, and then, use a second factor authentication to obtain a verification code:

- The I&A system will guide existing users to set up their MFA device via a simple setup process or defer set up for a grace period
- New users will setup up MFA when creating I&A accounts

In December, the MFA requirement will also extend to the National Plan and Provider Enumeration System (NPPES).

CMS will use webcast technology for this event with audio streamed through your computer. If you are unable to stream audio, phone lines are available.

Target Audience: Providers and I&A and NPPES users.

MLN Matters® Articles

Medicare Plans to Modernize Payment Grouping and Code Editor Software

A new MLN Matters Article SE19013 on [Medicare Plans to Modernize Payment Grouping and Code Editor Software](#) is available. Learn about the proposed schedule to convert this software to Java.

Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Pricer Update FY 2020

A new MLN Matters Article MM11347 on [Medicare Part A Skilled Nursing Facility \(SNF\) Prospective Payment System \(PPS\) Pricer Update FY 2020](#) is available. Learn updates to payment rates beginning October 1.

October 2019 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

A new MLN Matters Article MM11343 on [October 2019 Quarterly Average Sales Price \(ASP\) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files](#) is available. Learn about files available for download on or after September 13.

Medicare Summary Notice (MSN) Changes to Assist Beneficiaries Enrolled in the Qualified Medicare Beneficiary (QMB) Program — Revised

A revised MLN Matters Article MM11230 on [Medicare Summary Notice \(MSN\) Changes to Assist Beneficiaries Enrolled in the Qualified Medicare Beneficiary \(QMB\) Program](#) is available. Learn about changes to the MSN to differentiate between QMB claims that are paid and denied and show accurate patient payment liability amounts.

July 2019 Integrated Outpatient Code Editor (I/OCE) Specifications Version 20.2 — Revised

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

July Quarterly Update for 2019 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule — Revised

A revised MLN Matters Article MM11334 on [July Quarterly Update for 2019 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Fee Schedule](#) is available. Learn about a correction to the fee schedule amounts for HCPCS codes E1353 and E1355.

Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment — Revised

A revised MLN Matters Article MM11280 on [Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#) is available. Learn about advanced diagnostic laboratory tests.

Publications

Get Your New Medicare Card

A Spanish version of the [Get Your New Medicare Card](#) Medicare Learning Network Flyer is available. Give the flyer to patients who do not have a new card.

Medicare Documentation Job Aid for Doctors of Chiropractic

A new [Medicare Documentation Job Aid For Doctors Of Chiropractic](#) Medicare Learning Network Educational Tool is available. Learn about:

- How to respond to medical records requests
- Medical necessity documentation
- Medical records which support corrective treatment

Medicare Preventive Services — Revised

A revised [Medicare Preventive Services](#) Medicare Learning Network Educational Tool is available. Learn about:

- Codes
- Coverage information

Multimedia

CMS: Beyond the Policy Podcast: Throwback to HIMSS Conference

CMS released the latest episode of our podcast, [CMS: Beyond the Policy](#). This edition highlights key perspectives from attendees at the 2019 Healthcare Information Management Systems Society (HIMSS) Annual Conference. Administrator Seema Verma gave two keynote presentations on our vision for the future and focus on interoperability. You can also listen to the podcast on [Google Play](#) and [iTunes](#).

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