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Official CMS news from the Medicare Learning Network®

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News

New Medicare Card: Transition Period Ends in Less Than 5 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 August 2, providers submitted 77% 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 patient 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](#).

CAR T-Cell Cancer Therapy Available to Medicare Beneficiaries Nationwide

On August 7, CMS finalized the decision to cover Food and Drug Administration (FDA)-approved Chimeric Antigen Receptor T-cell (CAR T-cell) therapy, which is a form of cancer treatment that uses a patient's own genetically-modified immune cells to fight disease. FDA-approved CAR T-cell therapies are approved to treat some people with specific types of cancer – certain types of non-Hodgkin lymphoma and B-cell precursor acute lymphoblastic leukemia.

“President Trump is committed to strengthening the Medicare program by ensuring that beneficiaries have access to new and potentially lifesaving treatments. As the first type of FDA-approved gene therapy, CAR T-cell therapies are an important scientific advancement in this promising new area of medicine and provide treatment options for some patients who had nowhere else to turn,” said CMS Administrator Seema Verma. “Today's coverage decision provides consistent and predictable patient access nationwide. CMS will work closely with our sister agencies to monitor outcomes for Medicare patients receiving this innovative therapy going forward.”

Medicare will cover CAR T-cell therapies when they are provided in health care facilities enrolled in the FDA Risk Evaluation and Mitigation Strategies for FDA-approved indications (according to the FDA-approved label). In addition, Medicare will cover FDA-approved CAR T-cell therapies for off-label uses that are recommended by [CMS-approved compendia](#).

It is important to monitor responses to CAR T-cell therapies in the Medicare population, as outcomes data for these patients are relatively limited and the treatment represents a significant change from current practices. Therefore, CMS will leverage information obtained from the FDA's required post-approval safety studies for CAR T-cell therapies to the fullest extent possible. Due to the serious risks associated with their use, the FDA required the manufacturers of CAR T-cell therapies to conduct post-marketing observational studies involving patients treated with the therapies.

See the full text of this excerpted [CMS Press Release](#) (Issued August 7).

DMEPOS Competitive Bidding: Round 2021 Deadlines

DBidS Registration Closes August 16

Registration to request access to the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Bidding System, DBidS, closes Friday, August 16 at 8:59 pm ET. No authorized officials, backup authorized officials, or end users can register to request access after registration closes; you will not be able to bid.

Covered Document Review Date (CDRD) is August 19

If you are bidding in Round 2021, you must upload required financial documents in Connexion, the program's secure portal on or before Monday, August 19 to be notified of any missing financial documents.

For more details, including how to get assistance, see the [DME Center](#) webpage.

MACRA Patient Relationship Categories and Codes: Learn More

MACRA Patient Relationship Categories (PRCs) and codes facilitate the attribution of patients and care episodes to clinicians who serve patients in different roles as part of the assessment of the cost of care. When tested, the PRCs may be incorporated into the claims-based cost measures, which assess the beneficiary's total cost of care during the year, or during a hospital stay, and/or during eight episodes of care. CMS finalized five patient relationship categories for use in a voluntary reporting period, which began January 1, 2018. Read the [FAQ document](#) to learn more.

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 requires the establishment and use of patient relationship categories and codes.

Compliance

Inpatient Rehabilitation Facility Services: Follow Medicare Billing Requirements

In a recent [report](#), the Office of Inspector General (OIG) determined that payments for Inpatient Rehabilitation Facility (IRF) services did not comply with Medicare billing requirements. Medical record documentation did not support that IRF care was reasonable and necessary. CMS developed the [IRF Prospective Payment System \(PPS\) Booklet](#) to help you bill correctly. Additional resources:

- [Inpatient Rehabilitation Facility \(IRF\) Annual Update: Prospective Payment System \(PPS\) Pricer Changes for FY 2020](#) MLN Matters Article
- [Medicare Benefit Policy Manual Chapter 1](#), Section 110
- [FY 2019 IRF PPS Final Rule](#)
- [IRF Quality Reporting Program](#) website
- [Many IRF Stays Did Not Meet Medicare Coverage and Documentation Requirements](#) OIG Report

Events

ESRD Quality Incentive Program: CY 2020 ESRD PPS Proposed Rule Call — August 20

Tuesday, August 20 from 2 to 3 pm ET

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

During this call, learn about proposals for the End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) in the CY 2020 ESRD Prospective Payment System (PPS) [proposed rule](#). Topics include:

- ESRD QIP legislative framework
- Overview of the proposed rule
- Methods for reviewing and commenting on the proposed rule

Please note: This call will not include a question and answer session.

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, quality improvement experts, and other stakeholders.

IPPS/LTCH PPS FY 2020 Final Rule Special Open Door Forum — August 20

Tuesday, August 20 from 2 to 4 pm ET

Attend a Special Open Door Forum to learn about the final rule updating Medicare payment policies for hospitals under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) for FY 2020. The final rule includes changes to the inpatient hospital wage index, increased payments and modernized policies related to new technologies, and incentives to promote development of new antimicrobial therapies to treat drug-resistant infections. See the [announcement](#) for more information.

Home Health Patient-Driven Groupings Model: Operational Issues Call — August 21

Wednesday, August 21 from 1:30 to 3 pm ET

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

During this call, learn information to help your agency prepare to implement billing changes for the Patient-Driven Groupings Model (PDGM) 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:

- Billing and claims processing overview
- How Outcome and Assessment Information Set (OASIS) data will be used in the claims system
- Reporting new occurrence codes
- Period timing and admission source scenarios
- Transition scenarios

A question and answer session follows the presentation. For more information, visit the [Home Health Prospective Payment System](#) website, and review MLN Matters Articles [MM11081](#) and [MM11272](#).

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

Self-Direction for Dually Eligible Individuals Utilizing LTSS Webinar — August 21

Wednesday, August 21 from noon to 1:30 pm ET

[Register](#) for this webinar.

Learn about self-direction for dually eligible Individuals utilizing Long-Term Services and Supports (LTSS). By the end of this webinar, participants should be able to:

- Describe key features of self-direction and what it entails for the consumer
- Identify the role of care managers and care coordinators in facilitating decisions on self-direction as part of developing and/or amending the person-centered care plan
- Define the role of a personal care assistant in the interdisciplinary care team

Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

Radiation Oncology Model Listening Session — August 22

Thursday, August 22 from 1:30 to 3 pm ET

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

The proposed Radiation Oncology (RO) Model is an innovative payment model that would improve the quality of care for cancer patients receiving radiotherapy treatment, and reduce provider burden by moving toward a simplified and predictable payment system. During this listening session, CMS experts briefly cover the major provisions from the proposed rule and address your clarifying questions to help you formulate your written comments for formal submission. Proposals to be discussed include:

- Prospective, episode-based payments, based on a patient's cancer diagnosis
- Required participation in selected core-based statistical areas to test the model
- Transition to site-neutral payment
- Episode payments split into two components — professional and technical
- Requirements to qualify as an Advanced Alternative Payment Model (APM) and a Merit-based Incentive Payment System APM under Quality Payment Program

We encourage you to review the following materials prior to the call:

- [Proposed rule](#)
- [RO Model](#) webpage
- [RO Model](#) fact sheet
- [Report to Congress: Episodic Alternative Payment Model for Radiation Therapy Services](#)

Note: Feedback received during this listening session is not a substitute for your formal comments on the rule. See the [proposed rule](#) for information on submitting these comments by September 16.

Target audience: Hospitals, hospital associations, accreditation organizations, physician group practices, hospital outpatient departments, freestanding radiation therapy centers for radiotherapy, and other interested stakeholders.

Understanding Your SNF VBP Program Performance Score Report Call — August 27

Tuesday, August 27 from 1:30 to 3 pm ET

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

During this call, learn about your Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) Program Performance Score Report. CMS experts present a high level summary of the program and highlight the payment year 1 results (FY 2019 program year).

A question and answer session follows the presentation; however attendees may email questions in advance to SNFVBP@rti.org with "SNF VBP Aug 27 NPC" 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 [SNF VBP](#) website.

Target Audience: SNFs, clinicians, industry associations, and health care researchers.

Dementia Care: Supporting Comfort and Resident Preferences Call — September 10

National Partnership to Improve Dementia Care and Quality Assurance Performance Improvement
Tuesday, September 10 from 1:30 to 3 pm ET

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

During this call, gain insight on approaches to care for residents living with dementia that focus on resident preferences, maintaining comfort, and assisting with unmet needs. 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:

- Ann Wyatt, CaringKind
- Michele Laughman, CMS

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

MLN Matters® Articles

Bypassing Payment Window Edits for Donor Post-Kidney Transplant Complication Services

A new MLN Matters Article MM11312 on [Bypassing Payment Window Edits for Donor Post-Kidney Transplant Complication Services](#) is available. Learn about Medicare holding claims until we update the system to edit these claims correctly.

Display PARHM Claim Payment Amounts

A new MLN Matters Article MM11355 on [Display PARHM Claim Payment Amounts](#) is available. Learn about Medicare payments to hospitals participating in the Pennsylvania Rural Health Model (PARHM).

Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Updates for Fiscal Year (FY) 2020

A new MLN Matters Article MM11420 on [Inpatient Psychiatric Facilities Prospective Payment System \(IPF PPS\) Updates for Fiscal Year \(FY\) 2020](#) is available. Learn about final rule updates effective October 1.

International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) – January 2020 Update

A new MLN Matters Article MM11392 on [International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\) – January 2020 Update](#) is available. Learn about new and revised codes for NCDs.

Publications

Chronic Care Management Services — Revised

A revised [Chronic Care Management Services](#) Medicare Learning Network Booklet is available. Learn about:

- Separately payable services for beneficiaries with multiple chronic conditions
- Physician Fee Schedule billing requirements
- Practitioner and patient eligibility
- Service elements

ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets — Revised

A revised [ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets](#) Medicare Learning Network Fact Sheet is available. Learn:

- Definition and details for each code set
- Payment information

Multimedia

I&A Enrollment Webcast: Audio Recording and Transcript

An [audio recording](#) and [transcript](#) are available for the [July 30](#) Medicare Learning Network webcast on Enrollment: Multi-Factor Authentication 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

SNF PPS: Patient Driven Payment Model Videos

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

- [PDPM: What Is Changing \(and What Is Not\)](#) – Run time: 72 mins
- [Integrated Coding & PDPM Case Study](#) – Run time: 58 mins

For more information, visit the [PDPM](#) webpage.

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