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Official CMS news from the Medicare Learning Network®

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News

Promoting Interoperability: 2019 PDMP Bonus Measure

In 2019, the Medicare Promoting Interoperability Program for eligible hospitals and Critical Access hospitals (CAHs) finalized a new measure under the Electronic Prescribing objective, the Query of Prescription Drug Monitoring Program (PDMP) measure, in an effort to combat the opioid crisis.

A PDMP is an electronic database that tracks prescriptions of controlled substances at the State level, and assists in identifying patients who have multiple prescriptions or may be misusing or overusing them. Querying the PDMP is important for improving prescribing practices. In 2019, this measure is optional:

- Requires a “Yes/No” attestation.
- Five bonus points if an eligible hospital or CAH attests “yes” to conducting a query of a PDMP for prescription drug history for one Schedule II opioid that is electronically prescribed using Certified Electronic Health Record Technology (except where prohibited and in accordance with applicable law).
- No exclusions will be available as this is an optional measure. The optional reporting status allows for additional time to develop, test, and refine certification criteria and standards and workflows, while working to combat the opioid epidemic.

For More Information:

- [Promoting Interoperability Programs Website](#)
- [2019 Program Requirements Medicare](#)

Beneficiary Notices Initiative Mailbox Portal

Send your beneficiary notices and related policy questions to the new CMS Beneficiary Notices Initiative (BNI) [mailbox portal](#), which includes links to a variety of resources. Note: This portal replaces the BNI mailbox. See the [announcement](#) for more information.

Promoting Interoperability: 2020 Eligible Hospital eCQM Flows

CMS published the 2020 reporting period Electronic Clinical Quality Measure (eCQM) flows for eligible hospitals and Critical Access Hospitals (CAHs) to the [eCQI Resource Center](#) webpage. The zip file includes a “Read Me First” guide. The eCQM flows assist in interpreting eCQM logic and calculation methodology for reporting rates. They provide an overview of each of the population criteria components and associated data elements that lead to inclusion or exclusions into the eCQM's quality action (numerator).

The flows supplement eCQM specifications for the Medicare and Medicaid Interoperability Programs and the Hospital Inpatient Quality Reporting program; do not use in place of the specifications for reporting purposes. Direct questions to the [eCQM Issue Tracker](#).

DMEPOS: Nationwide Expansion of Required PA of Pressure Reducing Support Surfaces

A Federal Register Notice (84 FR 16616) added five Pressure Reducing Support Surfaces codes to the Required Prior Authorization (PA) List. Effective October 21, all Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers in all states are required to obtain prior authorization for these items:

- E0193 - Powered air flotation bed (low air loss therapy)
- E0277 - Powered pressure-reducing air mattress
- E0371 - Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width
- E0372 - Powered air overlay for mattress, standard mattress length and width

- E0373 - Non-powered advanced pressure reducing mattress

Visit the [Prior Authorization Process for Certain DMEPOS Items](#) webpage for more information, including the June 4, 2019 [Open Door Forum Slides](#), and [PA Operational Guide](#).

Compliance

IRF 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 revised the Inpatient Rehabilitation Facilities (IRFs): Improving Documentation Positively Impacts CERT Web-Based Training (WBT) course available through the Medicare Learning Network [Learning Management System](#) and the [IRF Prospective Payment System](#) 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
- [Many IRF Stays Did Not Meet Medicare Coverage and Documentation Requirements](#) OIG Report
- [FY 2019 IRF PPS Final Rule](#)
- [IRF Quality Reporting Program](#) website
- [Medicare Benefit Policy Manual Chapter 1](#), Section 110

Events

MIPS Value Pathways RFI Webinar — September 4

Wednesday, September 4 from 1:30 to 2:30 pm ET

[Register](#) for this webinar.

During this webinar, learn about the Merit-based Incentive Payment System (MIPS) Value Pathways proposed framework and Request for Information (RFI).

Venipuncture: Comparative Billing Report Webinar — September 5

Thursday September 5 from 3 to 4 pm ET

[Register](#) for this webinar.

Join us for a discussion of the Comparative Billing Report (CBR) on Venipuncture, an educational tool for providers who submit Medicare Part B claims. During the webinar, interact directly with content specialists and submit questions about the report. Visit the [CBR](#) website for more information.

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.

New Medicare Card: Open Door Forum — September 11

Wednesday, September 11 from 2 to 3 pm ET

Join us for this [Open Door Forum](#) to learn about the status of new Medicare cards and Medicare Beneficiary Identifiers (MBIs). Are you ready for the end of the transition period on December 31? Starting January 1, 2020, you must use the MBI:

- We will reject Claims you submit with Health Insurance Claim Numbers (HICNs) with a few [exceptions](#)
- We will reject all eligibility transactions you submit with HICNs

Updated Alert Code

An updated alert Remittance Advice Remark Code now appears on remittance advices. Make sure your billing staff is aware of this change and uses the MBI:

- N793: ALERT- Starting January 1, 2020, Medicare will ONLY accept claims submitted with the Medicare Beneficiary Identifier (MBI). Medicare will reject any claims submitted with the Health Insurance Claim Number (HICN) with a few exceptions -www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18006.pdf.

Don't have an MBI?

- Ask your patients for their cards. 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](#).

Hospice Outcomes & Patient Evaluation Tool ODF — September 12

Thursday, September 12 from 2-3 PM

This Special Open Door Forum (SODF) is part of a series on a patient assessment tool, now called the Hospice Outcomes & Patient Evaluation (HOPE) Tool, and other key topics related to the Hospice Quality Reporting Program. During this SODF, get a status update and ask questions about the development of the tool. See the [announcement](#) for more information.

Opioids: What's an "Outlier Prescriber"? Listening Session — September 17

Tuesday, September 17 from 4:30 to 6 pm ET

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

Are you a physician, nurse practitioner, other advanced practice nurse, or physician assistant who prescribes opioids? CMS wants your input on how best to implement Section 6065 of the SUPPORT Act.

Signed into law in October 2018, 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 6065 of the SUPPORT Act, CMS is required to notify opioid prescribers with prescription patterns identified as "outliers" compared to their peers and encourage them to reference established opioid prescribing guidelines.

The purpose of this listening session is to get feedback on the following topics:

- Methodology to establish outlier prescriber thresholds
- Tone and content of feedback reports to clinicians
- How to best identify a “medical specialty” from the National Provider Identifier framework
- How to define geographic areas for analysis
- Recommendations on opioid prescribing guidelines to include with the notification

You are encouraged to review the following materials before the call:

- [SUPPORT Act](#)
- [Centers for Disease Control and Prevention \(CDC\) Guideline 2016](#)
- [CDC Advisory](#)
- [Food and Drug Administration Safety Alert](#)

Target Audience: All prescribing clinicians.

Overall Hospital Star Ratings Listening Session - September 19

8:30 AM – 4 pm ET

[Register](#) to attend in person or by conference line

This all-day listening session is an opportunity for CMS to hear from a diverse group of stakeholders with varied perspectives. The listening session will include large group discussions as well as a series of small group break-out sessions during which you can provide broad feedback about various aspects of Hospital Quality Star Ratings, including methodology, usability, and potential future directions. [Learn more](#).

For questions contact MMSSupport@battelle.org and include Listening Session in the subject line.

MLN Matters® Articles

New Documentation Requirements for Filing Medicare Cost Reports

A new MLN Matters Article SE19015 on [New Documentation Requirements for Filing Medicare Cost Reports](#) is available. Learn about causes for cost report rejection.

Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospice Pricer for FY 2020

A new MLN Matters Article MM11411 on [Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospice Pricer for FY 2020](#) is available. Learn about changes effective October 1, 2019.

Claim Status Category and Claim Status Codes Update

A new MLN Matters Article MM11393 on [Claim Status Category and Claim Status Codes Update](#) is available. Learn about updated code sets.

Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule - Update from Council for Affordable Quality Healthcare (CAQH) CORE

A new MLN Matters Article MM11394 on [Implement Operating Rules - Phase III Electronic Remittance Advice \(ERA\) Electronic Funds Transfer \(EFT\): Committee on Operating Rules for Information Exchange \(CORE\) 360 Uniform Use of Claim Adjustment Reason Codes \(CARC\), Remittance Advice Remark Codes \(RARC\) and Claim Adjustment Group Code \(CAGC\) Rule - Update from Council for Affordable Quality Healthcare \(CAQH\)](#)

[CORE](#) is available. Learn about the next version of the Code Combination List to be published on or about October 1.

Home Health (HH) Patient-Driven Groupings Model (PDGM) - Revised and Additional Manual Instructions

A new MLN Matters Article MM11395 on [Home Health \(HH\) Patient-Driven Groupings Model \(PDGM\) - Revised and Additional Manual Instructions](#) is available. Learn about the HH PDGM Grouper program and how we will process claims starting in CY 2020.

2020 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments

A new MLN Matters Article MM11437 on [2020 Annual Update for the Health Professional Shortage Area \(HPSA\) Bonus Payments](#) is available. Learn about automated payments for CY 2020.

Healthcare Provider Taxonomy Codes (HPTCs) October 2019 Code set Update

A new MLN Matters Article MM11418 on [Healthcare Provider Taxonomy Codes \(HPTCs\) October 2019 Code set Update](#) is available. Learn about changes to the code set including the addition of a new code and addition of definitions to existing codes.

Implementation to Exchange the List of Electronic Medical Documentation Requests (eMDR) for Registered Providers via the Electronic Submission of Medical Documentation (esMD) System — Revised

A revised MLN Matters Article MM11003 on [Implementation to Exchange the List of Electronic Medical Documentation Requests \(eMDR\) for Registered Providers via the Electronic Submission of Medical Documentation \(esMD\) System](#) is available. Learn about new screens for registering to receive Additional Documentation Request Letters electronically.

Publications

Inpatient Rehabilitation Facility Prospective Payment System Booklet — Revised

A revised [Inpatient Rehabilitation Facility Prospective Payment System](#) Medicare Learning Network Booklet is available. Learn about:

- How payments are determined
- Fiscal year updates
- Quality Reporting Program

Multimedia

Physician Fee Schedule Listening Session: Audio Recording and Transcript

An [audio recording](#) and [transcript](#) are available for the [August 12](#) Medicare Learning Network listening session on the Physician Fee Schedule Proposed Rule: Understanding 3 Key Topics. CMS experts briefly cover provisions from the proposed rule and address your clarifying questions to help you formulate your written comments for formal submission.

IRF Appeals Settlement Call: Audio Recording and Transcript

An [audio recording](#) and [transcript](#) are available for the [August 13](#) Medicare Learning Network call on the Inpatient Rehabilitation Facility (IRF) Appeals Settlement Initiative. Learn about appellant eligibility, expressions of interest period, and the settlement process.

OPPS and ASC Listening Session: Audio Recording and Transcript

An [audio recording](#) and [transcript](#) are available for the [August 14](#) Medicare Learning Network listening session on the Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Proposed Rule. CMS experts briefly cover provisions from the proposed rule and address your clarifying questions to help you formulate your written comments for formal submission.

ESRD QIP Call: Audio Recording and Transcript

An [audio recording](#) and [transcript](#) are available for the [August 20](#) Medicare Learning Network call on the End Stage Renal Disease (ESRD) Quality Incentive Program (QIP): CY 2020 ESRD PPS (Prospective Payment System) Proposed Rule Call. Learn about the legislative framework, the proposed rule, and methods for reviewing and commenting on the rule.

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.

Inpatient Rehabilitation Facilities (IRFs): Improving Documentation Positively Impacts CERT Web-Based Training Course — Revised

The Inpatient Rehabilitation Facilities (IRFs): Improving Documentation Positively Impacts CERT revised web-based training (WBT) course is available through the Medicare Learning Network [Learning Management System](#). Learn about:

- IRF Services
- Documentation requirements
- Comprehensive Error Rate Testing (CERT) program

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