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Official CMS news from the Medicare Learning Network®

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News

New Medicare Card: 80% of Claims Submitted with MBI
Nursing Homes: Enhancing Transparency about Abuse and Neglect
Quality Payment Program: MIPS Dates and Deadlines
October is National Breast Cancer Awareness Month

Compliance

Proper Use of the KX Modifier for Part B Immunosuppressive Drug Claims

Claims, Pricers & Codes

FY 2020 IPPS and LTCH PPS Claims Hold

Events

Submitting Your Medicare Part A Cost Report Electronically Webcast — November 5

MLN Matters® Articles

Ambulance Inflation Factor for Calendar Year (CY) 2020 and Productivity Adjustment
Provider Enrollment Rebuttal Process
Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) — Revised
International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) – January 2020 Update — Revised
Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Updates for Fiscal Year (FY) 2020 — Revised

Publications

Medicare Preventive Services — Revised
Medicare Enrollment for Providers Who Solely Order or Certify — Reminder
Medicare Fraud & Abuse Poster — Reminder
Medicare Fraud & Abuse: Prevent, Detect, Report — Reminder
Medicare Overpayments — Reminder
PECOS for DMEPOS Suppliers — Reminder
PECOS for Physicians and NPPs — Reminder
PECOS for Provider and Supplier Organizations — Reminder

Multimedia

Opioid Treatment Program Listening Session: Audio Recording and Transcript

News

New Medicare Card: 80% of Claims Submitted with MBI

Many providers are using Medicare Beneficiary Identifiers (MBIs) for Medicare transactions. For the week ending September 27, providers submitted 80% of fee-for-service claims with the MBI. Help protect your patient's personal identity by using MBIs for Medicare business, including claims submission and eligibility transactions. Claims with MBIs by provider type:

- Institutional: 83%
- Professional: 80%

- Durable Medical Equipment: 74%

Starting January 1, 2020, all providers must use the MBI when billing Medicare regardless of the date of service:

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

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](#) or 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](#).

Nursing Homes: Enhancing Transparency about Abuse and Neglect

On October 7, CMS announced a major enhancement of the information available to nursing home residents, families, and caregivers on our [Nursing Home Compare](#) website. Beginning October 23, we will display a consumer alert icon next to nursing homes that have been cited for incidents of abuse, neglect, or exploitation. By making this information accessible and understandable, we are empowering consumers to make the right decisions for themselves and their loved ones.

"The Trump Administration and CMS are committed to ensuring that nursing home residents are safe from abuse and neglect. Through the "transparency" pillar of our five-part strategy to ensure safety and quality in nursing homes, we are giving residents and families the ability to make informed choices," said Administrator Seema Verma. "With today's action, the Trump Administration is putting critical information at consumers' fingertips, empowering them and incentivizing nursing homes to compete on cost and quality."

The new alert icon will be added for facilities cited on inspection reports for one or both of the following:

- Abuse that led to harm of a resident within the past year
- Abuse that could have potentially led to harm of a resident in each of the last two years

The icon will be updated monthly, at the same time CMS inspection results are updated. This icon will supplement existing information, including the Nursing Home [Five-Star Ratings](#), helping consumers develop a more complete understanding of a facility's quality.

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

Quality Payment Program: MIPS Dates and Deadlines

Important Merit-based Incentive Payment (MIPS) dates and deadlines:

- December 31 – 2019 Promoting Interoperability Hardship Exception and Extreme and Uncontrollable Circumstances [Applications](#) deadline
- December 31 – 2020 virtual group election period closes
- January 2 – 2019 MIPS performance period data submission window opens
- March 31 – 2019 MIPS performance period data submission window closes

For More Information:

- [Quality Payment Program](#) website
- [2020 Virtual Groups Toolkit](#)
- [Improvement Activities](#) webpage
- [2019 Improvement Activities Fact Sheet](#)
- [2019 Improvement Activities Quick Start Guide](#)

- [Promoting Interoperability](#) webpage
- [2019 Promoting Interoperability Fact Sheet](#)
- [2019 Promoting Interoperability Quick Start Guide](#)
- For questions, contact QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

October is National Breast Cancer Awareness Month

Other than skin cancer, breast cancer is the most common cancer among American women. Talk to your patients about the importance of breast cancer screening.

Medicare Part B provides coverage for screening mammography. A clinical breast exam is also covered as part of the screening pelvic examination for beneficiaries who meet the coverage criteria.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Screening Pap Tests and Pelvic Examinations](#) Booklet
- [Breast Cancer Awareness](#) webpage, Centers for Disease Control and Prevention

Your patients' Medicare Summary Notices promote mammograms. Visit the [Preventive Services](#) website to learn more about Medicare-covered services.

Compliance

Proper Use of the KX Modifier for Part B Immunosuppressive Drug Claims

A recent Office of the Inspector General (OIG) report noted that, in some cases, pharmacies incorrectly billed Medicare Part B for claims using the KX modifier for immunosuppressive drugs. It is estimated that Medicare paid \$4.6 million for these claims that did not comply with Medicare requirements.

In response to this report, CMS clarified manual instructions on the use of the KX modifier to help pharmacies document the medical necessity of organ transplant and eligibility for Medicare coverage. Resources for pharmacies:

- [Pharmacy Billing of Immunosuppressive Drugs](#) MLN Matters Article
- [Clarification of the Billing of Immunosuppressive Drugs](#) MLN Matters Article
- [CMS and Its Claims Processing Contractors Issued Conflicting Guidance on the Proper Use of the KX Modifier for Part B Immunosuppressive Drug Claims](#) OIG Report

Claims, Pricers & Codes

FY 2020 IPPS and LTCH PPS Claims Hold

Due to revised rates and factors in the FY 2020 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) final rule correction notice, Medicare Administrative Contractors will hold claims with discharge dates on or after October 1 through October 21, 2019. No provider action is required.

Events

Submitting Your Medicare Part A Cost Report Electronically Webcast — November 5

Tuesday, November 5 from 1 to 2:30 pm ET

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

Medicare Part A providers: Learn how to use the new Medicare Cost Report e-Filing (MCR eF) system. Use MCR eF to submit cost reports with fiscal years ending on or after December 31, 2017. You have the option to electronically transmit your cost report through MCR eF or mail or hand deliver it to your Medicare Administrative Contractor. You must use MCR eF if you choose electronic submission of your cost report. Note: This content was presented in prior webcasts on May 1 and October 15, 2018 and March 28, 2019.

Topics:

- How to access the system
- Detailed overview
- Frequently asked questions

A question and answer session follows the presentation; however, attendees may email questions in advance to OFMDPAOQuestions@cms.hhs.gov with “Medicare Cost Report e-Filing System Webcast” in the subject line. These questions may be addressed during the webcast or used for other materials following the webcast. For more information, see the [MCR eF Medicare Learning Network Booklet](#), [MCR eF MLN Matters Article](#), and [MCR eF webpage](#).

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: Medicare Part A providers and entities that file cost reports for providers.

MLN Matters® Articles

Ambulance Inflation Factor for Calendar Year (CY) 2020 and Productivity Adjustment

A new MLN Matters Article MM11497 on [Ambulance Inflation Factor for Calendar Year \(CY\) 2020 and Productivity Adjustment](#) is available. Learn how to determine the payment limit for ambulance services.

Provider Enrollment Rebuttal Process

A new MLN Matters Article MM10978 on [Provider Enrollment Rebuttal Process](#) is available. Learn about your rights and how to file.

Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) — Revised

A revised MLN Matters Article MM11152 on [Implementation of the Skilled Nursing Facility \(SNF\) Patient Driven Payment Model \(PDPM\)](#) is available. Learn about the required changes.

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

A revised 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.

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

A revised 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.

Publications

Medicare Preventive Services — Revised

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

- Codes
- Coverage information

Medicare Enrollment for Providers Who Solely Order or Certify — Reminder

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

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

Medicare Fraud & Abuse Poster — Reminder

The [Medicare Fraud & Abuse Poster](#) Medicare Learning Network Educational Tool is available. Learn:

- Ways to avoid fraudulent activities
- How to contact the Office of the Inspector General Hotline

Medicare Fraud & Abuse: Prevent, Detect, Report — Reminder

The [Medicare Fraud & Abuse: Prevent, Detect, Report](#) Medicare Learning Network Booklet is available. Learn:

- Fraud and abuse definitions and laws
- How to report suspected fraud
- Physician business relationships that may raise concerns

Medicare Overpayments — Reminder

The [Medicare Overpayments](#) Medicare Learning Network Fact Sheet is available. Learn about:

- Definition of an overpayment
- Payment options
- Collection tools and processes

PECOS for DMEPOS Suppliers — Reminder

The [Provider Enrollment, Chain, and Ownership System \(PECOS\) for Durable Medical Equipment, Prosthetics, Orthosis, and Supplies \(DMEPOS\) Suppliers](#) Medicare Learning Network Booklet is available. Learn:

- Supplier standards, accreditation, and surety bond information
- How to enroll in Medicare

PECOS for Physicians and NPPs — Reminder

The [Provider Enrollment, Chain, and Ownership \(PECOS\) for Physicians and Non-Physician Practitioners \(NPPs\)](#) Medicare Learning Network Booklet is available. Learn how to:

- Register in the system
- Obtain a National Provider Identifier

- Enter enrollment information
- Respond to Medicare Administrative Contractor requests

PECOS for Provider and Supplier Organizations — Reminder

The [Provider Enrollment, Chain, and Ownership System \(PECOS\) for Provider and Supplier Organizations](#) Medicare Learning Network Booklet is available. Learn how to:

- Authenticate credentials
- Register a surrogate
- Respond to Medicare Administrative Contractor requests

Multimedia

Opioid Treatment Program Listening Session: Audio Recording and Transcript

An [audio recording](#) and [transcript](#) are available for the [September 24](#) Medicare Learning Network listening session on Opioid Treatment Programs (OTPs): New Medicare Benefit. Under the CY 2020 Physician Fee Schedule proposed rule, CMS plans to pay OTPs through bundled payments for opioid use disorder treatment services for people with Medicare Part B, including medication-assisted treatment medications, toxicology testing, and counseling.

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