



mlnconnects

Official CMS news from the Medicare Learning Network®

Thursday, May 13, 2021

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## News

### Cognitive Impairment: Medicare Provides Opportunities to Detect & Diagnose

Do you have a patient with a cognitive impairment? Medicare covers a separate visit for a cognitive assessment so you can more thoroughly evaluate cognitive function and help with care planning.

#### 3 Things You Need to Know:

1. If your patient shows signs of cognitive impairment at an [Annual Wellness Visit](#) or other routine visit, you may perform a more detailed cognitive assessment and develop a care plan
2. The Cognitive Assessment & Care Plan Services (CPT code 99483) typically start with a 50-minute face-to-face visit that includes a detailed history and patient exam, resulting in a written care plan
3. Any clinician eligible to report Evaluation and Management (E/M) services can offer this service, including: physicians (MD and DO), nurse practitioners, clinical nurse specialists, and physician assistants

Effective January 1, 2021, Medicare increased payment for these services to \$282 (may be geographically adjusted) when provided in an office setting, added these services to the definition of primary care services in the Medicare Shared Savings Program, and permanently covers these services via telehealth.

Get details on Medicare coverage requirements and proper billing at [cms.gov/cognitive](https://www.cms.gov/cognitive).

## Open Payments: Review & Dispute Data by May 15

Physicians and teaching hospitals: You can review and dispute Program Year 2020 Open Payments data through May 15. CMS will publish this data and updates to the previous program years' data in June.

Reviewing your data is voluntary, but strongly encouraged:

- Records eligible for review and dispute: All records submitted during the submission period of the current calendar year, including newly edited, submitted, and re-attested records from previous calendar years: See the [Covered Recipient Review and Dispute Tutorial](#)
- You must initiate disputes by May 15 for changes or updates to appear in the June data publication: See the [Review and Dispute Timing and Data Publication Quick Reference Guide](#)
- We don't mediate or facilitate disputes: Work directly with reporting entities to resolve them
- You must register in the Open Payments system: Visit the [Register as a Covered Recipient](#) webpage for instructions

Accessing Your Account:

- If you're already registered, log in to review your data
- If you haven't accessed your account in 60 days or more, unlock your account in the [CMS Portal](#)
- If you haven't accessed your account in 180 days or more, your account is deactivated: Call the Open Payments Help Desk

More Information:

- [Open Payments](#) website
- Contact the Help Desk at [OpenPayments@cms.hhs.gov](mailto:OpenPayments@cms.hhs.gov) or 855-326-8366 (TTY Line: 1-844-649-2766)

## Medicare Shared Savings Program Application: NOIA Opens June 1

Beginning June 1, CMS will accept Notices of Intent to Apply (NOIAs) for the Medicare Shared Savings Program January 1, 2022, start date. We updated the [Application Toolkit](#) and [Application Types & Timeline](#) webpages to help you prepare your applications.

If you intend to apply, you must submit a NOIA via the [ACO Management System](#) by June 7 at noon ET. This doesn't bind your organization to submit an application. Each ACO should only submit one NOIA. After you submit a NOIA, submit your application from June 8-28 by noon ET.

More Information:

- [Shared Savings Program](#) webpage
- [Shared Savings Program](#) final rule
- Email [SharedSavingsProgram@cms.hhs.gov](mailto:SharedSavingsProgram@cms.hhs.gov)

## Women's Health: Medicare Covers Preventive Services

Medicare covers preventive services, and your patients pay nothing if you accept assignment. During National Women's Health Week, encourage your female patients to make their health a priority.

More Information:

- [Medicare Preventive Services](#) educational tool
- [Preventive Services](#) webpage
- [National Women's Health Week](#) webpage
- [CDC Women's Health](#) webpage
- Information for your patients on [preventive and screening services](#)

## Compliance

## Outpatient Rehabilitation Therapy Services: Comply with Medicare Billing Requirements

An [Office of Inspector General report](#) found that payments for physical therapy services didn't comply with Medicare billing requirements. Review the [Outpatient Rehabilitation Therapy Services: Complying with Documentation Requirements](#) booklet to help you bill correctly, reduce common errors, and avoid overpayments.

Additional Resources:

- [Medicare Benefit Policy Manual, Chapter 12](#)
- [Medicare Benefit Policy Manual, Chapter 15](#), Sections 220 and 230
- [Medicare Claims Processing Manual, Chapter 5](#)
- [Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5](#)
- [Medicare Program Integrity Manual Chapter 3](#)
- [Medicare Program Integrity Manual Chapter 13](#)
- [Comprehensive Error Rate Testing Program](#) webpage
- [Functional Reporting](#) webpage
- [Local Coverage Determinations State Index Tool](#)
- [Social Security Act § 1128J \(d\)](#)

## Claims, Pricers, & Codes

### FY 2021 SNF PC Pricer

The Fiscal Year (FY) 2021 Skilled Nursing Facility (SNF) [PC Pricer](#) is available. Visit the [SNF PPS PC Pricer](#) webpage to download the COBOL version of this application.

## Events

### IRF Quality Reporting Program: Achieving a Full AIF Webinar — May 19

Wednesday, May 19 from 1-2:30 pm ET

[Register for this webinar.](#)

During this webinar, learn about the Annual Increase Factor (AIF) process for Inpatient Rehabilitation Facilities (IRFs):

- Relationship between the AIF and the IRF Quality Reporting Program
- Data submission requirements
- Reconsideration process for noncompliant facilities

### Medicare Shared Savings Program: Establishing a Repayment Mechanism Webcast — May 27

Thursday, May 27 from 1-2:30 pm ET

[Register for our Medicare Learning Network webcast.](#)

During this webcast, learn how to establish a repayment mechanism to participate in the Medicare Shared Savings Program for performance year 2022. An Accountable Care Organization (ACO) entering into Levels C, D, or E of the BASIC track or the ENHANCED track (2-sided risk models) must demonstrate the adequacy of its repayment mechanism prior to the start of its agreement period.

Topics:

- Requirements
- Escrow agreement
- Letter of credit

- Surety bond
- Timeline and available resources
- Requests for information
- Best practices

If you can't stream audio through your computer for this webcast, you can call in.

Target Audience:

- Potential Medicare Shared Savings Program applicants
- New ACOs or Currently participating ACOs

## MLN Matters® Articles

### Update to Rural Health Clinic (RHC) Payment Limits — Revised

CMS revised MLN Matters Article MM12185 on [Update to Rural Health Clinic \(RHC\) Payment Limits](#) to clarify that the all-inclusive rate is also the payment per visit. We also updated the section on payments for provider-based RHCs in hospitals with less than 50 beds.

## Multimedia

### Community Champions Video Launch

On May 5, as a part of CMS' ongoing COVID response efforts to support the long term care community, we debuted our first social media videos highlighting staff, also referred to as Community Champions, who moved from being initially uncertain about receiving the COVID-19 vaccine to accepting the vaccine-- and encouraging their peers to do the same.

Throughout the COVID-19 pandemic, staff in nursing homes have been providing ongoing care to our nation's most vulnerable. This social media campaign is intended to help increase vaccine acceptance amongst long-term care staff. Please like and share our [Community Champions video](#). We can do this!

Questions about the COVID 19 vaccines? Visit the [CDC Vaccines for COVID-19](#) webpage.

### SNF: Cognitive & Mood Assessment Web-Based Training Series

This web-based training series provides an overview of general and key clinical considerations for conducting standardized cognitive and mood assessments in the Skilled Nursing Facility (SNF) setting:

1. [Approaches to Cognitive & Mood Assessments](#)
2. [Assessment of Cognitive Function](#)
3. [Assessing Delirium](#)
4. [Resident Mood Interview](#)

Visit the [SNF Quality Reporting Program Training](#) webpage for more information.

### Part A Cost Reports Webcast: Audio Recording & Transcript

An [audio recording](#) and [transcript](#) are available for the [April 29](#) Medicare Learning Network webcast on the Medicare Cost Report e-Filing system. Learn about the new user-friendly upload feature.

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