



mInconnects

Official CMS news from the Medicare Learning Network

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## News & Announcements

### Social Security Number Removal Initiative: New Details

Updated Social Security Number Removal Initiative [Home](#) and [Provider](#) webpages will help you prepare to [transition](#) to Medicare Beneficiary Identifiers next year. Find new information including

- How to identify railroad retirement board beneficiaries
- Coordination of benefits with other payers
- Where to direct your patients to correct their addresses so they receive new Medicare cards

### Clinical Laboratories: Report Lab Data through March 31

If you are a reporting entity that has one or more applicable labs for which you are to report pricing data:

- Ensure data are certified to complete the data submission process; a separate individual must certify submitted data.
- Identify who will submit and certify your Clinical Lab Fee Schedule (CLFS) data. These two individuals must register in the Enterprise Identity Management (EIDM) system and request a CLFS submitter or certifier role in the Fee-For-Service Data Collection System.
- The CLFS submitter must be certified in the Provider Enrollment, Chain and Ownership System (PECOS) as a User or Authorized User on the PECOS Medicare Enrollment forms (CLFS submitters must have their name appear within one of the following 855 application forms: A,B,C,I,R).

A reporting entity that has multiple Taxpayer Identification Numbers (TINs) and multiple applicable lab National Provider Identifiers (NPIs) may register its TINs and NPIs under one user.

### **New Release of PEPPER for Short-term Acute Care Hospitals**

The Office of Inspector General encourages hospitals and healthcare providers to develop and implement a compliance program to help protect their operations from improper payments, fraud and abuse. A new release of the Short-Term (ST) Program for Evaluating Payment Patterns Electronic Report (PEPPER), with statistics through the fourth quarter of FY 2016, is now available for ST acute care hospitals nationwide. Revised for this release:

- “Same-day” and “one-day” stays for both medical and surgical diagnosis-related groups
- One and two day target areas exclude claims with occurrence span code 72 with “through” date on or day prior to inpatient admission

PEPPER summarizes hospital-specific data statistics for Medicare severity diagnosis-related groups and discharges at risk for improper payments. It is distributed by TMF® Health Quality Institute under contract with CMS. For more information, visit [PEPPERresources.org](http://PEPPERresources.org).

### **Hospice Quality Reporting Program: Rerun Your Quality Measure Reports**

An issue was identified and corrected with calculations for the following reports with implementation dates of December 18, 2016 through February 26, 2017:

- Hospice-Level Quality Measure Report
- Hospice Patient Stay-Level Quality Measure Report

Providers should rerun any reports during this date range. Visit the [HIS Technical Information](#) webpage for more information.

### **LTCHs: Exceptions to Moratorium on Increasing Beds**

Congress recently provided exceptions to the moratorium on increasing beds in existing Long Term Care Hospitals (LTCHs) and LTCH satellite facilities. The requirements and procedures for an exception to this moratorium are the same as those for new facilities, as explained in [Change Request 9025](#) in 2015 (see Establishment and Classification of a LTCH or LTCH Satellite). If an LTCH or LTCH satellite facility increases beds under one of the exceptions, there may be an effect on other Medicare payment policies.

### **Therapeutic Continuous Glucose Monitors Classified as Durable Medical Equipment**

On January 12, 2017, CMS issued a ruling ([CMS-1682-R](#)) classifying certain continuous glucose monitors as Durable Medical Equipment if the equipment:

- Is approved by the Food and Drug Administration for use in place of a blood glucose monitor for making diabetes treatment decisions

- Is generally not useful to the individual in the absence of an illness or injury
- Is appropriate for use in the home
- Includes a durable component that is capable of displaying the trending of the continuous glucose measurement

Billing and coverage instructions addressing the ruling will be issued by your Medicare Administrative Contractor.

## Influenza Activity Continues: Are Your Patients Protected?

People 65 years and older are at a greater risk of serious complications from seasonal influenza. The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months of age and older receive an influenza vaccine every year. It is not too late to get vaccinated – to protect your patients, your staff, and yourself.

Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries. Medicare may cover additional seasonal influenza vaccinations if medically necessary.

For the 2016-2017 season, the CDC recommends use of the Inactivated Influenza Vaccine (IIV) or the Recombinant Influenza Vaccine (RIV). The nasal spray influenza vaccine (Live Attenuated Influenza Vaccine (LAIV)) should not be used during 2016-2017.

For More Information:

- [Preventive Services](#) Educational Tool
- [Influenza Resources for Health Care Professionals](#) MLN Matters Article
- [Influenza Vaccine Payment Allowances](#) MLN Matters Article
- [CDC Influenza](#) website
- [CDC Influenza Information for Health Care Professionals](#) webpage
- [CDC 2016-2017 Information for Health Care Professionals](#) webpage
- Visit the [HealthMap Vaccine Finder](#) to find locations in your area that offer the recommended vaccines

## Provider Compliance

### Chiropractic Services: High Improper Payment Rate within Medicare FFS Part B

CMS continues to deny many chiropractic claims because they do not meet Medicare requirements. During the 2015 reporting period, the Medicare Fee-For-Service (FFS) improper payment rate for chiropractic services was 51.7 percent, representing approximately \$300 million in improper payments and accounting for 0.7 percent of the overall Medicare FFS improper payment rate. ([Source](#)).

The most common reason for the improper payments is insufficient documentation to support the billed services. This type of error occurs when the medical records do not contain enough information for the reviewer to make a decision about medical necessity for the item or service furnished. Avoid denied claims and overpayment recovery by understanding Medicare requirements, especially documentation and medical necessity.

Resources:

- [Improving the Documentation of Chiropractic Services Video](#) on medical necessity and proper documentation
- [April 2013 Medicare Quarterly Provider Compliance Newsletter](#) with article on chiropractic claims

MLN Matters® Articles:

- [Overview of Medicare Policy Regarding Chiropractic Services](#)

- [Medicare Coverage for Chiropractic Services: Medical Record Documentation Requirements for Initial and Subsequent Visits](#)
- [Use of the AT Modifier for Chiropractic Billing](#)
- [Educational Resources to Assist Chiropractors with Medicare Billing](#)

## Claims, Pricers & Codes

### April 2017 Average Sales Price Files Available

CMS posted the April 2017 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks on the [2017 ASP Drug Pricing Files](#) webpage.

## Upcoming Events

### SNF VBP: Understanding Your Facility's Confidential Feedback Report Call — March 15

Wednesday, March 15 from 1:30 to 3 pm ET

To register or for more information, visit [MLN Connects® Event Registration](#).

During this call, CMS experts present on the Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) Program, including confidential quarterly feedback reports and implementation guidance. Gain an understanding of the significance of readmissions and how SNF risk-standardized readmission rates are computed. Learn how to navigate through the Quality Improvement and Evaluation System (QIES) and the Certification and Survey Provider Enhanced Reporting (CASPER) application systems to report SNF quality performance. A question and answer session follows the presentation.

The [SNF VBP Program](#) will begin in FY 2019.

Target Audience: SNFs, administrators, clinicians, and other stakeholders.

### National Partnership to Improve Dementia Care and QAPI Call — March 21

Tuesday, March 21 from 1:30 to 3 pm ET

To register or for more information, visit [MLN Connects Event Registration](#).

During this call, learn about the [Creating a Culture of Person-Directed Dementia Care](#) project grant award. The Lake Superior Quality Innovation Network will share information about the new [QAPI Written Plan How-To Guide](#) that can assist long-term care providers with performance improvement efforts. Additionally, CMS experts share updates on the progress of the [National Partnership to Improve Dementia Care in Nursing Homes](#) and [Quality Assurance and Performance Improvement](#) (QAPI). A question and answer session follows the presentation.

Speakers:

- Kathy Hagen, The Eden Alternative
- Kristi Wergin, Lake Superior Quality Innovation Network
- Michele Laughman and Debbie Lyons, CMS

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

### Medicare Diabetes Prevention Program Expanded Model Webinar — March 22

Wednesday, March 22 from 1 to 2 pm ET

[Register](#) for this co-led webinar by CMS and the Centers for Disease Control and Prevention (CDC) on the Medicare Diabetes Prevention Program (MDPP) Expanded Model. Learn about the model expansion, CDC Diabetes Prevention Recognition Program (DPRP), requirements for pending and full CDC DPRP recognition, CDC recognition in the 2017 Physician Fee Schedule, and next steps for organizations thinking of offering the MDPP.

### **Medicare ACO Track 1+ Model Webinar — March 22**

Wednesday, March 22 from 2 to 3 pm ET

[Register](#) for the Medicare Accountable Care Organization (ACO) Track 1+ Model webinar for details on the model's design, eligibility, application requirements, evaluation, and learning activities, followed by a question and answer session. Find out what actions you need to take to submit an application for a 2018 start date, including submitting a Notice of Intent in May. For more information see the [New Accountable Care Organization Model Opportunity: Medicare ACO Track 1+ Model](#) Fact Sheet.

Target Audience: Existing and prospective Medicare Shared Savings Program ACOs and other program stakeholders interested in the new Medicare ACO Track 1+ Model opportunity.

### **DMEPOS Adjusted Fee Methodology for Non-Bid Areas: Stakeholder Input on Section 16008 of the 21st Century Cures Act Call — March 23**

Thursday, March 23 from 2 to 3:30 pm ET

To register or for more information, visit [MLN Connects Event Registration](#).

Section 16008 of the [21st Century Cures Act](#) mandates stakeholder input on the methodology for using information from the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Programs for adjusting Medicare fee schedule amounts paid in non-competitive bidding areas. During this call, learn about the new legislation and provide feedback to CMS. Comments can also be submitted to [DMEPOS@cms.hhs.gov](mailto:DMEPOS@cms.hhs.gov) no later than April 6, 2017.

CMS is mandated to solicit and take into account stakeholder input related to adjustments of fees paid in non-competitive bidding areas beginning in 2019. CMS is also mandated to take into account the highest amount bid by a winning supplier in a competitive bidding area and a comparison of the following with respect to non-competitive bidding areas and competitive bidding areas:

- Average travel distance and costs associated with furnishing items and services in an area
- Average volume of items and services furnished by suppliers in the area
- The number of suppliers in the area

Target Audience: Medicare DMEPOS suppliers, providers and other interested stakeholders.

### **IMPACT Act: Standardized Patient Assessment Data Activities Call — March 29**

Wednesday, March 29 from 1:30 to 3 pm ET

To register or for more information, visit [MLN Connects Event Registration](#).

During this call, find out about efforts to develop, implement, and maintain standardized Post-Acute Care (PAC) patient assessment data, including pilot testing results and plans for the upcoming national field test.

Topics:

- Goal of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act)
- Timeline of activities
- Alpha 1 results
- Alpha 2 progress

- Plans for beta test
- How to get involved

The [IMPACT Act](#) requires the reporting of standardized patient assessment data by PAC providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals. Visit the [Data Standardization & Cross Setting Measures](#) website for more information.

Target Audience: PAC providers, healthcare industry professionals, clinicians, researchers, and other interested stakeholders.

### **Open Payments: Prepare to Review Reported Data Call — April 13**

Thursday, April 13 from 1:30 to 3 pm ET

To register or for more information, visit [MLN Connects Event Registration](#).

Industry is currently submitting data to the Open Payments System on payments or transfers of value made to physicians and teaching hospitals during 2016. Beginning in April, physicians and teaching hospitals have 45 days to review and dispute records attributed to them. During this call, find out how to access the Open Payments system to review the accuracy of the data submitted about you before it is published on the CMS website. See the [Open Payments Registration](#) webpage for more information. CMS will publish the 2016 payment data and updates to the 2013, 2014, and 2015 data on June 30, 2017.

Topics:

- Overview of the Open Payments national transparency program
- Program timeline
- Registration process
- Critical deadlines for physicians and teaching hospitals to review and dispute data

Target Audience: Physicians, teaching hospitals and physician office staff.

This MLN Connects Call is being evaluated by CMS for CME and CEU continuing education credit (CE). Refer to the [call detail page](#) for more information.

## **Medicare Learning Network Publications & Multimedia**

### **Medicare Enrollment Resources Educational Tool — New**

A new [Medicare Enrollment Resources](#) Educational Tool is available. Learn about:

- How to enroll
- What to do if you run into problems
- Where to locate enrollment forms

### **Chronic Care Management Services Call: Audio Recording and Transcript — New**

An [audio recording](#), [transcript](#), and [post-call clarification](#) are available for the [February 21](#) call on Understanding and Promoting the Value of Chronic Care Management (CCM) Services. During this call, CMS experts discuss the benefits of providing CCM services and changes for CCM in the Physician Fee Schedule final rule.

### **IMPACT Act Call: Audio Recording and Transcript — New**



An [audio recording](#) and [transcript](#) are available for the [February 23](#) call on Looking Ahead: The Improving Medicare Post-Acute Care Transformation of 2014 (IMPACT Act) in 2017. During this call, CMS experts discuss goals, requirements, progress to date, and key milestones for 2017.

### Suite of Products & Resources Educational Tools — Revised

Revised Suite of Products & Resources Educational Tools are available:

- [Educators & Students](#)
- [Compliance Officers](#)
- [Inpatient Hospitals](#)

### Federally Qualified Health Center Fact Sheet — Revised

A revised [Federally Qualified Health Center](#) Fact Sheet is available. Learn about:

- Background and certification
- Services and visits
- Payment and cost reports

### PECOS for DMEPOS Suppliers Fact Sheet — Revised

A revised [PECOS for DMEPOS Suppliers](#) Fact Sheet is available. Learn about:

- Medicare enrollment application submission options in the Provider Enrollment, Chain and Ownership System (PECOS)
- Individual and organizational Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers

### PECOS Technical Assistance Contact Information Fact Sheet — Reminder

The [PECOS Technical Assistance Contact Information](#) Fact Sheet is available. Learn about:

- Common problems with the Provider Enrollment, Chain and Ownership System (PECOS)
- Who to contact
- Resources

### Advance Care Planning Fact Sheet — Reminder

The [Advance Care Planning](#) Fact Sheet is available. Learn about:

- Beneficiary eligibility
- Provider and location eligibility
- Diagnosis requirements

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