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Official CMS news from the Medicare Learning Network

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News & Announcements

New Medicare Numbers/Cards: Coordination of Benefits

CMS notified supplemental insurers (e.g., Medigap plans, employer retiree plans, TRICARE for Life, FEHBP plans) and State Medicaid Agencies about the transition from Social Security Number based Health Insurance Claim Numbers (HICNs) to new numbers (known as Medicare Beneficiary Identifiers (MBIs)) on several occasions, including two calls on January 17 about the impact of the New Medicare Card: One for [Medicare secondary payer stakeholders](#) and another on the [Coordination of Benefits Agreement claim crossover process](#). During the [transition period](#), we will process and transmit Medicare crossover claims with either the HICN or MBI, based on what you include on the incoming claim to minimize changes for all stakeholders and assure a smooth transition.

Visit the [Provider](#) webpage for the latest information or refer to the [Transition to New Medicare Numbers and Cards](#) Medicare Learning Network Fact Sheet.

Hospice QRP: Register for HEART Pilot Study by October 31

Register for a pilot study for the Hospice Evaluation & Assessment Reporting Tool (HEART) for the Hospice Quality Reporting Program (QRP). The deadline for applications is October 31.

For More Information:

- [Information and Recruitment Notification](#)

- [Interest Form](#)
- [Hospice QRP Requirements and Best Practices](#) webpage

MIPS: Participate in Field Testing of Episode-Based Cost Measures by November 15

CMS is conducting a field test for eight episode-based cost measures before consideration of their potential use in the cost performance category of the Merit-based Incentive Payment System (MIPS) of the Quality Payment Program. During the field test, clinicians may access confidential feedback reports with information about their performance on these new measures.

For More Information:

- [Fact Sheet](#)
- [FAQs](#)
- Register for calls on [Monday, October 30](#) or [Thursday, November 2](#)
- For questions, contact QPPCostMeasureTesting@ketchum.com

Physician Compare Preview Period Closes November 17

During the Physician Compare preview period, preview your 2016 performance data as it will appear on [Physician Compare](#) website profile pages and in the Downloadable Database later this year. Access the secured measure preview site through the [Provider Quality Information Portal \(PQIP\)](#). The 30-day preview period closes on November 17 at 8 pm ET.

For More Information:

- [Physician Compare Initiative](#) website
- [5 Tips to Preview Period](#)
- [Guide to the Physician Compare Preview Period](#)
- Physician Compare Performance Year 2016 [Group Profile Page Measures](#), [Group Downloadable Database Measures](#), and [Clinician Downloadable Database Measures](#)

Questions:

- For assistance accessing PQIP or obtaining your Enterprise Identity Management user role, contact the QualityNet Help Desk at 866-288-8912 or gnetsupport@hcqis.org
- For questions about Physician Compare, public reporting, or the 30-day preview period, contact PhysicianCompare@Westat.com

Provider Compliance

Reporting Changes in Ownership — Reminder

A 2016 Office of the Inspector General (OIG) report noted that providers may not be informing CMS of ownership changes. Providers must update their enrollment information to reflect changes in ownership within 30 days. Owners are individuals or corporations with a 5 percent or more ownership or controlling interest. Failure to comply could result in revocation of your Medicare billing privileges. Resources:

- [Timely Reporting of Provider Enrollment Information Changes](#) MLN Matters® Article
- [42 CFR 424.516](#)
- [Medicare: Vulnerabilities Related to Provider Enrollment and Ownership Disclosure](#) OIG Report
- [PECOS Enrollment Tutorial - Change of Information for an Individual Provider](#)
- [PECOS Enrollment Tutorial - Change of Information for an Organization/Supplier](#)
- [Updated Manual Guidelines for Electronic Funds Transfer Payments and Change of Ownership](#) MLN Matters Article

Upcoming Events

Definition of a Hospital: Primarily Engaged Requirement Call — November 2

Thursday, November 2 from 1:30 to 3 pm ET

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

Learn about new guidance in Appendix A of the [State Operations Manual](#) that discusses the Medicare definition of a hospital, including the requirement for hospitals to be primarily engaged in providing care to inpatients.

You may email questions in advance of the call to HospitalSCG@cms.hhs.gov. These questions may be addressed during the call or used for other materials following the call.

Target Audience: Hospitals, facilities seeking to participate in Medicare as a hospital, hospital associations, accreditation organizations, state survey agencies, and CMS regional offices.

Preventive Care and Health Screenings for Persons with Disabilities Webinar — November 2

Thursday, November 2 from 3:30 to 4:30 pm ET

Part of the Disability Competent Care series, this webinar explores the challenges health plans and providers experience providing preventive care and screenings for persons with disabilities. Find out about promising practices to address identified barriers and challenges. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available. See the [announcement](#) to register and for more information.

SNF Value-Based Purchasing Program FY 2018 Final Rule Call — November 16

Thursday, November 16 from 1:30 to 3 pm ET

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

Learn how the Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) Program will affect Medicare's payments to your SNF beginning October 1, 2018, as well as details on how CMS will translate SNF performance scores into value-based incentive payments. CMS will also discuss policies finalized in the FY 2018 [final rule](#).

A question and answer session follows the presentation; however attendees may email questions in advance to SNFVBPinquiries@cms.hhs.gov with "SNF VBP November NPC" in the subject line. These questions may be addressed during the call or used for other materials following the call.

Target audience: SNFs, administrators, and clinicians.

Comparative Billing Report on Emergency Department Services Webinar — December 13

Wednesday, December 13 from 3 to 4 pm ET

Join us for a discussion of the comparative billing report on Emergency Department Services (CBR201709), an educational tool for providers of all specialties who submit claims for emergency department services using Current Procedural Terminology® codes 99281 through 99285. During the webinar, interact directly with content specialists and submit questions about the report. See the [announcement](#) for more information and find out how to participate.

Medicare Learning Network Publications & Multimedia

Quality Payment Program in 2017: MIPS APMs Web-Based Training Course —New

With Continuing Education Credit

A new, online and self-paced course on the Quality Payment Program is now available through the [Learning Management System](#). Learners will receive information on:

- How to recognize who is a participant in a Merit-based Incentive Payment System (MIPS) Alternative Payment Model (APM)
- Benefits of the special APM scoring standard for MIPS APM participants
- Criteria for reporting on performance

This course is the fifth course in an evolving curriculum on the Quality Payment Program. Keep checking the [Learning Management System](#) for updates on new courses. This course offers CME credit.

HHA Star Rating Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [October 10](#) call on Home Health Agencies (HHAs): Quality of Patient Care Star Rating Algorithm. Learn about modifications and proposed changes to the way the star rating is calculated, including the removal of the influenza measure.

Prohibition on Billing Dually Eligible Individuals Enrolled in the QMB Program MLN Matters Article — Revised

An MLN Matters Special Edition Article on [Prohibition on Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary \(QMB\) Program](#) is available, including these revisions:

- Provider Remittance Advice and Medicare Summary Notices identify QMB status of beneficiaries and exemption from cost-sharing for Part A and B claims processed on or after October 2, 2017
- Recommendations on how providers can use these and other upcoming system changes to promote compliance with QMB billing requirements

General Equivalence Mappings FAQs Booklet — Revised

A revised [General Equivalence Mappings FAQs](#) Booklet is available. Learn about:

- Use of external cause and unspecified codes in ICD-10-CM
- Background and FAQs on the conversion of ICD-9-CM codes to ICD-10-CM/PCS and ICD-10-CM/PCS codes back to ICD-9-CM

Medicare Fraud & Abuse: Prevention, Detection, and Reporting Web-Based Training Course — Reminder

With Continuing Education Credit

A Medicare Fraud & Abuse: Prevention, Detection, and Reporting Web-Based Training (WBT) course is available through the [Learning Management System](#). Learn about:

- Fraud and abuse in healthcare
 - Laws governing fraud and abuse activities
 - Government partnerships fighting fraud and abuse
 - Where to report suspected fraud and abuse
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