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Official CMS news from the Medicare Learning Network

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News & Announcements

New Medicare Card: Less Than Four Months until Transition Begins

On April 1, 2018, CMS will start mailing Medicare cards with new Medicare Beneficiary Identifiers (MBIs) to everyone with Medicare. The MBI will replace the Social Security Number (SSN)-based Health Insurance Claim Number for transactions like billing, eligibility status, and claim status after a [transition period](#).

You must be ready to accept the MBI beginning April 1. People new to Medicare after April 1 will only get a card with the MBI.

- Get ready to use the new [MBI Format](#). Ask your billing and office staff if your system(s) will be ready to accept the 11 digit alpha numeric MBI. If you use vendors to bill Medicare, ask them about their MBI practice management system changes and make sure they are ready.
- Consider automatically accepting the new MBI from the remittance advice (835) transaction.

- Prepare to process Railroad Retirement Board (RRB) claims: Ensure your staff can identify the [RRB Medicare card](#); program your system to send these patients' claims to the Specialty Medicare Administrative Contractor (the MBI itself will not indicate it is an RRB beneficiary).
- Make and internally test changes to your practice management systems and business processes before April 2018.
- [Sign up](#) for your Medicare Administrative Contractor's portal now, so you can use the provider MBI look-up tool starting in June 2018.
- [Subscribe](#) to the weekly [MLN Connects](#) newsletter for updates and new information.
- Attend our quarterly [calls](#) to learn more. We will let you know when calls are scheduled in MLN Connects.

For More Information:

- [Fact Sheet](#)
- [Overview](#) webpage
- [Provider](#) webpage

IRF and LTCH Compare Quarterly Refresh: New Measures Added

The December 2017 quarterly Inpatient Rehabilitation Facility (IRF) and Long-term Care Hospital (LTCH) Compare refresh is available, including new quality measure results based on data submitted to CMS. The following new measures were added:

- Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccination (NQF #0680) – Note: LTCH measure suppressed by CMS due to measure calculation error
- Influenza Vaccination among Healthcare Personnel (NQF #0431)
- National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin resistant Staphylococcus aureus Bacteremia Outcome Measure (NQF #1716)
- NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection Outcome Measure (NQF #1717)

For More Information:

- [IRF](#) and [LTCH](#) fact sheets
- [IRF Compare](#) and [LTCH Compare](#) websites
- [IRF Quality Public Reporting](#) and [LTCH Quality Public Reporting](#) webpages

Hospice Compare Quarterly Refresh

The December 2017 quarterly Hospice Compare refresh is available based on discharges from the first through fourth quarters of 2016. Visit [Hospice Compare](#) to view the data.

MACRA Measure Development Plan Technical Expert Panel: Submit Nominations by December 20

CMS contracted with Health Services Advisory Group, Inc. to develop and update the CMS Quality Measure Development Plan, mandated by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). This plan serves as a strategic framework for clinician quality measure development to support the Quality Payment Program. We invite you to submit a nomination for the Technical Expert Panel (TEP) by December 20 at 11:59 pm ET. See the [TEP](#) webpage for more information.

Medicare Advisory Panel on Clinical Diagnostic Laboratory Tests: Request for Nominations

CMS requests nominations to fill vacancies on the Medicare Advisory Panel on Clinical Diagnostic Laboratory Tests (CDLTs). See the [Notice](#) for nomination criteria, and send nomination packages to

CDLTPanel@cms.hhs.gov. We receive nominations on a continuous basis. Visit the [Advisory Panel on CDLTs](#) webpage for more information.

QRDA I Conformance Statement Resource

CMS updated the Quality Reporting Document Architecture (QRDA) Category I [Conformance Statement Resource](#). This resource assists CY 2017 data submitters to troubleshoot the most commonly occurring conformance errors by providing detailed information to resolve the errors causing the file to reject.

For More Information:

- Visit the [eCQI Resource Center](#) website to find out more about QRDA and electronic clinical quality measures
- If you need additional assistance with the Conformance Statement, email the eCQI Resource Center at ecqi-resource-center@hhs.gov
- For general questions related to QRDA, visit the [ONC QRDA JIRA Issue Tracker](#) website
- For questions about the QualityNet Secure Portal, contact the [QualityNet Help Desk](#) or call 866-288-8912

Provider Enrollment Application Fee Amount for CY 2018

On December 4, CMS issued a notice: Provider Enrollment Application Fee Amount for CY 2018 [[CMS-6075-N](#)]. Effective January 1, 2018, the CY 2018 application fee is \$569 for institutional providers that are:

- Initially enrolling in the Medicare or Medicaid program or the Children's Health Insurance Program (CHIP)
- Revalidating their Medicare, Medicaid, or CHIP enrollment
- Adding a new Medicare practice location

This fee is required with any enrollment application submitted from January 1 through December 31, 2018.

Provider Compliance

Payment for Outpatient Services Provided to Beneficiaries Who Are Inpatients of Other Facilities

In a recent report, the Office of the Inspector General (OIG) determined that Medicare inappropriately paid acute-care hospitals for outpatient services provided to beneficiaries who were inpatients of other facilities, including long term care hospitals, inpatient rehabilitation facilities, inpatient psychiatric facilities, and critical access hospitals. As a result, beneficiaries were unnecessarily charged outpatient deductibles and coinsurance payments.

All items and non-physician services provided during a Medicare Part A inpatient stay must be provided directly by the inpatient hospital or under arrangements with the inpatient hospital and another provider. Use the following resources to bill correctly:

- [MLN Matters® Special Edition Article](#)
- OIG Report: [Medicare Inappropriately Paid Acute-Care Hospitals for Outpatient Services They Provided To Beneficiaries Who Were Inpatients of Other Facilities](#)
- [Medicare Claims Processing Manual, Chapter 3, Section 10.4](#)
- [Provider Compliance Tips for Ordering Hospital Outpatient Services](#) Fact Sheet
- [Acute Care Hospital Inpatient Prospective Payment System](#) Fact Sheet; see payment information on page 3
- [Items and Services Not Covered Under Medicare](#) Booklet, Page 12

Bill Correctly for Device Replacement Procedures

In a September 2017 report, the Office of the Inspector General (OIG) determined that Medicare paid for many device replacement procedures incorrectly. Hospitals are required to use condition codes 49 or 50 on claims for device replacement procedures resulting from a recall or premature failure (whether the device is provided at no cost or with a credit).

Use the following resources to bill correctly and avoid overpayment recoveries:

- OIG Report: [Shortcomings of Device Claims Data Complicate And Potentially Increase Medicare Costs for Recalled and Prematurely Failed Devices](#)
- [Medicare Claims Processing Manual, Chapter 3](#), section 100.8
- [Medicare Claims Processing Manual, Chapter 4](#), section 61.3.5 and 61.3.6

Claims, Pricers & Codes

If You Submit Paper Claims: Avoid Crossover Issues

If you submit paper Part B claims (including DMEPOS claims) to Medicare, do not add data or stray marks in item 13 of the CMS-1500 to indicate the beneficiary has not assigned benefits to you. If “no,” “none,” or stray marks appear in item 13, supplemental payers will incorrectly reimburse you instead of your patient.

Medicare Learning Network Publications & Multimedia

IRF Medical Review Changes MLN Matters Article — New

An MLN Matters Special Edition Article on [Inpatient Rehabilitation Facility \(IRF\) Medical Review Changes](#) is available. Learn about coverage criteria and required documentation.

IRF Reference Booklet — New

A new [Inpatient Rehabilitation Facility \(IRF\) Reference Booklet](#) is available. Learn about:

- Common documentation errors
- Scenarios and solutions for IRF services identified by Medicare Administrative Contractors and the Comprehensive Error Rate Testing program

Quality Payment Program Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [November 30](#) call on the Quality Payment Program. During this call, learn about the Year 2 provisions in the final rule with comment and interim final rule with comment.

Hurricane Irma and Medicare Disaster Related United States Virgin Islands, Commonwealth of Puerto Rico and State of Florida Claims MLN Matters Article — Updated

The MLN Matters Special Edition Article on [Hurricane Irma and Medicare Disaster Related United States Virgin Islands, Commonwealth of Puerto Rico and State of Florida Claims](#) has been updated. This article was revised to advise providers that the public health emergency declaration and Section 1135 waiver authority expired on December 2, 2017, for Florida and on December 3, 2017, for the United States Virgin Islands and the Commonwealth of Puerto Rico.

Hurricane Irma and Medicare Disaster Related South Carolina and Georgia Claims MLN Matters Article — Updated

The MLN Matters Special Edition Article on [Hurricane Irma and Medicare Disaster Related South Carolina and Georgia Claims](#) has been updated. This article was revised to advise providers that the public health emergency declaration and Section 1135 waiver authority expired on December 4, 2017, for South Carolina and on December 5, 2017, for Georgia.

December 2017 Catalog — Revised

A revised [December 2017 MLN Catalog](#) is available. Learn about:

- Products and services you can download for free
- Web-based training courses; some offer continuing education credits
- Helpful links, tools, and tips

IRF Prospective Payment System Booklet — Revised

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

- Elements of the Inpatient Rehabilitation Facility (IRF) Prospective Payment System
- Payment updates
- Quality Reporting Program

DMEPOS Competitive Bidding Program Grandfathering Requirements for Non-Contract Suppliers Fact Sheet — Revised

A revised [DMEPOS Competitive Bidding Program Grandfathering Requirements for Non-Contract Suppliers](#) Fact Sheet is available. Learn about:

- Grandfathered suppliers in the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program
- Notification requirements under the grandfathering provisions
- Rules that apply to rented items
- Transitioning a beneficiary from a non-contract supplier to a contract supplier

DMEPOS Competitive Bidding Program Traveling Beneficiary Fact Sheet — Revised

A revised [DMEPOS Competitive Bidding Program Traveling Beneficiary](#) Fact Sheet is available. Learn about:

- Rules for Medicare beneficiaries who reside in or travel to areas impacted by the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program
- Guidance on renting DME or obtaining oxygen prior to travel
- How to properly bill Medicare for the item
- How Medicare will determine the payment amount

Medical Privacy of Protected Health Information Fact Sheet — Reminder

The [Medical Privacy of Protected Health Information](#) Fact Sheet is available. Learn about:

- Privacy rule
- How the rule applies to customary health care practices
- Tips for securing health information when using a mobile device
- HIPAA resources

Behavioral Health Integration Services Fact Sheet — Reminder

The [Behavioral Health Integration Services](#) Fact Sheet is available. Learn about:

- Integrating behavioral health with primary care services
- Psychiatric Collaborative Care Model
- How to bill for behavioral health integration services

Medicare Basics: Commonly Used Acronyms Educational Tool — Reminder

The [Medicare Basics: Commonly Used Acronyms](#) Educational Tool is available. Learn about:

- Acronyms frequently used in Medicare publications
- Webpage references for certain acronyms
- Creating a personalized list of the acronyms you use

Evaluation and Management Services Web-Based Training Course — Reminder

With Continuing Education Credit

The Evaluation and Management Services Web-Based Training course is available through the [Learning Management System](#). Learn about:

- Medical record documentation
- Billing and coding considerations
- 1995 and 1997 documentation guidelines

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