News & Announcements

Low Volume Appeals Settlement Process

On February 5, CMS started accepting Expressions of Interest for the Low Volume Appeals (LVA) settlement process. The LVA settlement option is for providers, physicians, and suppliers (appellants) with:

- Fewer than 500 appeals pending at the Office of Medicare Hearing and Appeals and the Medicare Appeals Council at the Departmental Appeals Board, combined, as of November 3, 2017
- A total billed amount of $9,000 or less per appeal

If you are interested in participating in LVA to address your pending appeals:

- Visit the [Low Volume Appeals Initiative](#) webpage
- Register for the Medicare Learning Network call on March 13
Provider Compliance

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

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
- Medicare Inappropriately Paid Acute-Care Hospitals for Outpatient Services They Provided To Beneficiaries Who Were Inpatients of Other Facilities OIG Report
- 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

Upcoming Events

Low Volume Appeals Settlement Option Update Call — March 13
Tuesday, March 13 from 1:30 to 3 pm ET

Register for Medicare Learning Network events.

As part of the broader HHS commitment to improving the Medicare appeals process, CMS made available the Low Volume Appeals (LVA) settlement option on February 5, 2018. LVA is for providers and suppliers (appellants) with fewer than 500 appeals pending at the Office of Medicare Hearings and Appeals (OMHA) and the Medicare Appeals Council (the Council) at the Departmental Appeals Board.

During this call, learn more about LVA, the current status, and how the settlement process works. CMS speakers discuss how to identify whether you are eligible, which of your pending appeals may be settled, and upcoming submission timeframes. Visit the Low Volume Appeals Initiative webpage for more information.

A question and answer session follows the presentation; however attendees may email questions in advance to MedicareSettlementFAQs@cms.hhs.gov with “Low Volume Appeals Settlement March 13 Call” in the subject line. These questions may be addressed during the call or used for other materials following the call.

Target Audience: Medicare fee-for-service providers, physicians, and other suppliers with fewer than 500 appeals pending at OMHA and the Council.

Open Payments: The Program and Your Role Call — March 14
Wednesday, March 14 from 2 to 3 pm ET

Register for Medicare Learning Network events.

Industry is currently submitting data to the Open Payments System on payments or transfers of value made to physicians and teaching hospitals during 2017. 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. A question and answer session follows the presentation.

See the Open Payments Registration webpage for more information. CMS will publish the 2017 payment data and updates to the 2013 through 2016 data on June 30, 2018.

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.

Dementia Care: Person-Centered Care Planning and Practice Recommendations Call — March 20
National Partnership to Improve Dementia Care and Quality Assurance Performance Improvement
Tuesday, March 20 from 1:30 to 3 pm ET

Register for Medicare Learning Network events.

During this call, gain insight on the phase two changes for person-centered care planning and discharge planning. Also, learn about the new Alzheimer’s Association Dementia Care Practice Recommendations. Additionally, CMS shares updates on the progress of the National Partnership to Improve Dementia Care in Nursing Homes. A question and answer session follows the presentations.

Speakers:
- Debra Lyons, CMS
- Douglas Pace, Alzheimer’s Association
- Michele Laughman, CMS

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

CMS National Provider Enrollment Conference — April 24 and 25
Tuesday, April 24 and Wednesday, April 25 from 8 am to 5 pm PT
San Diego, California

Register for the CMS National Provider Enrollment Conference at the San Diego Convention Center. Take advantage of this opportunity to interact directly with CMS and Medicare Administrative Contractor provider enrollment experts.

Medicare Learning Network Publications & Multimedia

CMS Provider Minute Video: Utilizing Your MAC to Prepare for CERT Review — New
Discover how your Medicare Administrative Contractor (MAC) can help you with a Comprehensive Error Rate Testing (CERT) review. Learn the review process and how to be prepared. The CMS Provider Minute: Utilizing Your MAC video gives you the tools necessary to be successful in navigating CERT review. Learn about:
- Your MAC’s role
- CERT process
- Your role
### Low Volume Appeals Settlement Call: Audio Recording and Transcript — New

An audio recording, transcript, and clarification are available for the February 13 call on the Low Volume Appeals Settlement Option. CMS speakers discuss how to identify whether you are eligible and which of your pending appeals may be settled.

### Provider Compliance Tips for Hospital Beds and Accessories Fact Sheet — New

A new [Provider Compliance Tips for Hospital Beds and Accessories](#) Fact Sheet is available. Learn about:
- General requirements for coverage of hospital beds
- How to prevent claim denials
- Documentation needed to submit a claim

### Provider Compliance Tips for Infusion Pumps and Related Drugs Fact Sheet — New

A new [Provider Compliance Tips for Infusion Pumps and Related Drugs](#) Fact Sheet is available. Learn about:
- Requirements for Infusion pumps
- How to prevent claim denials
- Documentation needed to submit a claim

### Provider Compliance Tips for Nebulizers and Related Drugs Fact Sheet — New

A new [Provider Compliance Tips for Nebulizers and Related Drugs](#) Fact Sheet is available. Learn about:
- Coverage Requirements for Nebulizers
- How to prevent claim denials
- Documentation needed to submit a claim

### Provider Compliance Tips for Laboratory Tests – Blood Counts Fact Sheet — New

A new [Provider Compliance Tips for Laboratory Tests – Blood Counts](#) Fact Sheet is available. Learn about:
- Different types of blood counts
- How to prevent claim denials
- Type of order needed to submit a claim

### Provider Compliance Tips for Diabetic Test Strips Fact Sheet — Revised

A revised [Provider Compliance Tips for Diabetic Test Strips](#) Fact Sheet is available. Learn about:
- How to prevent claim denials
- Documentation needed to submit a claim

### Overview of the Repetitive Scheduled Non-emergent Ambulance Prior Authorization Model MLN Matters Article — Revised

A revised MLN Matters Special Edition Article on [Overview of the Repetitive Scheduled Non-emergent Ambulance Prior Authorization Model](#) is available. Learn about adding ambulance transports in Jurisdictions L and M and the scheduled end date of the model.

### Telehealth Services Booklet — Revised
A revised Telehealth Services Booklet is available. Learn about:
- Originating sites
- Distant site practitioners
- Billing and payment for professional services and the originating site facility fee

Medicare Enrollment for Institutional Providers Booklet — Revised

A revised Medicare Enrollment for Institutional Providers Booklet is available. Learn about:
- Quick start guide
- Resources

PECOS for Physicians and NPPs Booklet — Revised

A revised The PECOS for Physicians and Non-Physician Practitioners (NPPs) Booklet is available. Learn about:
- Registering in the Provider Enrollment, Chain, and Ownership System (PECOS) system
- Obtaining a National Provider Identifier
- Entering information
- Responding to Medicare Administrative Contractor requests

DMEPOS Information for Pharmacies Fact Sheet — Reminder

A revised DMEPOS Information for Pharmacies Fact Sheet is available. Learn about:
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) accreditation exemption
- Accreditation requirements for a new pharmacy and change of ownership

DMEPOS Accreditation Fact Sheet — Reminder

A revised DMEPOS Accreditation Fact Sheet is available. Learn about:
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) accreditation requirement
- Exempted supplies, providers, and other professionals

Mass Immunizers and Roster Billing Booklet — Reminder

The Mass Immunizers and Roster Billing Booklet is available. Learn about:
- Requirements for mass immunizers and roster billing
- Centralized billing

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