



mlnconnects

Official CMS news from the Medicare Learning Network

Thursday, April 5, 2018

News & Announcements

- New Medicare Card Project – Important Updates
- Bipartisan Budget Act: CMS Reprocessing Impacted Claims
- Reducing Provider Burden: Send us Your Feedback
- MIPS Group Web Interface and CAHPS Survey: Register by June 30
- MIPS APM: Resources for Performance Year 2018
- Medicare Diabetes Prevention Program: New Resources
- Administrative Simplification: Electronic Transactions
- Opioids: CDC Online Training Series
- Opioid Overdoses Treated in Emergency Departments: CDC Vital Signs Report
- Help Prevent Alcohol Misuse or Abuse
- Reduce the Risk of Falls in Elderly Patients

Provider Compliance

- Hospice Election Statements Lack Required Information or Have Other Vulnerabilities — Reminder

Claims, Pricers & Codes

- HCPCS Code Set Modifications

Upcoming Events

- Cultural Competence: Meeting LTSS Needs of Beneficiaries Webinar — April 12
- Safe and Effective Use of Medications in Older Adults Webinar — April 18
- Managing Older Adults with Substance Use Disorders Webinar — May 16

Medicare Learning Network® Publications & Multimedia

- Institutional Billing for No Cost Items MLN Matters Article — New
- Proper Coding for Specimen Validity Testing Billed in Combination with Drug Testing MLN Matters Article — New
- SNF ABN MLN Matters Article — New
- SNF Value-Based Purchasing Program Updated MLN Matters Article — New
- Dementia Care Call: Audio Recording and Transcript — New
- Medicare FFS Response to the 2017 California Wildfires MLN Matters Article — Updated
- Medicare FFS Response to the 2017 Southern California Wildfires MLN Matters Article — Updated
- Inpatient Psychiatric Facility PPS Booklet — Revised
- Medicare Enrollment for Providers Who Solely Order, Certify, or Prescribe Booklet — Revised
- 2018 Medicare Part C and Part D Reporting Requirements and Data Validation Web-Based Training Course — Revised
- Medicare Parts A & B Appeals Process Booklet — Reminder
- Looking for Educational Materials?

News & Announcements

New Medicare Card Project – Important Updates

CMS started mailing newly-designed Medicare cards with the new Medicare Beneficiary Identifier (MBI), or Medicare Number. People enrolling in Medicare for the first time will be among the first to get the new cards, no matter where they live. Current Medicare beneficiaries will get their new cards on a rolling basis over the [coming months](#). We will continue to accept the Health Insurance Claim Number (HICN) through the [transition period](#).

During our planning, we continuously adjusted and improved our mailing strategy to make sure we are:

- Mailing the new cards to accurate addresses
- Protecting current Medicare beneficiaries and their personal information in every way possible

We are working on making our processes even better by using the highest levels of fraud protection when we mail new cards to current Medicare beneficiaries. Over the next few weeks, we will complete this additional work and begin mailing new cards to current Medicare beneficiaries.

We are committed to mailing new cards to all Medicare beneficiaries over the next year. For more information, visit the New Medicare Card [landing](#) and [provider](#) webpages.

Bipartisan Budget Act: CMS Reprocessing Impacted Claims

On February 9, Congress passed the Bipartisan Budget Act of 2018, which contains provisions that extend certain Medicare Fee-For-Service (FFS) policies. Provisions include:

- Ambulance add-on payment
- Work Geographic Practice Cost Index Floor
- Three percent Home Health Rural Add-on Payment

Due to the retroactive effective dates of these provisions, your Medicare Administrative Contractor (MAC) will reprocess Medicare FFS claims impacted by this legislation. You do not need to take any action.

MACs are reprocessing CY 2018 outpatient therapy cap claims, which contain the KX modifier for services in excess of the prior cap amounts. Learn more in [MLN Matters® Article #10531](#).

Reducing Provider Burden: Send us Your Feedback

Medicare is simplifying claims documentation requirements so that you spend less time on paperwork, allowing you to focus more on your patients. Visit the Provider Compliance Group's [Simplifying Documentation Requirements](#) and [Reducing Provider Burden](#) webpages to learn about our recent initiatives, including:

- Documentation Requirements Simplification Initiative
- Simplifying medical review with [Targeted Probe and Educate](#)

Where should we focus next? Send feedback and suggestions to ReducingProviderBurden@cms.hhs.gov.

MIPS Group Web Interface and CAHPS Survey: Register by June 30

Registration is required for groups that intend to use the CMS Web Interface and/or administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for Merit-based Incentive Payment System (MIPS) survey for 2018. To register, visit the [Quality Payment Program](#) website; you will need a valid [Enterprise Identity Management](#) (EIDM) account. The registration period ends June 30.

If your group was registered to participate in MIPS in 2017 via the CMS Web Interface, CMS automatically registered your group for 2018 CMS Web Interface participation. You may edit or cancel your registration at any time during the registration period. Automatic registration does not apply to the CAHPS for MIPS survey.

For more information, visit the [Resource Library](#) webpage.

MIPS APM: Resources for Performance Year 2018

Merit-based Incentive Payment System (MIPS) Alternative Payment Model (APM) performance year 2018 materials are available:

- [Quality Performance Category Scoring Web Interface Reporters Fact Sheet](#) and [Scores for Improvement Activities Fact Sheet](#): MIPS Quality performance category scoring scenarios for groups submitting quality measure data via the Web Interface and for eligible clinicians participating in Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program or Next Generation ACO Model
- [Other MIPS APM Quality Performance Category Fact Sheet](#): Scoring methodology for the Quality performance category for eligible clinicians in certain APMs under MIPS
- [Scoring for APMs Fact Sheet](#): Standardized APM scoring methodology
- [All-Payer Combination Option & Other Payer Advanced APMs FAQs](#): Includes links to payer-specific fact sheets and guidance materials

Medicare Diabetes Prevention Program: New Resources

New resources are available on the [Medicare Diabetes Prevention Program Expanded Model](#) website:

- [Orientation Video](#): 5-minute overview, including introductory information on enrollment and services
- [Enrollment Process Timeline](#): Steps CMS will take to process your enrollment application, how the Medicare Administrative Contractors are involved, and actions to take in this process
- [Supplier Requirements Checklist](#): Requirements you must comply with to maintain enrollment in Medicare

Overview of MDPP:

- [Overview Fact Sheet](#)
- [CDC - CMS Roles Fact Sheet](#): Roles of the Centers for Disease Control and Prevention (CDC) and CMS in the implementation of MDPP
- [Medicare Learning Network Call on the Final Rule](#): Overview of the regulations

MDPP Supplier Enrollment:

- [List of eligible organizations](#)
- [Road Map](#): Understand the supplier journey
- [Orientation Webinar](#): Requirements to enroll as a supplier, furnish services, and submit claims (registration required to view webinar)
- Enrollment [Fact Sheet](#) and [Checklist](#): Find out what you need to do to enroll in Medicare
- [Enrollment Application](#): Submit through [PECOS](#) or use the paper form

For more information, email MDPP@cms.hhs.gov.

Administrative Simplification: Electronic Transactions

Did you know that Administrative Simplification standards can help you streamline your paperwork and reduce costs? By adopting CMS standards for [electronic transactions](#), you can reduce the time your practice spends on insurance and billing tasks.

For More Information:

- Visit the [Administrative Simplification](#) website
- Check out the [video](#), [infographic](#), and [fact sheet](#)

Opioids: CDC Online Training Series

More than 40 people die every day from prescription opioid-involved overdose. The Centers for Disease Control and Prevention (CDC) [Guideline for Prescribing Opioids for Chronic Pain](#) provides recommendations for safer and more effective prescribing of opioids for chronic pain in patients 18 and older in outpatient settings outside of active cancer treatment, palliative care, and end-of-life care. This [online training series](#) will help you apply CDC's recommendations in your clinical setting through interactive patient scenarios, videos, knowledge checks, tips, and resources.

- [Applying CDC's Guideline for Prescribing Opioids](#)
- [Treating Chronic Pain without Opioids](#)
- [Communicating with Patients](#)
- [Reducing the Risks of Opioids](#) – New

Opioid Overdoses Treated in Emergency Departments: CDC Vital Signs Report

Read the Centers for Disease Control and Prevention (CDC) Vital Signs Report on [Opioid Overdoses Treated in Emergency Departments](#). Emergency Department (ED) visits for opioid overdoses rose 30% in all parts of the US from July 2016 through September 2017. People who have had an overdose are more likely to have another, so being seen in the ED is an opportunity for action. This epidemic does not stay within state and county lines. Coordinated action between EDs, health departments, mental health and treatment providers, community-based organizations, and law enforcement can prevent opioid overdose and death.

Help Prevent Alcohol Misuse or Abuse

April is Alcohol Awareness Month, and April 5 is National Alcohol Screening Day. Excessive alcohol use can lead to increased risk of health problems, including injuries, liver diseases, and cancer. Ask your Medicare patients about their drinking habits and perform a brief screen and intervention if appropriate.

For More Information:

- [Screening, Brief Intervention, and Referral to Treatment Services](#) Fact Sheet
- [Medicare Preventive Services](#) Educational Tool
- [National Institute on Alcohol Abuse and Alcoholism](#) website
- [Alcohol Awareness Month](#) website

Visit the [Preventive Services](#) website to learn more about Medicare-covered services.

Reduce the Risk of Falls in Elderly Patients

Falls are not an inevitable part of aging, yet one in four adults over age 65 falls every year. Reduce your patients' chances of falling by being proactive. Ask:

- Have you fallen in the past year?
- Do you feel unsteady when standing or walking?
- Do you worry about falling?

Learn to screen, assess, and intervene. Visit the Centers for Disease Control and Prevention [Older Adult Fall Prevention](#) webpage, and read their [pocket guide](#).

Provider Compliance

Hospice Election Statements Lack Required Information or Have Other Vulnerabilities — Reminder

After a stratified random sample review of hospice election statements and certifications of terminal illness, the Office of the Inspector General (OIG) reports that more than one-third of hospice General Inpatient (GIP) stays lack required information or had other vulnerabilities.

- Hospice election statements did not always mention – as required – that the beneficiary was waiving coverage of certain Medicare services by electing hospice care or that hospice care is palliative rather than curative
- In 14 percent of GIP stays, the physician did not meet requirements when certifying that the beneficiary was terminally ill and appeared to have limited involvement in determining that the beneficiary's condition was appropriate for hospice care

Hospices should improve their election statements and ensure that physicians meet requirements when certifying beneficiaries for hospice care. Resources:

- [Hospices Should Improve Their Election Statements and Certifications of Illness](#) OIG Report
- [Hospice Payment System](#) Booklet: Includes a section on the hospice election statement
- [Documentation Requirements for the Hospice Physician Certification/Recertification](#) MLN Matters Article
- [Sample Hospice Election Statement](#) MLN Matters Special Edition Article

Claims, Pricers & Codes

HCPCS Code Set Modifications

The April update of the HCPCS code set is available on the [HCPCS Quarterly Update](#) webpage. Changes are effective on the date indicated in the update.

Upcoming Events

Cultural Competence: Meeting LTSS Needs of Beneficiaries Webinar — April 12

Thursday, April 12 from 12 to 1:30 pm ET

[Register](#) for this webinar.

This webinar identifies Long-Term Services and Supports (LTSS) preferences, values, and needs of members from diverse cultural backgrounds. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

Safe and Effective Use of Medications in Older Adults Webinar — April 18

Wednesday, April 18 from 12 to 1:30 pm ET

[Register](#) for this webinar.

Part of the Geriatric Competent Care series, this interactive webinar describes the need for management and coordination for older adults as they manage multiple medications. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

Managing Older Adults with Substance Use Disorders Webinar — May 16

Wednesday, May 16 from 12 to 1:30 pm ET

[Register](#) for this webinar.

Part of the Geriatric Competent Care series, this webinar describes Substance Use Disorder (SUD), how to diagnose SUD, and available treatment resources. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

Medicare Learning Network® Publications & Multimedia

Institutional Billing for No Cost Items MLN Matters Article — New

A new MLN Matters Article on [Institutional Billing for No Cost Items](#) is available. Learn how to report drugs provided at no cost in the hospital outpatient department.

Proper Coding for Specimen Validity Testing Billed in Combination with Drug Testing MLN Matters Article — New

A new MLN Matters Special Edition Article on [Proper Coding for Specimen Validity Testing Billed in Combination with Drug Testing](#) is available. Learn about descriptors for presumptive and definitive drug testing codes.

SNF ABN MLN Matters Article — New

A new MLN Matters Article on [Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage \(SNF ABN\)](#) is available. Learn about the discontinuation of the five SNF denial letters and the Notice of Exclusion from Medicare Benefits, Form CMS-20014.

SNF Value-Based Purchasing Program Updated MLN Matters Article — New

A new MLN Matters Special Edition Article on [Skilled Nursing Facility Value-Based Purchasing Program Updated](#) is available. Learn about scoring and operational policies affecting payment determination in FY 2019 and the exchange function approach to implement incentive payment adjustments.

Dementia Care Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [March 20](#) call on Dementia Care: Person-Centered Care Planning and Practice Recommendations. Gain insight on the phase two changes for person-centered care planning and discharge planning, and learn about the new Alzheimer's Association Dementia Care Practice Recommendations.

Medicare FFS Response to the 2017 California Wildfires MLN Matters Article — Updated

The MLN Matters Special Edition Article on [Medicare Fee-for-Service \(FFS\) Response to the 2017 California Wildfires](#) has been updated. This article was revised to advise providers that the public health emergency declaration and Section 1135 waiver authority expired on January 5, 2018.

Medicare FFS Response to the 2017 Southern California Wildfires MLN Matters Article — Updated

The MLN Matters Special Edition Article on [Medicare Fee-for-Service \(FFS\) Response to the 2017 Southern California Wildfires](#) has been updated. This article was revised to advise providers that the public health emergency declaration and Section 1135 waiver authority expired on March 3, 2018.

Inpatient Psychiatric Facility PPS Booklet — Revised

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

- Certifications and recertifications
- How payments are determined
- FY 2018 update
- Quality Reporting Program

Medicare Enrollment for Providers Who Solely Order, Certify, or Prescribe Booklet — Revised

A revised [Medicare Enrollment for Providers Who Solely Order, Certify, or Prescribe](#) Booklet is available. Learn about:

- Eligible ordering, certifying, and prescribing providers
- How to enroll in Medicare as an eligible provider

2018 Medicare Part C and Part D Reporting Requirements and Data Validation Web-Based Training Course — Revised

With Continuing Education Credit

A revised 2018 Medicare Part C and Part D Reporting Requirements and Data Validation Web-Based Training (WBT) course is available through the [Learning Management System](#). Learn about:

- Planning and performing data validation activities
- Analyzing results and submission of findings
- Completing the post-data validation activities

Medicare Parts A & B Appeals Process Booklet — Reminder

A revised [Medicare Parts A & B Appeals Process](#) Booklet is available. Learn about:

- Five levels of claim appeals
- New option for a level three on-the-record review
- Forms and helpful tips for filing an appeal

Looking for Educational Materials?

Visit the [Medicare Learning Network](#) and see how we can support your educational needs. Learn about publications; calls and webcasts; continuing education credits; Web-Based Training; newsletters; and other resources.

[Like the newsletter? Have suggestions? Please let us know!](#)

[Subscribe](#) to MLN Connects. Previous issues are available in the [archive](#). This newsletter is current as of the issue date. View the complete [disclaimer](#).

Follow the MLN on [Twitter](#) #CMSMLN, and visit us on [YouTube](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health and Human Services (HHS).

