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Official CMS news from the Medicare Learning Network

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## News & Announcements

### New Medicare Card: Help Your Patients

CMS is mailing new Medicare cards with new Medicare numbers to people newly enrolling in Medicare. People who already have Medicare coverage will receive their cards on a [flow basis](#).

We are conducting a major education campaign about the new card, and you can help:

- Your Medicare patients will not get new cards if their addresses are not correct. If the address you have on file is different than the Medicare address you get in electronic eligibility transaction responses, ask your patient to correct their address through [Social Security](#).
- Prepare to answer your patients' questions: Read the [Medicare.Gov](#) webpage and [messaging guidelines](#).
- Play the one minute [New Medicare Cards are coming!](#) video in your waiting room, so patients know when and how they will receive the new card (also available in [opened caption](#) and [1080p](#) formats).
- Display a [poster](#) in your office.
- Give your patients [tear-off sheets](#) or [flyers](#).

[Register and order](#) these free color products available in multiple languages, or print on 8.5"x11" paper:

- Poster, 11"x17" (Product #12009-P)
- Pad of 50 tear-off sheets, 4"x 5.25" ( Product #12006)

- Flyer, 8.5"x11" (Product #12002 )

Visit the [Provider](#) webpage for the latest information.

### **CMS Changes Name of the EHR Incentive Programs and Advancing Care Information to “Promoting Interoperability”**

CMS is overhauling and streamlining the Electronic Health Record (EHR) Incentive Programs for hospitals as well as for the Advancing Care Information performance category of the [Merit-based Incentive Payment System \(MIPS\)](#), which is one track of the Quality Payment Program. To better reflect this focus, CMS is renaming:

- The EHR Incentive Programs to the Promoting Interoperability Programs for eligible hospitals, critical access hospitals, and Medicaid providers
- The MIPS Advancing Care Information performance category to the Promoting Interoperability performance category for MIPS eligible clinicians

Note: this rebranding does not merge or combine the EHR Incentive Programs and MIPS.

### **Protect Medicare and Medicaid: Report Fraud, Waste, and Abuse**

The CMS Center for Program Integrity (CPI) works with providers, states, and other partners to protect the Medicare and Medicaid programs from fraud, waste, and abuse. CPI recently launched [new webpages](#) to inform consumers and providers about our efforts to protect patients, while also minimizing unnecessary burden on providers. Visit the [Reporting Fraud](#) webpage to report suspected health care fraud, waste, or abuse.

### **Hospital Inpatient Quality Reporting Program: Submission Deadline May 15**

Hospital Inpatient Quality Reporting (IQR) Program participants must submit the following data by May 15:

- 4Q 2017 Chart-Abstracted Clinical measures
- 4Q 2017 Healthcare-Associated Infection measures
- 4Q 2017 – 1Q 2018 Healthcare Personnel Influenza Vaccination measure
- 4Q 2017 Perinatal Care measure
- FY 2019 Structural measures
- FY 2019 Data Accuracy and Completeness Acknowledgement

For More Information:

- Read the full [message](#)
- [4Q 2017 Hospital IQR Checklist](#)
- Contact the Hospital IQR Support Team at 844-472-4477

### **IRF, LTCH, and SNF Quality Reporting Programs: Submission Deadline May 15**

The submission deadline for the Inpatient Rehabilitation Facility (IRF), Long-Term Care Hospital (LTCH), and Skilled Nursing Facility (SNF) Quality Reporting Programs is May 15 by 11:59 pm PT:

- IRF-PAI and LTCH CARE Data Set assessment data and data submitted to CMS via the Center for Disease Control and Prevention National Healthcare Safety Network (NHSN) for the fourth quarter of CY 2017
- IRF and LTCH: Influenza Vaccination among Healthcare Personnel (NQF #0431) via NHSN for the fourth quarter of CY 2017 through the first quarter of CY 2018
- MDS data for all four quarters of CY 2017

Run validation/output reports prior to each quarterly reporting deadline to ensure you submit all required data. For a list of required measures:

- [IRF Quality Reporting Data Submission Deadlines](#)
- [LTCH Quality Reporting Data Submission Deadlines](#)
- [SNF Quality Reporting Program Data Submission Deadlines](#)

For providers affected by hurricanes Harvey, Irma, or Maria, CMS issued reporting exceptions:

- [IRF Quality Reporting Reconsideration and Exception & Extension](#)
- [LTCH Quality Reporting Reconsideration and Exception & Extension](#)
- [SNF Quality Reporting Reconsideration and Exception & Extension](#)

## Open Payments Review and Dispute Data by May 15

Open Payments Program Year 2017 data and any newly submitted records are available for review. Physicians and teaching hospitals: review, affirm, and, if necessary, dispute these records by May 15. Review of the data is voluntary but strongly encouraged.

Disputes must be initiated during the review and dispute period to be reflected in the June 2018 data publication. For more information, read the [Review and Dispute Quick Reference Guide](#).

To review your data, register in the Open Payments system. Visit the [Registration for Physicians & Teaching Hospitals](#) webpage for instructions. If you are already registered, log in to review your data:

- If you have not accessed your account in 60 days or more, you will need to unlock your account in the [CMS Portal](#)
- If you have not accessed your account in 180 days or more, your account has been deactivated, and you will need to contact the Open Payments Help Desk to reinstate your account

For More Information:

- [Open Payments](#) website
- Contact the Open Payments Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) or 855-326-8366; TTY 844-649-2766

## MACRA Funding Opportunity: Deadline Extended to May 30

In March, CMS [announced a funding opportunity](#) for the development, improvement, updating, and expansion of quality measures for use in the Quality Payment Program. CMS will be partnering directly with clinicians, patients, and other stakeholders to provide up to \$30 million of funding and technical assistance in development of quality measures over three years.

The application deadline is extended to May 30. For more information, visit [Grants.gov](#) or the [MACRA](#) webpage.

## STD Awareness Month: Talk, Test, Treat

Take three simple actions to protect your patients: Talk about sexual health, test for Sexually Transmitted Diseases (STDs) as recommended, and treat patients following approved guidelines. Recommend appropriate Medicare-covered preventive services, including:

- Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling to Prevent STIs
- Human Immunodeficiency Virus (HIV) Screening
- Hepatitis B Virus Vaccine and Administration

For More Information:

- [Medicare Preventive Services Educational Tool](#)
- [Medicare Part B Immunization Billing Educational Tool](#)
- [Centers for Disease Control and Prevention webpage](#)
- [STD Awareness Month webpage](#)

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

## Provider Compliance

### Proper Use of the KX Modifier for Part B Immunosuppressive Drug Claims — Reminder

A 2017 Office of the Inspector General (OIG) report noted that, in some cases, pharmacies incorrectly billed Medicare Part B for claims using the KX modifier for immunosuppressive drugs. It is estimated that Medicare paid \$4.6 million for these claims that did not comply with Medicare requirements.

In response to this report, CMS clarified manual instructions on the use of the KX modifier to help pharmacies document the medical necessity of organ transplant and eligibility for Medicare coverage. Resources for pharmacies:

- [CMS and Its Claims Processing Contractors Issued Conflicting Guidance on the Proper Use of the KX Modifier for Part B Immunosuppressive Drug Claims](#) OIG Report, August 2017
- [Pharmacy Billing of Immunosuppressive Drugs](#) MLN Matters® Article
- [Clarification of the Billing of Immunosuppressive Drugs](#) MLN Matters Article

## Upcoming Events

### Medicare Cost Report e-Filing System Webcast — May 1

Tuesday, May 1 from 1 to 2:30 pm ET

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

During this webcast, learn how to use the Medicare Cost Report e-Filing (MCR eF) system. Beginning May 1, Medicare Part A providers can use MCR eF to submit cost reports with fiscal years ending on or after December 31, 2017. You will have the option to electronically transmit your cost report through MCR eF or mail or hand deliver it to your Medicare Administrative Contractor. Starting July 2, you must use MCR eF if you choose electronic submission of your cost report. Access to MCR eF will be controlled by the CMS Enterprise Identity Management (EIDM) system. Security Officials (SOs) and Backup SOs registered in EIDM for access to the Provider Statistical and Reimbursement (PS&R) system will have access to MCR eF through their existing account. Providers that are not registered in EIDM as PS&R users must [register and assign](#) an SO for their organization.

A question and answer session follows the presentation; however, attendees may email questions in advance to [OFMDPAOQuestions@cms.hhs.gov](mailto:OFMDPAOQuestions@cms.hhs.gov) with “Medicare Cost Report e-Filing System Webcast” in the subject line. These questions may be addressed during the webcast or used for other materials following the webcast.

CMS will use webcast technology for this event with audio streamed through your computer. If you are unable to stream audio, phone lines are available.

Target Audience: Medicare Part A providers and entities that file cost reports for providers.

### CMS Quality Measures: How They Are Used and How You Can Be Involved Webinar — May 2

Wednesday, May 2 from 4 to 5 pm ET

[Register](#) for this webinar.

CMS hosts a webinar that covers an introduction to quality measures, overview of the measure development process, how the public can get involved, and the new Meaningful Measures initiative. CMS is looking for your feedback and participation in the quality measurement community, so join us to learn what we are doing and how you can be a part of the process.

### **Quality Payment Program: Answering Your Frequently Asked Questions Call — May 16**

Wednesday, May 16 from 1:30 to 3 pm ET

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

During this call, CMS answers frequently asked questions about the Quality Payment Program from the 2018 Healthcare Information and Management Systems Society (HIMSS18) Annual Conference & Exhibition and inquiries received by the Quality Payment Program Service Center. Then, we open the phone lines to take your questions.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate formula, which would have resulted in a significant cut to payment rates for clinicians participating in Medicare. MACRA requires CMS by law to implement an incentive program, referred to as the Quality Payment Program, which provides two participation tracks for clinicians:

- The Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (Advanced APMs)

Target Audience: Medicare Part B fee-for-service clinicians; office managers and administrators; state and national associations that represent healthcare providers; and other stakeholders.

### **Settlement Conference Facilitation Expansion Call — May 22**

An Alternative Dispute Resolution Initiative

Tuesday, May 22 from 1:30 to 3 pm ET

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

As part of the broader commitment by HHS to improving the Medicare claims appeals process, the Office of Medicare Hearings and Appeals (OMHA) is expanding the current Settlement Conference Facilitation (SCF) program to reach additional providers and suppliers. SCF is an alternative dispute resolution process that gives certain providers and suppliers an opportunity to resolve their eligible Part A and Part B appeals pending at OMHA and the Medicare Appeals Council (Council).

During this call, learn about the newly expanded SCF Initiative, which appeals are eligible for SCF, and the SCF process. Visit the [OMHA SCF](#) website for more information.

A question and answer session follows the presentation; however, attendees may email questions in advance to [OMHA.SCF@hhs.gov](mailto:OMHA.SCF@hhs.gov) with “SCF May 22 Call” in the subject line. These questions may be addressed during the call or used for other materials following the call.

Target Audience: Medicare Part A and Part B providers and suppliers with a total of 500 or more appeals pending at OMHA and the Council combined; or Medicare Part A and Part B providers and suppliers with any number of appeals pending at OMHA and the Council that each have more than \$9,000 in billed charges.

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

## Quarterly HCPCS Drug/Biological Code Changes: July 2018 Update MLN Matters Article — New

A new MLN Matters Article on [Quarterly Healthcare Common Procedure Coding System \(HCPCS\) Drug/Biological Code Changes – July 2018 Update](#) is available. Learn about four new HCPCS codes effective for claims with dates of service on or after July 1, 2018.

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