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Official CMS news from the Medicare Learning Network

Thursday, May 31, 2018

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News & Announcements

New Medicare Card Project — Card Mailing Update

CMS has started mailing new Medicare cards to people with Medicare who live in Wave 2 states and territories: Alaska, American Samoa, California, Guam, Hawaii, Northern Mariana Islands, and Oregon. We continue to mail new cards to people who live in Wave 1 states, as well as nationwide to people who are new to Medicare.

On June 1, the Railroad Retirement Board (RRB) will mail the new Medicare cards to all people who get RRB benefits, nationwide.

Once people with Medicare get their new Medicare cards, they can start using them right away. Healthcare providers and suppliers can use either the former Social Security-based Health Insurance Claim Number or the new alpha-numeric Medicare Beneficiary Identifier through December 31, 2019.

For More Information:

- Check the [mailing strategy](#) as the mailings progress for additional information.
- Review new [MLN Matters® Special Edition Article](#): Includes information on MBI changes initiated by people with Medicare, their authorized representatives, or CMS, as well as related eligibility and claims processing information

- Direct people with Medicare to [Medicare.gov/NewCard](https://www.Medicare.gov/NewCard) for information about the mailings and to sign up to get email about the status of card mailings in their state

MIPS: Submit Quality Measures for Consideration by June 1

Submit Quality measures by June 1 for consideration for future years of the Quality performance category in the Merit-based Incentive Payment System (MIPS). The MIPS Annual Call for Quality Measures process allows clinicians, professional associations and medical societies that represent eligible clinicians, researchers, consumer groups and others to identify and submit recommendations in the following domains:

- Effective clinical care
- Patient safety
- Communication and care coordination
- Persons and caregiver-centered experience and outcomes
- Community and population health
- Efficiency and reducing costs

For More Information:

- [Call for Quality Measures fact sheet](#)
- [2018 Resources](#) webpage
- [Quality Payment Program](#) website

2016 Physician and Other Supplier PUF

The Physician and Other Supplier Public Use File (PUF) contains summarized information on Part B services and procedures furnished to Medicare beneficiaries by physicians and other healthcare professionals. The [2016 dataset](#) includes:

- Information on utilization, payment, and submitted charges organized by National Provider Identifier, Healthcare Common Procedure Coding System code, and place of service
- Information on more than 1 million distinct health care providers who collectively received \$96 billion in Medicare payments

2016 Referring Provider DMEPOS PUF

The Referring Provider Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Public Use File (PUF) contains summarized information on physicians and other healthcare professionals who referred DMEPOS products and services. The [2016 dataset](#) includes:

- Information on utilization, payment, and submitted charges organized by National Provider Identifier, Healthcare Common Procedure Coding System code, and supplier rental indicator
- Information on more than 376,000 distinct health care providers who collectively referred DMEPOS products and services in the amount of \$7.3 billion in Medicare payments.

Provider Compliance

Provider Minute Video: The Importance of Proper Documentation

Why is proper documentation important to you and your patients? Find out how it affects items/services, claim payment, and medical review in the [Provider Minute: The Importance of Proper Documentation](#) video. Learn about:

- Top five documentation errors
- How to submit documentation for a Comprehensive Error Rate Testing review
- How your Medicare Administrative Contractor can help

Upcoming Events

Qualified Medicare Beneficiary Program Billing Requirements Call — June 6

Wednesday, June 6 from 1:30 to 3 pm ET

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

During this call, CMS experts discuss the Qualified Medicare Beneficiary (QMB) billing requirements and their implications. Find out about the July 2018 re-launch of changes to the remittance advice and November 2017 changes to the HIPAA Eligibility Transaction System (HETS) to identify the QMB status of your patients and exemption from cost-sharing. Also, learn key steps to promote compliance.

Medicare providers may not bill people in the QMB program for Medicare deductibles, coinsurance, or copays. Visit the [QMB Program](#) webpage for more information.

Target Audience: Medicare Part A and B providers, medical billing specialists, practice administrators, IT vendors, health care industry professionals, and other interested stakeholders.

Medicare Diabetes Prevention Program: Supplier Enrollment Call — June 20

Wednesday, June 20 from 1:30 to 3 pm ET

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

During this call, find out about the Medicare Diabetes Prevention Program (MDPP), the processes organizations and health care providers must go through to enroll as MDPP suppliers, and how to bill for services. A question and answer session follows the presentation.

Target Audience: Current Centers for Disease Control and Prevention recognized Diabetes Prevention Program organizations; organizations interested in becoming MDPP suppliers, including existing Medicare providers/suppliers, community organizations, non-for-profits; associations, and advocacy groups focused on seniors or diabetes; and other interested stakeholders, including health plans, primary care/internal medicine specialties.

IMPACT Act: Frequently Asked Questions Call — June 21

Thursday, June 21 from 2 to 3 pm ET

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

During this call, learn more about the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). CMS answers your frequently asked questions on quality measures, standardized data elements, the CMS data element library, and future directions of the IMPACT Act. A question and answer session follows the presentation.

Target Audience: Post-acute care providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals; researchers; administrators; and other industry stakeholders and interested parties.

Medicare Learning Network® Publications & Multimedia

New Medicare Beneficiary Identifier: Get It, Use It MLN Matters Article — New

A new MLN Matters Article on [New Medicare Beneficiary Identifier \(MBI\) Get It, Use It](#) is available. Learn about three ways you and your office staff can get MBIs.

Quarterly Update to the Medicare Physician Fee Schedule Database MLN Matters Article — New

A new MLN Matters Article on [Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) - July 2018 Update](#) is available. Learn about changes to the 2018 MPFSDB.

Quarterly Update for the DMEPOS CBP MLN Matters Article — New

A new MLN Matters Article on [The Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Competitive Bidding Program \(CBP\) July 2018](#) is available. Learn about changes for the DMEPOS fee schedule.

Quarterly ASP Part B Drug Pricing Files and Revisions to Prior Files MLN Matters Article — New

A new MLN Matters Article on [July 2018 Average Sales Price \(ASP\) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files](#) is available. Learn about payment limits for separately payable Part B drugs.

MCR eF System Webcast: Video Presentation — New

A [video presentation](#) is available for the [May 1](#) webcast on the Medicare Cost Report e-Filing (MCR eF) system. Medicare Part A providers, starting July 2, you must use MCR eF if you choose electronic submission of your cost report.

Quality Payment Program Call: Audio Recording and Transcript — New

An [audio recording](#), [transcript](#), updated [presentation](#), and [clarification](#) are available for the [May 16](#) call on the Quality Payment Program. CMS answers frequently asked questions from the 2018 Healthcare Information and Management Systems Society (HIMSS18) Annual Conference & Exhibition and inquiries received by the Quality Payment Program Service Center.

Diagnosis Code Update for Add-on Payments for Blood Clotting Factor Administered to Hemophilia Inpatients MLN Matters Article — Revised

A revised MLN Matters Article on [Diagnosis Code Update for Add-on Payments for Blood Clotting Factor Administered to Hemophilia Inpatients](#) is available. Learn about the updates to diagnosis codes required in order to allow add-on payments under the Inpatient Prospective Payment System.

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