



mlncconnects

Official CMS news from the Medicare Learning Network

Thursday, July 12, 2018

News & Announcements

New Medicare Card Reminder: Wave 1 Mailing Complete
Qualified Medicare Beneficiary: Learn about State Medicaid Agency Requirements
MIPS 2019 Payment Adjustment Fact Sheet
Quality Payment Program: Obtaining Your EIDM Credentials
IRF QRP Non-Compliance Letters: Request for Reconsideration by August 7
LTCH QRP Non-Compliance Letters: Request for Reconsideration by August 7
SNF QRP Non-Compliance Letters: Request for Reconsideration by August 7
HGRP Non-Compliance Letters: Request for Reconsideration by August 7

Provider Compliance

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

Medicare Learning Network® Publications & Multimedia

HHA Star Ratings Call: Audio Recording and Transcript — New
Ambulance Services Listening Session: Audio Recording and Transcript — New
HCPCS Drug/Biological Code Changes: July 2018 Quarterly Update MLN Matters Article — Revised
Dual Eligible Beneficiaries under Medicare and Medicaid Booklet — Revised
Medicare Vision Services Fact Sheet — Revised
SNF Consolidated Billing Web-Based Training Course — Revised
Looking for Educational Materials?

News & Announcements

New Medicare Card Reminder: Wave 1 Mailing Complete

We finished mailing cards to people with Medicare who live in Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia. If someone with Medicare in these states says they did not get a card, they can:

- Sign into [MyMedicare.gov](https://www.mymedicare.gov) to see if we mailed their card. If so, they can print an official card; they need to create an account if they do not have one.
- Call 1-800-MEDICARE (1-800-633-4227). They may need to correct something, such as their mailing address.
- Use their current card to get health care services.

Share this [product](#) with your patients, so they have something to take with them.

We will keep you updated on card mailing progress. Continue to check the [Mailing Strategy](#) and direct people with Medicare to [Medicare.gov/NewCard](https://www.medicare.gov/NewCard) for information about the mailings.

Qualified Medicare Beneficiary: Learn about State Medicaid Agency Requirements

Medicare providers may not bill beneficiaries enrolled in the Qualified Medicare Beneficiary (QMB) program for Medicare Parts A and B deductibles, coinsurance, or copays, but state Medicaid programs may pay for those costs. Check with the states where your beneficiaries reside to determine the billing processes that apply.

- For fee-for-service Medicare claims, nearly all states have electronic crossover processes through the Medicare Benefits Coordination and Recovery Center to automatically receive Medicare-adjudicated claims. Different processes may apply for Medicare Advantage services.
- If a claim is crossed over to Medicaid, it is noted on the Medicare Remittance Advice (RA).
- States require providers to enroll in their Medicaid system for claims review, processing, and issuance of Medicaid RAs. Contact the State Medicaid Agency for information on enrollment.

For More Information:

- Contact your State Medicaid Agency; see [Medicaid.gov](https://www.medicicaid.gov) for state contacts
- [Prohibition on Billing Dually Eligible Individuals Enrolled in the QMB Program](#) MLN Matters® Article
- [QMB Program](#) webpage

MIPS 2019 Payment Adjustment Fact Sheet

CMS posted a [Fact Sheet](#) to help eligible clinicians and groups understand their Merit-based Incentive Payment System (MIPS) 2019 payment adjustment based on their 2017 performance. The fact sheet highlights how CMS assigns final scores to MIPS eligible clinicians and how payment adjustment factors are applied for 2019 based on 2017 MIPS final scores.

For More Information:

- [2018 Resources](#) webpage
- Contact the Quality Payment Program at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

Quality Payment Program: Obtaining Your EIDM Credentials

To access the [Quality Payment Program Portal](#), you will need your Enterprise Identification Management (EIDM) User ID and Password. Log in to:

- Submit your Merit-based Incentive Payment System (MIPS) performance data
- Access your 2017 MIPS final score
- View your 2017 MIPS performance feedback
- Request a targeted review for your 2017 MIPS final score and 2019 payment adjustment

For More Information:

- Review the [EIDM User Guide](#)
- Contact the Quality Payment Program at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)
- Visit the [Quality Payment Program](#) website

IRF QRP Non-Compliance Letters: Request for Reconsideration by August 7

CMS provided notifications to facilities that are determined to be out of compliance with Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) requirements for CY 2017. This will affect your FY 2019 Annual Increase Factor. Non-compliance notifications were mailed by Medicare Administrative Contractors and placed into QIES CASPER folders on July 9.

If you received a letter of non-compliance, you may submit a request for reconsideration to CMS via email no later than 11:59 pm PT on August 7. See the instructions in your notification letter and on the [IRF Quality Reporting Reconsideration and Exception & Extension](#) webpage.

LTCH QRP Non-Compliance Letters: Request for Reconsideration by August 7

CMS provided notifications to facilities that were determined to be out of compliance with Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) requirements for CY 2017. This will affect your FY 2019 Annual Payment Update. Non-compliance notifications were mailed by Medicare Administrative Contractors and placed into QIES CASPER folders on July 9.

If you receive a letter of non-compliance, you may submit a request for reconsideration to CMS via email no later than 11:59 pm PT on August 7. See the instructions in your notification letter and on the [LTCH Quality Reporting Reconsideration and Exception & Extension](#) webpage.

SNF QRP Non-Compliance Letters: Request for Reconsideration by August 7

CMS provided notifications to facilities that were determined to be out of compliance with Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) requirements for CY 2017. This will affect your FY 2019 Annual Payment Update. Non-compliance notifications were mailed by Medicare Administrative Contractors and placed into QIES CASPER folders on July 9.

If you receive a letter of non-compliance, you may submit a request for reconsideration to CMS via email no later than 11:59 pm PT on August 7. See the instructions in your notification letter and on the [SNF Quality Reporting Reconsideration and Exception & Extension](#) webpage.

HQRP Non-Compliance Letters: Request for Reconsideration by August 7

CMS provided notifications to hospices that were determined to be out of compliance with Hospice Quality Reporting Program (HQRP) requirements for CY 2017. This will affect your FY 2019 Annual Payment Update. Non-compliance notifications were mailed by Medicare Administrative Contractors and placed into QIES CASPER folders on July 9.

If you receive a letter of non-compliance, you may submit a request for reconsideration to CMS via email no later than 11:59 pm PT on August 7. See the instructions in your notification and on the [Reconsideration Requests](#) webpage.

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

Medicare Learning Network® Publications & Multimedia

HHA Star Ratings Call: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [June 27](#) call on Home Health Agencies: Quality of Patient Care Star Ratings Algorithm. CMS presents the rationale, proposed timing, and impact of changes.

Ambulance Services Listening Session: Audio Recording and Transcript — New

An [audio recording](#) and [transcript](#) are available for the [June 28](#) listening session on the Ground Ambulance Data Collection System. Section 50203(b) of the Bipartisan Budget Act of 2018 requires the development of a system to collect cost, revenue, utilization, and other information on providers and suppliers of ground ambulance services.

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

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

Dual Eligible Beneficiaries under Medicare and Medicaid Booklet — Revised

A revised [Dual Eligible Beneficiaries under Medicare and Medicaid](#) Booklet is available. Learn about:

- Assistance with Medicare premiums or cost sharing through a Medicare Savings Program, including the Qualified Medicare Beneficiary Program
- Benefits and qualifications

Medicare Vision Services Fact Sheet — Revised

A revised [Medicare Vision Services](#) Fact Sheet is available. Learn about:

- Billing for cataract removal of intraocular lenses
- Glaucoma screening
- Other eye-related Medicare-covered services

SNF Consolidated Billing Web-Based Training Course — Revised

With Continuing Education Credit

A revised SNF Consolidated Billing Web-Based Training course is available through the [Learning Management System](#). Learn about:

- Skilled Nursing Facility (SNF) coverage and payment guidelines
- Bundled prospective payments
- Services excluded from SNF consolidated billing

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).

