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Official CMS news from the Medicare Learning Network

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News & Announcements

Help Your Medicare Patients Avoid and Report Scams

Medicare will never call people with Medicare uninvited and ask for personal or private information to get their new Medicare Number and card. Scam artists may try to get personal information (like their current Medicare Number) by contacting them about their new card. If your Medicare patient is asked for their information, for

money, or someone threatens to cancel their health benefits if they don't share their personal information, have them call 1-800-MEDICARE (1-800-633-4227).

The new Medicare Number is also called the Medicare Beneficiary Identifier (MBI) and is replacing the current Social Security-based Health Insurance Claim Number (HICN) on Medicare health insurance cards. We will continue to accept the HICN through the [transition period](#).

Find [identity theft](#) resources for people with Medicare.

SNF VBP FY 2019 Annual Performance Score Report: Submit Correction Requests by August 31

Annual Performance Score Reports for the FY 2019 Skilled Nursing Facility Value-Based Purchasing (SNF VBP) program year are now available. SNFs with eligible stays during the CY 2017 performance period can retrieve reports via the Certification and Survey Provider Enhanced Reporting (CASPER) System. Review and submit correction requests for your performance score and ranking information by August 31 at 11:59 pm.

For More Information:

- [SNF VBP Annual Performance Score Report Memo](#)
- [Program FAQ](#)
- Contact SNFVBPinquiries@cms.hhs.gov

Quality Payment Program Exception Applications Due by December 31

2018 Quality Payment Program Exception Applications for the Merit-based Incentive System (MIPS) Promoting Interoperability performance category and for Extreme and Uncontrollable Circumstances are available. Submit a hardship exception [application](#) by December 31.

For More Information:

- [About Exception Applications](#) webpage
- [2018 Exceptions FAQ](#) Fact Sheet
- [Quality Payment Program](#) website
- Contact the Quality Payment Program at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

Quality Payment Program: 2017 MIPS Performance Feedback and Payment Adjustment

If you submitted 2017 Merit-based Incentive Payment System (MIPS) data through the [Quality Payment Program](#) website, view your performance feedback and MIPS final score. Log in using your Enterprise Identity Management (EIDM) credentials; if you don't have an EIDM account, refer to the [guide](#).

CMS originally displayed a single payment adjustment amount, which included an additional adjustment for exceptional performance available to MIPS eligible clinicians and groups with a final score of 70 or greater. However, based on feedback from various clinicians and groups, we have updated the system so that your MIPS payment adjustment, and if applicable, your additional adjustment for exceptional performance, are now displayed separately. The system will continue to display your total MIPS payment adjustment, which is a sum of your MIPS performance and exceptional performance.

If you have questions about your performance feedback or MIPS final score, contact the Quality Payment Program at 866-288-8292 (TTY: 877-715-6222) or QPP@cms.hhs.gov.

Quality Payment Program Performance Feedback and Targeted Review Videos

If you participated in the Merit-based Incentive Payment System (MIPS) in 2017, your MIPS final score and performance feedback are available for review on the [Quality Payment Program](#) website.

If you believe that an error was made in your 2019 MIPS payment adjustment calculation, request a [targeted review](#) until October 1 at 8 pm ET. View five new videos on how to:

- [Request a Targeted Review](#)
- [Access Performance Feedback for APM Entities](#)
- [Access Performance Feedback for Individuals](#)
- [Access Performance Feedback for Voluntary Submitters](#)
- [Access Performance Feedback for Groups](#)

For More Information:

- [2017 Resources](#) webpage
- [Performance Feedback User Guide](#)
- [Enterprise Identity Data Management \(EIDM\) User Guide](#)
- [EIDM Accountable Care Organization User Guide](#)
- [Targeted Review User Guide](#)

Medicare Diabetes Prevention Program Suppliers: Separate Medicare Enrollment

For a claim to be valid under the [Medicare Diabetes Prevention Program \(MDPP\)](#), you must have a separate Medicare enrollment as a MDPP supplier. If you are an approved MDPP supplier and you meet the MDPP supplier requirements and standards (including preliminary or full Centers for Disease Control and Prevention recognition), you can submit claims for [HCPCS G-codes](#) for your services. If you do not have a separate Medicare enrollment as a MDPP supplier and you submit a claim for MDPP services, your claim will be rejected.

Vaccines are Not Just for Kids

National Immunization Awareness Month (NIAM) is an annual observance to highlight the importance of vaccinations. Protect your Medicare patients:

- Assess their vaccination status
- Educate and counsel on recommended vaccines
- Vaccinate at the same visit or refer the patient to a vaccinating provider
- Document receipt of the vaccine

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B](#) Educational Tool
- [Mass Immunizers and Roster Billing: Simplified Billing for Influenza Virus and Pneumococcal Vaccinations](#) Fact Sheet
- [Vaccine and Vaccine Administration Payments Under Medicare Part D](#) Fact Sheet
- Centers for Disease Control and Prevention [NIAM](#) website
- [NIAM](#) Toolkit

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

Provider Compliance

Reporting Changes in Ownership — Reminder

A 2016 Office of the Inspector General (OIG) report noted that providers may not be informing CMS of ownership changes. Providers must update their enrollment information to reflect changes in ownership within 30 days. Owners are individuals or corporations with a 5 percent or more ownership or controlling interest. Failure to comply could result in revocation of your Medicare billing privileges.

Resources:

- [Medicare: Vulnerabilities Related to Provider Enrollment and Ownership Disclosure](#) OIG Report, May 2016
- [Timely Reporting of Provider Enrollment Information Changes](#) MLN Matters® Article
- [Updated Manual Guidelines for Electronic Funds Transfer Payments and Change of Ownership](#) MLN Matters Article
- [42 CFR 424.516](#)
- [PECOS Enrollment Tutorial - Change of Information for an Individual Provider](#)
- [PECOS Enrollment Tutorial - Change of Information for an Organization/Supplier](#)

Upcoming Events

ESRD Quality Incentive Program: CY 2019 ESRD PPS Proposed Rule Call — August 14

Tuesday, August 14 from 2 to 3 pm ET

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

During this call, learn about proposals for the End Stage Renal Disease Quality Incentive Program (ESRD QIP) in the CY 2019 ESRD Prospective Payment System (PPS) [proposed rule](#). Topics include:

- ESRD QIP legislative framework
- Proposed updates to ESRD QIP measures, domain structure, and weights
- Proposed modifications to data submission requirements and the National Healthcare Safety Network Validation Study
- Methods for reviewing and commenting on the proposed rule

Please note: This call will not include a question and answer session.

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, quality improvement experts, and other stakeholders.

Physician Fee Schedule Proposed Rule: Understanding 3 Key Topics Listening Session — August 22

Wednesday, August 22 from 1:30 to 3 pm

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

Proposed changes to the CY 2019 Physician Fee Schedule would increase the amount of time doctors and other clinicians spend with their patients by reducing the burden of Medicare paperwork. During this listening session, CMS experts will briefly cover three provisions from the proposed rule and address your clarifying questions to help you formulate your written comments for formal submission:

- Streamlining Evaluation and Management (E/M) payment and reducing clinician burden
- Advancing virtual care
- Continuing to improve the Quality Payment Program to reduce burden and offer flexibilities to help clinicians successfully participate.

We encourage you to review the [proposed rule](#) prior to the call, as well as the following materials on the provisions to be covered:

- Quality Payment Program Year 3 (2019) [Webinar Recording](#), [Transcript](#), [Presentation](#), and [Comparison Fact Sheet](#)

- [Presentation on E/M and Advancing Virtual Care](#)
- E/M Coding Reform videos: [Introduction](#), [Office Visits](#) and [Panel Discussion](#)

Note: feedback received during this listening session will not be considered formal comments on the rule. See the [proposed rule](#) for information on submitting these comments by September 10, 2018.

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

Comparative Billing Report on Licensed Clinical Social Workers Webinar — September 12

Wednesday, September 12 from 3 to 4 pm ET

Join us for a discussion of the comparative billing report on Licensed Clinical Social Workers (LCSWs) (CBR201807), an educational tool focusing on LCSWs who submitted claims for Medicare Part B services. During the webinar, providers interact directly with content specialists and submit questions about the report. See the [announcement](#) for more information and find out how to participate.

Medicare Learning Network® Publications & Multimedia

Quarterly Influenza Virus Vaccine Code Update: January 2019 MLN Matters Article — New

A new MLN Matters Article MM10871 on [Quarterly Influenza Virus Vaccine Code Update - January 2019](#) is available. Learn about new influenza virus vaccine code 90689.

Update to Medicare Claims Processing Manual, Chapter 24 MLN Matters Article — New

A new MLN Matters Article MM10559 on [Update to Medicare Claims Processing Manual, Chapter 24, Section 90](#) is available. Learn about the new section 90.3.2.

IRF Annual Update: PPS Pricer Changes for FY 2019 MLN Matters Article — New

A new MLN Matters Article MM10826 on [Inpatient Rehabilitation Facility \(IRF\) Annual Update: Prospective Payment System \(PPS\) Pricer Changes for FY 2019](#) is available. Learn about the new pricer software package.

Implementing Epoetin Alfa Biosimilar, Retacrit for ESRD/AKI Claims MLN Matters Article — New

A new MLN Matters Article MM10839 on [System Changes to Implement Epoetin Alfa Biosimilar, Retacrit for End Stage Renal Disease \(ESRD\) and Acute Kidney Injury \(AKI\) Claims](#) is available. Learn about updates to the list of supplies, drugs, and labs.

Medicare Claims Processing Manual, Chapter 24 Update: Form Letters — New

A new MLN Matters Article MM10858 on [Updates to the Medicare Claims Processing Manual, Chapter 24, ASCA Waiver Review Form of Letters, Exhibits A-H](#) is available. Learn about an update to the Form Letters language.

IPF PPS Updates for FY 2019 MLN Matters Article — New

A new MLN Matters Article MM10880 on [Inpatient Psychiatric Facilities Prospective Payment System \(IPF PPS\) Updates for Fiscal Year \(FY\) 2019](#) is available. Learn about technical corrections and updates to Section 190.

ASP Medicare Part B Drug Pricing Files and Revisions: October 2018 MLN Matters Article — New

A new MLN Matters Article MM10899 on [October 2018 Quarterly Average Sales Price \(ASP\) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files](#) is available. Learn about the drug pricing files used to determine the payment limit for claims.

August 2018 Catalog — Revised

A revised August 2018 [Medicare Learning Network Catalog](#) is available. Learn about:

- Products and services that can be downloaded for free
- Web-based training courses; some offer continuing education credits
- Helpful links, tools, and tips

Medicare Preventive Services Educational Tool — Revised

A revised [Medicare Preventive Services](#) Educational Tool is available. Learn about:

- The HCPCS/ CPT and ICD-10 Codes
- Who is covered
- Frequency
- What the beneficiary pays

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 providers
- How to enroll in Medicare as an eligible provider

Quality Payment Program Year 2 Overview Web-Based Training Course — Revised

With Continuing Education Credit

A revised Quality Payment Program Year 2 (2018) Overview Web-Based Training Course is available through the [Learning Management System](#). Learn about:

- Origin and objectives
- Four performance categories within the Merit-based Incentive Payment System
- Three criteria to be considered an Advanced Alternative Payment Model

Quality Payment Program: MIPS Promoting Interoperability Performance Category Year 2 Web-Based Training Course — Revised

With Continuing Education Credit

A revised Quality Payment Program Merit-based Incentive Payment System (MIPS): Promoting Interoperability Performance Category Year 2 (2018) Web-Based Training Course is available through the [Learning Management System](#). Learn about:

- Base, performance, and bonus score reporting requirements
- Performance category measure sets

- Scoring and reweighting methodology for the performance category

Quality Payment Program MIPS Quality Performance Category Year 2 Web-Based Training Course — Revised

With Continuing Education Credit

A revised Quality Payment Program: Merit-based Incentive Payment System (MIPS) Quality Performance Category Year 2 (2018) Web-Based Training Course is available through the [Learning Management System](#). Learn about:

- Reporting requirements
- Data submission mechanisms
- Scoring and benchmark methodology

Safeguard Your Identity and Privacy Using PECOS Booklet — Reminder

The [Safeguard Your Identity and Privacy Using PECOS](#) Booklet is available. Learn about:

- Keeping your enrollment information current in the Internet-based Provider Enrollment, Chain and Ownership System (PECOS)
- Protecting your enrollment information
- Privacy tips

PECOS FAQs Booklet — Reminder

The [PECOS FAQs](#) Booklet is available. Learn about:

- Required information for Provider Enrollment, Chain and Ownership System (PECOS) enrollment
- Application issues
- Revalidations

PECOS for Provider and Supplier Organizations Booklet — Reminder

The [PECOS for Provider and Supplier Organizations](#) Booklet is available. Learn about:

- One account, multiple systems
- Disregarded entities in the Provider Enrollment, Chain and Ownership System (PECOS)
- Application submission options

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