CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

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Official CMS news from the Medicare Learning Network

Thursday, August 23, 2018

News & Announcements

New Medicare Card: 0 not O

The Medicare Beneficiary Identifier (MBI) uses numbers 0-9 and all uppercase letters except for S, L, O, I, B, and Z. We exclude these letters to avoid confusion when differentiating some letters and numbers (e.g., between “0” and “O”). Read MLN Matters Article New MBI Get It, Use It for other helpful information, such as what to do if an MBI changes.

Save the Date: The next New Medicare Card Open Door Forum will be held Thursday, September 13, from 2-3 pm ET. Share your experiences transitioning to the MBI. Call in information will be provided in an upcoming edition.

Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier

Medicare pays Medicare Diabetes Prevention Program (MDPP) suppliers to furnish group-based intervention to at-risk Medicare beneficiaries:

- Centers for Disease Control and Prevention (CDC)-approved National Diabetes Prevention Program curriculum
- Up to 2 years of sessions delivered to groups of eligible beneficiaries

Find out how to become a Medicare enrolled MDPP supplier:

- Obtain CDC preliminary or full recognition: Takes at least 12 months to obtain preliminary recognition and up to 24 additional months to achieve full recognition; visit the CDC website for more information
- Prepare for Medicare enrollment; see the fact sheet and checklist
- After achieving preliminary recognition, apply to become a Medicare enrolled MDPP supplier (existing Medicare providers must re-enroll)
- Furnish MDPP services
- Submit claims to Medicare

For More Information:

- Materials from Medicare Learning Network call on June 20
- MDPP webpage
- CDC - CMS Roles Fact Sheet
- Contact the MDPP Help Desk at mdpp@cms.hhs.gov

2016 PQRS and 2018 Value Modifier Experience Reports

Find data from the Physician Quality Reporting System (PQRS) and Value-Based Payment Modifier Programs. 2018 payment adjustments are based on 2016 data.

- 2018 Value-Based Payment Modifier Program Experience Report (2015 – 2018) and 2018 Results Fact Sheet
- 2016 PQRS Reporting Experience Including Trends (2007-2016) and Appendix

Highlights of this year's PQRS report include:

- In 2016, nearly 1.39 million EPs were eligible to participate in PQRS
- Of those eligible in 2016, 69% (962,974 EPs) were successful and avoided the 2018 payment adjustment
- Of all EPs that were eligible in 2016, 31% (435,111) will receive a payment adjustment of -2% in 2018. Almost 85% of those subject to the adjustment did not attempt to participate in the program (that is, did not submit any data)

Questions:

- PQRS - QualityNet Help Desk:1-866-288-8912 (TTY: 1-877-715-6222) Monday–Friday; 7 am – 7 pm CT
- Value Modifier and Quality and Resource Use Reports: Physician Value Help Desk at pvhelpdesk@cms.hhs.gov or 1-888-734-6433 (select option 3) Monday–Friday; 7 am – 7 pm CT

These are the final Experience Reports for the PQRS and Value Modifier programs; both programs sunset December 31. Many elements of PQRS transitioned to the Quality Performance Category of the Merit-based Incentive Payment System (MIPS). MIPS is one of two paths under the Quality Payment Program. MIPS is designed to update and consolidate previous programs, including: Medicare Electronic Health Records Incentive Program, PQRS, and the Value-based Payment Modifier. For more information about MIPS, visit qpp.cms.gov.

Patients Over Paperwork: Medicare Physician Fee Schedule Proposed Rule Presentation

CMS posted a 2019 Medicare Physician Fee Schedule proposed rule presentation. Visit the Patients Over Paperwork webpage to learn how CMS is putting patients first by reviewing and streamlining our regulations.

2019 MIPS Performance Year Virtual Groups Toolkit

To form a virtual group for the 2019 Merit-based Incentive Payment System (MIPS) performance year, follow the election process and submit your election between October 1 and December 31, 2018. See the 2019 Virtual Groups Toolkit, including:

- Overview Fact Sheet – Who can participate, how to collect and submit data, and how groups are scored
- Election Process – Two-stage election process and what needs to be included in an agreement
- Election Submission Email – Sample email for an election submission
- Agreement Template – Template to develop a virtual group agreement

Hospice Compare Quarterly Refresh

The August 2018 quarterly refresh is available; visit Hospice Compare to view the data. This update reflects Hospice Item Set quality measure results based on data collected for the fourth quarter of 2016 through the third quarter of 2017 and on Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey results reported for the fourth quarter of 2015 through the third quarter of 2017.

2016 Inpatient Hospital Utilization and Payment Data

CMS released the Hospital Inpatient Utilization and Payment Public Use File (Inpatient PUF) with data for 2016, including discharges, average Medicare payments, and average hospital charges. The Inpatient PUF has information for 3,000 hospital providers and over $109 billion in Medicare payments. Visit the Provider Utilization and Payment Data webpage for more information.

Hospices: Second Quarter HQRP Update

The Hospice Quality Reporting Program (HQRP) April – June Update features frequently asked questions, updates and events from the second quarter, and upcoming events in the third quarter.

Provider Compliance

Medicare Hospital Claims: Avoid Coding Errors — Reminder

In two recent reports, the Office of Inspector General (OIG) cited significant issues leading to coding errors on Medicare hospital claims:

- Hospitals Nationwide Generally Did Not Comply with Medicare Requirements for Billing Outpatient Right Heart Catheterizations with Heart Biopsies (March 2017): The OIG found that hospitals often use modifier -59 incorrectly when billing for outpatient right heart catheterizations with heart biopsies, which leads to significant overpayments and overpayment recoveries on claims for these services
- Medicare Improperly Paid Hospitals for Beneficiaries Who Had Not Received 96 or More Consecutive Hours of Mechanical Ventilation (June 2016): The OIG found that hospitals often use incorrect procedure codes when billing for mechanical ventilation

Use the following resources to bill correctly and avoid overpayment recoveries:

- OIG Reports Highlight Hospital Billing Issues MLN Matters® Special Edition Article
- Proper Use of Modifier 59 MLN Matters Special Edition Article
- Specific Modifiers for Distinct Procedural Services MLN Matters Article

- Medicare Claims Processing Manual, Chapter 3, Inpatient Hospital Billing: Section 10, General Inpatient Requirements
- Medicare Quarterly Provider Compliance Newsletter, Volume 2, Issue 1
- Medicare Quarterly Provider Compliance Newsletter, Volume 7, Issue 4

Claims, Pricers & Codes

2019 MS-DRG Definitions Manual and Software

Version 36 of the Medicare Severity Diagnosis Related Group (MS-DRG) definitions manual and software are available on the MS-DRG Classifications and Software webpage:

- Definition of Medicare Code Edits
- Errata and ICD-10 MS-DRG Definitions Manual Files - Updated August 16
- ICD-10-CM/PCS MS-DRG Definitions Manual Table of Contents - Full titles, HTML versions
- MS-DRG Grouper and Medicare Code Editor Software - ICD-10 software

Hospice: NOE information in the HETS Transaction

The HIPAA Eligibility Transaction System (HETS) returns the start date of the hospice period. This start date is the date of the current Notice of Election (NOE). For purposes of claims processing, the Common Working File (CWF) displays both the election period and the benefit period. Since HETS is only used for eligibility, it combines them into one continuous hospice period.

Upcoming Events

Quality Payment Program Virtual Groups Webinar — August 27

Monday, August 27 from 2 to 3 ET

Register for this event.

During this webinar, find out how clinicians can participate in the Merit-based Incentive Payment System (MIPS) as a virtual group for the 2019 performance year. CMS discusses:

- Participation in Year 3 (2019) of MIPS
- Election process
- Agreement
- Reporting requirements
- Additional resources

Person-Centered Approaches to Support Dual Eligibles for Medicare & Medicaid- September 6

Thursday, September 6 from 2 to 3:30pm ET

Register for this webinar.

Learn practical person-centered tools and approaches organizations and professionals can adapt to better support aging in place. The strengths-based focus of person-centered approaches is especially helpful for managing chronic conditions and identifying long-term support needs. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

Dementia Care: Opioid Use & Impact for Persons Living with Dementia Call — September 18

National Partnership to Improve Dementia Care and Quality Assurance Performance Improvement
Tuesday, September 18 from 1:30 to 3 pm ET

Register for Medicare Learning Network events.

During this call, gain insight on opioid use in the post-acute and long-term care setting. Also, learn about the impact of opioid use on persons living with dementia. Additionally, CMS shares updates on the progress of the National Partnership to Improve Dementia Care in Nursing Homes. A question and answer session follows the presentations.

Speakers:

- Dr. Karl Steinberg, Mariner Health Care
- Dr. Abraham Brody, Hartford Institute for Geriatric Nursing
- Michele Laughman, CMS

Target Audience: Consumer and advocacy groups, nursing home providers, surveyor community, prescribers; professional associations, and other interested stakeholders.

Medicare Learning Network® Publications & Multimedia

Additional Search Features on FISS Provider DDE Screen MLN Matters Article — New

A new MLN Matters Article MM10542 on User CR: Fiscal Intermediary Standard System (FISS) to Add Additional Search Features to Provider Direct Data Entry (DDE) Screen is available. Learn about the improved claim search capability.

ICD-10 and Other Coding Revisions to NCDs MLN Matters Article — New

A new MLN Matters Article MM10859 on International Classification of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) is available. Learn about coding updates.

Clarifying Language for Chapters 3 and 5 of the MSP Manual MLN Matters Article — New

A new MLN Matters Article MM10863 on Updating Language to Clarify for Providers Chapter 3, Section 20 and Chapter 5, Section 70 of the Medicare Secondary Payer Manual is available. Learn how to determine the primary payers of claims for beneficiary services.

Medicare Coverage of Diabetes Supplies MLN Matters Article — New

A new MLN Matters Article SE18011 on Current Medicare Coverage of Diabetes Supplies is available. Learn about diabetes supplies covered by Medicare Part B and Part D.

Improvements in Hospice Billing and Claims Processing MLN Matters Article — Revised

A revised MLN Matters Special Edition Article SE18007 on Recent and Upcoming Improvements in Hospice Billing and Claims Processing is available. Learn about submitting Notices of Election via electronic data interchange; correcting election or revocation dates using occurrence code 56; and upcoming improvements.

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