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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
- Hospice Provider Preview Reports: Review Your Data by October 5
- IRF Provider Preview Reports: Review Your Data by October 8
- LTCH Provider Preview Reports: Review Your Data by October 8
- Open Payments: Key Thresholds for Program Year 2019 Reporting
- Open Payments: Program Year 2019 Teaching Hospital List
- Hand in Hand: A Training Series for Nursing Homes
- Quality Payment Program: Other Payer Advanced APM Resources
- Mapping Medicare Disparities Tool: Hospital View
- Physician Compare: Public Reporting Webinar Materials
- Prostate Cancer Awareness Month

Provider Compliance

- Bill Correctly for Device Replacement Procedures - Reminder

Upcoming Events

- Dementia Care: Opioid Use & Impact for Persons Living with Dementia Call — September 18
- Medicare Diabetes Prevention Program: New Covered Service Call — September 26
- Final Modifications to the Quality of Patient Care Star Rating Algorithm Call — October 3
- Comparative Billing Report on Psychologists Webinar — October 17

Medicare Learning Network® Publications & Multimedia

- Billing Requirements Implemented for non-OPPS Providers MLN Matters® Article — New
- Annual Clotting Factor Furnishing Fee: 2019 Update MLN Matters Article — New
- ASC Payment System: October 2018 Update MLN Matters Article — New
- Influenza Vaccine Payment Allowances: Annual Update MLN Matters Article — New
- Influenza Virus Vaccine Code: January 2019 Update MLN Matters Article — Revised
- Certification Statement Policies MLN Matters Article — Revised
- Telehealth Billing Requirements for Distant Site Services MLN Matters Article — Revised
- Complying with Documentation Requirements for Laboratory Services Fact Sheet — Revised
- Global Surgery Booklet— Revised
- Medicare Provider-Supplier Enrollment National Educational Products — Reminder

News & Announcements

Help Your Medicare Patients Avoid and Report Scams

Medicare will never call beneficiaries 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, ask them to 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.

Hospice Provider Preview Reports: Review Your Data by October 5

Two reports are available in your Certification and Survey Provider Enhanced Reports (CASPER) non-validation reports folder:

- Hospice provider preview report: Review Hospice Item Set (HIS) quality measure results from the first to fourth quarter of 2017
- Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey provider preview report: Review facility-level CAHPS survey results from the first quarter of 2016 to the fourth quarter of 2017

Review your HIS and CAHPS® results by October 5. This update includes the Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission (NQF #3235).

If you believe the denominator or other HIS quality metric is inaccurate or if there are errors in the results from the CAHPS survey data, request a CMS review:

- [HIS Preview Reports and Requests for CMS Review](#) webpage
- [CAHPS Preview Reports and Requests for CMS Review](#) webpage

Access Instructions:

- [Hospice Provider Preview Report](#)
- [Hospice CAHPS Provider Preview Reports](#)

IRF Provider Preview Reports: Review Your Data by October 8

Inpatient Rehabilitation Facility (IRF) Provider Preview Reports are now available with first to fourth quarter 2017 data. Review your performance data on quality measures by October 8, prior to public display on [IRF Compare](#) in December 2018. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate.

IRF Provider Preview Report:

- [IRF Quality Public Reporting](#) webpage, including information on measures
- [IRF Compare](#) website
- [Preview Report Access Instructions](#)

LTCH Provider Preview Reports: Review Your Data by October 8

Long-Term Care Hospital (LTCH) Provider Preview Reports are now available with first to fourth quarter 2017 data. Review your performance data on quality measures by October 8, prior to public display on [LTCH Compare](#) in December 2018. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate.

LTCH Provider Preview Report:

- [LTCH Quality Public Reporting](#) webpage, including information on measures
- [LTCH Compare](#) website
- [Preview Report Access Instructions](#)

Open Payments: Key Thresholds for Program Year 2019 Reporting

Open Payments key (de minimis) thresholds for reporting are adjusted based on the consumer price index. Small payments or transfers of value of less than \$10.79 do not need to be reported, except when the total annual value of payments or other transfers of value to a covered recipient exceeds \$107.91 for Program Year 2019 (data collected from January 1 through December 31, 2019).

For More Information:

- [Open Payments](#) website
- For questions, contact the Help Desk at openpayments@cms.hhs.gov or 855-326-8366, (TTY 844-649-2766)

Open Payments: Program Year 2019 Teaching Hospital List

The Open Payments Program Year 2019 teaching hospital list is available in [PDF](#) or [Excel](#) formats. The list identifies which teaching hospitals are eligible for reporting in Program Year 2019 (data collected from January 1 through December 31, 2019).

For More Information:

- [Open Payments](#) website
- For questions, contact the Help Desk at openpayments@cms.hhs.gov or 855-326-8366, (TTY 844-649-2766)

Hand in Hand: A Training Series for Nursing Homes

Do you need in-service training on dementia management and resident abuse prevention? Hand in Hand: A Training Series for Nursing Homes focuses on caring for residents with dementia and preventing abuse. This training is updated and available in two formats:

- [Self-Paced Online Training](#)
- [Downloadable Materials for Instructor-Led Training](#)

For help with registration and technical issues, contact the Helpdesk at cmstraininghelp@hendall.com.

Quality Payment Program: Other Payer Advanced APM Resources

CMS posted two new resources related to Other Payer Advanced Alternative Payment Models (APMs):

- [Medicaid Other Payer Advanced APMs in the Quality Payment Program for Performance Year 2019](#)
- [Eligible Clinician Initiated Submission Form](#)

For More Information

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

Mapping Medicare Disparities Tool: Hospital View

The [Mapping Medicare Disparities Tool](#) is expanded to include a Hospital View. Compare:

- Health outcomes and quality measures between hospitals
- Quality at the hospital level in your community by specific measures

CMS also added cancer metrics to the Population View, so you can view health outcome, spending, and utilization rates across cancer types. Contact HealthEquityTA@cms.hhs.gov if you have questions or would like more information.

Physician Compare: Public Reporting Webinar Materials

A [recording](#) and [transcript](#) of the Public Reporting on Physician Compare: What you Need to Know webinar is available on the [Physician Compare Initiative](#) website. Contact PhysicianCompare@Westat.com if you have questions.

Prostate Cancer Awareness Month

Prostate cancer is the most common non-skin cancer among American men. Talk to your Medicare patients about the nature and risk of prostate cancer and help them make an informed decision about screening.

For More Information:

- [Medicare Preventive Services Educational Tool](#)
- [Center for Disease Control and Prevention Prostate Cancer](#) website
- [National Cancer Institute - Prostate Cancer](#) website

Your patients' Medicare Summary Notices promote prostate cancer screening. Visit the [Preventive Services](#) website to learn more about Medicare-covered services.

Provider Compliance

Bill Correctly for Device Replacement Procedures - Reminder

In a September 2017 report, the Office of the Inspector General (OIG) determined that Medicare paid for many device replacement procedures incorrectly. Hospitals are required to use condition codes 49 or 50 on claims for device replacement procedures resulting from a recall or premature failure (whether the device is provided at no cost or with a credit).

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

- [Shortcomings of Device Claims Data Complicate and Potentially Increase Medicare Costs for Recalled and Prematurely Failed Devices](#) OIG Report, September 2017
- [Medicare Claims Processing Manual, Chapter 3](#), Section 100.8
- [Medicare Claims Processing Manual, Chapter 4](#), Section 61.3.5 and 61.3.6

Upcoming Events

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 Diabetes Prevention Program: New Covered Service Call — September 26

Wednesday, September 26 from 2 to 3 pm ET

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

The 2019 Medicare & You Handbook includes information on the Medicare Diabetes Prevention Program, a new Medicare-covered service. Help your patients prevent or delay Type 2 diabetes and understand their treatment options. During this call, learn about the service, eligibility requirements, and how to refer your patients. A question and answer session follows the presentation.

Target Audience: Medicare fee-for-service providers.

Final Modifications to the Quality of Patient Care Star Rating Algorithm Call — October 3

Wednesday, October 3 from 2 to 3 pm ET

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

During this call, learn about planned modifications to the Home Health Quality of Patient Care star ratings, including:

- Removal of the Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care measure
- Addition of the Improvement in Management of Oral Medications measure

CMS presents the rationale, timing, and impact of this change. A question and answer session follows the presentation.

Target Audience: Home health agencies and other industry stakeholders.

Comparative Billing Report on Psychologists Webinar — October 17

Wednesday, October 17 from 3 to 4 pm ET

Join us for a discussion of the comparative billing report on Psychologists (CBR201808), an educational tool focusing on psychologists 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

Billing Requirements Implemented for non-OPPS Providers MLN Matters® Article — New

A new MLN Matters Article SE18012 on [Reminder on Billing Requirements Implemented for non-Outpatient Prospective Payment System \(OPPS\) Providers](#) is available. Learn about enforcement editing requirements for the Medicare Claims Processing Manual, Chapter 12, Section 30.

Annual Clotting Factor Furnishing Fee: 2019 Update MLN Matters Article — New

A new MLN Matters Article MM10918 on [Annual Clotting Factor Furnishing Fee Update 2019](#) is available. Learn about the furnishing fee paid for items and services associated with clotting factor.

ASC Payment System: October 2018 Update MLN Matters Article — New

A new MLN Matters Article MM10932 on [October 2018 Update of the Ambulatory Surgical Center \(ASC\) Payment System](#) is available. Learn about changes and billing instructions for various payment policies.

Influenza Vaccine Payment Allowances: Annual Update MLN Matters Article — New

A new MLN Matters Article MM10914 on [Influenza Vaccine Payment Allowances - Annual Update for 2018-2019 Season](#) is available. Learn about payment allowances for influenza virus vaccines updated on August 1.

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

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

Certification Statement Policies MLN Matters Article — Revised

A revised MLN Matters Article MM10845 on [Update to Chapter 15, Pub. 100-08, Certification Statement Policies](#) is available. Learn about modifications to certain provider enrollment certification statement policies.

Telehealth Billing Requirements for Distant Site Services MLN Matters Article — Revised

A revised MLN Matters Article MM10583 on [Revisions to the Telehealth Billing Requirements for Distant Site Services](#) is available. Learn about use of the GT modifier on institutional claims billed under critical access hospital Method II.

Complying with Documentation Requirements for Laboratory Services Fact Sheet — Revised

A revised [Complying with Documentation Requirements for Laboratory Services](#) Fact Sheet is available. Learn about:

- Tips for signature requirements
- Services to help avoid errors in claims submission

Global Surgery Booklet— Revised

A revised [Global Surgery Booklet](#) is available. Learn about:

- Components of a global surgery package
- Coding and billing guidelines
- Payment rules

Medicare Provider-Supplier Enrollment National Educational Products — Reminder

A [Medicare Provider-Supplier Enrollment National Educational Products](#) Listing is available. Learn about:

- Enrollment
- Requirements
- Resources

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