Thursday, October 4, 2018

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News & Announcements

New Medicare Card: Replacement Card

If your patients accidentally threw away their new Medicare card, ask them to call 1-800-MEDICARE and request a replacement. Your patients can also sign into MyMedicare.gov to print an official card. They must create an account if they do not already have one.

MIPS Targeted Review Request: Deadline October 15

If you participated in the Merit-based Incentive Payment System (MIPS) in 2017, your MIPS final score and performance feedback are available on the Quality Payment Program website. The payment adjustment you receive in 2019 is based on this final score. If you believe there is an error in your 2019 MIPS payment adjustment calculation, request a targeted review until October 15 at 8 pm ET.

For More Information:
- How to Request a Targeted Review Video
MIPS Virtual Groups: Election Period Open through December 31

If you are interested in forming a virtual group for the 2019 Merit-based Incentive Payment System (MIPS) performance year, the election period is now open. To form a virtual group, you must follow an election process and submit your election to CMS via email by December 31.

For More Information:

- [2019 Virtual Groups Toolkit](#)
- Request [technical assistance](#)
- Contact the Quality Payment Program at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or 866-288-8292 (TTY: 877-715-6222)

MIPS: List of Quality Measures Impacted by ICD-10 Updates

CMS published [information](#) on 2018 Merit-based Incentive Payment System (MIPS) quality measures impacted by ICD-10 updates. For more information, visit the [2018 Resources](#) webpage.

LTCH Compare Refresh

The September 2018 quarterly Long-term Care Hospital (LTCH) Compare refresh is available, including:

- Quality measure results based on data from the fourth quarter of 2016 to the third quarter of 2017
- Five new quality measures

Visit [LTCH Compare](#) to view the data. For more information, visit the [LTCH Quality Public Reporting](#) webpage.

IRF Compare Refresh

The September 2018 quarterly Inpatient Rehabilitation Facility (IRF) Compare refresh is available, including:

- Quality measure results based on data from the third quarter of 2016 to the second quarter of 2017
- Four new quality measures

Visit [IRF Compare](#) to view the data. For more information, visit the [IRF Quality Public Reporting](#) webpages.

ABNs and Dual Eligible Beneficiaries: Special Guidelines

When Advance Beneficiary Notices (ABNs) are issued to dual eligible beneficiaries, including Qualified Medicare Beneficiaries (QMBs), distinct billing limitations apply. See [QMB Billing Requirements FAQs](#) pages 6 and 7 for special instructions and guidelines.

For More Information:

- [QMB Program](#) webpage
- [ABN](#) webpage

Sickle Cell Disease Data Highlight

CMS released a data highlight on [The Invisible Crisis: Understanding Pain Management in Medicare Beneficiaries with Sickle Cell Disease](#). This data highlight describes opioid utilization patterns and the
characteristics of Medicare fee-for-service beneficiaries with and without sickle cell disease, based on Medicare Part D prescription drug records. Excluding sickle cell patients from efforts to restrict opioid access could help ensure that they have access to appropriate care.

For more information, visit the Office of Minority Health website.

### Enteral Device Connectors that Reduce Patient Injury

As indicated in a [CMS Memo](#), Luer misconnections continue to result in serious injuries and deaths. The creation of industry standards and new products provides an opportunity to reduce patient harm. For example, the Food and Drug Administration (FDA) recommends that hospitals and clinicians use [enteral devices with connectors](#) that meet the [International Organization for Standardization (ISO) 80369-1 or ISO 80369-3](#) standard or are designed to reduce the risk of misconnections. Many connectors that meet the 80369-3 standards use the trade name ENFit.

Protect your patients by learning how to prevent misconnections with a variety of devices or delivery systems, including syringes, catheters, and tubing sets that connect to each other:

- [Letter to Industry: Enteral Device Connectors](#)
- [FDA Medical Device Connectors](#) website – view webpages on the left for what you can do, tips, and resources

### October is National Breast Cancer Awareness Month

Other than skin cancer, breast cancer is the most common cancer among American women. Talk to your patients about the importance of breast cancer screening.

Medicare Part B provides coverage for screening mammography. A clinical breast exam is also covered as part of the screening pelvic examination for beneficiaries who meet the coverage criteria.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Screening Pap Tests and Pelvic Examinations](#) Booklet
- [Breast Cancer Awareness](#) webpage, Centers for Disease Control and Prevention

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

### Provider Compliance

**Outpatient Services Payment: Beneficiaries Who Are Inpatients of Other Facilities — Reminder**

In a recent report, the Office of the Inspector General (OIG) determined that Medicare inappropriately paid acute-care hospitals for outpatient services provided to beneficiaries who were inpatients of other facilities, including long term care hospitals, inpatient rehabilitation facilities, inpatient psychiatric facilities, and critical access hospitals. As a result, beneficiaries were unnecessarily charged outpatient deductibles and coinsurance payments.

All items and non-physician services provided during a Medicare Part A inpatient stay must be provided directly by the inpatient hospital or under arrangements with the inpatient hospital and another provider.

Use the following resources to bill correctly:

- [Medicare Inappropriately Paid Acute-Care Hospitals for Outpatient Services They Provided To Beneficiaries Who Were Inpatients of Other Facilities](#) OIG Report, September 2017.
Medicare Does Not Pay Acute-Care Hospitals for Outpatient Services They Provide to Beneficiaries in a Covered Part A Inpatient Stay at Other Facilities MLN Matters Special Edition Article
Provider Compliance Tips for Ordering Hospital Outpatient Services Fact Sheet
Acute Care Hospital Inpatient Prospective Payment System Fact Sheet; see payment information on page 3
Items and Services Not Covered Under Medicare Booklet, Page 12
Medicare Claims Processing Manual, Chapter 3, Section 10.4

Upcoming Events

Submitting Your Medicare Part A Cost Report Electronically Webcast — October 15
Monday, October 15 from 1:30 to 3 pm ET
Register for Medicare Learning Network events.

Medicare Part A providers: Learn how to use the new Medicare Cost Report e-Filing (MCReF) system. Use MCReF to submit cost reports with fiscal years ending on or after December 31, 2017. You have the option to electronically transmit your cost report through MCReF or mail or hand deliver it to your Medicare Administrative Contractor. You must use MCReF if you choose electronic submission of your cost report. For more information, see the MCReF MLN Matters Article and MCReF webpage.

During this webinar, CMS discusses:
- Changes based on user feedback
- How to access the system
- Detailed overview
- Frequently asked questions

A question and answer session follows the presentation; however, attendees may email questions in advance to OFMDPAOQuestions@cms.hhs.gov with “Medicare Cost Report e-Filing System Webcast” in the subject line. These questions may be addressed during the webcast or used for other materials following the webcast.

CMS will use webcast technology for this event with audio streamed through your computer. If you are unable to stream audio, phone lines are available.

Target Audience: Medicare Part A providers and entities that file cost reports for providers.

Patient Relationship Categories and Codes Webcast — October 17
Wednesday, October 17 from 1:30 to 3 pm ET
Register for Medicare Learning Network events.

Receive guidance for classifying patient relationships during the voluntary reporting period that CMS implemented on January 1, 2018. This webcast presents real world clinical scenarios to illustrate how Patient Relationship Categories and Codes work and reviews the statutory context and policy principles used in their development. A question and answer session follows the presentation.

For inquiries about the Patient Relationship Categories and Codes, contact the Quality Payment Program Service Center at OPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222).

CMS will use webcast technology for this event with audio streamed through your computer. If you are unable to stream audio, phone lines are available.
Target Audience: Clinicians, clinical staff, organizations representing clinicians, and other interested stakeholders. Clinicians currently eligible to report patient relationships are physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists enrolled in Medicare.

Medicare Learning Network® Publications & Multimedia

Influenza Resources for Health Care Professionals: 2018-2019 MLN Matters Article — New

A new MLN Matters Article SE18015 on 2018-2019 Influenza (Flu) Resources for Health Care Professionals is available. Learn about influenza resources, including payment rates.

HPSA Bonus Payments: 2019 Annual Update MLN Matters Article — New

A new MLN Matters Article MM10968 on 2019 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments is available. Learn about automated payments for CY 2019.

Laboratory NCD Edit Software: Changes for January 2019 MLN Matters Article — New

A new MLN Matters Article MM10941 on Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2019 is available. Learn about the changes in the edit module for clinical diagnostic laboratory services.

AWV, IPPE, and Routine Physical – Know the Differences Educational Tool — New

A new AWV, IPPE, and Routine Physical – Know the Differences Educational Tool is available. Learn about:
- Differences between these services
- What is covered

Dementia Care Call: Audio Recording and Transcript — New

An audio recording and transcript are available for the September 18 call on Dementia Care: Opioid Use & Impact for Persons Living with Dementia. 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.

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.

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