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Official CMS news from the Medicare Learning Network

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News & Announcements

New Medicare Card: Questions?

Do you have questions about the transition to the Medicare Beneficiary Identifier (MBI)? Find the answers in these resources:

- [Transition to New Medicare Numbers and Cards](#) Fact Sheet
- [New MBI: Get It, Use It](#) MLN Matters® Article
- [Frequently Asked Questions](#)
- [Provider and Office Manager](#), [Getting MBIs](#), [Using MBIs](#) webpages

DMEPOS Competitive Bidding Updates

On November 1, 2018, CMS issued a [final rule](#) requiring changes to bidding and pricing methodologies to be implemented under the next round of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. Starting January 1, 2019, there will be a temporary gap in the DMEPOS Competitive Bidding Program that we expect to last until December 31, 2020.

During the temporary gap, DMEPOS suppliers providing items and services in former Competitive Bidding Areas (CBAs) will be paid based on fee schedule amounts adjusted by:

- Single Payment Amounts for each CBA as of December 31, 2018
- The projected percentage increase in the CY 2018 Consumer Price Index for all Urban Consumers

We are also soliciting comments on new product categories to be phased-in for the next round of the DMEPOS Competitive Bidding Program.

For More Information:

- [Temporary Gap Period](#) fact sheet
- [DMEPOS Update](#) MLN Matters Article
- [Public Comments on New Product Categories](#) webpage

SNF Provider Preview Reports: Review Your Data by November 30

Skilled Nursing Facility (SNF) Provider Preview Reports are available on quality measures based on second quarter 2017 through first quarter 2018 data. Review your performance data by November 30, prior to public display on [Nursing Home Compare](#) in January 2019. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate. For more information and directions to access your report, visit the [SNF Quality Public Reporting](#) webpage.

QRURs and PQRS Feedback Reports: Access Ends December 31

The final performance period for the Value Modifier and Physician Quality Reporting System (PQRS) programs was 2016 and the final payment adjustment year is 2018. Quality and Resource Use Reports (QRURs) and PQRS Feedback Reports will no longer be available after the end of 2018. If you need these reports, download them through December 31, 2018, from the [CMS Enterprise Portal](#) using an Enterprise Identity Management (EIDM) system account with the correct role. Visit the [How to Obtain a QRUR](#) webpage for more information.

For access to PQRS Taxpayer Identification Number or National Provider Identifier reports from program year 2013 or earlier, contact the [QualityNet Help Desk](#). They are no longer available from the QualityNet Secure Portal.

The Merit-based Incentive Payment System (MIPS) under the Quality Payment Program replaced the Value Modifier and PQRS programs. Visit the [Quality Payment Program](#) website to learn more. Note: QRURs and PQRS Feedback Reports are not same as the MIPS Performance Feedback.

For More Information:

- [PQRS Analysis and Payment](#) webpage: Information on PQRS Feedback Reports
- [Value-Based Payment Modifier](#) webpage: Information on QRURs
- For assistance with EIDM or PQRS Feedback Reports, contact the [QualityNet Help Desk](#)
- For assistance with the QRURs or Value Modifier, contact the Physician Value Help Desk at pvhelpdesk@cms.hhs.gov or 888-734-6433 (select option 4)

Quality Payment Program: Multi-Payer Other Payer Advanced APMs List

CMS published a list of payment arrangements with CMS Multi-Payer Models that we determined to be Other Payer Advanced Alternative Payment Models (APMs) for the CY 2019 QP Performance Period.

For More Information:

- [2019 QPP Multi-Payer Other Payer Advanced APMs](#)
- [APMs Overview](#) webpage
- Contact the Quality Payment Program at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

Quality Payment Program: Visit the Resource Library Website

Visit the redesigned [Quality Payment Program Resource Library](#) webpage. Search for resources by year, reporting track, performance category, and document type.

Raising Awareness of Diabetes in November

National Diabetes Month, Diabetic Eye Disease Month, and World Diabetes Day on November 14 promote diabetes awareness and the impact of diabetes on public health. Talk to your patients about their risk factors and recommend appropriate Medicare preventive services for detection and treatment.

The [2019 Medicare & You Handbook](#) includes information on the Medicare Diabetes Prevention Program (MDPP), a new Medicare-covered service. Review the [MDPP Expanded Model](#) booklet and [materials](#) from the September 26 Medicare Learning Network call.

For More Information:

- [Preventive Services](#) Educational Tool
- [MDPP Expanded Model](#) webpage
- [Medicare Vision Services](#) Fact Sheet
- [National Diabetes Month 2018](#) webpage
- [World Diabetes Day](#) website

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](#)

Claims, Pricers & Codes

Hospitals: Incorrect Maximum Payment for Sentinel Cerebral Protection System™

The FY 2019 Inpatient Prospective Payment System (IPPS) Pricer contained an incorrect maximum new technology add-on payment for Sentinel Cerebral Protection System. The issue will be corrected in November. Your Medicare Administrative Contractor will reprocess these claims with a discharge date on or after October 1 through the implementation of the corrected IPPS Pricer. No action is required by hospitals.

Upcoming Events

Home Health Services: Review Choice Demonstration Call — November 13

Tuesday, November 13 from 1-2:30 pm ET

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

Find out about the new Review Choice Demonstration for home health services that is scheduled to begin in Illinois on December 10. This demonstration will develop improved procedures for the identification, investigation, and prosecution of potential Medicare fraud through either pre-claim or postpayment review. Providers can choose between three initial options:

- Pre-claim review of all claims
- Postpayment review of all claims
- Minimal review with 25% payment reduction

A provider's compliance determines their next steps in the process. The demonstration will expand to Ohio, North Carolina, Florida, and Texas and can be expanded to other states in the same Medicare Administrative Contractor jurisdiction if there is increased evidence of fraud. Visit the [Review Choice Demonstration](#) webpage for more information.

Target Audience: Home health providers.

IRF Payment and Coverage Policies: FY 2019 Final Rule Call — November 15

Thursday, November 15 from 1:30 to 3 pm ET

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

During this call, learn about changes finalized in the FY 2019 Inpatient Rehabilitation Facility (IRF) Prospective Payment System [final rule](#), including:

- Revisions to coverage criteria
- Removal of the Functional Independence Measure (FIM™) and Associated Function Modifiers from the IRF - Patient Assessment Instrument
- Refinements to the case mix classification

Prior to the call, participants are encouraged to review the [Medicare Benefit Policy Manual, Chapter 1](#), Section 110. A question and answer session follows the presentation; however, attendees may email questions in advance to irfcoverage@cms.hhs.gov with "November 15 Call" in the subject line. These questions may be addressed during the call or used for other materials following the call.

Target Audience: IRF providers.

Quality Payment Program Year 3 Final Rule Overview Webinar — November 15

Thursday, November 15 from 12 to 1:30 pm ET

[Register](#) for this webinar.

CMS released final policies for Year 3 (2019) of the Quality Payment Program as a part of the Medicare Physician Fee Schedule final rule. During the webinar, CMS subject matter experts cover:

- Overview of the Quality Payment Program, Merit-based Incentive Payment System (MIPS), and Advanced Alternative Payment Models (Advanced APMs)
- Year 3 policy changes for MIPS and Advanced APMs
- Key differences between Year 2 and Year 3 requirements
- No-cost technical assistance and resources

Physician Fee Schedule Final Rule: Understanding 3 Key Topics Call — November 19

Monday, November 19 from 2 to 3:30 pm ET

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

The CY 2019 Physician Fee Schedule final rule is estimated to increase the amount of time doctors and other clinicians spend with their patients by reducing the burden of Medicare paperwork. During this call, CMS experts briefly cover three provisions and address your questions:

- 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 [final rule](#) prior to the call and the following materials:

- Physician Fee Schedule: [Press release](#), [fact sheet](#), and [E/M payment chart](#)
- Quality Payment Program: [Year 3 overview fact sheet](#) and [quick start guide for MIPS 2019 participation](#)

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

IMPACT Act: National Beta Test of Candidate SPADEs Meeting — November 27

Tuesday, November 27 from 12 to 4 pm

In-person at RAND Corporation in Arlington, VA or via phone

[Register](#) for this meeting.

During this meeting, learn about early findings from the Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) national beta test of candidate Standardized Patient Assessment Data Elements (SPADEs). On behalf of CMS, the RAND Corporation:

- Hosts an overview of the results from the national test related to data element standardization for post-acute care providers
- Discusses areas of support and key concerns raised by stakeholders during prior engagement activities
- Answer questions from attendees

Medicare Learning Network® Publications & Multimedia

Prescriber's Guide: New Medicare Part D Opioid Overutilization Policies for 2019 MLN Matters Article — New

A new MLN Matters Article SE18016 on [A Prescriber's Guide to the New Medicare Part D Opioid Overutilization Policies for 2019](#) is available. Learn about new policies for Medicare drug plans starting on January 1, 2019.

NGACO Model Post Discharge Home Visit HCPCS MLN Matters Article — New

A new MLN Matters Article MM10907 on [Next Generation Accountable Care Organization \(NGACO\) Model Post Discharge Home Visit HCPCS](#) is available. Learn about modifications to the operations of a current benefit enhancement.

Hospital and CAH Swing-Bed Manual Revisions MLN Matters Article — New

A new MLN Matters Article MM10962 on [Hospital and Critical Access Hospital \(CAH\) Swing-Bed Manual Revisions](#) is available. Learn about clarified policies.

Manual Updates to Correct SNF Errors and Omissions: 2018 Q4 MLN Matters Article — New

A new MLN Matters Article MM11004 on [Internet Only Manual Updates to Pub. 100-01, 100-02 and 100-04 to Correct Errors and Omissions \(SNF\) \(2018 Q4\)](#) is available. Learn about revisions to clarify Skilled Nursing Facility (SNF) policy.

Temporary Transitional Payment for HIT Services for CYs 2019 and 2020 MLN Matters Article — New

A new MLN Matters Article MM10836 on [Temporary Transitional Payment for Home Infusion Therapy \(HIT\) Services for CYs 2019 and 2020](#) is available. Learn about payment categories.

Revision of SNF CB Edits for Ambulance Services in a Part A Facility Stay MLN Matters Article — New

A new MLN Matters Article MM10955 on [Revision of Skilled Nursing Facility \(SNF\) Consolidated Billing \(CB\) Edits for Ambulance Services Rendered to Beneficiaries in a Part A Skilled Nursing Facility Stay](#) is available. Learn about revision to edits to ensure accurate payments.

Medicare Diabetes Prevention Program Expanded Model Booklet — New

A new [Medicare Diabetes Prevention Program \(MDPP\) Expanded Model](#) Booklet is available. Learn:

- How to become a Medicare-enrolled MDPP supplier
- How to help beneficiaries with prediabetes decrease diabetes risk
- How to look for an MDPP supplier

Medicare Billing: CMS Form CMS-1450 and the 837 Institutional Booklet — Revised

A revised [Medicare Billing: CMS Form CMS-1450 and the 837 Institutional](#) Booklet is available. Learn:

- When Medicare will accept a hard copy claim form
- Filing requirements
- How to submit and code claims

Medicare Billing: CMS Form CMS-1500 and the 837 Professional Booklet — Revised

A revised [Medicare Billing: CMS Form CMS-1500 and the 837 Professional](#) Booklet is available. Learn:

- When Medicare will accept a hard copy claim form
- Filing requirements
- How to submit and code claims

Medicare Preventive Services National Educational Products Listing — Revised

The [Medicare Preventive Services National Educational Products](#) Listing is available. Learn about:

- Coverage
- Coding
- Billing

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