



# mlnconnects

Official CMS news from the Medicare Learning Network®

**Thursday, November 14, 2019**

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## News

### New Medicare Card: If an MBI Changes

Medicare beneficiaries or their authorized representatives can ask to change their Medicare Beneficiary Identifiers (MBIs); for example, if the MBI is compromised. CMS can also change an MBI. It is possible for your patient to seek care before getting a new card with the new MBI.

If you get an eligibility transaction error code (AAA 72) of “invalid member ID,” your patient’s MBI may have changed.

- Do a historic eligibility search to get the termination date of the old MBI.
- Get the new MBI from your Medicare Administrative Contractor’s secure MBI look-up tool. [Sign up](#) for the Portal to use the tool.

Reminders about using the old or new MBIs:

Fee-For-Service (FFS) claims submissions with:

- Dates of service before the MBI change date – use old or new MBIs
- Span-date claims with a “From Date” before the MBI change date – use old or new MBIs
- Dates of service that are entirely on or after the effective date of the MBI change – use new MBIs

FFS eligibility transactions when the:

- Inquiry uses new MBI – we will return all eligibility data.
- Inquiry uses the old MBI and request date or date range overlap the active period for the old MBI – we will return all eligibility data. We will also return the old MBI termination date.
- Inquiry uses the old MBI and request date or date range are entirely on or after the effective date of the new MBI – we will return an error code (AAA 72) of “invalid member ID.”

See the [MLN Matters Article](#) for more information on how to get and use MBIs.

### **Medicare Shared Savings Program: Application Deadlines for January 1, 2021, Start Date**

CMS announced Notice of Intent to Apply (NOIA) and application submission dates for a January 1, 2021, start date for the [Medicare Shared Savings Program](#). Beginning April 20, 2020, CMS will start accepting NOIAs via the [Accountable Care Organization \(ACO\) Management System](#). You must submit a NOIA if you intend to apply to the Medicare Shared Savings Program for a January 1, 2021 start date.

NOIA submissions are due no later than May 8, 2020, at noon ET. A NOIA submission does not bind your organization to submit an application; however, you must submit a NOIA to be eligible to apply. Each ACO must submit only one NOIA.

The application submission period will be open from May 14 through June 11, 2020, at noon ET.

The NOIA and application submission dates are earlier in the year than they were in the past in order to give applicants more time to make application changes. Please consider these earlier submission deadlines when planning your application for a January 1, 2021, agreement period start date.

For More Information:

- [Shared Savings Program](#) website
- [Application Types and Timeline](#) webpage
- [Application Toolkit](#) webpage
- For questions email [SharedSavingsProgram@cms.hhs.gov](mailto:SharedSavingsProgram@cms.hhs.gov)

### **Drug Units in Excess of MUE: Comparative Billing Report in November**

In late November, CMS will issue a Comparative Billing Report (CBR) on Drug Units in Excess of Medically Unlikely Edits (MUE), focusing on providers who submit Medicare Part B claims. These reports contain data-driven tables with an explanation of findings that compare your billing and payment patterns to those of your peers in your state and across the nation.

CBRs are not publicly available. Look for an email from [cbrpepper.noreply@religroupinc.com](mailto:cbrpepper.noreply@religroupinc.com) to access your report. Update your contact email address in the Provider Enrollment, Chain, and Ownership System to ensure accurate delivery. Visit the [CBR](#) website for more information.

### **Person-Centered Planning: Comment on Performance Measurement by December 2**

CMS and the HHS Administration for Community Living are working with the National Quality Forum (NQF) to design a foundation for measuring performance of person-centered planning across community-based and institutional settings, including:

- Definition for person-centered planning
- Core competencies for facilitators
- Optimal systems characteristics

NQF is accepting comments on the [draft interim report](#) through December 2:

- [Registration](#) is required for submitting comments
- Contact [pcplanning@qualityforum.org](mailto:pcplanning@qualityforum.org) with questions

## Emergency Preparedness Resources

The Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) released:

- [Issue 9 of The Exchange](#): Planning, response, and lessons learned specific to chemical incidents
- [CMS Emergency Preparedness Rule Resource](#) webpage: Updated facility-specific requirement overviews to reflect the CMS Omnibus Burden Reduction (Conditions of Participation) [Final Rule](#)

For More Information:

- [ASPR TRACIE](#) Fact Sheet
- [ASPR TRACIE](#) website

## 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 Medicare Diabetes Prevention Program (MDPP) is a new Medicare-covered service. Read the [Pre-Diabetes Services: Referring Patients to the MDPP](#) MLN Matters Article to learn more.

For More Information:

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

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

## Recognizing Lung Cancer Awareness Month and the Great American Smokeout

November is Lung Cancer Awareness Month, and November 15 is the Great American Smokeout. Tobacco use is the leading cause of preventable illness and death in the United States. Many smokers want to quit but have difficulty succeeding.

- Talk to your patients about quitting
- Recommend appropriate Medicare-covered preventative services, including counseling to prevent tobacco use, lung cancer screening counseling, and annual screening for lung cancer with low dose computed tomography

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Lung Cancer Awareness](#) website, Centers for Disease Control and Prevention

- [Great American Smokeout](#) webpage, American Cancer Society

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

## Compliance

### Skilled Nursing Facility 3-Day Rule Billing

In a recent [report](#), the Office of Inspector General (OIG) determined that Medicare improperly paid for Skilled Nursing Facility (SNF) services when the Medicare 3-Day inpatient hospital stay requirement was not met. CMS developed the [Skilled Nursing Facility 3-Day Rule Billing](#) Fact Sheet to help you bill correctly. Additional resources:

- [Reminder of the Required Three-day Hospital Stay for SNF Admissions](#) MLN Matters Special Edition Article
- [SNF Billing Reference](#) Medicare Learning Network Booklet
- [Title 42 of the Code of Federal Regulations \(CFR\) § 411.400](#)
- [Medicare Benefit Policy Manual, Chapter 8](#)
- [Medicare Claims Billing Manual, Chapter 6](#)
- [Medicare Claims Billing Manual, Chapter 30](#)
- [Medicare Financial Management Manual, Chapter 3](#), 70.3(C), 90, 100
- [CMS Improperly Paid Millions of Dollars for Skilled Nursing Facility Services When the Medicare 3-Day Inpatient Hospital Stay Requirement Was Not Met](#) OIG Report

## Claims, Pricers & Codes

### MACRA Patient Relationship Categories and Codes: Reporting HCPCS Level II Modifiers

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 requires the establishment and use of Patient Relationship Categories (PRCs) and codes. When tested, the PRCs will be incorporated into the claims-based cost measures, which assess the beneficiary's total cost of care during the year, or during a hospital stay, and/or during eight episodes of care. Read [MLN Matters Article MM11259](#), and learn how to report HCPCS Level II modifiers.

## Events

### Kidney Care Choices Model Webinars — November 15 and 22

CMS is hosting a series of webinars to introduce the Kidney Care First and Comprehensive Kidney Care Contracting Model options and review the application process:

- [Register](#) for the Kidney Care First Webinar: Friday, November 15 from noon to 1 pm ET
- [Register](#) for the Comprehensive Kidney Care Contracting Finance Webinar: Friday, November 22 from noon to 1 pm ET

For More Information:

- [Kidney Care Choices Model](#) webpage
- [Webinars & Forums](#) webpage: Presentation materials from the sessions
- Contact the Model team at [KCF-CKCC-CMMI@cms.hhs.gov](mailto:KCF-CKCC-CMMI@cms.hhs.gov).

### 2020 Quality Payment Program Final Rule Webinar — November 19

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

[Register](#) for this webinar.

CMS provides information about the final rule for the 2020 Performance Period of the Quality Payment Program. Topics include:

- Overview of the Quality Payment Program, Merit-based Incentive Payment System (MIPS), and Advanced Alternative Payment Models (Advanced APMs)
- MIPS and Advanced APM policy changes
- Key differences between 2019 and 2020 requirements
- MIPS Value Pathways, a new participation framework starting in 2021
- Ways to connect to no-cost technical assistance and identify additional resources

### **Drug Units in Excess of MUE: Comparative Billing Report Webinar — December 4**

Wednesday December 4 from 3 to 4 pm ET

[Register](#) for this webinar.

Join us for a discussion of the Comparative Billing Report (CBR) on Drug Units in Excess of Medically Unlikely Edits (MUE), an educational tool for providers who submit Medicare Part B claims. Visit the [CBR](#) website for more information.

### **Ground Ambulance Organizations: Data Collection System Call — December 5**

Thursday, December 5 from 1:30 to 3 pm ET

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

During this call, get an overview of the new Ground Ambulance Data Collection system, including:

- Background
- Selection of organizations required to report
- Detailed discussion of the Data Collection Instrument

A question and answer session follows the presentation; however, you may email questions in advance to [AmbulanceDataCollection@cms.hhs.gov](mailto:AmbulanceDataCollection@cms.hhs.gov) with “December 5 Call” in the subject line. These questions may be addressed during the call or used for other materials following the call. For more information, including providers selected for the first round of reporting, see the [Ambulance Services Center](#) webpage, CY 2020 Physician Fee Schedule [final rule](#), and [Bipartisan Budget Act of 2018](#).

Target Audience: Ground ambulance organizations and ambulance stakeholders.

## **MLN Matters® Articles**

### **International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) — April 2020 Update**

A new MLN Matters Article MM11491 on [International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\) -- April 2020 Update](#) is available. Learn about new and revised codes for NCDs.

### **Updates to CR 11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)**

A new MLN Matters Article MM11513 on [Updates to CR 11152 Implementation of the Skilled Nursing Facility \(SNF\) Patient Driven Payment Model \(PDPM\)](#) is available. Learn about updates to handle Veterans Administration demonstration claims under the PDPM.

## **Display PARHM Claim Payment Amounts — Revised**

A revised MLN Matters Article MM11355 on [Display PARHM Claim Payment Amounts](#) is available. Learn about Medicare reimbursement for Pennsylvania Rural Health Model (PARHM) hospital participants.

## **October 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS) — Revised**

A revised MLN Matters Article MM11451 on [October 2019 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#) is available. Learn about changes and billing instructions related to payment policies.

## **Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - October 2019 Update — Revised**

A revised MLN Matters Article MM11422 on [Quarterly Healthcare Common Procedure Coding System \(HCPCS\) Drug/Biological Code Changes - October 2019 Update](#) is available. Learn about the addition of HCPCS code J0642.

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