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News

Care Compare: 2019 Preview Period Open through March 25

The Doctors and Clinicians Preview Period is open through March 25 at 8 pm ET. Preview your 2019 Quality Payment Program (QPP) performance information before it appears on the Medicare Care Compare website and in the Provider Data Catalog.

Access the preview through the QPP website. Accountable Care Organizations (ACOs) can preview performance information through their 2019 Merit-based Incentive Payment System Performance Feedback Reports.

For More Information:

• Care Compare: Doctors and Clinicians Initiative webpage
• Preview Period: Performance Information for Doctors and Clinicians presentation
• Doctors and Clinicians Preview Period user guide
• ACO Performance Information on Care Compare fact sheet
• Contact QPP@cms.hhs.gov

Open Payments Data

CMS updated the Open Payments dataset to reflect changes to the data that took place since the last publication in June 2020. We refresh this data at least once annually to include updates from disputes and other data corrections made since the initial publication of the data.

Visit the Open Payments webpage for more information.

Medicare Wellness Visits: Get Your Patients Off to a Healthy Start
Medicare covers wellness visits, and your patients pay nothing if you accept assignment. Recommend the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV) to get your patients off to a healthy start this year.

The IPPE or the “Welcome to Medicare” preventive visit is a one-time visit for newly-enrolled patients:
- Review medical and social health history
- Discuss preventive services

The AWV or “Yearly Wellness Visit” focuses on preventive health:
- Develop or update a personalized prevention plan
- Perform a health risk assessment

For More Information:
- [Medicare Wellness Visits](#) educational tool
- [Medicare Preventive Services](#) educational tool
- [Preventive Services](#) webpage
- Information for your patients on “Welcome to Medicare” preventive visit and Yearly Wellness Visit

**Compliance**

**Hospice Care: Safeguards for Medicare Patients**

An Office of Inspector General report focused on hospice:
- Quality of care and common deficiencies
- Instances of patient harm and vulnerabilities

[Review the Safeguards for Medicare Patients in Hospice Care](#) fact sheet to help you recognize and address deficiencies in care and protect your patients from harm. Additional resources:
- [Medicare Claims Processing Manual, Chapter 11, Section 30.1](#)
- [Eldercare Locator](#) website
- [Contact Information for Filing a Complaint with the State Survey Agency](#)

**Claims, Pricers, & Codes**

**Drug Claims Rejected in Error**

Medicare systems are rejecting claims for drug HCPCS codes J0897, J3111, and J3590 in error if the drugs are for treatment of conditions other than osteoporosis in the home health setting. The claims are rejected with Fiscal Intermediary Shared System reason code 32453. Over the next several weeks, Medicare Administrative Contractors will correct the error and reprocess these claims. You don’t need to take any action.

**MLN Matters® Articles**

**Calendar Year (CY) 2021 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment — Revised**

CMS revised MLN Matters Article MM12080 on [Calendar Year (CY) 2021 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#) to change the payment determination for code 0177U.
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