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News

New Medicare Card and MBI Adoption: How Do You Compare?

Use Medicare Beneficiary Identifiers (MBIs) for all Medicare transactions – the transition period ends December 31, 2019. For the week ending March 22, here is how you are using the MBI on claims:

National: 68% Institutional: 68% Professional:69%

Durable Medical Equipment: 52%

3 Ways to Get the MBI:

- Ask your patients for the card. If your Medicare patients say they did not get a card, instruct them to call 1-800-MEDICARE (1-800-633-4227), so we can help them get their new cards.
- Use your Medicare Administrative Contractor's look up tool. Sign up for the Portal to use the tool.
- Check the remittance advice. Until the end of the transition period, we return the MBI on the remittance advice for claims with a valid and active Health Insurance Claim Number. Contact your vendor if you do not see the MBI.

SNF PPS Patient Driven Payment Model: Get Ready for Implementation on October 1

On October 1, the new Patient Driven Payment Model (PDPM) is replacing Resource Utilization Group, Version IV for the Skilled Nursing Facility (SNF) Prospective Payment System (PPS). CMS has resources to help you prepare.

For More Information:

- PDPM webpage, including fact sheets, FAQs, presentation, and coding crosswalks/classification logic
- <u>Materials</u> from the Medicare Learning Network call in December
- New Medicare Webpage on PDPM MLN Matters Article
- Implementation of the SNF PDPM MLN Matters Article

Compliance

DME Proof of Delivery Documentation Requirements

CMS simplified and clarified documentation requirements for proof of delivery of Durable Medical Equipment (DME) and related services. If you are a physician, provider, or supplier who bills a DME Medicare Administrative Contractor, read the MLN Matters Article on Proof of Delivery Documentation Requirements for details. Learn about updates to support compliance and the impact on your payment.

More resources to help you bill correctly and avoid overpayment recoveries:

- Medicare Program Integrity Manual, Chapter 4, Section 26
- 42 CFR Section 424.57(c)(12)

MLN Matters® Articles

Billing for Hospital Part B Inpatient Services

A new MLN Matters Article MM11181 on <u>Billing for Hospital Part B Inpatient Services</u> is available. Learn about billing instructions.

Grandfathered Tribal FQHCs: Payment for CY 2019

A new MLN Matters Article MM11203 on <u>Update to the Payment for Grandfathered Tribal Federally Qualified Health Centers (FQHCs) for Calendar Year (CY) 2019</u> is available. Learn about updates to the base payment rate.

Home Health Certification and Recertification Policy Changes

A new MLN Matters Article MM11104 on <u>Manual Updates Related to Home Health Certification and Recertification Policy Changes</u> is available. Learn about policy updates.

ASC Payment System: April 2019 Update

A new MLN Matters Article MM11232 on <u>April 2019 Update of the Ambulatory Surgical Center (ASC) Payment System</u> is available. Learn about changes to billing instructions and HCPCS updates.

Hospital OPPS: April 2019 Update

A new MLN Matters Article MM11216 on <u>April 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS)</u> is available. Learn about four new CPT codes.

Medicare Physician Fee Schedule Database: April 2019 Update — Revised

A revised MLN Matters Article MM11163 on <u>Quarterly Update to the Medicare Physician Fee Schedule</u> Database (MPFSDB) – April 2019 Update is available. Learn about the new HCPCS codes.

Publications

CY 2019 eCQM

Eligible hospitals and critical access hospitals: CMS posted updated resources for CY 2019 Electronic Clinical Quality Measure (eCQM) data reporting for the Hospital Inpatient Quality Reporting (IQR) and the Promoting Interoperability Programs:

- eCQM Submission Overview
- Preparation Checklist Test
- Preparation Checklist Production
- Electronic Health Record Report Overview

For More Information

- QualityNet eCQM Overview webpage
- QualityNet eCQM Reporting Resources webpage
- Quality Reporting Center website
- eCQI Resource Center website
- For questions about the Hospital IQR Program, visit the <u>Questions and Answers</u> webpage or call 844-472-4477
- For questions about the Promoting Interoperability Program, QualityNet Secure Portal, Pre-Submission Validation Application tool, and file error messages, contact the QualityNet Help Desk at qnetsupport@hcqis.org or 866-288-2912
- For questions about eCQM specifications, value sets, and mapping, visit the <u>ONC eCQM Issue Tracker</u> webpage

Medicare Promoting Interoperability Program: Scoring Methodology

In the FY 2019 Inpatient Prospective Payment Systems <u>final rule</u>, CMS finalized a new performance-based scoring methodology for eligible hospitals and critical access hospitals that attest under the Medicare Promoting Interoperability Program. See the <u>Scoring Methodology</u> Fact Sheet for information on scoring and reporting requirements.

For More Information:

- Overview Fact Sheet
- Promoting Interoperability Program website

Medicare Enrollment for Physicians and Other Part B Suppliers — Revised

A revised <u>Medicare Enrollment for Physicians, NPPs, and Other Part B Suppliers</u> Medicare Learning Network Booklet is available. Learn:

- Who are part B suppliers
- What it means to be a participating provider

Medicare Preventive Services Poster — Revised

A revised <u>Medicare Preventive Services Poster</u> Medicare Learning Network Educational Tool is available. Learn about:

- Coding
- Coverage requirements
- Patient cost-sharing for each service

Medicare Secondary Payer — Revised

A revised Medicare Secondary Payer Medicare Learning Network Booklet is available. Learn:

- When Medicare pays first
- How to gather accurate data from the beneficiary
- What happens if you fail to file correct and accurate claims

Safeguard Your Identity and Privacy Using PECOS — Revised

A revised <u>Safeguard Your Identity and Privacy Using PECOS</u> Medicare Learning Network Booklet is available. Learn:

- How to use the Provider Enrollment, Chain, and Ownership System (PECOS)
- Privacy tips
- How to keep, review, and protect enrollment information

Multimedia

Dementia Care Call: Audio Recording and Transcript

An <u>audio recording</u> and <u>transcript</u> are available for the <u>March 12</u> Medicare Learning Network call on the Dementia Care & Psychotropic Medication Tracking Tool. Learn about the tool, updates on the Phase 3 Requirements for Participation, and the progress of the National Partnership to Improve Dementia Care in Nursing Homes.

Open Payments Call: Audio Recording and Transcript

An <u>audio recording</u> and <u>transcript</u> are available for the <u>March 13</u> Medicare Learning Network call on Open Payments: Transparency and You. Find out how to access the Open Payments system to review the accuracy of the data submitted about you before it is published on the CMS website.

Medicare Secondary Payer Provisions Web-Based Training Course — Revised

With Continuing Education Credit

A revised Medicare Secondary Payer Provisions Web-Based Training (WBT) course is available through the Medicare Learning Network <u>Learning Management System</u>. Learn about:

- Identifying provisions
- Recognizing when Medicare is primary and secondary
- Responsibilities to comply

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