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News

PEPPERs for Short-term Acute Care Hospitals

Fourth quarter fiscal year 2020 Program for Evaluating Payment Patterns Electronic Reports (PEPPERs) are available for short-term acute care hospitals. The public health emergency has a direct effect on claim volume trends. All target areas experienced a drop in claim volume compared to the previous year, except for respiratory infections and ventilator support.

These reports summarize provider-specific data for Medicare services that may be at risk for improper payments. Use your data to support internal auditing and monitoring activities. CMS recently distributed your report through the PEPPER Resources Portal.

More Information:

- Visit the <u>PEPPER Resources</u> website for the <u>user's guide</u>, <u>recorded training sessions</u>, <u>FAQs</u>, and examples of how other hospitals are using the report
- Visit the Help Desk if you have questions or need help obtaining your report
- Send us your <u>feedback or suggestions</u>

Colorectal Cancer: Medicare Covers Screening

Medicare covers colorectal cancer screening, and your patients pay nothing if you accept assignment. During Colorectal Cancer Awareness Month, encourage screening to help find this cancer early, when treatment is most effective.

More Information:

- Medicare Preventive Services educational tool
- Preventive Services webpage
- CDC Colorectal Cancer webpage
- CDC Screen for Life: National Colorectal Cancer Action Campaign webpage
- Information for your patients on colonoscopies

Compliance

Ambulance Services & SNF Consolidated Billing Requirements: Avoid Improper Payments

An Office of Inspector General report found that Medicare made improper Part B payments for services that were also included in our Part B Skilled Nursing Facility (SNF) consolidated billing requirements. Review these resources to help you bill correctly:

- Ambulance Fee Schedule webpage
- Social Security Act, Sections 1861(e)(1) or 1861(j)(1)
- Medicare Benefit Policy Manual, Chapter 10, Section 10.3.3
- Medicare Claims Processing Manual, Chapter 15
- Medicare Claims Processing Manual, Chapter 30, Section 50

Claims, Pricers, & Codes

Average Sales Price Files: April 2021

CMS posted the April 2021 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks on the <u>2021 ASP Drug Pricing Files</u> webpage.

Events

Medicare Part A Cost Report Appeals Listening Session — March 16

Tuesday, March 16 from 1:30 to 3 pm ET

Register for our Medicare Learning Network listening session.

Medicare Fee-for-Service (FFS) Part A providers can ask for administrative review of their CMS or Medicare Administrative Contractor final determinations through the Medicare Part A appeals process. CMS is reviewing this process, including barriers that affect resolution of issues. During this listening session, CMS seeks your feedback from the following questions:

- Individual states improved their processes for obtaining Medicaid eligibility information. What else causes delays with obtaining Medicaid eligibility supporting documentation?
- Are you reluctant to request reopenings to resolve solely documentation-based reimbursement issues under appeal? Why?
- What resource issues affect your ability to proceed with reopening, administrative resolution, or appeal hearing?

Target Audience:

- All Medicare FFS Part A providers
- Industry-wide stakeholders

Long-Term Care: Dementia-related Psychosis Call — March 23

National Partnership to Improve Dementia Care and Quality Assurance Performance Improvement

Register for our Medicare Learning Network call.

During this call, learn about the appropriate assessment, accurate diagnosis, and approaches to care for dementia-related psychosis in the long-term care setting. Hear about customized care strategies for nursing home residents. A question and answer session follows the presentations.

Speakers: Dr. George Grossberg, Dr. Alexis Eastman, Susan Scanland, and Dr. Chad Worz from the Gerontological Society of America's Workgroup on Dementia-Related Psychosis

Target Audience:

- Consumer and advocacy groups
- Nursing home providers
- Surveyor community
- Prescribers
- Professional associations
- Other interested stakeholders

Open Payments & You Call — March 25

Thursday, March 25 from 2 to 3 pm ET

Register for our Medicare Learning Network call.

Reporting entities submit data to the Open Payments system about payments or transfers of value made to physicians and teaching hospitals. Beginning in April, you have 45 days to review and dispute 2020 payment data before it's published on the CMS website by June 30.

Topics:

- Overview of the Open Payments program and what it means to you
- Program timeline
- Registration process
- Accessing the system
- Critical deadlines for physicians and teaching hospitals to review and dispute data

A question and answer session follows the presentation. See the <u>Open Payments</u> webpage for program information and resources.

Target Audience:

- Physicians
- Physician office staff
- Teaching hospitals

MLN Matters® Articles

April 2021 Integrated Outpatient Code Editor (I/OCE) Specifications Version 22.1

CMS issued a new MLN Matters Article MM12187 on <u>April 2021 Integrated Outpatient Code Editor (I/OCE)</u> Specifications Version 22.1. Learn about modifications and effective dates.

April 2021 Update of the Hospital Outpatient Prospective Payment System (OPPS)

CMS issued a new MLN Matters Article MM12175 on <u>April 2021 Update of the Hospital Outpatient Prospective</u> Payment System (OPPS). Learn about changes to policies and codes.

Fiscal Year (FY) 2021 Inpatient Prospective Payment System (IPPS) and Long Term Care Hospital (LTCH) PPS Changes — Revised

CMS revised MLN Matters Article MM11879 on <u>Fiscal Year (FY) 2021 Inpatient Prospective Payment System (IPPS) and Long Term Care Hospital (LTCH) PPS Changes</u> to change the 25th percentile wage index value from 0.8465 to 0.8649.

Like the newsletter? Have suggestions? Please let us know!

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