

mlnconnects

Official CMS news from the Medicare Learning Network®

Thursday, May 20, 2021

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News

Hospice Outcomes & Patient Evaluation: Submit Beta Test Application by June 14

Hospice providers: Volunteer to participate in a beta test of the draft Hospice Outcomes & Patient Evaluation (HOPE) patient assessment instrument. Submit your application by June 14. CMS expects data collection to begin this fall.

More Information:

- <u>Announcement</u>
- Application
- Email HospiceAssessment@CMS.hhs.gov

Mental Health: Medicare Covers Preventive Services

Medicare covers mental health preventive services, including the initial preventive physical examination, annual wellness visit, and depression screening. Your patients pay nothing if you accept assignment. During Mental Health Month, talk to your patients about their emotional, psychological, and social well-being.

More Information:

- <u>Medicare Wellness Visits</u> educational tool
- <u>Medicare Preventive Services</u> educational tool
- <u>Preventive Services</u> webpage
- <u>CDC Mental Health</u> webpage
- Information for your patients on <u>"Welcome to Medicare" preventive visit</u>, <u>yearly "Wellness" visits</u>, and <u>depression screenings</u>

Compliance

Physician Orders: Provider Minute Video

Why are physician orders important to you and your patients? Watch the <u>Provider Minute: Physician</u> <u>Orders/Intent to Order Laboratory Services and Other Diagnostic Services</u> video to find out how they affect patient care, claim payment, and medical review. Learn about:

- Importance of legible signed orders
- Signed orders versus intent to order services
- Documentation of medical necessity

Events

Medicare Shared Savings Program: Establishing a Repayment Mechanism Webcast — May 27 Thursday, May 27 from 1-2:30 pm ET

Register for our Medicare Learning Network webcast.

During this webcast, learn how to establish a repayment mechanism to participate in the Medicare Shared Savings Program for performance year 2022. An Accountable Care Organization (ACO) entering into Levels C, D, or E of the BASIC track or the ENHANCED track (2-sided risk models) must demonstrate the adequacy of its repayment mechanism prior to the start of its agreement period.

Topics:

- Requirements
- Escrow agreement
- Letter of credit
- Surety bond
- Timeline and available resources
- Requests for information
- Best practices

If you can't stream audio through your computer for this webcast, you can call in.

Target Audience:

- Potential Medicare Shared Savings Program applicants
- New ACOs or Currently participating ACOs

LTCH Quality Reporting Program: Achieving a Full APU Webinar — May 27

Thursday, May 27 from 1-2:30 pm ET

During this webinar, learn about the Annual Payment Update (APU) process for Long-Term Care Hospitals (LTCHs):

- Relationship between the APU and the LTCH Quality Reporting Program
- Data submission requirements
- Reconsideration process for noncompliant providers

MLN Matters® Articles

Requirement to Report DMEPOS Licensure, Product, & Service Changes

CMS issued a new MLN Matters Special Edition Article SE21005 on <u>Requirement to Report DMEPOS</u> <u>Licensure, Product, & Service Changes</u>. Learn about this requirement for Durable Medical Equipment, Prosthetics, Orthotics, & Supplies (DMEPOS) suppliers.

2021 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List

CMS issued a new MLN Matters Article MM12134 on <u>2021 Durable Medical Equipment Prosthetics</u>, <u>Orthotics</u>, <u>and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List</u>. Learn about added and discontinued codes.

Medicare Fee-for-Service (FFS) Coverage of Costs for Kidney Acquisitions in Maryland Waiver (MW) Hospitals for Medicare Advantage (MA) Beneficiaries

CMS issued a new MLN Matters Article MM12206 on <u>Medicare Fee-for-Service (FFS) Coverage of Costs for</u> <u>Kidney Acquisitions in Maryland Waiver (MW) Hospitals for Medicare Advantage (MA) Beneficiaries</u>. Learn about payment for these services.

October Quarterly Update to 2021 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

CMS issued a new MLN Matters Article MM12272 on <u>October Quarterly Update to 2021 Annual Update of</u> <u>HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement</u>. Learn about changes to codes and Medicare Physician Fee Schedule designations.

Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) --Manual Instructions

CMS issued a new MLN Matters Article MM12256 on <u>Replacing Home Health Requests for Anticipated</u> <u>Payment (RAPs) with a Notice of Admission (NOA) -- Manual Instructions</u>. Learn about updates to Chapter 10 of the Medicare Claims Processing Manual.

Waiver of Coinsurance and Deductible for Hepatitis B Preventive Service Vaccine Code, Section 4104 of the Patient Protection and Affordable Health Care Act (the Affordable Care Act), Removal of Barriers to Preventive Services in Medicare

CMS issued a new MLN Matters Article MM12230 on <u>Waiver of Coinsurance and Deductible for Hepatitis B</u> Preventive Service Vaccine Code, Section 4104 of the Patient Protection and Affordable Health Care Act (the <u>Affordable Care Act), Removal of Barriers to Preventive Services in Medicare</u>. Learn about this change for home health agencies and other institutional providers.

Publications

Medical Record Maintenance & Access Requirements

CMS issued a new Medicare Learning Network <u>Medical Record Maintenance & Access Requirements</u> fact sheet. Learn about:

- Updated regulations
- Documentation
- Best practices

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

<u>Subscribe</u> to the MLN Connects newsletter. Previous issues are available in the <u>archive</u>. This newsletter is current as of the issue date. View the complete <u>disclaimer</u>.

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