mlnconnects

Official CMS news from the Medicare Learning Network®

Thursday, March 14, 2019

Editor's Note:

MLN Connects® has an improved table of contents with educational materials organized by type. Let us know what you think. We will continue to deliver the Medicare news you expect each week.

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News

New Medicare Card: 67% of Claims Submitted with MBI

Many providers are using the new Medicare Beneficiary Identifier (MBI) for Medicare transactions. For the week ending March 1, providers submitted 67% of fee-for-service claims with the MBI. We encourage you to use MBIs now for all Medicare transactions.

3 ways to get the MBI:
* Ask your patient for their 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. We return the MBI on the remittance advice for every claim with a valid and active Health Insurance Claim Number.

DMEPOS Competitive Bidding: Get Ready for Round 2021

On March 7, CMS announced plans for Round 2021 of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. CMS is consolidating the Competitive Bidding Areas (CBAs) that were included in Round 1 2017 and Round 2 Recompete by conducting Round 2021 in those same geographic areas for a total of 130 CBAs. Round 2021 contracts are scheduled to be effective beginning on January 1, 2021, and extend through December 31, 2023. We also announced several key updates to the program and encourage suppliers to get ready for bidding now.

For More Information:
- [Fact sheet](#)
- [Competitive Bidding Implementation Contractor](#) website

Protecting the Health and Safety of all Americans

CMS issued new guidance that takes a key step towards making across-the-board improvements in health care safety and quality. This guidance directly addresses violations of health and safety regulations that cause serious harm or death to a patient and require immediate action to prevent further serious harm. These situations are called immediate jeopardy. It's critical that federal and state inspectors accurately identify, thoroughly investigate, and ensure immediate jeopardy situations are resolved decisively and swiftly.

This new guidance can be found in Appendix Q of the State Operations Manual that federal and state inspectors use. In addition, we developed an administrative tool that helps inspectors make sure they have the evidence needed to meet criteria for immediate jeopardy.

For More Information:
- [Guidance on Immediate Jeopardy:](#) Revisions to Appendix Q of the State Operations Manual
- [Training](#) on the new guidance
- [Policy & Memos to States and Regions](#) webpage

See the full text of this excerpted [CMS Blog](#) (issued March 5).

LTCH Compare Refresh

The March 2019 quarterly Long-term Care Hospital (LTCH) Compare refresh is available, including quality measure results based on data from the second quarter of 2017 to the first quarter of 2018. Visit [LTCH Compare](#) to view the data. For more information, visit the [LTCH Quality Public Reporting](#) webpage.

IRF Compare Refresh

The March 2019 quarterly Inpatient Rehabilitation Facility (IRF) Compare refresh is available, including quality measure results based on data from the second quarter of 2017 to the first quarter of 2018. Visit [IRF Compare](#) to view the data. For more information, visit the [IRF Quality Public Reporting](#) webpages.

March is National Colorectal Cancer Awareness Month

Colorectal cancer is the third most common cancer in men and women in the United States. Screening can help find this cancer early, when treatment is most effective. Help protect your Medicare patients by recommending screening if appropriate.

For More Information:
- [Medicare Preventive Services](#) Educational Tool

- [Colorectal Cancer](#) website - Centers for Disease Control and Prevention (CDC)
- [Screen for Life: National Colorectal Cancer Action Campaign](#) webpage - CDC

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

Compliance

Hospital Beds and Accessories: Provider Compliance Tips

In 2017, the Medicare Fee-For-Service (FFS) improper payment rate for hospital beds and accessories was 78.5 percent, with projected inaccurate payments of $66.2 million. Improper payments resulted from insufficient documentation.

Prevent denials by reviewing the [Provider Compliance Tips for Hospital Beds and Accessories](#) Fact Sheet, which details general requirements, coverage, and documentation requirements for:
- Physician's prescription
- Variable height feature
- Electric powered adjustments
- Side rails

Additional Resources:
- [2017 Medicare FFS Supplemental Improper Payment Data](#)
- [National Coverage Determination for Hospital Beds](#)

Events

Data Interoperability across the Continuum: CMS Data Element Library Call — March 19
Tuesday, March 19 from 1:30 to 3 pm ET

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

During this call, learn about the recently released [CMS Data Element Library](#) (DEL), a database of post-acute care patient assessment content mapped to nationally accepted health IT standards to support interoperable health information exchange between providers and with patients. A question and answer session follows the presentation, including an opportunity to provide feedback on the DEL.

Topics:
- The patient story: Use cases for health information exchange and care coordination
- The Improving Medicare Post-Acute Care Transformation Act and the DEL
- Data interoperability: Benefits and challenges
- DEL next steps: FHIR®

Target Audience: Health care providers, health IT vendors, industry professionals, standards development organizations, and other interested stakeholders.

SNF Value-Based Purchasing Program: Phase One Review and Corrections Call — March 20
Wednesday, March 20 from 1:30 to 3 pm ET

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

During this call, participants learn about the Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) Program Review and Corrections process and get answers to frequently asked questions about Phase One of the process. During the Review and Corrections period, SNFs have an opportunity to review and submit

correction requests to quality measure information. Deadline for correction submission is April 1, 2019. For more information: visit the SNF VBP Program webpage.

A question and answer session follows the presentation; however attendees may email questions in advance to SNFVBPInquiries@cms.hhs.gov with "SNF VBP Mar 20 NPC" in the subject line. These questions may be addressed during the call or used for other materials following the call.

Target Audience: SNFs, administrators, clinicians, and other stakeholders.

Submitting Your Medicare Part A Cost Report Electronically Webcast — March 28
Thursday, March 28 from 1 to 2:30 pm ET

Register for Medicare Learning Network events.

Medicare Part A providers: Learn how to use the new Medicare Cost Report e-Filing (MCReF) system. Use MCReF to submit cost reports with fiscal years ending on or after December 31, 2017. You have the option to electronically transmit your cost report through MCReF or mail or hand deliver it to your Medicare Administrative Contractor. You must use MCReF if you choose electronic submission of your cost report. Note: This content was presented in prior webcasts on May 1 and October 15, 2018.

Topics:
- How to access the system
- Detailed overview
- Frequently asked questions

A question and answer session follows the presentation; however, attendees may email questions in advance to OFMDPAOQuestions@cms.hhs.gov with "Medicare Cost Report e-Filing System Webcast" in the subject line. These questions may be addressed during the webcast or used for other materials following the webcast. For more information, see the MCReF MLN Matters Article and MCReF webpage.

CMS will use webcast technology for this event with audio streamed through your computer. If you are unable to stream audio, phone lines are available.

Target Audience: Medicare Part A providers and entities that file cost reports for providers.

MLN Matters® Articles

New MBI: Get It, Use It — Revised

A revised MLN Matters Article SE18006 on New Medicare Beneficiary Identifier (MBI) Get It, Use It is available. Learn:
- How to get an MBI for patients in a Medicare Advantage Plan
- What to do if the look-up tool returns a last name matching error and the beneficiary last name includes a suffix

NGACO Model Post Discharge Home Visit HCPCS — Revised

A revised MLN Matters Article MM10907 on Next Generation Accountable Care Organization (NGACO) Model Post Discharge Home Visit HCPCS is available. Learn about the HCPCS codes G2001 – G2009 and G2013 – G2015.

Publications

PECOS FAQs — Revised

A revised [PECOS FAQs](#) Medicare Learning Network Booklet is available. Learn:
- How to get started
- How to submit an enrollment application
- If you need to pay an application fee
- If you need to submit supporting documentation

PECOS Technical Assistance Contact Information — Revised

A revised [PECOS Technical Assistance Contact Information](#) Medicare Learning Network Fact Sheet is available. Learn who to contact about common problems.

Multimedia

Quality Payment Program: 2017 MIPS Performance Feedback Web-Based Training Course
With Continuing Education Credit

A new Quality Payment Program: Using Your 2017 Merit-based Incentive Payment System (MIPS) Performance Feedback Web-Based Training (WBT) course is available through the [Learning Management System](#). Learn about:
- Who receives and accesses feedback
- Performance category details
- Targeted review process

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