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Official CMS news from the Medicare Learning Network®

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## **News**

## DMEPOS Competitive Bidding: Registration and Bid Window for Round 2021

CMS announced the bidding [timeline](#) for the registration and bid window for Round 2021 of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program.

- Registration Opens – June 10, 2019
- Bid Window Opens– July 16, 2019

The bid window was originally scheduled to open in June 2019, but to provide you with additional time to prepare, we delayed the opening until July 2019. We encourage you to use this additional time to prepare by attending our [webcasts](#) and using the comprehensive bidder education materials on the [Competitive Bidding Implementation Contractor](#) (CBIC) website, including:

- [Bidding](#) webpage: Request for Bids Instructions, Lead Item Pricing Calculator, Bid Preparation Worksheets, Checklists, and more
- [Fact Sheets](#)

The CBIC is the official information source for bidders and bidder education. CMS cautions bidders about potential inaccurate information concerning the DMEPOS Competitive Bidding Program posted on websites other than the CBIC website. Bidders that rely on this information in the preparation or submission of their bids could be at risk of submitting a non-compliant bid.

In addition to viewing the information on the CBIC website, we encourage you to call the CBIC customer service center at 877-577-5331 between 9 am and 5:30 pm ET, Monday through Friday.

## Comprehensive Strategy to Foster Innovation for Transformative Medical Technologies

On May 2, CMS Administrator Seema Verma for the first time walked through the agency's comprehensive strategy to improve patients' access to emerging technologies. The Administrator highlighted two specific actions.

First, for issuing HCPCS codes, CMS is changing the current process of allowing only one opportunity per year to apply for new Level II codes. The agency is moving to a process with quarterly opportunities to apply for drugs and semi-annual opportunities to apply for devices. CMS anticipates this will greatly improve the ability for technologies to move through the adoption curve.

Second, for technologies with CPT Category III codes (which are temporary codes used for emerging technologies), CMS is clarifying that for technologies that do not fall under an existing Local Coverage Determination (LCD), Medicare contractors are required to follow the transparent new LCD process for every local coverage decision, including reviewing the evidence with respect to the technology.

For More Information:

- [Speech](#): Remarks by Administrator Seema Verma at the Medical Device Manufacturers Association Annual Meeting
- [LCD Modernization Process Qs & As](#)

See the full text of this excerpted [CMS Press Release](#) (issued May 2).

## Recovery Audits: Improvements to Protect Taxpayer Dollars and Put Patients over Paperwork

The Medicare Fee-For-Service (FFS) Recovery Audit Contractor (RAC) Program is one of many tools CMS uses to prevent and reduce improper payments. RACs identify and correct overpayments made on claims for health care services provided to beneficiaries, identify underpayments, and provide information that allows us to prevent future improper payments. We reduced RAC-related provider burden to an all-time low, as evidenced by the significant decrease in the number of RAC-reviewed claim determinations that are appealed and the corresponding reduction in the appeals backlog.

Examples of key improvements and enhancements:

- Better oversight
- Holding RACs accountable for performance by requiring them to maintain a 95% accuracy score
- Requiring RACs to maintain an overturn rate of less than 10%
- RACs will not receive a contingency fee until after the second level of appeal is exhausted
- Reducing provider burden and appeals
- Making RAC audits more fair to providers
- Changing how we identify who to audit
- Giving providers more time to submit additional documentation before needing to repay a claim
- Increasing program transparency
- Regularly seeking public comment on newly proposed RAC areas for review, before the reviews begin
- Requiring RACs to enhance their provider portals to make it easier to understand the status of claims

For more information visit the [Medicare FFS Recovery Audit Program](#) website. See the full text of this excerpted [CMS Blog](#) (issued May 2).

## **New Part D Opioid Overutilization Policies: Myths and Facts**

CMS implemented [new opioid policies](#) for Medicare drug plans effective January 1. This is the final message in our series on common myths about these new policies and the facts for providers.

Myth: “There is nothing I can do to help my patients who need more opioids.”

Fact:

- If a pharmacy cannot fill the prescription as written because of an opioid safety edit and the issue is not resolved at the pharmacy, the prescriber can contact the Medicare drug plan to ask for a coverage determination on their patient’s behalf
- A coverage determination can also be requested before prescribing an opioid
- Prescribers can attest to the Medicare drug plan that the cumulative level or day supply is the intended and medically necessary amount

Additionally, to resolve opioid safety alerts expeditiously, CMS encourages prescribers to respond to pharmacist outreach in a timely manner.

Medicare Part D opioid policies are not prescribing limits and generally do not apply to enrollees who have cancer, get hospice, palliative, or end-of-life care, or who live in a long-term care facility. The new policies encourage collaboration and care coordination among Medicare drug plans, pharmacies, prescribers, and patients to improve opioid management, prevent opioid misuse, and promote safer prescribing practices.

For More Information:

- [Roadmap](#)
- [Letter](#) to providers about reducing opioid misuse
- [Prescriber’s Guide to New Medicare Part D Opioid Overutilization Policies for 2019](#) MLN Matters Article
- Training Materials for [prescribers](#), [pharmacists](#), and [patients](#)
- [YouTube video](#) from February 14 Medicare Learning Network call

## **Open Payments: Review and Dispute Data by May 15**

Pre-publication review and dispute for Program Year 2018 Open Payments data closes May 15. CMS will publish Program Year 2018 data and updates to the previous program years’ in June.

Physician and teaching hospital review of the data is voluntary, but strongly encouraged:

- Records eligible for review and dispute: All records submitted during the submission period of the current calendar year, including newly edited, submitted, and re-attested records from previous calendar years; See the [Tutorial](#)
- Disputes must be initiated by May 15: See the [Timing and Data Publication Quick Reference Guide](#)

- We do not mediate or facilitate disputes: Work directly with reporting entities to resolve disputes
- Registration in the Open Payments system is required: Visit the [Registration](#) webpage for instructions

If you are already registered, log in to review your data:

- If you have not accessed your account in 60 days or more, you will need to unlock your account in the [CMS Portal](#)
- If you have not accessed your account in 180 days or more, your account has been deactivated, and you will need to contact the Open Payments Help Desk to reinstate your account

For More Information:

- [Open Payments](#) website
- [Materials](#) from March 13 Medicare Learning Network call
- Contact the Open Payments Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) or 855-326-8366; TTY 844-649-2766

### **SNF Provider Preview Reports: Review Your Data by May 30**

Skilled Nursing Facility (SNF) Provider Preview Reports are available. Review your performance data by May 30, prior to public display on [Nursing Home Compare](#) in July 2019. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe your data is inaccurate.

For more information:

- [SNF Quality Public Reporting](#) webpage
- [Access Instructions](#)

### **Medicare Shared Savings Program: Submit Notice of Intent to Apply Beginning June 11**

CMS announced Notice of Intent to Apply (NOIA) and application cycle dates for a January 1, 2020, start date for the [Medicare Shared Savings Program – Pathways to Success](#). Beginning June 11, 2019, CMS will start accepting NOIAs via the Accountable Care Organization (ACO) Management System (ACO-MS). You must submit a NOIA if you intend to apply to the BASIC or ENHANCED track of the Shared Savings Program, apply for a Skilled Nursing Facility 3-Day Rule Waiver, and/or establish and operate a Beneficiary Incentive Program.

NOIA submissions are due no later than June 28 at noon ET. A NOIA submission does not bind your organization to submit an application; however, you must submit a NOIA to be eligible to apply. Each ACO should submit only one NOIA. ACOs will have an opportunity to make changes to their tracks, repayment mechanisms, and other NOIA-related information during the application submission period. Also, CMS allows ACOs to submit sample documentation (e.g., sample ACO participant agreements) with their NOIA in order to receive feedback from CMS before the application period opens.

The application submission period will be open from July 1 through 29, 2019, at noon ET.

For More Information:

- [Shared Savings Program](#) website
- [Application Types and Timeline](#) webpage
- [Application Toolkit](#) webpage
- For questions email [SSPACO\\_Applications@cms.hhs.gov](mailto:SSPACO_Applications@cms.hhs.gov)

### **Promoting Interoperability Programs: Submit Comments on Proposed Changes by June 24**

On April 23, CMS issued the FY 2020 Inpatient Prospective Payment System and Long-term Acute Care Hospital Prospective Payment System proposed rule, including proposals to the Promoting Interoperability Programs. Submit a formal comment by June 24.

For More Information:

- [Proposed Rule](#)
- [Fact Sheet](#)

## Part D Prescriber PUF and Opioid Prescribing Mapping Tools Updated with 2017 Data

CMS released an update to the Medicare Part D Prescriber Public Use File (PUF), the Medicare Part D Opioid Prescribing Mapping Tool, and the Medicaid Opioid Prescribing Mapping Tool with data for 2017:

- [Medicare Part D Prescriber PUF](#): Summarized information on prescription drugs that were prescribed by individual physicians and other health care providers and paid for under the Medicare Part D Prescription Drug Program
- [Medicare Part D Opioid Prescribing Mapping Tool](#): An interactive, web-based resource that presents geographic comparisons at the state, county, and ZIP code levels
- [Medicaid Opioid Prescribing Mapping Tool](#): An interactive, web-based resource that presents geographic comparisons at the state level

## Quality Payment Program Look Up Tool: Secure Access for APM Entities

CMS added secure access to the Quality Payment Program Eligibility & Reporting page for the following Alternative Payment Models (APMs): Shared Savings Program, Next Generation Accountable Care Organization, and Comprehensive Primary Care Plus. The new capabilities allow APM entities to download a list of their clinicians.

For More Information:

- [APMs Overview](#) webpage
- [Resource Library](#) webpage
- Contact the Quality Payment Program at 866-288-8292 (TTY: 877-715-6222) or [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov)

## National Women's Health Week Kicks Off on Mother's Day

National Women's Health Week, May 12 through 18, encourages women to make their health a priority. Encourage your Medicare patients to take steps to improve their health and recommend appropriate preventive services.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [National Women's Health Week](#) webpage
- [Centers for Disease Control and Prevention Women's Health](#) website

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

## Compliance

### Laboratory Blood Counts: Provider Compliance Tips

In 2017, the Medicare fee-for-service improper payment rate for blood counts was 19.2 percent with projected inaccurate payments of \$56.6 million. Improper payments resulted from:

- Insufficient documentation - 89 percent
- Incorrect coding - 8.3 percent
- No documentation - 2.7 percent

Prevent denials by reviewing the [Provider Compliance Tips for Laboratory Tests – Blood Counts](#) Fact Sheet, which details coverage and documentation requirements.

## Events

### DMEPOS Competitive Bidding: Round 2021 Webcast Series

CMS is launching a series of three webcasts to educate on key components for Round 2021 of the Durable Medical Equipment, Prosthetic, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. Register for:

- May 14 – [Bid Surety Bond and Lead Item Pricing](#)
- May 21 – [Preparing and Submitting Financial Documents](#)
- May 28 – [Registering and Submitting a Bid](#)

Submit questions during the webcast or in advance to [cbic.admin@palmettogba.com](mailto:cbic.admin@palmettogba.com) with “Webcast Question” in the subject line. Questions are not limited to the topics included in the webcast, but should pertain to Round 2021. These webcasts will also be recorded and handouts will be available for those who are unable to attend the live sessions. To access the recording and handouts, you must click on the link above and register for the event.

### Medicare Documentation Requirement Lookup Service Special Open Door Forum — May 14

Tuesday, May 14 from 2 to 3 pm ET

Learn about a new initiative underway to develop a Medicare fee-for-service Documentation Requirement Lookup Service prototype. Provide feedback to CMS and find out how you can get involved or track the progress of this initiative. See the [announcement](#) and [Documentation Requirement Lookup Service Initiative](#) webpage for more information.

## MLN Matters® Articles

### AMCC Lab Panel Claims Payment System Logic

A new MLN Matters Article MM11248 on [Re-implementation of the Automated Multi-Channel Chemistry \(AMCC\) Lab Panel Claims Payment System Logic](#) is available. Learn about changes to editing within the claims processing system to enforce National Correct Coding Initiative guidance.

### E/M Services of Teaching Physicians: Documentation

A new MLN Matters Article MM11171 on [Documentation of Evaluation and Management \(E/M\) Services of Teaching Physicians](#) is available. Learn about the documentation policy change.

### FISS: Updates for Pricing Drugs Depending on Provider Type

A new MLN Matters Article MM11199 on [Updating Fiscal Intermediary Shared System \(FISS\) for Pricing Drugs at Different Rates Depending on Provider Type](#) is available. Learn about system changes.

### HH Patient-Driven Groupings Model Additional Manual Instructions

A new MLN Matters Article MM11272 on [Home Health \(HH\) Patient-Driven Groupings Model \(PDGM\) – Additional Manual Instructions](#) is available. Learn about revisions to the Medicare Claims Processing Manual.

### IPPS-Excluded Hospitals: System Changes

A new MLN Matters Article MM11173 on [Systems Changes to Allow Inpatient Prospective Payment System \(IPPS\)-Excluded Hospitals to Operate IPPS-Excluded Units](#) is available. Learn about changes to the IPPS for processing payments.

### **Medicare Physician Fee Schedule Database File Record Layout**

A new MLN Matters Article MM11191 on [Medicare Physician Fee Schedule Database File Record Layout](#) is available. Learn about revisions.

### **Clinical Laboratory Fee Schedule: Quarterly Update**

A new MLN Matters Article MM11280 on [Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#) is available. Learn about changes in the July 2019 quarterly update.

### **Medicare Physician Fee Schedule Database: Quarterly Update**

A new MLN Matters Article MM11293 on [Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) - July 2019 Update](#) is available. Learn about new payment files based on the 2019 Medicare Physician Fee Schedule final rule.

### **Typhoon Yutu and Medicare Disaster Related Commonwealth of the Northern Mariana Islands Claims — Revised**

A revised MLN Matters Article SE18024 on [Typhoon Yutu and Medicare Disaster Related Commonwealth of the Northern Mariana Islands Claims](#) is available. Learn the status of the waiver.

### **Implementation of the SNF Patient Driven Payment Model — Revised**

A revised MLN Matters Article MM11152 on [Implementation of the Skilled Nursing Facility \(SNF\) Patient Driven Payment Model \(PDPM\)](#) is available. Learn about the required changes.

## **Publications**

### **MLN Catalog May 2019 Edition**

The [MLN Catalog](#) May 2019 Edition is available. Learn about:

- Products and services you can download for free
- Web-based training courses; some offer continuing education credits
- Helpful links, tools, and tips

### **Medicare Documentation Job Aid for Doctors of Chiropractic**

A new [Medicare Documentation Job Aid For Doctors of Chiropractic](#) Medicare Learning Network Educational Tool is available. Learn about:

- How to respond to medical records requests
- Medical necessity documentation
- Medical records which support corrective treatment

## Hospital Outpatient Prospective Payment System— Revised

A revised [Hospital Outpatient Prospective Payment System](#) Medicare Learning Network Booklet is available. Learn about:

- Ambulatory classifications
- How payment rates are set
- Hospital Outpatient Quality Reporting Program

## Provider Compliance Tips for Nebulizers and Related Drugs — Revised

A revised [Provider Compliance Tips for Nebulizers and Related Drugs](#) Medicare Learning Network Fact Sheet is available. Learn about:

- Coverage requirements
- How to prevent claim denials
- Documentation needed to submit a claim

## Screening, Brief Intervention, and Referral to Treatment Services— Revised

A revised [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) Services](#) Medicare Learning Network Booklet is available. Learn about:

- Covered Services
- Medicare and Medicaid eligible providers
- How to bill for dual eligibles

## Medicare Diabetes Prevention Program Expanded Model — Reminder

The [Medicare Diabetes Prevention Program \(MDPP\) Expanded Model](#) Medicare Learning Network Booklet is available. Learn to:

- Become a Medicare-enrolled MDPP supplier
- Help beneficiaries with prediabetes decrease diabetes risk
- Look for an MDPP supplier

## Multimedia

### Medicare Billing: Form CMS-1500 and the 837 Professional Web-Based Training Course — Revised With Continuing Education Credit

A revised Medicare Billing: Form CMS-1500 and the 837 Professional Web-Based Training (WBT) course is available through the Medicare Learning Network [Learning Management System](#). Learn about:

- Billing requirements
- Claims processing actions
- How to identify aspects of paper and electronic claims

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