



mlnconnects

Official CMS news from the Medicare Learning Network®

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New Medicare Card: Need an MBI for a Patient?

You can find the Medicare Beneficiary Identifier (MBI) on the remittance advice of a prior claim or from your [Medicare Administrative Contractor's portal](#) (get access if you do not already have it). Update your system and use it on the claim.

Still having problems? Review the one page [Understanding the MBI](#) Medicare Learning Network Educational Tool to learn about:

- Alpha and numeric characters
- Letters never used to avoid confusion

Putting our Rural Health Strategy into Action

Approximately 60 million Americans or roughly 1 in 5 live in rural areas, with nearly every state having a rural county. CMS recognizes the significant obstacles faced by patients and providers in rural areas and places an unprecedented priority on improving the health of these Americans, including the introduction of the first [Rural Health Strategy](#). In the last year, we took several steps to improve rural health:

- Expanded access to telehealth and other virtual services across the Medicare program
- Proposed to increase the wage index of rural and other low wage index hospitals through the [Inpatient Prospective Payment System \(IPPS\) proposed rule](#): We are seeking input on several approaches for accomplishing this
- Proposed to remove urban-to-rural hospital reclassifications from the calculation of the rural floor wage index value through the [IPPS proposed rule](#)
- Announced the [CMS Primary Care First Initiative](#), a new set of payment models for primary care practices and other providers: [Seeking public comment](#) on the Direct Contracting: Geographic Population-Based Payment model option
- Developing a new innovative model for rural communities that will offer a pathway for stakeholder coalitions to invest collectively in increasing access and improving rural health care delivery

See the full text of this excerpted [CMS Blog](#) (issued May 8).

Hospital Quality Reporting: 2020 QRDA I Implementation Guide, Schematron, and Sample File

CMS posted the CY 2020 Quality Reporting Document Architecture (QRDA) Category I [Implementation Guide, Schematron and sample file](#) for hospital quality reporting. The Implementation Guide outlines requirements for eligible hospitals and critical access hospitals to report electronic clinical quality measures for the following programs:

- Hospital Inpatient Quality Reporting Program
- Medicare and Medicaid Promoting Interoperability Programs

For More Information:

- [QRDA](#) webpage
- For questions, visit the [ONC Project Tracking System](#) webpage

eCQM: Specifications and Materials for 2020 Reporting

CMS posted the Electronic Clinical Quality Measure (eCQM) specifications for the 2020 reporting period for [eligible hospitals and critical access hospitals](#) and 2020 performance period for [eligible professionals and eligible clinicians](#) for the following programs:

- The Hospital Inpatient Quality Reporting Program
- The Medicare and Medicaid Promoting Interoperability Programs
- Quality Payment Program: The Merit-based Incentive Payment System and Advanced Alternative Payment Models
- Comprehensive Primary Care Plus

For More Information:

- [eCQI Resource Center](#) website
- For questions, visit the [eCQM Issue Tracker](#)

Promoting Interoperability Program: Hardship Exception Application

For the Promoting Interoperability Programs, CMS requires that all eligible hospitals and critical access hospitals use 2015 edition certified electronic health record technology or downward payment adjustments will

be applied. You may be exempt if you can show that compliance would result in a significant hardship. To be considered for an exemption, you must complete a hardship exception application and provide proof of hardship.

For More Information:

- [Application](#)
- [Scoring, Payment Adjustment, and Hardship Information](#) webpage

Emergency Department Services: Comparative Billing Report in May

In late May, CMS will issue a Comparative Billing Report (CBR) on emergency department services, focusing on providers who submit Medicare Part B claims. These reports contain data-driven tables with an explanation of findings that compare your billing and payment patterns to those of your peers in your state and across the nation.

CBRs are not publicly available. Look for an email from cbrpepper.noreply@religroupinc.com with your report. Update your contact email address in the National Plan and Provider Enumeration System to ensure accurate delivery. Visit the [CBR](#) website for more information.

Help Prevent Older Adult Falls: New Clinical Tools from the CDC

The Centers for Disease Control and Prevention (CDC) released two new complimentary clinical tools to help health care providers reduce older adult falls:

- [Coordinated Care Plan to Prevent Older Adult Falls](#): Framework for implementing a Stopping Elderly Accidents, Deaths, and Injuries (STEADI)-based clinical fall prevention program
- [STEADI: Evaluation Guide for Older Adult Clinical Fall Prevention Programs](#): Key steps for measuring and reporting on the success of your program

Older adult falls are the leading cause of all fatal and nonfatal injuries among adults age 65 and over in the United States, accounting for over 3 million emergency department visits, 962,000 hospitalizations, and approximately 30,000 deaths in 2016. Help keep your older adult patients safe, independent, and STEADI. To learn more visit the [STEADI](#) webpage.

Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier

Medicare pays Medicare Diabetes Prevention Program (MDPP) suppliers to furnish group-based intervention to at-risk Medicare beneficiaries:

- Centers for Disease Control and Prevention (CDC)-approved National Diabetes Prevention Program curriculum
- Up to 2 years of sessions delivered to groups of eligible beneficiaries

Find out how to become a Medicare enrolled MDPP supplier:

- Obtain CDC preliminary or full recognition: Takes at least 12 months to obtain preliminary recognition and up to 24 additional months to achieve full recognition; see the [Supplier Fact Sheet](#) and [CDC](#) website for more information
- Prepare for Medicare enrollment; see the [Enrollment Fact Sheet](#) and [Checklist](#)
- [Apply](#) to become a Medicare enrolled MDPP supplier (existing Medicare providers must re-enroll), See the [Enrollment Webinar Recording](#)
- Furnish MDPP services; see the [Session Journey Map](#)
- Submit claims to Medicare; [register](#) for the May 29 webinar and see the [Billing and Claims Fact Sheet](#) and [Billing and Payment Quick Reference Guide](#)

Separate NPI for MDPP Enrollment:

We strongly encourage you to obtain a separate National Provider Identifier (NPI) for MDPP enrollment; claim rejections and denials may occur if multiple enrollments are associated with a single NPI. If you are a currently enrolled MDPP supplier that elects to obtain a separate NPI, update your enrollment in the Provider Enrollment, Chain and Ownership System (PECOS) with the new NPI. Contact your Medicare Administrative Contractor for assistance if:

- Your organization is unable to obtain a separate NPI
- You continue to encounter claims submission and processing issues after you update your enrollment with the new NPI

For More Information:

- [MDPP Expanded Model](#) Booklet
- [Materials](#) from Medicare Learning Network call on June 20
- [MDPP](#) webpage
- [CDC - CMS Roles Fact Sheet](#)
- Contact the MDPP Help Desk at mdpp@cms.hhs.gov

Talk to Your Patients about Mental Health

May is Mental Health Month. Raise awareness by talking about mental health conditions. Recommend appropriate preventive services, including the Initial Preventive Physical Examination, Annual Wellness Visit, and Depression Screening.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Initial Preventive Physical Examination](#) Booklet
- [Annual Wellness Visit](#) Booklet
- [Centers for Disease Control and Prevention Mental Health](#) website

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

Compliance

Improper Payment for Intensity-Modulated Radiation Therapy Planning Services

In a recent report, the Office of Inspector General (OIG) determined that payments for outpatient Intensity Modulated Radiation Therapy (IMRT) did not comply with Medicare billing requirements. Specifically, hospitals billed separately for complex stimulations when they were performed as part of IMRT planning. Overpayments occurred because hospitals are unfamiliar with or misinterpreted CMS guidance.

Use the following resources to bill correctly:

- [IMRT Planning Services Editing](#) MLN Matters Article
- [July 2016 Update of the Hospital Outpatient Prospective Payment System](#) MLN Matters Article
- [Medicare Claims Processing Manual, Chapter 4](#), Section 200.3.1
- [Medicare Improperly Paid Hospitals Millions of Dollars for IMRT Planning Services](#) OIG Report, August 2018

Events

DMEPOS Competitive Bidding Webcast Series: Get Ready for Round 2021

Register for webcasts two and three to learn about key components of the Durable Medical Equipment, Prosthetic, Orthotics, and Supplies (DMEPOS) Round 2021 bidding process. Both webcasts are from 3 to 4 pm ET.

- May 21 – [Preparing and Submitting Financial Documents](#)
- May 28 – [Registering and Submitting a Bid](#)

Questions may be submitted during the webcast, or in advance to 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. If you cannot attend the live sessions, recordings and handouts will be available on the Education Events webpage of the CBIC website.

MIPS Improvement Activities Performance Category in 2019 Webinar — May 23

Thursday, May 23 from 1 to 2 pm ET

[Register](#) for this webinar.

During the webinar, CMS experts provide a brief overview of the Merit-based Incentive Payment System (MIPS) and discuss the following Improvement Activities Performance Category topics:

- Basics
- Reporting requirements
- Data submission
- Scoring
- Flexibilities for small and rural practices
- Resources

Post-Acute Care QRPs: Reporting Requirements and Resources Call — June 5

Wednesday, June 5 from 2 to 3:30 pm ET

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

During this call, learn about reporting requirements and resources for the Inpatient Rehabilitation Facility (IRF), Long-Term Care Hospital (LTCH), and Skilled Nursing Facility (SNF) Quality Reporting Programs (QRPs).

Topics:

- Data submission requirements and deadlines
- Annual Payment Update requirements
- Reconsideration process
- Reports

Target Audience: Post-acute care providers, including IRFs, LTCHs, and SNFs.

MLN Matters® Articles

International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)

A new MLN Matters Article MM11229 on [International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\)](#) is available. Learn about updates and changes.

Medicare Summary Notice (MSN) Changes to Assist Beneficiaries Enrolled in the Qualified Medicare Beneficiary (QMB) Program

A new MLN Matters Article MM11230 on [Medicare Summary Notice \(MSN\) Changes to Assist Beneficiaries Enrolled in the Qualified Medicare Beneficiary \(QMB\) Program](#) is available. Learn about system changes.

Educational Resources to Assist Chiropractors with Medicare Billing — Revised

A revised MLN Matters Article SE1603 on [Educational Resources to Assist Chiropractors with Medicare Billing](#) is available. Learn about updated references.

Medicare Coverage for Chiropractic Services – Medical Record Documentation Requirements for Initial and Subsequent Visits — Revised

A revised MLN Matters Article SE1601 on [Medicare Coverage for Chiropractic Services – Medical Record Documentation Requirements for Initial and Subsequent Visits](#) is available. Learn about covered services and policies.

Use of the AT modifier for Chiropractic Billing (New Information Along with Information in MM3449) — Revised

A revised MLN Matters Article SE1602 on [Use of the AT modifier for Chiropractic Billing \(New Information Along with Information in MM3449\)](#) is available. Learn about policies.

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Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B — Reminder

The [Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B](#) Medicare Learning Network Educational Tool is available. Learn:

- Billing information
- Frequently asked questions
- Codes
- Descriptors

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