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Official CMS news from the Medicare Learning Network®

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News

- New Medicare Card: Do You Refer Patients?
- IRF Appeals Settlement Option: Deadline September 17
- Quality Payment Program: MIPS Targeted Review Request Deadline September 30
- SNF PPS Patient Driven Payment Model: Get Ready for Implementation on October 1
- PEPPERS for Short-term Acute Care Hospitals
- DME QIC Contract Award
- Health Care Supply Chain, Provider Self-Care, and Emergency Preparedness Resources
- September is Pain Awareness Month

Compliance

- Chiropractic Services: Comply with Medicare Billing Requirements

Events

- Dementia Care: Supporting Comfort and Resident Preferences Call — September 10
- Health Coaching and Wellness Planning for Self-Management Webinar — September 10
- New Medicare Card: Open Door Forum — September 11
- Developing a Hospice Patient Assessment Tool Special Open Door Forum — September 12
- Opioids: What's an "Outlier Prescriber"? Listening Session — September 17
- CMS Public Meeting: Action Plan to Prevent and Manage Opioid Use Disorder and Substance Use Disorder and Address Pain Management — September 20

MLN Matters® Articles

- Hurricane Dorian and Medicare Disaster Related State of Florida Claims
- Hurricane Dorian and Medicare Disaster Related States of Georgia and South Carolina Claims
- Hurricane Dorian and Medicare Disaster Related Commonwealth of Puerto Rico Claims
- 2020 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update
- Annual Clotting Factor Furnishing Fee Update 2020
- Influenza Vaccine Payment Allowances - Annual Update for 2019-2020 Season
- October 2019 Integrated Outpatient Code Editor (I/OCE) Specifications Version 20.3
- October 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS)
- October Quarterly Update for 2019 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule

Multimedia

- CMS: Beyond the Policy Podcast: Dispatches from the Blue Button Developers Conference

News

New Medicare Card: Do You Refer Patients?

When you refer a patient for a service, such as a laboratory test or medical supplies, be sure to coordinate with the entity providing the service. All providers must use the Medicare Beneficiary Identifier (MBI) when billing Medicare. Starting January 1, 2020:

- We will reject claims submitted with Health Insurance Claim Numbers (HICNs) with a few [exceptions](#)
- We will reject all eligibility transactions submitted with HICNs

[Open Door Forum](#) - September 11. Learn about the status of new Medicare cards and MBIs. Are you ready for the end of the transition period on December 31?

Don't have an MBI?

- Ask your patients for their cards. If they did not get a new card, give them the Get Your New Medicare Card flyer in [English](#) or [Spanish](#).
- 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 HICN.

For more information, see the [MLN Matters Article](#).

IRF Appeals Settlement Option: Deadline September 17

The last day to submit an [Expression of Interest](#) for the Inpatient Rehabilitation Facility (IRF) appeals settlement option is September 17. If you are interested in participating in this settlement option, visit the [IRF Appeals Initiative](#) webpage.

For More Information:

- [August 13](#) Medicare Learning Network call materials
- Submit questions to MedicareSettlementFAQs@cms.hhs.gov

Quality Payment Program: MIPS Targeted Review Request Deadline September 30

If you participated in the Merit-based Incentive Payment System (MIPS) in 2018, your performance feedback, which includes your MIPS final score and payment adjustment factor(s), are available for review on the [Quality Payment Program](#) website. If you believe an error has been made, you can request a targeted review until September 30 at 8 pm ET. The MIPS payment adjustment you will receive in 2020 is based on your final score.

For More Information:

- [Fact Sheet](#)
- [Frequently Asked Questions](#)
- Contact the Quality Payment Program at 866-288-8292 (TTY: 877-715-6222) or QPP@cms.hhs.gov

SNF PPS Patient Driven Payment Model: Get Ready for Implementation on October 1

On October 1, the new Patient Driven Payment Model (PDPM) is replacing the Resource Utilization Group, Version IV (RUG-IV) for the Skilled Nursing Facility (SNF) Prospective Payment System (PPS). PDPM improves the accuracy and appropriateness of payments by classifying patients into payment groups based on specific, data-driven patient characteristics, while simultaneously reducing administrative burden.

Changes to the Assessment:

Both RUG-IV and PDPM use the Minimum Data Set (MDS) 3.0 as the basis for patient assessment and classification, but the assessment schedule under PDPM is more streamlined and less burdensome on providers. See the [presentation](#) (starting on slide 52) to find out how your assessments will change.

Billing for Services:

Use the Health Insurance Prospective Payment System (HIPPS) code generated from assessments with an assessment reference date on or after October 1, 2019, to bill under the PDPM.

Changes to Payment:

Under the PDPM, clinically relevant factors and patient characteristics are used to assign patients into case-mix groups across the payment components to derive payment. Additionally, the PDPM adjusts per diem payments to reflect varying costs throughout the stay.

CMS has resources to help you prepare:

- [PDPM](#) webpage, including [fact sheets](#), [FAQs](#), [presentation](#), and [coding crosswalks/classification logic](#)
- Videos: [PDPM: What Is Changing \(and What Is Not\)](#) and [Integrated Coding & PDPM Case Study](#)
- [Materials](#) from the Medicare Learning Network call in December
- [Implementation of the SNF PDPM](#) MLN Matters Article
- [New Medicare Webpage on PDPM](#) MLN Matters Article

PEPPERS for Short-term Acute Care Hospitals

Second quarter FY 2019 Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) are available for short-term acute care hospitals. These reports summarize provider-specific data statistics for Medicare services that may be at risk for improper payments. Use your data to support internal auditing and monitoring activities. The PEPPER files were recently distributed through a QualityNet secure file exchange to hospital QualityNet Administrators and user accounts with the PEPPER recipient role.

For More Information:

- Visit the [PEPPER Resources](#) website for the [user's guide](#), [recorded training sessions](#), QualityNet account information, [FAQs](#), 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 [feedback or suggestions](#)

DME QIC Contract Award

On May 28, CMS awarded MAXIMUS Federal Services, Inc. a new Qualified Independent Contractor (QIC) contract for administering all reconsiderations (second level appeals) on processed Durable Medical Equipment (DME) claims. This workload includes:

- New fee-for-service appeals received on and after September 1 for the United States and U.S. territories
- Telephone discussions and reopening activities under the Telephone Discussion and Reopening Process Demonstration

For More Information:

- [Second Level of Appeal: Reconsideration by a QIC](#) webpage
- [Medicare DME Appeals](#) webpage

Health Care Supply Chain, Provider Self-Care, and Emergency Preparedness Resources

The most recent [Express](#) and [webinar](#) from the Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) highlight recently developed resources, including:

- [Partnering with the Health Care Supply Chain during Disasters](#): Emergency planning and response considerations for supply chain owners, operators, end users, and health care coalitions
- [Disaster Behavioral Health Self Care for Health Care Workers Modules](#): Use prior to a disaster to recognize and reduce your stress levels and maintain resilience during recovery
- [Emergency Preparedness Information Modules for Nurses in Acute Care Settings](#): Addresses perceived gaps in emergency preparedness and response knowledge for nurses

For More Information:

- [ASPR TRACIE](#) Fact Sheet
- [ASPR TRACIE](#) website

September is Pain Awareness Month

CMS is committed to reducing opioid misuse by promoting person-centered care that encourages safe and effective pain management including opioid and non-opioid pain treatments. Medicare Part B helps pay for the following services that may help your patients manage their pain:

- Physical therapy
- Occupational therapy
- Manual manipulation of the spine (when medically necessary)
- Behavioral health services like depression screening

Prescription opioids, including hydrocodone, oxycodone, morphine, codeine, and fentanyl, can be used to help relieve moderate-to-severe pain.

For More Information:

- [Medicare Coverable Services for Integrative and Non-pharmacological Chronic Pain Management](#): Recently released MLN Matters Article
- [Pain Awareness Article for Medicare Patients](#)
- [Medicare.Gov Pain Management Webpage](#)
- [HHS Pain Management Information](#)
- [Centers for Disease Control and Prevention Treatment Options](#)

Compliance

Chiropractic Services: Comply with Medicare Billing Requirements

In a recent [report](#), the Office of Inspector General (OIG) determined that payments for chiropractic services did not comply with Medicare billing requirements. Overall, medical record documentation did not support medical necessity or corrective treatment. CMS developed the [Medicare Documentation Job Aid for Doctors of Chiropractic](#) Educational Tool to help you bill correctly. Additional resources:

- [Medicare Coverage for Chiropractic Services – Medical Record Documentation Requirements for Initial and Subsequent Visits](#) MLN Matters Article
- [Use of the AT modifier for Chiropractic Billing \(New Information Along with Information in MM3449\)](#) MLN Matters Article
- [Educational Resources to Assist Chiropractors with Medicare Billing](#) MLN Matters Article
- [Medicare Needs Better Controls to Prevent Fraud, Waste, and Abuse Related to Chiropractic Services](#) OIG Report
- [Medicare Benefit Policy Manual, Chapter 15](#), Sections 30.5 and 240
- [Medicare Claims Processing Manual, Chapter 12](#), Section 220

Events

Dementia Care: Supporting Comfort and Resident Preferences Call — September 10

National Partnership to Improve Dementia Care and Quality Assurance Performance Improvement
Tuesday, September 10 from 1:30 to 3 pm ET

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

During this call, gain insight on approaches to care for residents living with dementia that focus on resident preferences, maintaining comfort, and assisting with unmet needs. Additionally, CMS provides updates on the progress of the [National Partnership to Improve Dementia Care in Nursing Homes](#). A question and answer session follows the presentations.

Speakers:

- Ann Wyatt, CaringKind
- Michele Laughman, CMS

Target Audience: Consumer and advocacy groups; nursing home providers; surveyor community; prescribers; professional associations; and other interested stakeholders.

Health Coaching and Wellness Planning for Self-Management Webinar — September 10

Thursday, September 10 from noon to 12:30 pm ET

[Register](#) for this webinar.

Hear from Judith Cook, PhD and ask questions about how health coaching and wellness planning can increase the engagement of individuals dually eligible for Medicare and Medicaid in self-management activities.

New Medicare Card: Open Door Forum — September 11

Wednesday, September 11 from 2 to 3 pm ET

Join us for this [Open Door Forum](#) to learn about the status of new Medicare cards and Medicare Beneficiary Identifiers (MBIs). Are you ready for the end of the transition period on December 31? Starting January 1, 2020, you must use the MBI:

- We will reject Claims you submit with Health Insurance Claim Numbers (HICNs) with a few [exceptions](#)
- We will reject all eligibility transactions you submit with HICNs

For more information, including how to get the MBI, see the [MLN Matters Article](#).

Developing a Hospice Patient Assessment Tool Special Open Door Forum — September 12

Thursday, September 12 from 2 to 3 pm ET

This Special Open Door Forum allows hospices and other interested parties to ask questions on the development of a Hospice Outcomes & Patient Evaluation (HOPE) Tool. See the [announcement](#) for more information.

Opioids: What's an "Outlier Prescriber"? Listening Session — September 17

Tuesday, September 17 from 4:30 to 6 pm ET

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

Are you a physician, nurse practitioner, other advanced practice nurse, or physician assistant who prescribes opioids? CMS wants your input on how best to implement Section 6065 of the SUPPORT Act.

Signed into law in October 2018, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) outlines national strategies to help address opioid misuse. As part of Section 6065 of the SUPPORT Act, CMS is required to notify opioid prescribers with prescription patterns identified as "outliers" compared to their peers and encourage them to reference established opioid prescribing guidelines.

The purpose of this listening session is to get feedback on the following topics:

- Methodology to establish outlier prescriber thresholds
- Tone and content of feedback reports to clinicians
- How to best identify a "medical specialty" from the National Provider Identifier framework
- How to define geographic areas for analysis
- Recommendations on opioid prescribing guidelines to include with the notification

You are encouraged to review the following materials before the call:

- [SUPPORT Act](#)
- [Centers for Disease Control and Prevention \(CDC\) Guideline 2016](#)
- [CDC Advisory](#)
- [Food and Drug Administration Safety Alert](#)

Target Audience: All prescribing clinicians.

CMS Public Meeting: Action Plan to Prevent and Manage Opioid Use Disorder and Substance Use Disorder and Address Pain Management — September 20

Friday, September 20 from 9 to 4:30 pm ET

[Register](#) for this event by September 10:

- Attend in-person in the CMS auditorium, 7500 Security Boulevard, Baltimore, MD 21244
- Live streamed for virtual attendees

Attend a public meeting on the development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment from the SUPPORT Act. During this public meeting, learn about the HHS and CMS activities to address the opioid epidemic, pain management, and substance use disorders. Experts from the federal government, advocacy communities, as well as the research, treatment, clinical, and medical industries share information and provide opportunities for your input.

MLN Matters® Articles

Hurricane Dorian and Medicare Disaster Related State of Florida Claims

The HHS Secretary declared a Public Health Emergency in the State of Florida, which allows for CMS programmatic waivers based on Section 1135 of the Social Security Act. An MLN Matters Special Edition Article SE19018 on [Hurricane Dorian and Medicare Disaster Related State of Florida Claims](#) is available. Learn about blanket waivers issued by CMS. These waivers prevent gaps in access to care for beneficiaries impacted by the emergency.

Hurricane Dorian and Medicare Disaster Related States of Georgia and South Carolina Claims

The HHS Secretary declared a Public Health Emergency in the States of Georgia and South Carolina, which allows for CMS programmatic waivers based on Section 1135 of the Social Security Act. An MLN Matters Special Edition Article SE19019 on [Hurricane Dorian and Medicare Disaster Related States of Georgia and South Carolina Claims](#) is available. Learn about blanket waivers issued by CMS. These waivers prevent gaps in access to care for beneficiaries impacted by the emergency.

Hurricane Dorian and Medicare Disaster Related Commonwealth of Puerto Rico Claims

The HHS Secretary declared a Public Health Emergency in the Commonwealth of Puerto Rico, which allows for CMS programmatic waivers based on Section 1135 of the Social Security Act. An MLN Matters Special Edition Article SE19017 on [Hurricane Dorian and Medicare Disaster Related Commonwealth of Puerto Rico Claims](#) is available. Learn about blanket waivers issued by CMS. These waivers prevent gaps in access to care for beneficiaries impacted by the emergency.

2020 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update

A new MLN Matters Article MM11441 on [2020 Annual Update of Healthcare Common Procedure Coding System \(HCPCS\) Codes for Skilled Nursing Facility \(SNF\) Consolidated Billing \(CB\) Update](#) is available. Learn about changes to HCPCS codes and Medicare Physician Fee Schedule designations.

Annual Clotting Factor Furnishing Fee Update 2020

A new MLN Matters Article MM11435 on [Annual Clotting Factor Furnishing Fee Update 2020](#) is available. Learn about the \$0.226 per unit fee.

Influenza Vaccine Payment Allowances - Annual Update for 2019-2020 Season

A new MLN Matters Article MM11428 on [Influenza Vaccine Payment Allowances - Annual Update for 2019-2020 Season](#) is available. Learn about payment allowances updated on August 1.

October 2019 Integrated Outpatient Code Editor (I/OCE) Specifications Version 20.3

A new MLN Matters Article MM11412 on [October 2019 Integrated Outpatient Code Editor \(I/OCE\) Specifications Version 20.3](#) is available. Learn about modifications for the October 2019 release.

October 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS)

A new MLN Matters Article MM11451 on [October 2019 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#) is available. Learn about changes and billing instructions related to payment policies.

October Quarterly Update for 2019 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule

A new MLN Matters Article MM11433 on [October Quarterly Update for 2019 Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Fee Schedule](#) is available. Learn about adjustment methods, files, and coding.

Multimedia

CMS: Beyond the Policy Podcast: Dispatches from the Blue Button Developers Conference

CMS released the latest episode of our podcast, [CMS: Beyond the Policy](#). This edition features key remarks from CMS Administrator Seema Verma, the application developers, and Medicare beneficiaries on the launch of the pilot project, Data at the Point of Care, and the value of these applications. You can also listen to the podcast on [Google Play](#) and [iTunes](#).

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