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Official CMS news from the Medicare Learning Network®

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News

New Medicare Card: Why Use the MBI?

Use Medicare Beneficiary Identifiers (MBIs) now to protect your patients' identities.

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 Health Insurance Claim Number (HICN).

Starting January 1, 2020, you must use MBIs regardless of the date of service:

- We will reject claims you submit with HICNs with a few [exceptions](#)
- We will reject all eligibility transactions you submit with HICNs

For more information

- [MLN Matters Article](#)
- [September 12 ODF Presentation](#)

Proposed Opioid Treatment Program Policies: Comment Deadline September 27

CMS proposed policies to implement Section 2005 of the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ([SUPPORT Act](#)), which established a new Medicare Part B benefit for opioid use disorder treatment services, including medications for medication-assisted treatment furnished by Opioid Treatment Programs (OTPs). [Submit your comments](#) on the proposed OTP policies by September 27.

For More Information:

- [Proposed Rule](#): See section II.G
- [OTP](#) webpage

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

SNF PPS Patient Driven Payment Model Resources: Get Ready for 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). Visit the [PDPM](#) webpage for updated resources to help you prepare, including:

- [Functional and Cognitive Scoring Fact Sheet](#)
- [Interrupted Stay Policy Fact Sheet](#)
- [FAQs](#)
- [Grouper Logic](#)
- [ICD-10 Mappings](#)

Emergency Triage, Treat, and Transport Model: Apply by October 5

Ambulance providers and suppliers: CMS extended the deadline for applications to October 5. [Apply](#) to participate in the Emergency Triage, Treat, and Transport (ET3) Model. Visit the [ET3 Model](#) webpage for more information.

LTCH Provider Preview Reports: Review Your Data by October 11

Long-Term Care Hospital (LTCH) Provider Preview Reports are now available with second quarter 2018 to first quarter 2019 data. Review your performance data on quality measures by October 11, prior to public display on [LTCH Compare](#) in December 2019. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate.

Access your report by logging into the [Quality Improvement and Evaluation System](#) (QIES). At the main screen, select “Reports;” then “My Reports.” For more information, visit the [LTCH Quality Public Reporting](#) webpage.

IRF Provider Preview Reports: Review Your Data by October 11

Inpatient Rehabilitation Facility (IRF) Provider Preview Reports are now available with second quarter 2018 to first quarter 2019 data. Review your performance data on quality measures by October 11, prior to public display on [IRF Compare](#) in December 2019. Corrections to the underlying data are not permitted during this time; request a CMS review if you believe that your data is inaccurate.

For More Information:

- [IRF Quality Public Reporting](#) webpage
- [Preview Report Access Instructions](#)

Hospice Provider Preview Reports: Review Your Data by October 11

Two reports are available in your Certification and Survey Provider Enhanced Reports (CASPER) non-validation reports folder:

- Hospice provider preview report: Review Hospice Item Set (HIS) quality measure results from the first quarter of 2018 to the fourth quarter of 2018
- Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) provider preview report: Review facility-level CAHPS survey results from the first quarter of 2017 to the fourth quarter of 2018

Review your HIS and CAHPS results by October 11. If you believe the denominator or other HIS quality metric is inaccurate or if there are errors in the results from the CAHPS survey data, request a CMS review:

- [HIS Preview Reports and Requests for CMS Review](#) webpage
- [CAHPS Preview Reports and Requests for CMS Review](#) webpage

Access Instructions:

- [Hospice Provider Preview Report](#)
- [Hospice CAHPS Provider Preview Reports](#)

Prostate Cancer Awareness Month

Prostate cancer is the most common non-skin cancer among American men. Talk to your Medicare patients about the nature and risk of prostate cancer and help them make an informed decision about screening.

For More Information:

- [Medicare Preventive Services](#) Educational Tool
- [Centers for Disease Control and Prevention Prostate Cancer](#) website
- [National Cancer Institute Prostate Cancer](#) 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 Improperly Paid Hospitals Millions of Dollars for IMRT Planning Services](#) OIG Report
- [Medicare Claims Processing Manual, Chapter 4, Section 200.3.1](#)

MLN Matters® Articles

2019-2020 Influenza (Flu) Resources for Health Care Professionals

A new MLN Matters Article SE19022 on [2019-2020 Influenza \(Flu\) Resources for Health Care Professionals](#) is available. Learn about payment and coverage for the influenza vaccine.

Billing for Hospital Part B Inpatient Services

A new MLN Matters Article MM11413 on [Billing for Hospital Part B Inpatient Services](#) is available. Learn about allowance of Revenue Code 0240 on 012x Type of Bills.

Publications

Medicare Enrollment for Institutional Providers — Reminder

The [Medicare Enrollment for Institutional Providers](#) Medicare Learning Network Booklet is available. Learn:

- Who are institutional providers
- How to obtain a National Provider Identifier
- How to respond to Medicare Administrative Contractor requests

Medicare Enrollment Resources Educational Tool — Reminder

The [Medicare Enrollment Resources](#) Medicare Learning Network Educational Tool is available. Learn:

- How to enroll
- What to do if you encounter enrollment problems
- Where to find enrollment forms

PECOS FAQs Booklet — Reminder

The [PECOS FAQs](#) Medicare Learning Network Booklet is available. Learn about:

- Getting started with the Provider Enrollment, Chain, and Ownership System (PECOS)
- Enrollment application
- Application fee
- Supporting documentation

PECOS Technical Assistance Contact Information Fact Sheet — Reminder

The [PECOS Technical Assistance Contact Information](#) Medicare Learning Network Fact Sheet is available. Learn who to contact when you need technical support for the Provider Enrollment, Chain, and Ownership System (PECOS).

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