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Official CMS news from the Medicare Learning Network®

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News

New Medicare Card: 75% of Claims Submitted with MBI

Many providers are using the new Medicare Beneficiary Identifier (MBI) for Medicare transactions. For the week ending June 14, providers submitted 75% of fee-for-service claims with the MBI. Help protect your patient's personal identity by using their MBI for Medicare business, including claims submission and eligibility transactions. Here is how you are using the MBI on claims:

- Institutional: 75%
- Professional: 76%
- Durable Medical Equipment: 64%

Review the [MLN Matters Article](#) to learn about getting and using the MBI.

IRF: Voluntary Appeals Settlement Options

Beginning June 17, CMS will accept Expressions of Interest for a settlement option for certain Inpatient Rehabilitation Facility (IRF) appeals pending at the Medicare Administrative Contractor (MAC), Qualified Independent Contractor (QIC), Office of Medicare Hearings and Appeals (OMHA), and/or Medicare Appeals Council levels of review. CMS expects to include situations where appeal rights for IRF-related claims have not yet been exhausted at the QIC, OMHA and/or Council level. IRF appellants that filed appeals at the MAC for redetermination no later than August 31, 2018, that are currently pending or are eligible for further appeal at the MAC, QIC, OMHA, or Council, will have the opportunity to settle their eligible appeals.

Visit the [IRF Appeals Initiative](#) website for more information, including:

- Eligibility
- Settlement process
- [Expression of Interest](#)
- [FAQs](#)

CMS Proposes to Update e-Prescribing Standards

On June 17, CMS issued a [proposed rule](#) that would update the Part D e-prescribing program by adopting standards that ensure secure transmissions and expedite prior authorizations.

“Improving patients’ access to prescription drugs is a top priority for CMS,” said CMS Administrator Seema Verma. “This proposed rule would reduce the time it takes for a patient to receive needed medications and ease the prescriber burden by giving clinicians the flexibility and choice to complete prior authorization transactions electronically.”

Under the proposed change, clinicians would be able to choose to complete prior authorizations online, reducing burden for providers through a more streamlined process for performing prior authorization for Part D prescriptions. Clinicians who select the electronic option will typically be able to satisfy the terms of a prior authorization in real time and before a prescription is transmitted to a pharmacy, so patients do not arrive at a pharmacy counter to find that their prescription cannot be filled.

The proposed rule would implement new prior authorization transaction standards for the Part D e-Prescribing program as required by the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. The proposed standards would begin in January 2021.

See the full text of this excerpted [CMS Press Release](#) (issued June 17).

Medicare Shared Savings Program: Submit Notice of Intent to Apply by June 28

CMS is accepting Notices of Intent to Apply (NOIAs) via the [Accountable Care Organization \(ACO\) Management System](#) (ACO-MS) for a January 1, 2020, start date. You must submit a NOIA if you intend to apply to the BASIC track or ENHANCED track of the Medicare Shared Savings Program, for a Skilled Nursing Facility (SNF) 3-Day Rule Waiver, and/or to 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
- Submit only one NOIA per ACO
- You can make changes to your track, repayment mechanisms, and other NOIA-related information during the application submission period
- You can submit sample documentation (i.e. sample ACO Participant Agreements, sample SNF Affiliate Agreements, and/or draft repayment mechanism documentation) with your NOIA to receive feedback from CMS before the application period opens

Submitting sample documentation with your NOIA will allow CMS to review and provide feedback so you may resolve any issues with these documents before the application cycle begins. Submit your NOIA as soon as possible to take advantage of this opportunity.

ACOs that applied for a July 1, 2019, start date and withdrew their application or were denied are eligible to submit a NOIA for the January 1, 2020 start date. If the NOIA is approved, you will be able to access ACO-MS using your existing login credentials.

The application submission period is July 1 through July 29 at noon ET.

For More Information:

- [Shared Savings Program](#) website
- [Application Types & Timeline](#) webpage
- [Application Toolkit](#) webpage
- [ACO-MS Contact Us/FAQ](#) webpage
- [NOIA Guidance](#)
- [ACO Participant List and Participant Agreement Guidance](#)
- [SNF 3-Day Rule Waiver Guidance](#)
- [Repayment Mechanism Arrangements Guidance](#)
- Email questions to SSPACO_Applications@cms.hhs.gov

Dermatology: Comparative Billing Report on Modifier 25 in June

In late June, CMS will issue a Comparative Billing Report (CBR) on modifier 25: dermatology, 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.

Hospice Provider Preview Reports: Review Your Data by July 1

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 fourth quarter of 2017 to the third quarter of 2018
- Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) provider preview report: Review facility-level CAHPS survey results from the fourth quarter of 2016 to the third quarter of 2018

Review your HIS and CAHPS results by July 1. 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](#)

Events

DMEPOS Competitive Bidding: Round 2021 Webcast Series

Register for the last webcast in the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program series:

- [Registering and Submitting a Bid - Part 2](#) on July 23 from 3-4 pm ET
- You can submit questions during the webcast; however, to increase the likelihood of your question being answered, submit it in advance to cbic.admin@palmettogba.com with "Webcast Question" in the subject line

On-demand sessions for previous webcasts are available through the registration link:

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

- [Registering and Submitting a Bid - Part 1](#) on June 11

Resources such as slides and other handouts will be available during both the live and on-demand sessions.

Hospital Co-location Listening Session — June 27

Thursday, June 27 from 2 to 3 pm ET

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

CMS wants your feedback on new [draft guidance](#) for Appendix A of the [State Operations Manual](#). Under the Medicare Conditions of Participation, hospitals may co-locate with other hospitals or health care entities, meaning they share certain common areas on the same campus or building. We are seeking your input on staffing, contracted services, emergency services, and distinct and shared spaces.

You may email comments/questions in advance of the listening session to HospitalSCG@cms.hhs.gov with June 27 in the subject line. These may be addressed during the listening session or used for other materials following the session.

Target Audience: Hospitals, hospital associations, accreditation organizations, state survey agencies, and interested stakeholders.

Dermatology: Comparative Billing Report on Modifier 25 Webinar — July 10

Wednesday, July 10 from 3 to 4 pm ET

[Register](#) for this webinar.

Join us for a discussion of the Comparative Billing Report (CBR) on modifier 25: dermatology, an educational tool for providers who submit Medicare Part B claims. Visit the [CBR](#) website for more information.

MLN Matters® Articles

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A new MLN Matters Article MM11321 on [Implement Operating Rules - Phase III Electronic Remittance Advice \(ERA\) Electronic Funds Transfer \(EFT\): Committee on Operating Rules for Information Exchange \(CORE\) 360 Uniform Use of Claim Adjustment Reason Codes \(CARC\), Remittance Advice Remark Codes \(RARC\), and Claim Adjustment Group Code \(CAGC\) Rule - Update from Council for Affordable Quality Healthcare \(CAQH\) CORE](#) is available. Learn about system updates based on the CORE Code Combination List.

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