Medicare Updates and What's Trending for 2019

MD AAHAM

March 22, 2019

INNOVATION IN ACTION

Disclaimer

- All Current Procedural Terminology (CPT) only are copyright 2018 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable Federal Acquisition Regulation/ Defense Federal Acquisition Regulation (FARS/DFARS) Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
- The information enclosed was current at the time it was presented. Medicare policy changes frequently; links to the source documents have been provided within the document for your reference. This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations.
- Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.
- Novitas Solutions' employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.
- This presentation is a general summary that explains certain aspects of the Medicare program, but is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.
- Novitas Solutions does not permit videotaping or audio recording of training events.

INNOVATION IN ACTION

Subscribe to Novitas eNews!

- Receive current updates via email directly from Novitas Solutions:
  - Part A and Part B News
  - Issued every Tuesday and Friday
  - CMS MLN Connects issued Thursdays
- Subscribing is quick and easy:
  - Chick the Join E-Mail List from our website tool bar (JH) (JL)

Acronyms

Acronym	Definition
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
DMP	Drug Management Program
ED	Emergency Department
HCPCS	Healthcare Common Procedure Coding System
HHS	Health and Human Services
MAT	Medication-Assisted Treatment
MDPP	Medicare Diabetes Prevention Program
MLN	Medicare Learning Network
NCCI	National Correct Coding Initiative
OPPS	Outpatient Prospective Payment System
OUD	Opioid Use Disorder

I N N O V A T I O N I N A C T I O N

Today's Presentation

- Agenda:
  - Medicare Updates and What's Trending
  - Combating the Opioid Crisis
  - Preventative Services: Medicare Diabetes Prevention Program (MDPP)
- Objectives:
  - Provide the latest news and updates
  - Stay updated on Medicare changes
  - Take advantage of the various self-service options available to the provider community
  - Explore the Medicare guidelines regarding outpatient services provided to an inpatient at another facility

Medicare Updates and What's Trending

National Correct Coding Edits

- Definition:
  - CMS developed NCCI to promote national correct coding methodologies and to control improper coding leading to inappropriate payment
- Purpose:
  - Applies prepayment edits when two services are performed:
    - ✓ By the same physician or provider
    - ✓ For the same beneficiary
    - ✓ On the same date of service
  - Edits are updated quarterly
  - Use modifiers to report special circumstances
- CMS created references to outline:
  - ✓ Column One/Column Two Correct Coding edit files:
    - ➢ Outpatient Hospital PTP edits
    - ➢ Practitioner PTP edits
- CMS has a step-by-step process on the Medicare National Correct Coding Initiative in the MLN product How to use NCCI Tools
- MLN Matters Special Edition Article SE18012 - Reminder on Billing Requirements Implemented for Non-OPPS Providers

Temporary Moratorium Extended for Suspending Edits W7020 and W7040 for Maryland Waiver Hospital

- CMS issued an extension to the moratorium on the NCCI editing for MD Waiver hospitals from October 1, 2018, through June 30, 2019:
  - This is an extension of the previous 90-day moratorium from October 1, 2018, through December 31, 2018
- Novitas will bypass the W7020 and W7040 edits for claims received from October 1, 2018, through June 30, 2019, until the moratorium has expired:
  - Applies to any claims being resubmitted or appealed that were initially billed and processed from July 1, 2018 through September 30, 2018
- Effective July 1, 2019, claims will be subject to the edits
- National Correct Coding Initiative (NCCI) Edits Apply to OPPS and Non-OPPS Claims

MAC Satisfaction Indicator (MSI): Evaluate Our Services

- Best way to share you opinions directly with CMS about your experience with us
- Survey results will help us gain valuable insights and determine process improvements
- JH Provider MSI Survey
- JL Provider MSI Survey

Improvements Based on 2018 MSI Feedback

- Created new webpages and redesigned other webpages to improve the overall user experience through easier navigation and access to our most popular features with less clicks:
  - Claims (JH) (JL)
  - Medical Review (JH) (JL)
- Developed an icon-based resource center spotlighting our newest tools:
  - Short promotional videos
  - An area dedicated to providers who are new to the Medicare Program
- Added visual enhancements for customers accessing our website via mobile devices
- A simplified design and quick access for customers to register for and attend online and in-person training sessions (JH) (JL)
- Additional features added to the Novitasphere (JH) (JL) portal:
  - Check the status of pending medically reviewed claims
  - View/respond to requests for additional documentation needed to process pending appeal redeterminations
  - Access to the outcome of appeals decisions appeals and key appeals-related documentation such as development letters and redetermination notices
  - Request immediate recoupment requests
  - Submit general inquiry requests
  - Submit CMS-838 Credit Balance reports
  - Utilize enhanced search parameters and several medical review-related tasks
- Enhanced the Interactive Voice Recognition (IVR) self-service tool (JH) (JL):
  - Checking claim status by reporting paid claim information first, followed by claim information for pending claims, rejected claims, and finally denied claims
  - Expanded the recorded messages to include all possible denial/rejection scenarios.

Hardcopy Claim Submissions Including Adjustments and Cancels

- There are certain instances in which hardcopy claim submissions (including adjustments and cancels) may be necessary, for example:
  - 935 adjustments or cancels
  - Tertiary claims (JH) (JL)
  - MSP claims that providers are trying to cancel (XX8 TOB and primary payer is not Medicare)
  - Tribal-self funded adjustments
  - ASCA provider (JH) (JL):
    - ✓ Must have submitted documentation to either EDI or claims
  - Disaster related: Must provide explanation (i.e. national disaster declared by CMS, Fire or Flood in building and cannot submit claims for multiple days, switching billers and will not be able to submit claims for multiple days, etc.)
- Note: Hardcopy claims will be returned to provider via mail if one of the exceptions listed is not met
- For a hardcopy adjustment or cancel claim:
  - Complete and attach the Hardcopy Adjustment and Cancel Request Form (JH) (JL)
  - Include detailed remarks indicating the reason
- Electronic adjustment and cancel requests are preferred when appropriate
- Hardcopy Claim Submissions Including Adjustments and Cancels (JH) (JL)

Combating the Opioid Crisis

National Response

- On Thursday October 26, 2017, President Trump officially declared the opioid crisis a “public health emergency”
- Trump laid out details of how his administration plans to combat the growing crisis – including the promotion of a massive anti-drug ad campaign
- HHS subsequently announced a “5-Point Strategy To Combat the Opioid Crisis”: Access, Data, Pain, Overdoses, and Research

1 **Better** addiction prevention, treatment, and recovery services

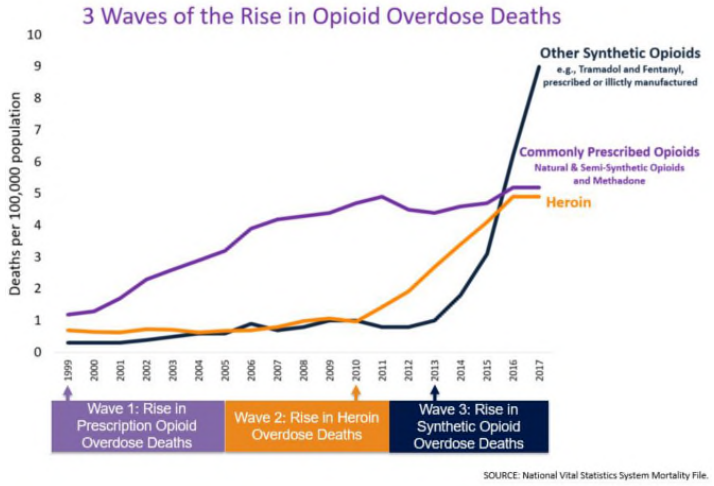
2 **Better** data

3 **Better** pain management

4 **Better** targeting of overdose reversing drugs

5 **Better** research

The Rise in Opioid Deaths

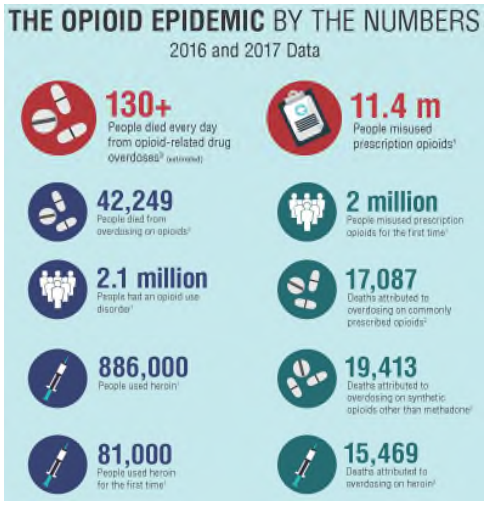


Facts About the Opioid Crisis

- Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them
- Between 8 and 12 percent develop an opioid use disorder
- An estimated 4 to 6 percent who misuse prescription opioids transfer to heroin
- About 80 percent of people who use heroin first misused prescription opioids
- Opioid overdoses increased 30 percent from July 2016, through September 2017, in 52 areas in 45 states
- The Midwestern region observed opioid overdoses increase 70 percent from July 2016, through September 2017
- Opioid overdoses in large cities increased by 54 percent in 16 states

*Source: National Institute on Drug Abuse – "Opioid Overdose Crisis"

The Scope of the Crisis



INNOVATION IN ACTION

Reducing Opioid Misuse

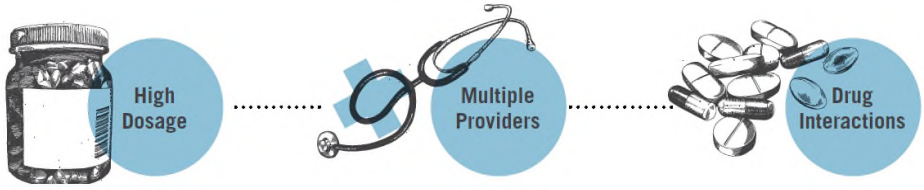
- CMS implemented new opioid policies for Medicare drug plans on January 1, 2019, that include:
  - Improved safety alerts when patients fill opioid prescriptions at the pharmacy
  - Drug management programs for patients at-risk for misuse or abuse of opioids or other drugs:
    - ✓ Providing guidance on co-prescribing Naloxone
  - Posted new training materials, including slide decks and tip sheets for:
    - ✓ Prescribers
    - ✓ Pharmacists
    - ✓ Patients
- Novitas recently mailed a letter to all Medicare fee-for-service providers about CMS's work to reduce opioid misuse by people with Medicare

CMS' Opioid Strategy

- In correlation with HHS' initiative, CMS launched a "3-Pronged Approach", focusing in on:
  - **Prevention**: Manage pain using a safe and effective range of treatment options that rely less on prescription opioids
  - **Treatment**: Expand access to treatment for opioid use disorder
  - **Data**: Use data to target prevention and treatment efforts and to identify fraud and abuse
- Visit the Reducing Opioid Misuse webpage for more information on CMS' overall strategy

Opioid Safety Alerts

- Part D plans are expected to implement safety alerts (pharmacy claim edits) for pharmacists to review at the time of dispensing the medication to prevent the unsafe utilization of drugs
- CMS encourages prescribers to respond to pharmacists' outreach in a timely manner and give the appropriate training to on-call prescribers when necessary to resolve opioid safety edits expeditiously and avoid disruption of therapy
- MLN Matters Special Edition Article SE18016 - A Prescriber's Guide to the New Medicare Part D Opioid Overutilization Policies for 2019



INNOVATION IN ACTION

Safety Alerts and the Prescriber's Role

Opioid Safety Alert	Prescriber's Role
Seven-day supply limit for opioid naïve patients	Patient may receive up to a seven days supply or request a coverage determination for full days supply as written.
Opioid care coordination alert at 90 morphine milligram equivalent (MME)	Regardless of whether individual prescription(s) are written below the threshold, the alert will be triggered by the fill of the prescription that reaches the cumulative threshold of 90 MME or greater.
Concurrent opioid and benzodiazepine use or duplicative long-acting opioid therapy	The pharmacist will conduct additional safety reviews to determine if the patient's opioid use is safe and clinically appropriate. The prescriber may be contacted.
Optional Safety Alert at 200 MME or more	This alert stops the pharmacy from processing the prescription until an override is entered or authorized by the plan.

INNOVATION IN ACTION

Drug Management Programs

- The goal of a DMP is better care coordination for safer use
- Medicare Part D plans may have a DMP that limits access to opioids and benzodiazepines for patients who are considered to be at-risk by the plan for prescription drug abuse
- Potential at-risk patients are identified by their opioid use which involve multiple doctors and pharmacies
- Coverage limitations under a DMP can include requiring the patient to obtain these medications from a specified prescriber and/or pharmacy, or implementing an individualized place of service edit that limits the amount of these medications that will be covered for the patient
- The coverage limitation tools may be put in place for 12 months and extended for an additional 12 months (total of 24 months)

Opioid Policy Exclusions

- The policies are not “one size fits all”
- Residents of long-term care facilities, those in hospice care, patients receiving palliative or end-of-life care, and patients being treated for active cancer-related pain are exempt from these interventions
- These policies also should not impact patients’ access to MAT, such as buprenorphine

Review of Opioid Use During the Initial Preventive Physical Exam (IPPE) and Annual Wellness Visit (AWV)

- These preventive benefits are a great way for you to detect illnesses in their earliest stages when treatment works best
- Review of opioid use as an important routine aspect of the patient's medical history (during the IPPE and the first and subsequent AWVs) is helpful in diagnosing and then treating as appropriate OUDs
- Medicare would like to emphasize that review of opioid use is a routine component of this element, including OUD
- If a patient is using opioids, assess the benefit from other, non-opioid pain therapies instead, even if the patient does not have OUD, but is possibly at risk
- MLN Matters Special Edition Article SE18004 - Review of Opioid Use During the IPPE and AWV

What Can Be Done?
Identify Opportunities for Action

Health Departments Can

- Alert communities to rapid increases in overdoses observed in EDs for an informed and timely response
- Increase naloxone distribution (an overdose-reversing drug) to first responders, family and friends, and other community members in affected areas, as policies permit
- Increase availability of and access to treatment services, including mental health services and MAT for OUD
- Support programs that reduce harms which can occur when injecting opioids, including those offering screening for HIV and hepatitis B and C, in combination with referral to treatment

Emergency Departments Can

- Develop post-opioid overdose protocols, which may include:
  - Offering overdose prevention education, naloxone, and related training for patients, family members, and friends
  - Linking patients to treatment and services in the community as needed
  - Starting MAT in the ED

Healthcare Providers Can

- Prescribe opioids only when benefits are likely to outweigh risks
- Determine a patient's prescription drug history and level of risk by accessing data from their state's Prescription Drug Monitoring Programs
- Identify mental health, social services, and treatment options to provide appropriate care for patients who have OUD

Everyone Can

- Learn about the risks of opioids
- Store prescription opioids in a secure place, out of reach of others (including children, family, friends, and visitors)
- Learn about naloxone, its availability, and how to use it
- Contact the Substance Abuse and Mental Health Services Administration's (AMHSA) National Helpline: 1-800-662-HELP for anyone who has trouble with opioid use

Resources

- CMS Opioids Blog and Roadmap
- Changes to the CY 2019 OPPS and ASC Final Rule: CMS-1695-FC
- HHS – "Help, Resources and Information"
- HHS – "About the Epidemic"
- OIG – "Review of States' Oversight of Opioids"
- CDC – "Opioid Overdoses Treated in Emergency Departments"

Preventative Services: Medicare Diabetes Prevention Program (MDPP)

Medicare Diabetes Prevention Program (MDPP)

- Definition:
  - The MDPP is defined as an expanded model which includes an evidence-based set of services aimed to help prevent the onset of type 2 diabetes among Medicare beneficiaries with an indication of prediabetes
- Purpose:
  - The primary goal of the expanded model is to help Medicare beneficiaries achieve at least five percent (5%) weight loss
  - Coverage of structured sessions with a coach, using a CDC-approved curriculum to provide training in dietary changes, increased physical activities, and weight loss strategies
- References:
  - Overview of the MDPP Expanded Model Fact Sheet
  - CMS MDPP Web Page
  - MLN Medicare Diabetes Prevention Program Calls:
    - ✓ Find links to the presentations, audio recordings, and transcripts
  - Frequently Asked Questions
  - Listserv Signup
  - Email questions to: mdpp@cms.hhs.gov

Payment for MDPP Services

- Organizations who enroll as an MDPP supplier are paid performance-based payments through the CMS claims systems:
  - Medicare payments to suppliers will vary
  - Payments can be up to $670 per beneficiary over a two year-period, depending on the beneficiary's attendance and weight loss
- In order to submit claims for MDPP services, organizations must:
  - Meet all MDPP supplier requirements and standards, including preliminary or full CDC recognition
  - Have a separate Medicare enrollment as an MDPP supplier
- For the payment structure, HCPCS G-codes, and billing information:
  - Billing and Claims Fact Sheet
  - Billing and Payment Quick Reference Guide
  - MLN Matters Article MM10970 - Updating Calendar Year (CY) 2019 Medicare Diabetes Prevention Program (MDPP) Payment Rates

Eligible Beneficiaries

- Eligible beneficiaries are those who:
  - Are enrolled in Medicare Part B
  - Have a body mass index (BMI) of at least 25, or at least 23 if self-identified as Asian
- Meet one of the following three blood test requirements within the 12 months of the first core session:
  - A hemoglobin A1c test with a value between 5.7 and 6.4 percent
  - A fasting plasma glucose of 110-125 mg/dl
  - A 2-hour plasma glucose of 140-199 mg/dl (oral glucose tolerance test)
- Have no previous diagnosis of type 1 or type 2 diabetes (other than gestational diabetes)
- Do not have end-stage renal disease (ESRD)

INNOVATION IN ACTION

Overview of the Benefit

- The first year includes six months of weekly core sessions followed by six months of monthly maintenance sessions
- The second year is contingent upon beneficiary performance and monthly maintenance sessions
- MDPP suppliers must use a CDC-approved curriculum to guide sessions
- Copayment is waived
- No referral is required

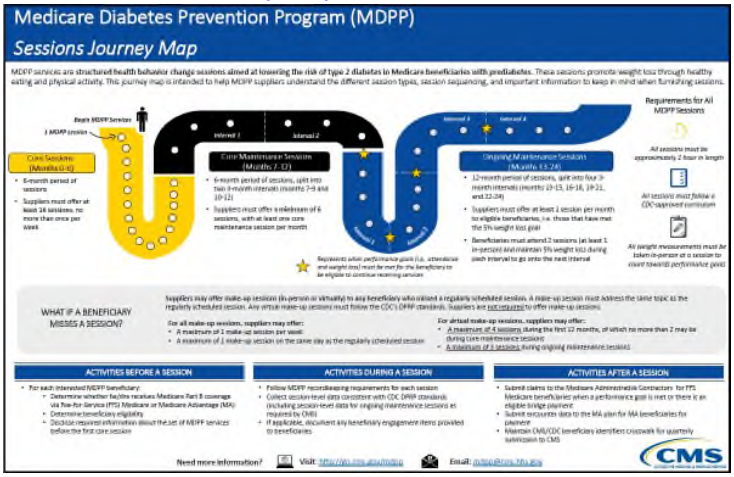
INNOVATION IN ACTION

Core Sessions

- Months 0 to 6:
  - MDPP suppliers must offer a minimum of 16 sessions, offered at least one week apart
  - Sessions are available to eligible beneficiaries regardless of weight loss and attendance performance while on the program
  - MDPP suppliers must use a CDC-approved curriculum to guide sessions
  - Five percent weight loss is not required to receive payment
- Months 7-12:
  - MDPP suppliers must offer a minimum of six monthly sessions during the second six months
  - Sessions are available to eligible beneficiaries regardless of weight loss and attendance performance while on the program
  - MDPP suppliers must use a CDC-approved curriculum to guide sessions
  - Payments are made in two three-month intervals
- Months 13-24:
  - MDPP suppliers must offer monthly maintenance sessions
  - Eligible beneficiaries who achieve and maintain weight loss and attendance goals have coverage for three-month intervals of monthly maintenance sessions for up to one year
  - MDPP suppliers must use topics from a CDC-approved curriculum to guide sessions:
  - Payments are made in four three-month intervals and only if the beneficiary attends two ongoing maintenance sessions and achieves five percent weight loss

MDPP Sessions Journey Map

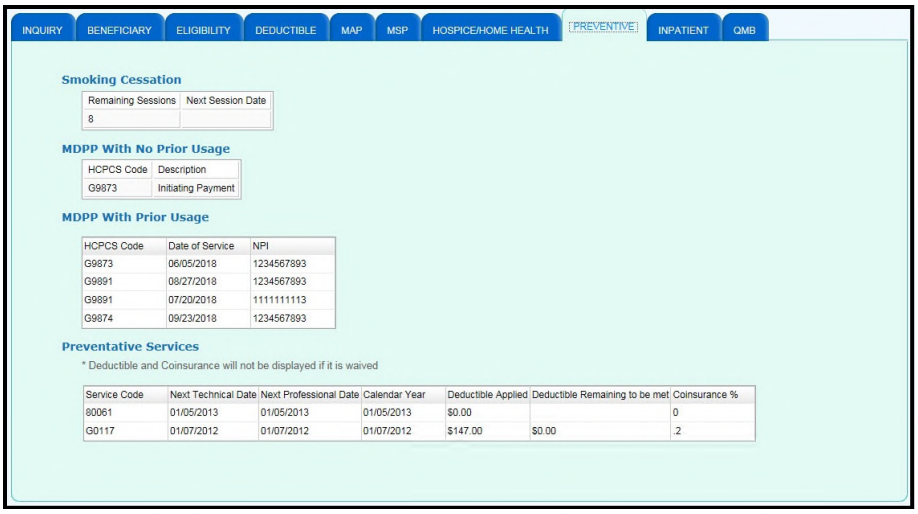
- MDPP Sessions Journey Map



Medicare Diabetes Prevention Program (MDPP) Enrollment

- To enroll as an MDPP supplier, organizations must:
  - Have MDPP preliminary recognition or full CDC DPRP recognition
  - Have an active and valid tax-identification number (TIN) or national provider identifier (NPI)
  - Pass enrollment screening at the high categorical risk level
  - Submit a list of MDPP coaches on the MDPP enrollment application who will lead sessions, including full name, date of birth, social security number (SSN), and active and valid NPI and coach eligibility end date (if applicable)
  - Meet MDPP supplier standards and requirements, and other requirements of existing Medicare providers or suppliers
  - Once enrolled, revalidate enrollment every five years
- Complete the CMS20134 Application
- MDPP Enrollment and Recognition Information:
  - Preparing to Enroll as an MDPP Supplier
  - Enrollment Checklist

Novitasphere Preventive Services Tab – MDPP



INNOVATION IN ACTION

Customer Contact Information

- Providers are required to use the IVR unit to obtain:
  - Claim Status
  - Patient Eligibility
  - Check/Earning
  - Remittance inquiries
- Customer Contact Center- 1-877-235-8073
- Provider Teletypewriter- 1-877-235-8051
- Self-Service Tools:
- Patient / Medicare Beneficiary:
  - 1-800-MEDICARE (1-800-633-4227)
  - Medicare.gov

Coming Soon to a Location Near You - 2019 Novitas Symposiums

Dates	Location	Venue Information
4/9/2019-4/10/2019	Saddle Brook, NJ	Saddle Brook Marriott 138 New Pehle Ave. Saddle Brook, NJ 07663
5/21/2019 – 5/22/2019	Wilmington, DE	Double Tree by Hilton Downtown Wilmington 700 N. King St. Wilmington, DE 19801
10/22/2019-10/23/2019	Rockville, MD	USG Conference Center 9630 Gudelsky Dr. Rockville, MD 20850

Summary

- Gave key points and references to the latest Medicare updates and trending issues:
  - NCCI and edits W7020 and W7040
- Discussed the Opioid crisis
- Reviewed the MDPP guidelines
- Take advantage of the various self service options available to the provider community

Contact Information

- Stephanie Portzline
  Manager, Provider Engagement
  Stephanie.Portzline@novitas-solutions.com
  Phone: (717) 526-6317
- Janice Mumma
  Supervisor Provider Outreach and Education
  Janice.Mumma@novitas-solutions.com
  717-526-6406
- Douglas Dyer
  MAC JL Contract Project Manager
  Douglas.Dyer@novitas-solutions.com
  (717) 526-6582
- Diane Hess
  Education Specialist
  Diane.Hess@novitas-solutions.com
  (717) 526-6520

INNOVATION IN ACTION

NOVITAS
SOLUTIONS

Thank you