CMS UPDATES
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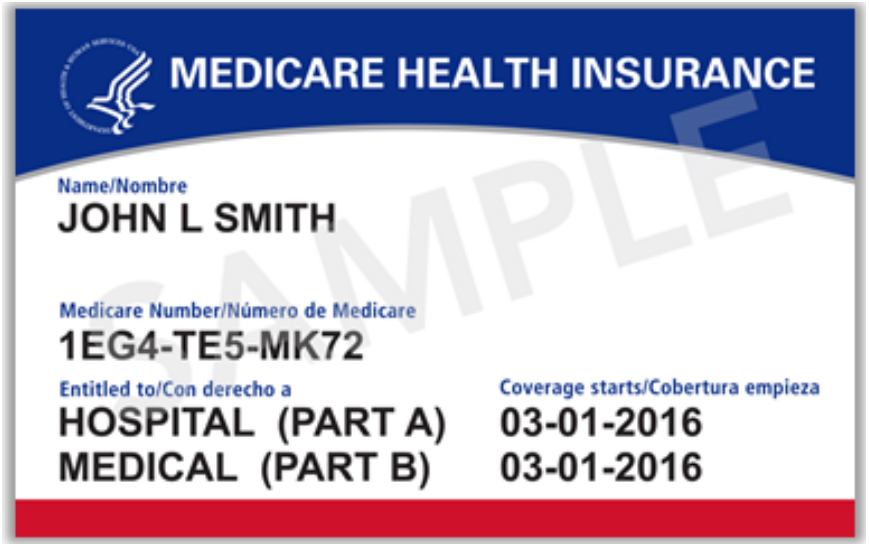
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

New Medicare Card Project



Background

- The Health Insurance Claim Number (HICN) is a Medicare beneficiary's identification number, used for processing claims and for determining eligibility for services across multiple entities (e.g., Social Security Administration (SSA), Railroad Retirement Board (RRB), States, Medicare providers, and health plans)

- The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 mandates the removal of the Social Security Number (SSN)-based HICN from Medicare cards to address current risk of beneficiary medical identity theft

- The legislation requires that CMS mail out new Medicare cards with a new Medicare Beneficiary Identifier (MBI) by April 2019

3

Solution Concept for the New Medicare Cards

The SSN Removal solution must provide the following capabilities:

1. **Generate Medicare Beneficiary Identifiers (MBI) for all beneficiaries:** Includes existing (currently active, deceased, or archived) and new beneficiaries

2. **Issue new, redesigned Medicare cards:** New cards containing the MBI to existing and new beneficiaries

3. **Modify systems and business processes**: Required updates to accommodate receipt, transmission, display, and processing of the MBI

CMS will use an MBI generator to:

- Assign 150 million MBIs in the initial enumeration (60 million active and 90 million deceased/archived) and generate a unique MBI for each new Medicare beneficiary
- Generate a new unique MBI for a Medicare beneficiary whose identity has been compromised

HICN and MBI Number

Health Insurance Claim Number (HICN)

- Primary Beneficiary Account Holder Social Security Number (SSN) plus Beneficiary Identification Code (BIC)
- 9-byte SSN plus 1 or 2-byte BIC
- Key positions 1-9 are numeric

Medicare Beneficiary Identifier (MBI)

- New Non-Intelligent Unique Identifier
- 11 bytes
- Key positions 2, 5, 8, and 9 will always be alphabetic

Key	Example
SSA HICN	123-45-6789-A1
MBI	1EG4-TE5-MK73

Note: Identifiers are fictitious and dashes for display purposes only; they are not stored in the database nor used in file formats

New Medicare Number Characteristics

The Medicare Beneficiary Identifier (MBI) will have the following characteristics:

- The same number of characters as the current HICN (11), but will be visibly distinguishable from the HICN
- Contain uppercase alphabetic and numeric characters throughout the 11-digit identifier
- Occupy the same field as the HICN on transactions
- Be unique to each beneficiary (e.g., husband and wife will have their own MBI)
- Be easy to read and limit the possibility of letters being interpreted as numbers (e.g., alphabetic characters are upper case only and will exclude S, L, O, I, B, Z)
- Not contain any embedded intelligence or special characters
- Not contain inappropriate combinations of numbers or strings that may be offensive

CMS anticipates that the MBI will not be changed for an individual unless the MBI is compromised or other limited circumstances still undergoing review

Using the New Medicare Number – During Transition

- The transition period will run from **April 2018 through December 31, 2019**
- CMS will complete its system and process updates to be ready to accept and return the MBI on April 1, 2018
- All stakeholders who submit or receive transactions containing the HICN must modify their processes and systems to be ready to submit or exchange the MBI by April 1, 2018. Stakeholders may submit **either** the MBI or HICN **during the transition period**
- CMS will accept, use for processing, and return to stakeholders either the MBI or HICN, whichever is submitted on the claim, **during the transition period**
- CMS will actively monitor use of HICNs and MBIs during the transition period to ensure that everyone is ready to use MBIs only by January 1, 2020

New Medicare Number Exceptions After the Transition Period

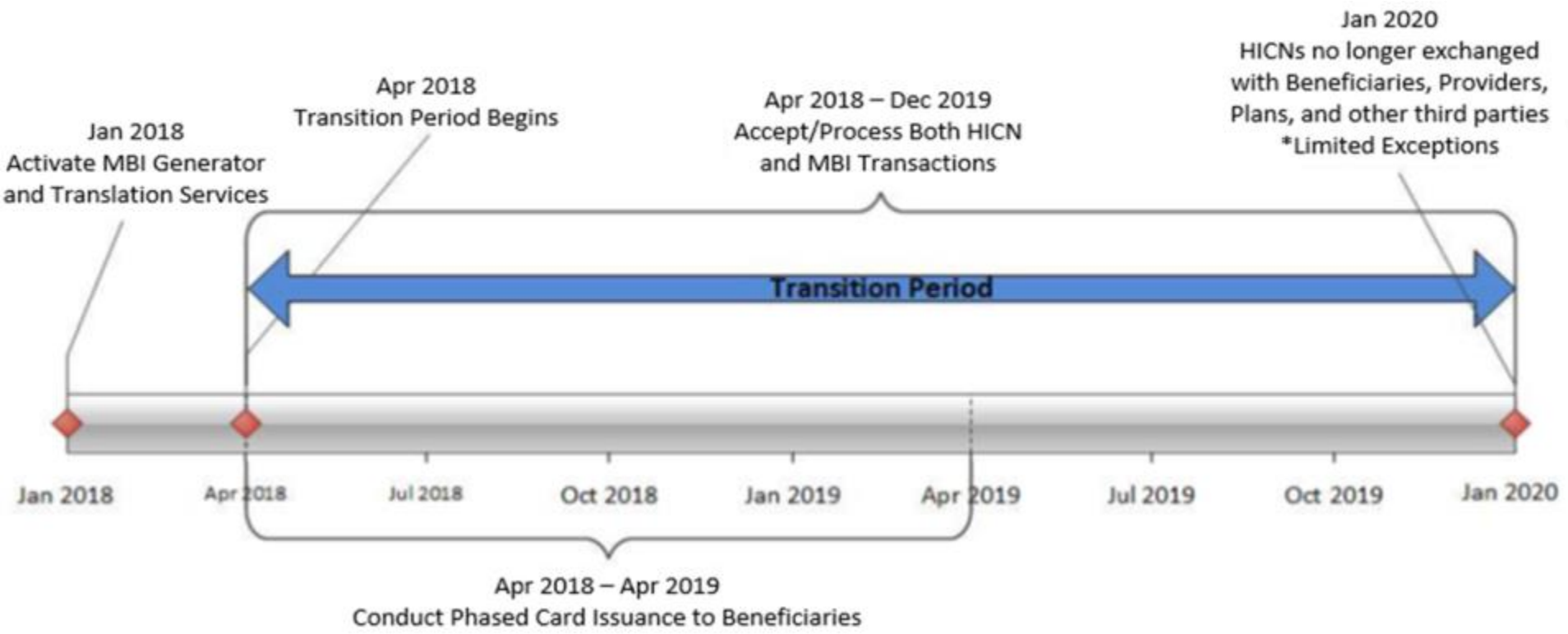
- Beneficiaries, providers, and plans will no longer use the HICN for internal and most external purposes.

- However, once the transition period is over, you'll still be able to use the HICN in these situations:

Medicare plan exceptions:

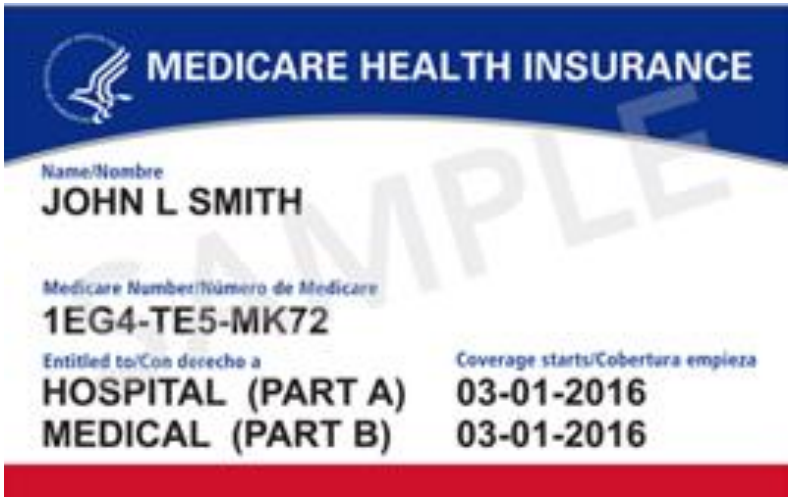
- **Appeals –** You can use either the HICN or the MBI for claims appeals and related forms
- **Adjustments** – You can use the HICN indefinitely for some systems (Drug Data Processing, Risk Adjustment Processing, and Encounter Data), Coordination of Benefits and for all records, not just adjustments
- **Reports** – We will use the HICN on these reports until further notice:
    - Incoming to us (quality reporting, Disproportionate Share Hospital data requests, etc.)
    - Outgoing from us (Provider Statistical & Reimbursement Report, Accountable Care Organization reports, etc.)

MBI Generation and Transition Period

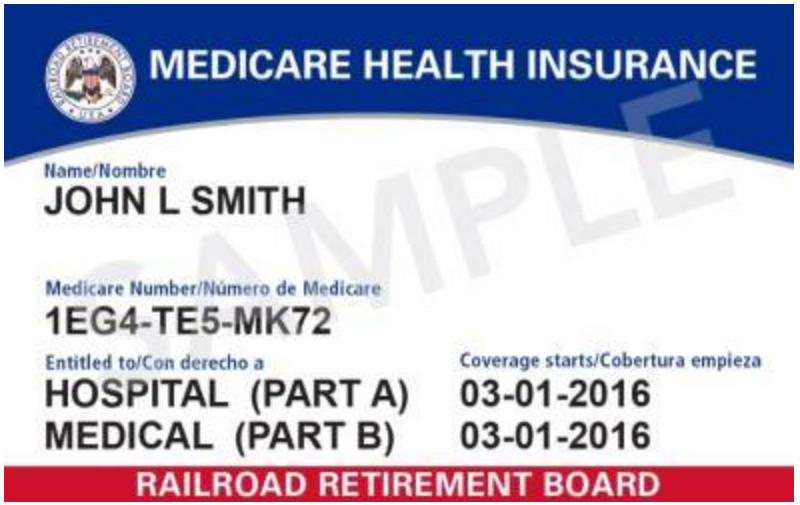


New Medicare Cards

New Medicare Card



New Railroad Retirement Board Card



Outreach and Education

- CMS will provide outreach and education to:
  - Approximately 60 million beneficiaries, their families, advocacy groups, and caregivers
  - Health Plans
  - The provider community (1.5M providers)
    - All Provider Letter and Fact Sheet
    - Quarterly Open Door Forums
  - States and Territories
  - Other business partners, including vendors

- CMS will conduct intensive education and outreach to all Medicare beneficiaries, their families, caregivers, and advocates to help prepare for this change from September 2017 through April 2019

- Once they receive their new cards, beneficiaries will be instructed to safely and securely destroy their old Medicare cards and keep the new Medicare number confidential

- CMS is also working to develop a secure way for beneficiaries to be able to access their new Medicare number when needed

What Providers and Pharmacies Need to Know to Get Ready for the New MBI

1. Subscribe to the weekly MLN Connects newsletter for updates and new information

2. Verify your patients' addresses:
   - If the address you have on file is different than the address you get in electronic eligibility transaction responses, encourage your patients to correct their address in Medicare's records at SSA using ssa.gov/myaccount (this may require coordination between your billing and office staff)
   - Remind people with Medicare that Medicare will never contact them and request personal information. They should protect their new Medicare number like a credit card and only share it with trusted providers

What Providers and Pharmacies Need to Know to Get Ready for the New MBI (continued)

3. Get ready to use the new MBI Format:
   - Ask your billing and office staff if your system can accept the 11 digit alpha numeric MBI
   - If you use vendors to bill Medicare, ask them about their MBI practice management system changes and make sure they are ready!
   - Encourage practices and health care facilities to visit our website at https://www.cms.gov/newcard

4. Make sure you can access the new provider portal to obtain a patient's MBI:
   - You'll be able to look up your Medicare patient's new Medicare number through your MAC's secure web portal starting in June 2018.

New Card Issuance

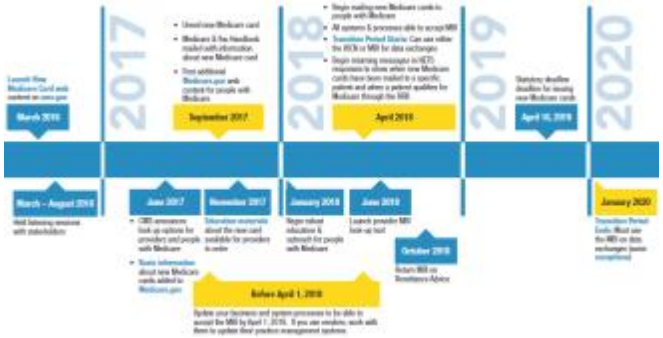
- CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019
- The gender and signature line will be removed from the new Medicare cards
- The Railroad Retirement Board will issue their new cards to RRB beneficiaries
- We will work with states that currently include the HICN on Medicaid cards to remove the Medicare ID or replace it with an MBI

Outreach and Education Resources

- Resources to help you communicate with people with Medicare are available on our website https://www.cms.gov/newcard to print and/or order

A Flyer to Distribute

A Full Timeline for Your Records



A Poster for Providers' Offices

Tear-offs for Patients

Conference Cards for Beneficiaries

Key Points to Reinforce with Patients

- Understand that mailing everyone a new card will take some time. Your card might arrive at a different time than your friend's or neighbor's.

- Make sure your mailing address is up-to-date. If your address needs to be corrected, contact Social Security at ssa.gov/myaccount or 1-800-772-1213. TTY: 1-800-325-0778.

- Beware of anyone who contacts you about your new Medicare card. We will never ask you to give us personal or private information to get your new Medicare number and card.

Key Points to Know

1. Providers need to be ready by April 1, 2018 (systems and business processes)

2. There will be a 21- month transition period from April 1, 2018 – December 31, 2019

3. Providers will have 3 ways to get the new MBI:
   a. Patient presents the card at time of service
   b. Provider receives it through the remittance advice
   c. Provider obtains it through the a secure web portal with the MAC

4. Providers have resources you can use when you talk to people with Medicare about the new Medicare cards: https://www.cms.gov/Medicare/New-Medicare-Card/Partners-and-Employers/Partners-and-employers.html

Final Thoughts

- Thank you for participating today.
- For the most updated information on the New Medicare Card please go to https://www.cms.gov/newcard
- Please submit any additional comments or questions to the New Medicare Card team mailbox: NewMedicareCardSSNRemoval@cms.hhs.gov

Merit-based Incentive Payment System (MIPS)
Year 2 Updates

MIPS Year 2 (2018)

Who is Included?

***Change** to the Low-Volume Threshold for 2018.* Include MIPS eligible clinicians billing more than $90,000 a year in Medicare Part B allowed charges **AND** providing care for more than 200 Medicare patients a year.

Transition Year 1 (2017) Final

BILLING >$30,000 AND >100

Year 2 (2018) Final

BILLING >$90,000 AND >200

Voluntary reporting remains an option for those clinicians who are exempt from MIPS.

MIPS Year 2 (2018)

Calculating the Final Score

Remember: *All of the performance category points are added together to give you a MIPS Final Score.*

*The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a **positive**, **negative**, or **neutral payment adjustment**.*

Where can I go to learn more?

qpp.cms.gov

Technical Assistance

CMS has free resources and organizations on the ground to provide help to clinicians who are eligible for the Quality Payment Program:

Quality Payment Program Portal

- Learn about the Quality Payment Program, explore the measures, and find educational tools and resources.
- QPP Program Service Center (866) 288-8292; TTY (877) 715-6222

Transforming Clinical Practice Initiative (TCPI):

- Designed to support more than 140,000 clinician practices over the next 4 years in sharing, adapting, and further developing their comprehensive quality improvement strategies.

Quality Innovation Network (QIN)-Quality Improvement Organizations (QIOs):

- Includes 14 QIN-QIOs
- Promotes data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality.
- **New England QIN, Abby Dancause, adancause@qualidigm.org ; (860) 632-6333**

The **Innovation Center's** Learning Systems provides specialized information on:

- Successful Advanced APM participation
- The benefits of APM participation under MIPS

Small Underserved & Rural Support **Healthcentric Advisors, NEQPPSURS@healthcentricadvisors.org**

MEDICARE DIABETES PREVENTION PROGRAM
Expanded Model

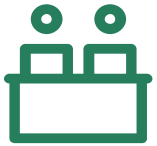
The MDPP is a preventive service to respond to high rates of type 2 diabetes among older Americans.

Problem

25% of Americans 65 years and older are living with **type 2 diabetes**, which negatively impacts health outcomes

Care for older Americans (65+ years) with diabetes costs Medicare **$104 billion annually, and is growing**

Medicare Implementation



DPP model test with Y-USA
7,800 beneficiaries

Rulemaking to **expand coverage** of DPP to beneficiaries & establish **MDPP supplier type**

Impact

Promotes healthier behaviors for eligible Medicare beneficiaries at risk for type 2 diabetes

Decreases Medicare costs associated with diabetes

MDPP Service Delivery

Medicare covers up to 2 years of MDPP sessions for eligible beneficiaries

Months 0-6
Core Sessions

- 16 sessions offered at least a week apart
- Available *regardless* of weight loss and attendance

Months 7-12
Core Maintenance Sessions

- 6 monthly sessions
- Available *regardless* of weight loss and attendance

Months 13-24
Ongoing Maintenance Sessions*

- 12 monthly maintenance sessions
- Beneficiaries *must* achieve and maintain weight loss and attendance goals to remain eligible

- No copay
- CDC-approved curriculum
- In-person and virtual make-up sessions

* The ongoing maintenance sessions are unique to the MDPP services and are not required in the National DPP.

MDPP Payments

Performance-based payments are made based on beneficiary attendance and weight loss

MDPP Core Services		Ongoing Maintenance Sessions
1 Core session: **$25** 4 Core sessions: **$50** 9 Core sessions: **$90**	Two **$60** payments for core maintenance with weight loss **OR** Two **$15** payments for core maintenance without weight loss	Four **$50** payments for ongoing maintenance sessions with weight loss
5% weight loss achieved: **$160** 9% weight loss achieved: **$25**		9% weight loss achieved: **$25**

Payment per Eligible Beneficiary

Minimum payment per eligible beneficiary*: **$195** **Maximum** payment per eligible beneficiary: **$670**

**Assumes the eligible beneficiary completes one year of MDPP sessions but does not achieve 5% WL*

Supplier Enrollment

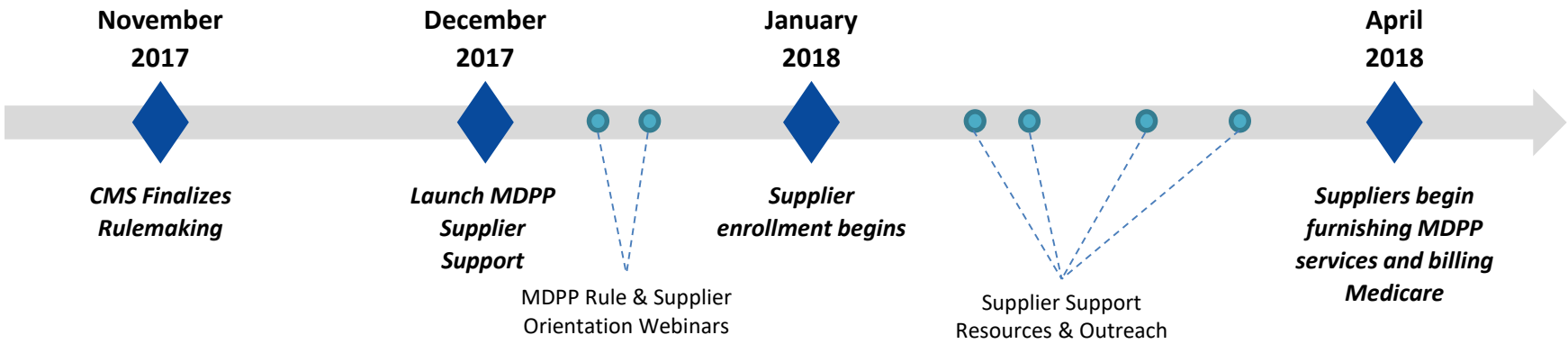
MDPP suppliers must adhere to the following requirements to maintain enrollment.

MDPP suppliers must following requirements:

- **MDPP Preliminary Recognition:** *MDPP Preliminary Recognition includes Interim Preliminary Recognition from CMS and CDC Preliminary Recognition**
- **Full CDC Recognition:** *More information on the CDC DPRP Standards can be found via the following link: https://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html*
- **To maintain enrollment** *MDPP suppliers must meet a number of supplier standards to enroll initially and maintain enrollment, including submitting NPIs for coaches*

**Based on the final 2018 CDC DPRP Standards*

Key dates related to the MDPP expanded model are highlighted below.



Organizations eligible to become MDPP suppliers can enroll today!

There are many actions to take now!

CDC Recognized DPP Organizations:

- Check your recognition status (Full or Preliminary)
- Enroll now through PECOS

Diabetes prevention stakeholders:

- Encourage organizations to work towards becoming CDC recognized
- Become familiar with enrollment & billing processes, including NPI and high risk screening requirements

Clinicians:

- Become familiar with beneficiary eligibility criteria and coverage
- Educate patients on prediabetes and encourage participation in MDPP
- Get to know your local DPPs: https://nccd.cdc.gov/DDT_DPRP/Registry.aspx

Subscribe to receive MDPP updates at go.cms.gov/mdpp

Key Resources

- Key Info for Stakeholders & Clinicians:
  - https://innovation.cms.gov/Files/x/MDPP_Overview_Fact_Sheet.pdf
- Learn How to Enroll as an MDPP Supplier
  - Enrollment Fact Sheet: https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf
- Understand Fingerprinting Requirements
  - Fingerprinting FAQs: https://innovation.cms.gov/Files/fact-sheet/mdpp-pfs-fingerprinting-faq.pdf
- Understand NPI requirements:
  - https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/

Additional Resources

About MDPP

- Medicare Learning Network Call (12/5/17)
- MDPP Orientation Webinar (12/13/17)
- MDPP website
- CDC DPRP standards

Medicare Enrollment / NPIs

- Enrollment: PECOS
- NPIs: NPPES
- MAC jurisdictions
- CMS Medicare website

Billing / Claims

- MAC jurisdictions