

# Weekly Beacon Alert!



## Regulatory Updates Week Ending 01/29/2021

Issue No. 2021-004

Week of 01/25/2021 – 01/29/2021

### CMS HPMS Memo Summaries

**DATE:** January 28, 2021

**TO:** All Medicare Advantage Organizations, Cost Plans, PACE Organizations, and Demonstrations

**SUBJECT:** Release of 2021 MIPS Payment Adjustment Data File

CMS has uploaded the Merit-based Incentive Payment System (MIPS) Payment Adjustment Data File for payment year 2021 to the Health Plan Management System (HPMS). This memorandum provides instructions for accessing the file on HPMS and identifying the applicable MIPS adjustment percentage, as well as information on the application of the prompt pay requirement.

#### KEY POINTS:

- Effective *January 1, 2021* MAO's are expected pay the full amount owed to non-contract MIPS eligible clinicians, including any positive MIPS adjustments, within 30 days of the date of receipt of a clean claim. § 422.520(a)(1).
- Under § 422.500, a claim is not a clean claim – and therefore not subject to the prompt pay requirement at § 422.520(a)(1) – if there is a “particular circumstance requiring special treatment that prevents timely payment.”
- MA organizations did not have all of the information needed to make timely payments to out-of-network MIPS eligible clinicians prior to our release of the 2021 MIPS payment adjustment data file.
- Therefore, CMS will consider the release date of this memorandum (*January 28, 2021*) to be the first day of the 30-day prompt payment window for any out-of-network claims received prior to this date that would otherwise have met the definition of a clean claim at § 422.500.
- For guidance on when and how the MIPS payment adjustments apply to MAOs' payments to out-of-network MIPS eligible clinicians, please see the July 10, 2020 memorandum entitled “*Application of the Merit-based Incentive Payment System (MIPS) Payment Adjustment to Medicare Advantage Out-of-Network Payments - Update.*”

#### File Access

- The 2021 MIPS Payment Adjustment Data File has been added to the “Incentive Payments” section of the HPMS Data Extract Facility (HPMS Home > Data Extract Facility > Incentive Payments).

- Due to the sensitivity of some of the information contained in the file, *only* the MAO’s Medicare Compliance Officer will be able to access and download it.
- The Medicare Compliance Officer must be a registered HPMS user in order to obtain the file.

### **Identifying the Applicable MIPS Adjustment Percentage**

The MIPS Payment Adjustment Data File consists of four data elements:

1. National Provider Identifier (NPI)
2. Taxpayer Identification Number (TIN)
3. MIPS adjustment percentage
4. A marker (“Percentage Indicator”) indicating that the MIPS Adjustment Percentage is positive (“P”) or negative (“N”)

❖ For more detailed information on the file layout, see Appendix A contained in memorandum.

### **Additional Information**

- If you encounter technical difficulties when downloading the MIPS Payment Adjustment Data File from HPMS, you may contact the HPMS Help Desk at [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov) or 1-800-220- 2028.
- If the “Incentive Payments” hyperlink does not appear in the HPMS Data Extract Facility, you must send a request for additional access to [hpms\\_access@cms.hhs.gov](mailto:hpms_access@cms.hhs.gov).
- If you have questions about the information in this HPMS notice, please contact the MA Out of Network Payment mailbox at [MA-OON-Payment@cms.hhs.gov](mailto:MA-OON-Payment@cms.hhs.gov).

**OPERATIONAL IMPACTS:** Claims, Finance, Provider Relations/Credentialing, and Compliance Departments

**DEADLINES:** NA

**DATE:** January 29, 2021

**TO:** All Medicare Advantage Organizations, Prescription Drug Plans, Cost Plans, PACE Organizations, and Demonstrations

**SUBJECT:** Medicare Advantage/Prescription Drug System (MARx) February 2021 Payment – INFORMATION

CMS issued memorandum to provide information about the February payment, which is scheduled for receipt on February 1, 2021, and other payment related items that may require plan action.

### **KEY POINTS:**

#### **Monthly Membership Report Adjustment Reason Codes (ARC 02 and ARC 03)**

- Due to an error in a regular update to the Medicare Advantage Prescription Drug system (MARx), the February MMR will include *two* extraneous line items for each beneficiary for the month of January 2021.
- Adjustment Reason Code (ARC) 03- Retroactive Disenrollment and ARC 02, Retroactive Enrollment.
- ARC 03 was made in error and was corrected with ARC 02.

- This combination of ARCs cancels one another resulting in a zero net payment adjustment and should not be processed as a means for disenrollment nor enrollment into the Plan.
- The cleanup ID for this data is “PYMT-TC51” for ARC 03 and “PYMT-TC61 for ARC 02, which can be found in Field 91 (Cleanup ID) of the MMR.

### **Portal Migration: EIDM to IDM**

- The Enterprise Identity Management (EIDM) system is being replaced by a new system called CMS Identity Management (IDM) on February 15, 2021.
- The migration will occur over the weekend of February 12 - February 14, and the new IDM system will be operational starting Monday, February 15.
- Users will still use [portal.cms.gov](http://portal.cms.gov) to log in to the new IDM system. To prepare for migration, please sign in to your EIDM account to confirm that your access is up to-date and that the email address on your profile is correct.
- Action must be taken on any pending requests you may need to approve/reject as pending role requests will NOT migrate to IDM.

### **2021 Frailty Score Update**

- 2021 Frailty Score results will be posted in HPMS and incorporated into payment on or around May 2021.
- Scores will be applied to the payment calculation, retroactive payment adjustments back to January 2021 and will appear on the Monthly Membership Report (MMR) using Adjustment Reason Code (ARC) 18 – Part C Rate Change.

### **Sequestration**

- CMS will apply the suspension of sequestration for January 2021 payment and apply retroactive adjustments in February.
- CMS will resume standard sequestration reductions in April 2021 4 payment.
- Sequestration will continue to be suspended for retroactive adjustments made to payments for months May 2020 – January 2021.

### **Changes to MARx Plan Transaction Processing**

- *Extension of the Transition Period for Submitting MARx Batch Input Header Record:* CMS has extended the transition to *June 30, 2021* for plan submitters to use both the old and new MARx Batch Input Detail submission files

Questions or concerns about any of the information within this letter should be directed to the MAPD Help Desk at [MAPDHelp@cms.hhs.gov](mailto:MAPDHelp@cms.hhs.gov), or 1-800-927-8069.

**OPERATIONAL IMPACTS:** Enrollment, Finance, and Compliance Departments

**DEADLINE:** NA

## Reg Tap Documents/Supporting Documents

- Registration Open for Webinar Series V: Topic 2019 Benefit Year HHS-RADV Protocols Updates, Wednesday, February 3, 2021, 2:00 p.m. – 3:00 p.m. (ET). To register log on to [www.REGTAP.info](http://www.REGTAP.info).
- Qualified Health Plan Webinar: Unified Rate Review (URR) Module, Thursday, February 4, 2021, 1:00 p.m.-2 p.m., (ET) register log on to [www.REGTAP.info](http://www.REGTAP.info).
- Qualified Health Plan Webinar: Strategy (QIS), Program Attestation, Accreditation, and Essential Community Providers, Thursday, February 11, 2021, 1:00 p.m.-2 p.m., (ET) register log on to [www.REGTAP.info](http://www.REGTAP.info).
- Qualified Health Plan Webinar: Interoperability and Stand-alone Dental Plan, Thursday, February 18, 2021, 1:00 p.m.-2 p.m., (ET) register log on to [www.REGTAP.info](http://www.REGTAP.info).

## Medicaid.gov Updates

- [Patient Protection and Affordable Care Act: Benefit and Payment Parameters for 2022; Updates to State Innovation Waiver Implementing Regulations](#) (document 2021-01175), January 18, 2021.
- [Proposed Rules Medicaid Program: Medicaid Fiscal Accountability Regulation](#) (document 2021-01078), January 18, 2021.
- [Medicare and Medicaid Programs; Contract Year 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All Inclusive Care for the Elderly](#) (document 2021-00538), January 18,2021.
- [CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals.; Correction](#) (document 2021-00805), January 18, 2021.
- [Proposed Modifications to the HIPAA Privacy Rule To Support, and Remove Barriers to, Coordinated Care and Individual Engagement](#) (document 2020-27157) January 20, 2021.

***Disclaimer:** Please note that this information is provided to you in summary form for general informational purposes only and does not constitute legal or regulatory compliance advice. It is your responsibility to consult with your Compliance Officer and/or legal counsel to determine applicability of any regulation or standards referenced herein to your organization and/or processes. Provided as a courtesy to users of Virtual Compliance Manager © 2012-2021 Beacon Healthcare Systems Confidential and Proprietary Information*