



**Novitas Solutions Presents:
Medicare Updates**

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November 7, 2017




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



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




Acronym List

Acronym	Definition
CERT	Comprehensive Error Rate Testing
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedure Terminology
CWF	Common Working File
DDE	Direct Data Entry
ESRD	End Stage Renal Disease
FY	Fiscal Year
HCPCS	Healthcare Common Procedure Coding System
HICN	Health Insurance Claim Number
MBI	Medicare Beneficiary Identifier
NPI	National Provider Identifier

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Acronym List 2



Acronym	Definition
OPPS	Outpatient Prospective Payment System
QMB	Qualified Medicare Beneficiary
RARC	Remittance Advice Remark Codes
SSN	Social Security Number

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Today's Presentation



- Agenda:
 - Quarterly Medicare Updates
 - Novitas Updates and Reminders
- Objectives:
 - Learn how to apply the new guidelines
 - Identify and utilize the educational resources and information
 - Identify and understand the current Medicare changes


INNOVATION IN ACTION



Quarterly Medicare Updates

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Modify CWF Provider Queries to Only Accept NPI as Valid Provider Number



- Change Request # 10098:
 - Effective: January 1, 2018
 - Implementation: January 2, 2018
- Key Point:
 - CMS request that CWF modify provider CWF queries to only accept NPI as a valid provider number:
 - ✓ ELGA, ELGH, HIQA, HIQH and HUQA
- Reference:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10098.pdf>

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


Qualified Medicare Beneficiary (QMB) Indicator



- Change Request # 9911:
 - Effective- for claims processed on or after October 2, 2017
 - Implementation- October 2, 2017
- Key Points:
 - Provider Remittance Advice will notify providers that the beneficiary is enrolled in the QMB program and may not bill for Medicare deductibles, coinsurance or copayments
 - Beneficiaries will also be notified through their Medicare Summary Notice there is no Medicare cost-sharing liability because they are enrolled in the QMB program
 - Remittance Advice Remark Codes (RARC) specific to those enrolled in QMB
- Reference:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9911.pdf>

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RA Messages for QMB



- RARC Codes:
 - N781 – No deductible may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance, deductible or co-payments
 - N782 – No coinsurance may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance, deductible or co-payments
 - N783 – No co-payment may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance, deductible or co-payments
- CARC Code:
 - 209 - Per regulatory or other agreement. The provider cannot collect this amount from the patient. However, this amount may be billed to subsequent payer. Refund to patient if collected. (Use only with Group code OA (Other Adjustment)

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Prohibition on Billing Dually Eligible Individuals Enrolled in the QMB Program



- Promoting compliance with QMC billing rules:
 - Identify the QMB status of your patient prior to billing claim:
 - ✓ Beginning November 4, 2017, the HETS system can be used to verify QMB status and exemption from cost-sharing charges
 - ✓ RA will contain notifications and information about a patient's QMB status for claims processed on or after October 2, 2017
 - Verify patient's QMB status through State online Medicaid edibility systems or asking patient for other proof
 - Determine billing processes that apply to seeking payment for Medicare cost-sharing from the States in which you operate:
 - ✓ Generally Novitas will automatically cross your claim over to Medicaid
- Reference:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf>

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QMB Issues



- Novitas escalated two issues of concern to CMS for resolution:
 - Medicaid is not accepting the Group Code OA and CARC 209 for coinsurance and deductible:
 - ✓ Medicaid is denying claims
 - ✓ Workaround - Handwriting information about the patient responsibility amounts on the remittance and mailing to Medicaid
 - Veterans Administration (VA) providers seeking clarification if they are exempt from the QMB process

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Important Dates For The New Medicare Card



- CMS to remove SSNs from all Medicare cards by **April 2019**
- The transition period will run from **April 2018 through December 31, 2019**
- **October 2018** through the end of the transition period, when a valid and active HICN is submitted on Medicare fee-for-service claims both the HICN and the MBI will be returned on the remittance advice
- Make sure your staff have these resources:
 - <https://www.cms.gov/Medicare/New-Medicare-Card/index.html>
 - Participate in CMS's Open Door Forums

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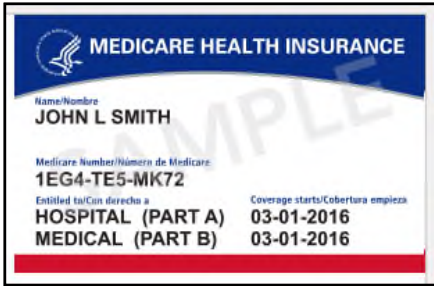
What You Need to Know to Get Ready for the New MBI



- Verify your patients' addresses:
 - If the address you have on file is different than the address you get in electronic eligibility transaction responses, ask your patients to contact Social Security and update their Medicare records.
 - This may require coordination between your billing and office staff
- 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 for the change


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Newly Designed Medicare Card

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Quarterly Influenza Virus Vaccine Code Update-January 2018




- Change Request # 10196:
 - Effective- August 1, 2017
 - Implementation- January 2, 2018
- Key Points:
 - During interim period of August 1, 2017 through December 31, 2017 use code Q2039 (Influenza virus vaccine, not otherwise specified)
 - Code 90756 is payable for dates of service January 1, 2018 and after:
 - ✓ 90756- Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use
 - Part B deductible and coinsurance waived
- Reference:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10196.pdf>

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Implementing the RA Messaging for the 20 Hour Weekly Minimum for Partial Hospitalization Program (PHP) Services



- Change Request # 9880:
 - Effective: October 1, 2017
 - Implementation: October 2, 2017
- Key Points:
 - PHPs are intended for patients who require a minimum of 20 hours per week of therapeutic services as evidenced in their plan of care
 - Effective for PHP claims processed on and after October 1, 2017, with line item dates of service (LIDOS) on and after October 1, 2017, Novitas shall return the following Remittance Advice Remark Code (RARC) when any PHP claims receive FISS reason code W7095:
 - ✓ RARC N787- "Alert: An eligible PHP beneficiary requires a minimum of 20 hours of PHP services per week, as evidenced in the plan of care. PHP services must be furnished in accordance with the plan of care"
- Reference:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9880.pdf>

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Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2015 for IPPS Hospitals, IRFs, and LTCH



- Change Request # 10026:
 - Effective: July 31, 2017
 - Implementation: July 31, 2017
- Key Points:
 - Updated data for determining the disproportionate share adjustment for Inpatient Prospective Payment System (IPPS) hospitals and the low income patient (LIP) adjustment for IRFs as well as payments as applicable for Long Term Care Hospitals (LTCH) discharges
 - Files are available at the following:
 - ✓ IPSS Hospitals:
 - > <https://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/AcuteInpatientPPS/dsh.htm>
 - ✓ IRFs:
 - > <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/SSIData.html>
 - ✓ LTCH:
 - > <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Long-Term-CareHospitalPPS/download.html>
- Reference:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10026.pdf>

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Provider Enrollment Revalidation – Cycle 2



- Special Edition Article SE1605
- Key Points:
 - Requires all providers/suppliers to resubmit and recertify the accuracy of their enrollment information
 - All providers/suppliers must be revalidated under the new enrollment screening criteria
- Revalidation Cycle 2 expectations:
 - CMS and MACs to streamline the process
 - More standardized process across all MACs
 - Reduce provider/supplier burden
- Reference:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1605.pdf>

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Changes to Cycle 2 Revalidation



- CMS has established due dates by which you must revalidate
- Unsolicited revalidation submissions will be returned
- Providers/suppliers who are within two months of their listed due dates, but have not received a revalidation notice are encouraged to submit their revalidation application
- Revalidation letters/notifications will be sent to at least two addresses on file (correspondence, special payments, and/or practice address)
- Non-response to revalidation or development requests will result in a hold on Medicare payments and deactivation of your enrollment
- Reactivation will occur when a complete Revalidation application is received

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Changes to Cycle 2 (Continued)



- There will be a gap in coverage (no payments) between the date of deactivation and the receipt date of the new, completed application:
 - Retroactive billing privileges back to the period of deactivation will not be granted
 - Part A providers/suppliers will maintain their original PTAN and effective date when the revalidation application is processed

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Due Dates in Cycle 2



- CMS has established due dates for when you must revalidate:
 - Due dates will always be on the last day of the month
- Posted Due Dates on <https://data.cms.gov/revalidation>:
 - Revalidation due date displayed, if due within six months
 - "TBD" (To Be Determined) displayed in the due date field for all other providers/suppliers
 - Revalidation due date posted up to 6 months in advance to allow time for provider/supplier to comply
- Revalidation Notices sent via mail:
 - Novitas Solutions will send a revalidation notice 2-3 months prior to your revalidation due date to at least two of your reported addresses:
 - ✓ Correspondence, special payments and/or your primary practice address

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Medicare Revalidation Lookup Tool – data.cms.gov/revalidation



Once the Receiving Entity's name is displayed it can be clicked to display the Provider(s) reassigning to that Entity.
 A detailed explanation of how to use this search tool can be found here in the User Guide.
 Please click on the link to access the Data Dictionary.

Find a Provider or Supplier

By Name or NPI:
Find a provider by one or more fields. Please use exact spelling.

Last Name / Organization:
 First Name:
 NPI:

OR

By Receiving Entity:


Receiving Entity Name:
 Receiving Entity Organization:
 First Name:

Online tables
(Browse, search, and filter the entire list online, then save to a file. (Some advanced features of each spreadsheet are indicated for data specialists).)

- Group practice members only**
A-D | B-L | M-R | S-Z
 Search list of all group records and their reassigned members.
- Entire list of providers and suppliers**
 Search list of all provider and supplier enrollment records.
- Reassignments**
 For data specialists. Export this table and "join" it with Table 2 to create additional group queries. Refer to the data dictionary (PDF) for more options.

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Part A Quarterly/Annual Updates



- Update-Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Fiscal Year (FY) 2017:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9732.pdf>
- October 2017 Integrated Outpatient Code Editor (I/OCE) Specifications Version 18.3:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10230.pdf>
- October Quarterly Update 2017 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10163.pdf>

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Additional Part A Quarterly/Annual Updates



- Fiscal Year (FY) 2017 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) PPS Changes:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9723.pdf>
- Remittance Advice Remark and Claims Adjustment Reason Code, Medicare Remit Easy Print and PC Print Update:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10040.pdf>
- Interest Rate for Overpayments and Underpayments – 4th Qtr. FY 2017:
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R291FM.pdf>
- Annual Update of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM):
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3799CP.pdf>


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More Part A Quarterly/Annual Updates



- Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 23.3, Effective October 1, 2017:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10183.pdf>
- Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2017:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10156.pdf>
- Claim Status Category and Claim Status Codes Update:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10132.pdf>
- October 2017- Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10187.pdf>
- Influenza Vaccine Payment Allowances - Annual Update for 2017-2018 Season:
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10224.pdf>


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Beneficiary Notices Initiative (BNI)

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New ABN Form Updates



- ABN form (CMS-R-131) has been approved by the Office of Management and Budget (OMB) for renewal:
 - Effective: June 21, 2017
 - New expiration date on the form:
 - ✓ Be sure to use the form with the date 3/2020 at the bottom
 - Rehabilitation Act of 1973 (Section 504) revises the form to include language informing beneficiaries of rights to CMS nondiscrimination practices and how to request alternative format if needed
 - No other changes to the form
- ABN form (CMS-R-131):
 - <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/ABN-Forms-English-and-Spanish.zip>
- ABN form instructions:
 - <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/ABN-Form-Instructions.pdf>

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Hospital-Issued Notices of Noncoverage (HINNs)



- Provided to patients prior to admission, at admission, or at any point during an inpatient stay if the hospital determines that the care is:
 - Not medically necessary
 - Not delivered in the most appropriate setting
 - Custodial in nature
- Four different HINNs:
 - HINN 1:
 - ✓ Used prior to an entirely noncovered stay
 - HINN 10:
 - ✓ Used whenever a hospital requests QIO review of a discharge decision without physician concurrence
 - HINN 11:
 - ✓ Used for noncovered items or services provided during an otherwise covered stay
 - HINN 12:
 - ✓ Used with the Hospital Discharge Appeal Notices to inform beneficiaries of their potential liability for a noncovered stay
- Reference:
 - <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/HINNs.html>

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


Hospital Discharge Appeal Notices Updates



- Effective: August 28, 2017
- Newly incorporated expiration dates have been added to each form:
 - Important Message from Medicare (IM) Form CMS-R-193:
 - ✓ Be sure to use the form with the date 3/31/2020 at the bottom
 - ✓ <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/Important-Message-English-and-Spanish.zip>
 - Detailed Notice of Discharge (DND) Form CMS-10066:
 - ✓ Be sure to use the form with the date 10/31/2019 at the bottom
 - ✓ <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/Detailed-Notice-English-and-Spanish.zip>

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Beneficiary Notices Initiative (BNI)



- FFS Advance Beneficiary Notice of Noncoverage (FFS ABN)
- FFS Skilled Nursing Facility Advance Beneficiary Notice (FFS SNFABN) and SNF Denial Letters
- FFS Hospital-Issued Notices of Noncoverage (FFS HINNs)
- FFS Expedited Determination Notices for Home Health Agencies, Skilled Nursing Facility, Hospice, and Comprehensive Outpatient Rehabilitation Facility (FFS Expedited Determination Notices)
- Important Message from Medicare (IM) and Detailed Notice of Discharge (DND) (Hospital Discharge Appeal Notices)
- FFS Notice of Exclusion from Medicare Benefits - Skilled Nursing Facility (FFS NEMB SNF)
- Questions regarding the BNI notices can be emailed to:
 - BNImailbox@cms.hhs.gov

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13x Versus 14x Billing Clarification

- TOB 13x is used to bill for outpatient hospital services
- TOB 14x is used to bill non-patient (referred) laboratory specimens:
 - A non-patient is defined as a beneficiary that is neither an inpatient nor an outpatient of a hospital, but that has a specimen that is submitted for analysis to a hospital and the beneficiary is not physically present at the hospital
 - Paid under the clinical laboratory fee schedule at the lesser of the actual charge, the fee schedule amount, or the National Limitation Amount (NLA), (including CAHs and MD Waiver hospitals)
 - Part B deductible and coinsurance do not apply
- Specimen collection:
 - Only billed on the 13x claim if the patient was a hospital outpatient otherwise the charge is billed under Part B by the provider who collected the specimen
- References:
 - IOM 100-04, Chapter 2 Section 90.4:
 - ✓ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/cim104c02.pdf>
 - IOM 100-04 Chapter 16 Laboratory Services
 - ✓ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/cim104c16.pdf>

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Novitas Updates and Reminders


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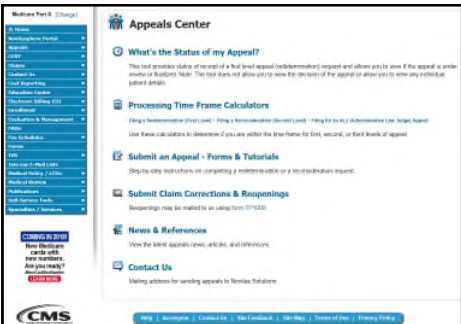
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Website Changes

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New Appeals Center





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 - ✓ <https://mailchimp.com/about/ips/>

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Website Satisfaction Surveys






Rate Your Website Experience

You've been selected to participate in a customer satisfaction survey to help us improve your website experience.


The survey will take 2-3 minutes, and will appear at the conclusion of your visit.

This survey is conducted by an independent company ForeSee, on behalf of the site you are visiting.



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Upcoming Part A Events



Date	Time	Name of Event
11/15/2017	2:00 PM	New and Small Provider Education – Part 2 Claim Overview
11/16/2017	11:00 AM	Part A How to Avoid Top Claim Errors – Fourth Quarter
11/22/2017	11:00 AM	Advantages of Electronic Billing
11/30/2017	2:00 PM	New and Small Provider – Part 3 Self-Service

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Upcoming Symposium Webinars



Date	Time	Event
12/5/17	11:00 AM	Part A Redetermination versus Reopening: Which One Do I Choose?
12/5/17	2:00 PM	Insight into the National Correct Coding Initiative Program
12/7/17	2:00 PM	Hospital Services: Inpatient Part A
12/11/17	2:00 PM	Skilled Nursing Facility Basics, Billing, and More
12/13/17	11:00 AM	Keep Your Medicare Patients Well by Promoting Preventive Services
12/14/17	11:00 AM	90 Minutes of Medicare Part A
12/15/17	2:00 PM	Your Guide to Understanding Medicare Secondary Payer Part A

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On-Demand Education



- Frequently Asked Questions
- Podcasts
- Educational Videos and Tutorials:
 - Watch and learn about the Medicare program and our website's features
 - <http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00082787>

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Join Our Email List Today



- Stay current with Medicare by receiving emails twice a week
- Available email lists (not all-inclusive):
 - Jurisdiction L
 - Novitasphere Portal
 - ABILITY| PC-ACE
 - Medicare Remit Easy Print (MREP) Users
- Join using:
 - <http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00007968>

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Part A Publications



- Latest Part A News & Website Updates
- News Bulletins & Articles
- Monthly Medicare Part A Newsletters
- Novitas Solutions e-News
- Reference Manual
- http://www.novitas-solutions.com/webcenter/portal/Bulletins_JL/Publications

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Provider Specialties / Services



- One stop shop to direct access to consolidate information for certain provider specialties and other specific services:
 - <http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00134579>

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Summary



- Gave key points and references to the latest Medicare updates
- Identify and understand the current Medicare changes
- Identify and utilize the educational resources and information

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Thank You



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