




Keeping Up with Medicare Updates

AAHAM Annual Conference

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS




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WHEN EXPERIENCE COUNTS & QUALITY MATTERS



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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Acronym List



- ADR Additional documentation request
- AP Accounts payable
- APMs Alternative Payment Models
- AR Accounts receivable
- CAP Competitive Acquisition Program
- CERT Comprehensive Error Rate Testing program
- CHIP Children's Health Insurance Program
- CID Claim identifier
- CMS The Centers for Medicare & Medicaid Services
- CY Calendar year
- DRG Diagnosis related group
- E/M Evaluation & management

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Acronyms List (Cont.)



- ERA Electronic remittance advice
- ESRD End stage renal disease
- ICD-9 International Classification of Diseases, 9th Revision
- ICD-10 International Classification of Diseases, 10th Revision
- LCD Local coverage determination
- MA Medicare advantage
- MAC Medicare Administrative Contractor
- MACRA Medicare Access and CHIP Reauthorization Act
- MIPS Merit-based Incentive Payment System
- MLN® Medicare Learning Network®

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Acronyms List (Cont.)



- MM MLN Matters® article
- MR Medical review
- NCD National coverage determination
- OCM Oncology care model
- PLB Provider level balance
- PPS Prospective payment system
- QPP Quality payment program
- RA Remittance advice
- SGR Sustainable growth rate
- SPOT Secure Provider Online Tool

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Agenda Items



- Medicare updates
 - Remittance advice (RA)
 - Revalidation
 - Entitlement after admission
 - Drug and biological infusions
 - Modifier JW
 - Oncology Care Model (OCM)
- Proposed regulations calendar year (CY) 2017 and beyond
- Medical review
- Clinician's corner
- Resources
- Summary

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Learning Objectives



- **At the conclusion of this session you will be able to**
 - Discuss Medicare updates that will impact you and your practice or facility
 - Review claim issues affecting your revenue
 - Locate resources to help you understand these billing processes better

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Medicare Updates



WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Principal and Interest Amounts



- Reporting principal and interest amounts when refunding previously recouped money on the RA
- Implemented: July 5, 2016
 - Applies to electronic remittance advice (ERA) only
 - Principal refund reporting in provider level balance (PLB) segments
 - PLB03-1: WW to report overpayment recovery (negative sign for the amount in PLB04) being refunded
 - PLB03-2 positions 1-25: Account payable (AP) invoice number
 - PLB03-2 positions 26-50: Claim adjustment account receivable (AR) number
 - PLB 04: Refund amount (principal refund amount)

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Principal and Interest Amounts (Cont.)



- Interest refunds reporting in PLB segments
 - PLB03-1: RU to report interest paid (negative sign for the amount in PLB04)
 - PLB03-2 positions 1-25: AP invoice number
 - PLB03-2 positions 26-50: Claim adjustment AR number
 - PLB04: Interest amount on refund
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9168.pdf>

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Revalidation



- Provider enrollment revalidation -- cycle 2
 - The Centers for Medicare and Medicaid Services (CMS) established due dates providing six month notice
 - Website for due dates: <https://data.cms.gov/revalidation>
 - If date shown as TBD, revalidation not due yet
 - First Coast send letters two-three months prior to due date
 - Sent to two addresses on file (correspondence, special payments and/or primary practice address)
 - Revalidations received more than six months in advance will be returned
 - Revalidations not received by due date may result in payment hold and deactivation of Medicare billing privileges

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Revalidation (Cont.)



- Utilize online status lookup for application/revalidation status
 - <http://medicare.fcso.com/Enrollment/PEStatus.asp>
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1605.pdf>
- Webcast recording: "Provider enrollment revalidation – cycle 2"
 - <http://medicare.fcso.com/Events/160889.asp>

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Entitlement after Admission



- Entitlement during inpatient stay
 - Pre-entitlement days are not counted for utilization or cost reporting
- Days calculated based on entitlement date through discharge, transfer, or death
- Claim submission guidelines
 - http://medicare.fcso.com/claim_submission_guidelines/0343449.asp

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Drug and Biological Infusions



- Prolonged Drug and Biological Infusions Started Incident-to a Physician's Service Using an External Pump
 - Some situations a hospital outpatient department or physician office may
 - Purchase drug for medically reasonable and necessary prolonged drug infusion
 - Begin drug infusion in care setting using external pump
 - Send patient home for portion of infusion, and
 - Have patient return at end of infusion period
 - Bill drug or biological, administration, **and** external infusion pump
- Billing instructions
 - http://medicare.fcso.com/coverage_news/0338829.asp

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Modifier JW



- Drug amount discarded/not administered to any patient
- Implementation: January 3, 2017
 - Providers required to
 - Apply JW modifier to claims for unused drugs or biologicals (single use vials/packages)
 - Does not apply to Competitive Acquisition Program (CAP) for Part B drugs and biologicals
 - Document discarded drug or biological in patient's medical record
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9603.pdf>

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

OCM



- <https://innovation.cms.gov/initiatives/Oncology-Care/>
- Five year model beginning July 1, 2016 – June 30, 2021
- 200 physician groups and 17 payers participating
 - Nine Florida physician groups

BayCare Medical Group	Cancer Specialists, LLC	Emerald Coast Cancer Center
Florida Cancer Specialists, PL	Health First Medical Group	Mid Florida Hematology and Oncology
MSMC Oncology, LLC	South Broward Hospital District d/b/a Memorial Physician Group Division of Cancer Institute	Stuart Oncology Associates, PA

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Proposed Regulations Calendar Year (CY) 2017 and Beyond



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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Fee Schedule 2017



Proposed

- <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-07-07-2.html>
- Expanding Diabetes Prevention Program model January 1, 2018
- Requirement for providers and suppliers be screened and enrolled in Medicare to contract with Medicare Advantage (MA) plans
 - Provisions will begin two years after publication of final rule and effective first day of plan year
- New relative values for moderate sedation codes

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Fee Schedule 2017 (Cont.)



Proposed (cont.)

- Adding codes available through telehealth
 - End-stage renal disease (ESRD) related services for dialysis
 - Advance care planning services
 - Critical care consultations using new Medicare G-codes
- New coding for mammography services

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Fee Schedule 2017 (Cont.)



Proposed (cont.)

- Primary care, care management and cognitive services
 - Separate payment for codes describing
 - Non-face-to-face prolonged evaluation and management (E/M) services
 - Comprehensive assessment and care planning for cognitive impairment (e.g., dementia)
 - Resources to treat patients with behavioral health conditions
 - Increased resource costs of furnishing visits to patients with mobility-related impairments
 - Chronic care management for patients with greater complexity

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Fee Schedule 2017 (Cont.)



- Comment on proposed rule until September 6, 2016
- Proposed rule in Federal Register
 - <https://www.federalregister.gov/public-inspection>

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

MACRA



- Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act (MACRA)
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>
 - Ends Sustainable Growth Rate (SGR)
 - New framework to reward providers for better care
 - Combines existing quality reporting programs

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

MACRA QPP



- MACRA Quality Payment Program (QPP)
 - Combines existing quality reporting programs into one system
 - Two paths available
 - Merit-Based Incentive Payment System (MIPS)
 - Alternative Payment Models (APMs)
 - Will be implemented over a timeline from 2015 through 2021 and beyond
 - Webinars available
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Medical Review (MR)

MR Topics

- http://medicare.fcso.com/Medical_Review/
- Automated medical review
- Complex medical review
- Local coverage determination (LCD) procedure to diagnosis automated review
 - International Classification of Diseases, 9th Revision (ICD-9)
 - International Classification of Diseases, 10th Revision (ICD-10)
- Widespread probe review

Responding to ADRs

- Additional documentation requests (ADRs) protocol
 - Include all requested documentation
 - Provide additional documentation believed to support medical necessity
 - Ensure all documents are legibly signed and dated
 - Including corrections, amendments or delayed entries
 - Utilize appeal rights when claim denied
 - <http://medicare.fcso.com/Landing/271102.asp>
 - Medical documentation Web page
 - <http://medicare.fcso.com/Landing/179638.asp>
 - Signature requirements
 - Checklists

Responding to ADRs (Cont.)



Contractor	Timeframe for submission	Acceptable methods of submission
First Coast	45 calendar days	CD/DVD, fax, hardcopy, or esMD, Secure Provider Online Tool (SPOT)
Comprehensive Error Rate Testing (CERT) Program	60 calendar days	Include cover sheet with barcode and claim identifier (CID) number
Recovery Auditor	45 calendar days	CD, electronic, or hardcopy

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

First Coast ADR Requests



- Respond timely
 - 45 days to respond to ADR
 - Failure to respond within 45 days will result in claim denial
 - Respond by mail to address referenced in letter
 - Respond by fax, using approved cover sheets
 - <http://medicare.fcso.com/faqs/answers/264105.asp>
 - Respond via secure provider online tool (SPOT)
 - Secure messaging: ADR form
 - For guidance, view SPOT user guide <http://medicare.fcso.com/Help/256025.pdf>

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Clinician's Corner



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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Office Documentation Issues



- Unsigned orders and office notes
- Incomplete/illegible notes
- Illegible physician signatures
- Missing intent for ordering tests
- Up-coding and down-coding E/M services
- Not applying coverage policies

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Hospital Documentation Issues



- Medical necessity not demonstrated
- Incorrect diagnosis codes sequencing
 - Primary and secondary diagnosis placement for correct diagnosis related group (DRG) assignment
- Treating diagnosis not addressed during the stay
- Incorrect discharge status
- Incorrect procedure codes billed

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Documentation Reminders



- Document any important procedures, tests, labs, or drugs pertinent to the patient's care
- Sign and date all documentation in the patient's medical record
- Although an order does not require a signature, the intent and medical necessity must be clearly explained in the medical record

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Documentation Reminders (Cont.)



Follow all outlined documentation requirements in the LCDs and national coverage determinations (NCDs)

Review the documentation request thoroughly to understand what information is being requested

Include all requested documentation timely to the contractor

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Documentation Reminders (Cont.)



Verify electronic health records are accurate and contain current patient information

Verify the patient's discharge status

- If patient went someplace else, correct claim to reflect correct placement

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Resources

WHEN EXPERIENCE COUNTS & QUALITY MATTERS



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medicare.fcso.com
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WHEN EXPERIENCE COUNTS & QUALITY MATTERS



First Coast Resources

- eNews
 - <http://medicare.fcso.com/Header/137525.asp>
- Hospital web page
 - <http://medicare.fcso.com/Landing/138617.asp>
- Prospective payment system (PPS)
 - http://medicare.fcso.com/Prospective_payment_system/
- SPOT
 - <http://medicare.fcso.com/Landing/256747.asp>
- Events calendar
 - <http://medicare.fcso.com/Landing/139820.asp>

WHEN EXPERIENCE COUNTS & QUALITY MATTERS



Clerical Reopenings on SPOT



- SPOT offers **Part B** providers the *time-saving advantage* of not only **viewing** claim data online but also the option of **correcting clerical errors** online.
- **Cost and time-efficient submission channel**
 - Submit requests **quickly** and **securely**
 - **Online** submissions available **24/7**
 - **Fast** access to *eligible* claims based on the information you have available
 - Make corrections at the **line-item** level
 - One *request type* per eligible line item makes the submission form **easy-to-use**
 - **SPOT** clerical reopening requests are submitted **directly** into the *appeals processing system*

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Medicare Speaks 2016

Register now at fcsouniversity.com

Orlando September 28-29
Tallahassee November 2-3





Centers for Medicare & Medicaid Services

www.cms.gov

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

MM Articles



2016 CMS Transmittals

- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2016-Transmittals.html>
- Medicare Learning Network® (MLN®) Matters (MM)

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Summary of Today's Topics



- Today we
 - Discussed Medicare updates that will impact you and your practice or facility
 - Reviewed claim issues affecting your revenue
 - Located resources to help you understand these billing processes better

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Question and Answer Session



- What questions do you have?



WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Thank You for Participating



- First Coast values your feedback
 - Please complete your evaluation form and return it before leaving class



WHEN EXPERIENCE COUNTS & QUALITY MATTERS
