Medicare Part A Presents: Medicare Updates

Philadelphia AAHAM

April 5, 2017

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Novitas Solutions Education

- This education contains specific contractor guidance for providers in Medicare Administrative Contractor (MAC):
  - Jurisdiction H (JH) includes: Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas
  - Jurisdiction L (JL) includes: Delaware, District of Columbia, Maryland, New Jersey, and Pennsylvania
- If you are not a provider in JH or JL, please contact your Medicare contractor for specific guidance

Acronym List

Acronym	Definition
CAH	Critical Access Hospital
CER	Clerical Error Reopening
CERT	Comprehensive Error Rate Testing
CMS	Centers for Medicare & Medicaid Services
CR	Change Request
CSR	Customer Service Representative
CY	Calendar Year
DDE	Direct Data Entry
FY	Fiscal Year
HCPCS	Healthcare Common Procedure Coding System
HICN	Health Insurance Claim Number
HIPAA	Health Insurance Portability and Accountability Act.
ICD	International Statistical Classification of Diseases

Acronym List 2

Acronym	Definition
IOM	Internet-Only Manual
IVR	Interactive Voice Response
LCD	Local Coverage Determination
MAC	Medicare Administrative Contractor
MBI	Medicare Beneficiary Identifier
MOON	Medicare Outpatient Observation Notice
NCD	National Coverage Determination
NPI	National Provider Identifier
OMB	Office of Management and Budget
OPPS	Outpatient Prospective Payment System
PHI	Personal Health Information
PTAN	Provider Transaction Access Number
TOB	Type of Bill

Agenda

- Medicare Updates
- Mandatory Use of Self-Service Options
- Requirements When Calling the Customer Contact Center
- Medicare Credit Balance – Issues of Concern
- Clerical Error Reopening Reminders
- Comprehensive Error Rate Testing (CERT) Program
- Important Updates and Reminders

Objectives

- Identify and understand the current Medicare changes
- Learn how to apply the new guidelines
- Identify and utilize the educational resources and information
- Review important Medicare updates and reminders
- Understand how to avoid common documentation errors based on the Comprehensive Error Rate Testing program findings
- Review the various self-service options available to the provider community

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Medicare Updates

April 2017 Update of the Hospital OPPS

- Change Request # 10005:
  - Effective: April 1, 2017
  - Implementation: April 3, 2017
- Key Points:
  - Describes changes to and billing instructions for various payment policies implemented in the April 2017 OPPS update:
    - ✓ Proprietary Laboratory Analyses (PLA) CPT codes effective February 1, 2017
    - ✓ Coding changes for Presumptive Drug Test effective January 1, 2017
    - ✓ Clarification regarding HCPCS code G0498
    - ✓ Argus Retinal Prosthesis add-on code (C1842)
    - ✓ Drugs, Biologicals, and Radiopharmaceuticals
- Reference:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10005.pdf

ICD-10 Coding Revisions to National Coverage Determination (NCDs)

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- Change Request # 9861:
  - Effective: October 1, 2016
  - Implementation: April 3, 2017
- Key Points:
  - Adjustments to the following 16 NCDs:
    - ✓ 40.1 - Diabetes Outpatient Self-Management Training
    - ✓ 40.7 - Outpatient Intravenous Insulin Treatment
    - ✓ 80.2 - Photodynamic Therapy (also NCD 80.2.1, 80.3, 80.3.1)
    - ✓ 80.11 - Vitrectomy
    - ✓ 100.1 - Bariatric Surgery
    - ✓ 110.4 – Extracorporeal Photopheresis
    - ✓ 110.18 - Aprepitant
    - ✓ 110.23 - Stem Cell Transplantation
    - ✓ 180.1 - Medical Nutrition Therapy
    - ✓ 190.1 – Histocompatibility Testing
    - ✓ 210.3 - Colorectal Cancer Screening
    - ✓ 220.4 - Mammograms
    - ✓ 220.6.17 - Positron Emission Tomography (PET) for Solid Tumors
    - ✓ 260.3.1 - Islet Cell Transplants
    - ✓ 260.5 - Intestinal and Multi-Visceral Transplants
    - ✓ 270.6 - Infrared Therapy Devices
- Reference:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9861.pdf

Instructions to Process Services Not Authorized by the Veterans Administration (VA) in a Non-VA Facility Reported with VC 42

- Change Request # 9818:
  - Effective: October 1, 2013
  - Implementation: April 3, 2017
- Key Points:
  - Hospitals submit no pay inpatient claims paid by the VA to Medicare for the purpose of crediting the Part A deductible and coinsurance amounts
  - Inpatient claims (11X, 18X, 21X, 41X and 51X) where the VA is the payer, the covered VA services are exclusions to the Medicare program
  - Medicare covered services not considered by the VA may be billed to the Medicare program:
    - ✓ Condition Code (CC) 26 is used to indicate the patient is:
      - ➢ VA eligible
      - ➢ Receive services in a Medicare Certified provider instead of a VA facility
    - ✓ Value Code (VC) 42 with the amount of the VA payment for the authorized days
  - Claims will return to the provider if CC 26 is present without VC 42 or vice versa
- Reference:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9818.pdf

MOON Overview

- Federal Notice of Observation Treatment and Implication for Care Eligibility ACT (NOTICE Act) passed August 6, 2015:
  - NOTICE Act requires all hospitals and CAHs to provide written and oral notification to individuals receiving observation services as outpatients for more than 24 hours
- MOON is a standardized notice to inform beneficiaries they are:
  - An outpatient receiving observation services
  - Not an inpatient of the hospital or CAH
  - No Part A benefits paid for observation care:
    - ✓ Self-administered drugs not covered under Medicare Part B

Hospital Delivery of the MOON

- Provide both standardized written as well as oral notification
- Must include the reason the individual is receiving observation services
- Hospitals or CAHs must obtain the signature of the individual or an authorized individual acting on behalf of the patient:
  - Electronic issuance is permitted
  - A paper copy of the MOON must be given regardless if paper or electronic issuance
- Beneficiary refusal to sign:
  - Staff member who presented the written notification will sign and give the date and time of refusal (date of notice receipt)
- Must use the OMB-approved MOON CMS-10611 Form:
  - https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-10611.html

MOON Form Tips

- MOON must remain two pages and unapproved modifications cannot be made
- Hospitals and CAHs subject to State-specific observation notice requirements may:
  - Add State-required information to the "Additional Information" section
  - Attach an additional page
  - Attach the notice required under State law to the MOON
- Logos and contact information may be included on the top of the MOON:
  - Text may not shift from page 1 to page 2 to accommodate large logos, address headers, or any other information
- Retain the original signed MOON in the beneficiary's medical record

When To Issue the MOON

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- Medicare beneficiaries receiving observation services for more than 24 hours
- Delivery of the MOON before an individual has received 24 hours of observation services is allowed:
  - Sooner if beneficiary is transferred, discharged or admitted inpatient
  - Allows consistency with any applicable State laws
- Must be delivered no later than 36 hours after observation services are initiated
- Beneficiaries who do not have Part B coverage
- Beneficiaries who are subsequently admitted as an inpatient prior to the required delivery of the MOON
- Hospitals are still required to deliver the MOON regardless if:
  - Medicare is the primary or secondary payer
  - Beneficiary has a Medicare Advantage plan

When Not to Use the MOON

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- MOONs are not given every time items and services are furnished in a hospital or CAH:
  - Only required for individuals receiving observation services as outpatients for more than 24 hours
- MOON requirements do not impact or change the current requirement and guidance related to the 2-midnight rule:
  - Unless patient is admitted to hospital immediately after receiving observation service for greater than 24 hours
- Medical necessity review after inpatient discharge:
  - Post discharge review finds admission not reasonable and necessary:
    - ✓ MOON does not apply
- Hospital Self-Audit:
  - Post discharge review by UR Committee finds admission not reasonable and necessary:
    - ✓ MOON does not apply

MOON References

- CMS IOM, Publication 100-04, Chapter 30 – Financial Liability Protection, Section 400 – Part A Medicare Outpatient Observation Notice:
  - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c30.pdf
- MOON Instructions:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9935.pdf
- MOON FAQs:
  - https://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/MOON-FAQs.docx
- MOON Inquiries:
  - Send emails to:
    - ✓ MOONMailbox@cms.hhs.gov

Protecting Patient Personal Health Information

- Special Edition Article SE1616
- Key Points:
  - Reminds physicians of the HIPAA requirement to protect the confidentiality of the PHI of their patients
  - Remember that a covered entity must notify the Secretary of Health and Human Services if it discovers a breach of unsecured protected health information
  - Keep abreast of any issues that your business associates, especially those entities that provide you with hardware and/or software support for your patient electronic health records
  - Report any actual or potential security breaches to you, especially threats that compromise patient PHI
  - CMS is providing this information in response to a recent report from the Cyber Health Working Group
- Reference:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1616.pdf

Social Security Number Removal Initiative

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- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019
- Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards:
  - 11-characters in length
  - Made up only of numbers and uppercase letters (no special characters)
- Transition period:
  - Will begin no earlier than April 1, 2018 and run through December 31, 2019:
    - ✓ Either the HICN or the MBI can be used
    - ✓ Use the MBI or the HICN to check Medicare eligibility, after transition period ends use only the MBI
    - ✓ Use the beneficiary identifier (MBI or HICN) you used to submit the claim that's under appeal, even after the transition period

What Providers Need to Know on The Social Security Number Removal Initiative (SSNRI)

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- How will providers get the MBI?:
  - During the transition period, the MBI will be on the remittance advice when you submit a claim using your patient's Health Insurance Claim Number (HICN)
  - In the message field on the eligibility transaction responses it will let you know when a new Medicare card has been mailed to each person with Medicare
  - Your systems must be ready to accept the MBI by April 2018:
    - ✓ No earlier than April 2018 Medicare cards will be sent, people new to Medicare will only be assigned an MBI
- Claim forms:
  - Not changing:
    - ✓ During the transition period, you can use either the HICN or the MBI
    - ✓ Once the transition period ends, you must use the MBI
- Get more information about the SSNRI:
  - https://www.cms.gov/Medicare/SSNRI/Index.html

Medicare Beneficiary Identifier (MBI) Characteristics

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- 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

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
- https://www.cms.gov/Medicare/SSNRI/SSNRI-ODF-slides-11-1-16.pptx

Timely Reporting of Provider Enrollment Information Changes

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- Special Edition Article SE1617
- Key Points:
  - All physician and non-physician practitioners and physician and non-physician organizations must report the following changes within 30 days:
    - ✓ A change of ownership
    - ✓ An adverse legal action
    - ✓ A change in practice location
  - All other changes must be reported to your MAC within 90 days of the change
  - Changes can be reported via the Internet-based Provider Enrollment, Chain and Ownership System (PECOS) or the CMS 855 paper enrollment application
- Reference:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1617.pdf

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
- April 2017 Integrated Outpatient Code Editor (I/OCE) Specifications Version 18.1:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10002.pdf
- 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/MM9735.pdf
- Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure to Procedure (PTP) Edits, Version 23.1, Effective April 1, 2017:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9970.pdf
- Changes to the Laboratory National Coverage Determination (NCD) Edit Software for April 2017:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9934.pdf

Additional Part A Quarterly/Annual Updates

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- Claim Status Category and Claim Status Codes Update:
  - https://www.cms.gov/Outreach-and-Educationhttps://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9769.pdf
- April 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/MM9945.pdf
- Influenza Vaccine Payment Allowances - Annual Update for 2016-2017 Season:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9758.pdf
- 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/MM9774.pdf
- Notice of New Interest Rate for Medicare Overpayments and Underpayments -2nd Qtr Notification for FY 2017:
  - https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R280FM.pdf

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Mandatory Use of Self-Service Options

Interactive Voice Response (IVR) Unit

- Access to claim status and beneficiary eligibility information:
  - IOM Publication 100-09, Chapter 6, section 50.1:
    - ✓ http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/com109c06.pdf
- IVR access:
  - JL Providers:
    - ✓ 1-877-235-8073
    - ✓ JL Self-Service Tools:
      - ➢ http://www.novitas-solutions.com/webcenter/portal/CustomerServiceCenter_JL/Self-Service+Tools
- Remind business associates of the requirements and the effect on telephone inquiries

Mandatory Use of the IVR

- Providers are required to use the IVR unit to obtain any information available in the IVR:
  - Claim status
  - Patient eligibility
  - Beneficiary deductible amounts
  - Beneficiary preventative service dates
  - Overlapping claims information
  - Patient discharge status information
  - Home Health episode of care
  - Check status
  - Remittance information
  - Health Maintenance Organization (HMO) information
  - Remittance advice code definitions
  - Status of my 855 or 588 enrollment form (Provider enrollment option)

IVR Authentication Requirements

- Provider Data Elements:
  - National Provider Identifier (NPI)
  - Provider Transaction Access Number (PTAN)
  - Last 5 digits of your Tax Identification Number (TIN)
- Beneficiary Data Elements:
  - Patient's name
  - Health Insurance Claim Number (HICN)
  - Patient's date of birth (MMDDYYYY)
  - Patient's date of service (MMDDYYYY)
- Other Specific Required:
  - Claim Corrections- Internal Claim Control Number (ICN) Document
  - Enrollment Status- Document Control Number (DCN)
  - Patient Account Number- Financial Control Number (FCN)
  - Overlapping claim (Part A) - Document Control Number (DCN)

Novitasphere

- Free Web-based portal
- Part A – Access to Eligibility, Medical Review Record Submission, , Claim Submission with File Status, and Audit and Reimbursement Cost Reports Submission
- Part B - Access to Eligibility, Claim Information and Remittance Advice, Claim Submission with File Status, Electronic Remittance Advice (ERA), Claim Correction, Secure Messaging and a MailBox
- Live Chat feature
- Dedicated Help Desk- 1-855-880-8424
- For demonstrations and more information:
  - JL Providers:
    - ✓ http://www.novitas-solutions.com/webcenter/portal/Novitasphere_JL/

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Requirements When Calling the Customer Contact Center

INNOVATION IN ACTION

Talking to a CSR

- CSRs are available to handle telephone inquiries continuously during normal business hours Monday through Friday
  - JL Providers:
    - ✓ 1-877-235-8073
- Escalation process :
  - Additional research
  - Irate situations
- Providers must have certain information in hand for CSRs to respond to certain inquiries:
  - Must have the claim's RA at hand at the time of the call
  - Be prepared to provide the Document Control Number (DCN) of the claim

Authentication Requirements When Speaking With a CSR

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- Provider authentication:
  - National Provider Identifier (NPI)
  - Provider Transaction Access Number (PTAN)
  - Last 5 digits of the Taxpayer Identification Number (TIN)
- Beneficiary authentication:
  - Last name
  - First name or first letter of first name (whichever is in the HIMR)
  - Health Insurance Claim Number (HICN)
  - One of the following depending on the information being requested)
    - ✓ Date of birth
    - ✓ Date of service

Email Reminders

- When possible, call the Customer Contact Center for assistance with your Medicare questions
- Do not send Protected Health Information (PHI) or Personally Identifiable Information (PII) in emails:
  - Emails addressed to a certain person may be routed to written inquiries due to privacy
- Submit a general question to Medicare, such as questions related to coverage guidelines, policy issues, or how to bill Medicare using our online form:
  - http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00003663

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Medicare Credit Balance Reporting – Issue of Concern

Credit Balance Reporting Certification Errors

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- PTAN errors:
  - Invalid PTAN
  - Missing PTAN
  - Multiple PTANs on the certification page
- Quarter ending date:
  - Invalid quarter ending date
  - Missing quarter ending date
- Errors specific to check boxes:
  - No box was checked
  - Wrong box was checked
  - Multiple boxes were checked
- Other errors:
  - Missing signatures
  - Invalid CMS-838

Credit Balance Reporting Detail Page Errors

- Missing detail page:
  - Second box on the certification page was checked but detail page was not included
- Detail page was submitted without a certification page
- Missing/invalid reason for the credit balance – Column 13
- Missing/invalid Value Code errors – Column 14
- Wrong method of payment – Column 11
- Not legible

Fax Errors

- Multiple facilities on one fax:
  - One facility one fax
- Faxing separate Part A and Part B of A credit balances with separate Certification Page:
  - Providers are also not separating Part A from Part B of A
- Faxing Credit Balance Reports when paying by check:
  - When paying by check the Credit Balance Report must be mailed
- Providers are faxing and mailing Credit Balance Report:
  - Fax or mail not both

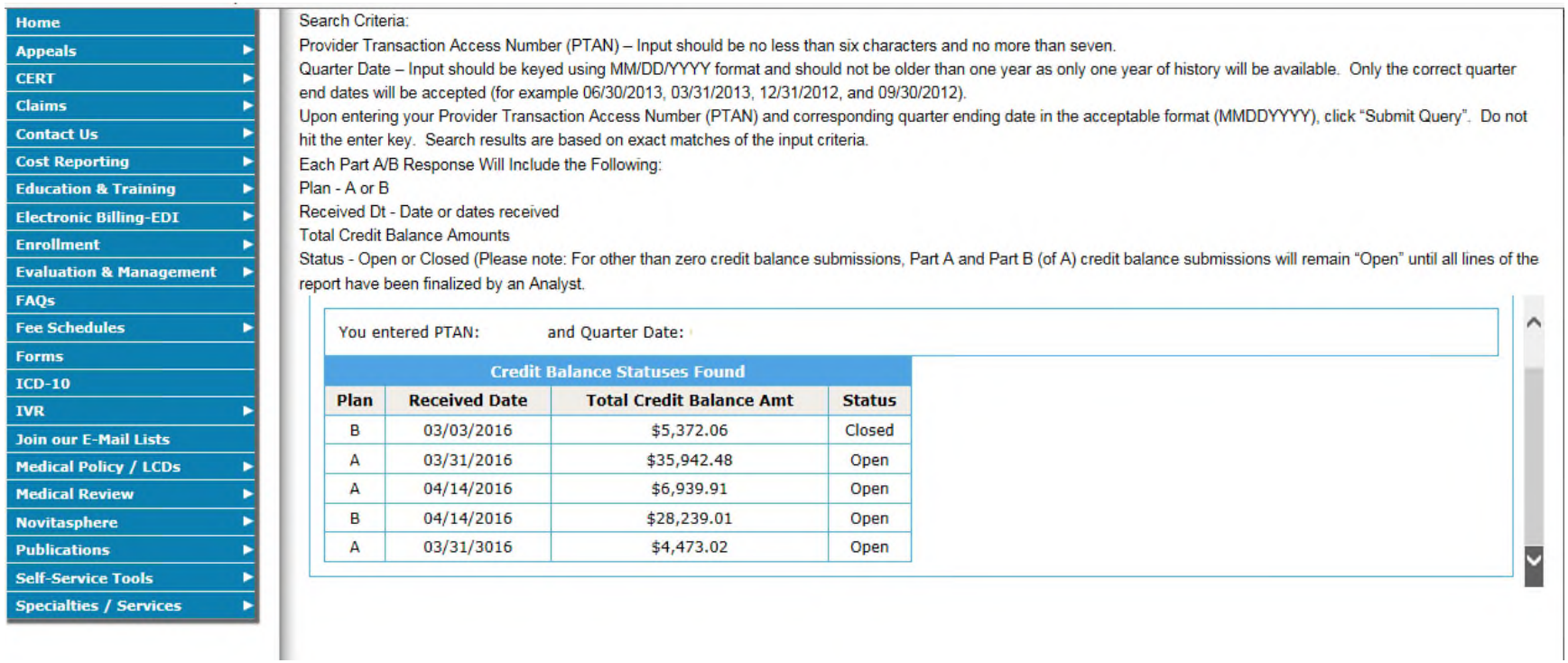
Helpful Hints

- Providers must first attempt to make their own adjustments:
  - Submit adjustments as soon as you identify the credit balance once that particular quarter begins
  - Do not forget to include your UB-04 with your report
- Submit the correct version of the CMS-838 form
- Providers must complete the entire CMS-838 detail page when reporting credit balances
- Ensure that your provider number on the certification page matches the detail page
- Do not include claims you have indicated on a prior quarter
- Please do not use staples
- No need to mail hard copy once a certification has been faxed
- Three attempts are made to contact the provider regarding questions:
  - If the provider does not return the telephone call then Novitas will offset the amount reported on the credit balance report
  - Claim will not show an adjustment in the Fiscal Intermediary Shared Systems

Medicare Credit Balance Status Tool

- Check the status of your quarterly reports by using the Medicare Credit Balance Status Tool:
  - Allow 2 – 3 days for zero balance certifications
  - Allow up to 2 weeks for credit balance to be added
- JL Providers:
  - http://www.novitas-solutions.com/webcenter/spaces/MedicareJL/page/pagebyid?contentId=00024444

Medicare Credit Balance Status Tool Results



Credit Balance Resources

- Credit Balance Reporting:
  - http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00003056
- Webinars:
  - Credit Balance Issues:
    - ✓ April 20, 2017
    - ✓ 2:00 PM EST/1:00 PM CST
  - Credit Balance Overview:
    - ✓ May 4, 2017
    - ✓ 2:00 PM EST/1:00 PM CST

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Clerical Error Reopening Reminders

Clerical Error Reopening Decisions

- Claim will be adjusted/reprocessed
- No decision letter will be sent to you unless:
  - Change in liability
  - Refund is to be requested
- Review RA to determine claim details
- Check claim status
- Claim Reopening Decision Letters article:
  - JL Providers:
    - ✓ http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00089525

Ways to Avoid a Redetermination or Clerical Error Reopening

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- Accuracy Matters – think before you submit
- Verify all data pertaining to the service is correct
- Become familiar with LCDs and NCDs
- Append modifiers to services when appropriate
- Document a repeat or duplicate service to reflect it is a distinct and separate service
- Enter the concise description of an unlisted procedure code (an NOC code) or a "not otherwise classified" code
- When Medicare is the secondary payer the claim must include information from the primary insurer

Late or Omitted Charges

- Clerical Error Reopenings received with a request to add items that were not previously billed, including late charges, cannot be granted
- Providers who identify finalized claims requiring the addition of late or omitted charges should submit adjustments or corrections to their claim:
  - Electronic
  - DDE
- JL Providers:
  - http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00089525

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Comprehensive Error Rate Testing (CERT) Program

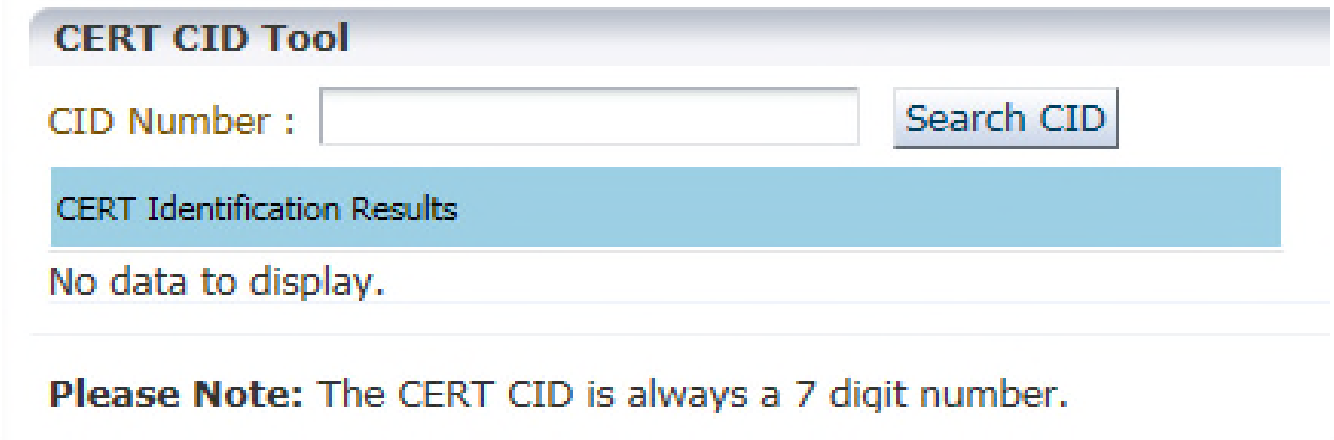
INNOVATION IN ACTION

Comprehensive Error Rate Testing (CERT)

- Program developed by Centers for Medicare & Medicaid Services (CMS) to monitor the accuracy of claims processing
- Designed to protect the Medicare trust fund and determine error rates nationally and regionally
- Random audits conducted on a monthly basis
- AdvanceMed request medical records for claims selected as part of the monthly random sample
- Medical record documentation supporting claim must be returned in designated time frame
- JL CERT page:
  - http://www.novitas-solutions.com/webcenter/spaces/CERT_JL

CERT Identification Online Tool

- Provides status information for sampled claims using the Claim Identification Number (CID) where a decision has been made by the CERT contractor:
  - Claim in Error- CERT error was assessed or not
  - Status Date- last date that CERT updated/reviewed the case
  - Status Decision- where the claim is with the CERT Review Contractor
  - Appealed- if an appeal was initiated and the appeal status
  - Error Code- errors assessed



Trending Errors- Part A

- Insufficient documentation:
  - Missing valid physician's order
  - Missing documentation to support minimum 15 hours per week of combined therapy
  - Diagnosis insufficient to support procedure or service billed
  - Missing Skilled Nursing Facility (SNF) 3 day qualifying stay
  - Missing or illegible documentation and/or physician signature
  - No valid certification for therapy services
- Medical necessity errors:
  - Documentation did not support inpatient stay
- Other errors:
  - Incorrect Diagnosis Related Group (DRG) billed
  - Missing NCD covered indication for placement of dual chamber pacemaker
  - Laboratory services billed incorrectly, specifically complete blood count and urinalysis codes

CERT Appeals vs. Claim Adjustments (Part A)

- Part A providers may not cancel or adjust claims selected in the CERT review process
- Notify CERT if an error has been made on a claim, do not cancel or adjust claims
- Novitas initiate adjustments for necessary denials
- CERT adjustments in FISS appear as XXH bill type
- Appeal denials on XXH bill type as a means of submitting corrections to claims using the Medicare Part A Redetermination Request form
- JL Article:
  - http://www.novitas-solutions.com/webcenter/spaces/MedicareJL/page/pagebyid?contentId=00003498

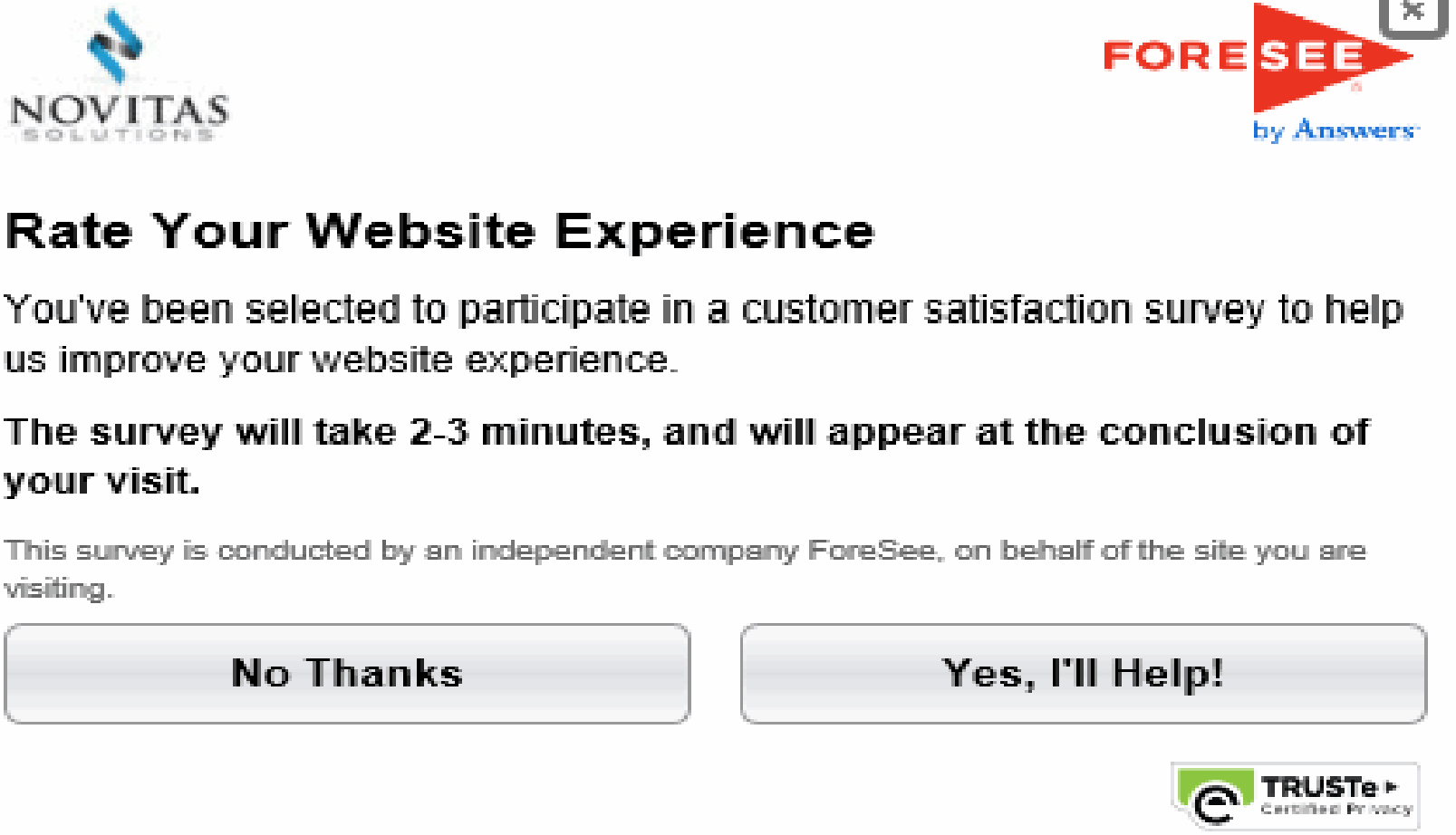
Medical Record Signature Reminders

- Categorized as “Insufficient Documentation” errors:
  - Missing signatures
  - Illegible handwritten signatures
  - Electronic signatures not dated
  - Attestation statements do not match the date of service
- Records must be signed and dated
- Include signature logs to determine handwritten signatures
- Complete attestation statements when records are not signed
- Do not add late signatures
- CMS Complying with Medicare Signature Requirements:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf

NOVITAS
SOLUTIONS

Important Updates and Reminders

Website Satisfaction Surveys



Novitas Solutions eNews Mailing Schedule

- In response to your feedback, we are implementing a new delivery schedule for our “Novitas Solutions eNews” e-mail
- Our emails will arrive in your inbox just twice a week – Every Tuesday and Thursday
- These emails will still contain all the important Medicare news and updates you need
- We will continue to send any urgent Medicare news or alerts to your inbox instantly
- Join:
  - JL Providers:
    - ✓ http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00007968

Medical Policy Home Page

- Medical Policy Home Page:
  - List of Current, retired or draft LCD policies
  - ICD-10 LCDs and Articles
  - National Coverage Determinations (NCDs):
  - Live Web Chat Now Available:
    - ✓ Connect directly with a live chat agent with your questions about finding Medical Policies. Open Mon-Fri, 10am-2pm EST
  - Medical Policy Process
- JL Providers:
  - http://www.novitas-solutions.com/webcenter/portal/MedicareJL/Medicare+JL+Home

Policy Search Application

- Updated customized “Policy Search Application”:
- Gives more search power, more accurate results, the new options allows for search by date of service
- Search results only return policies based on search criteria entered
- JL Policy Search:
  - http://www.novitas-solutions.com/webcenter/spaces/MedicareJL/page/LcdSearch

Join Our Email List Today

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

Part A Publications

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

On-Demand Education

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

Novitas Medicare Learning Center

- Features:
  - Create an individualized education account
  - Register for webinars, teleconferences, and workshops
  - Download your Continuing Education Unit (CEU) Certificates
  - Be placed on a waitlist if the educational event you register for is closed
- Benefits:
  - Centralized location for all educational materials
  - Track all of the educational events you've attended
  - Access Medicare education 24 hours a day, 7 days a week with web-based training modules
- JL Providers:
  - http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00081812

Provider Specialties / Services

- One stop shop to direct access to consolidate information for certain provider specialties and other specific services:
  - Ambulance
  - End Stage Renal Disease
  - Federally Qualified Health Centers
  - Medicare Secondary Payer
  - Observation
  - Rural Health Centers
  - Skilled Nursing Facilities
  - Therapy
  - Inpatient Perspective Payment System
  - And many more
- JL provider specialty search:
  - http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00134579

JL Customer Contact Information

- Providers are required to use the IVR unit to obtain:
  - Claim Status
  - Patient Eligibility
  - Check/Earnings
  - Remittance inquiries
- Customer Contact Center- 1-877-235-8073
- Provider Teletypewriter- 1-877-235-8051
- JL Self-Service Tools:
  - http://www.novitas-solutions.com/webcenter/portal/CustomerServiceCenter_JL/Self-Service+Tools
- Patient / Medicare Beneficiary:
  - 1-800-MEDICARE (1-800-633-4227)
  - http://www.medicare.gov/index.html

Summary

- Gave key points and references to the latest Medicare updates
- Stay up to date with the latest Medicare changes by visiting the Novitas Solutions website
- Be aware of CERT documentation request and respond appropriately
- Take advantage of the various self service options available to the provider community

Thank You

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