Medicare Part B Update

CGS Administrators, LLC

Disclaimer

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This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference.

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Provider Resources, Information, & Self-Service Manual
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Objectives

- Discuss new and ongoing Medicare initiatives
- Provide information regarding medical record review contractors
- Provide CGS operational reminders
- Introduce resources and self-service technology options

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The New Medicare Card Project

The *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA) requires the removal of the Social Security Numbers (SSNs) from all Medicare cards

- Implemented to better protect private health care and financial information
- The *Medicare Beneficiary Identifier (MBI)* replaced the SSN-based Health Insurance Claim Number (HICN)
- The mailing wave of the new Medicare cards ended mid-January 2019
- Providers may use either identifier during the transition period
  - April 1, 2018 – December 31, 2019

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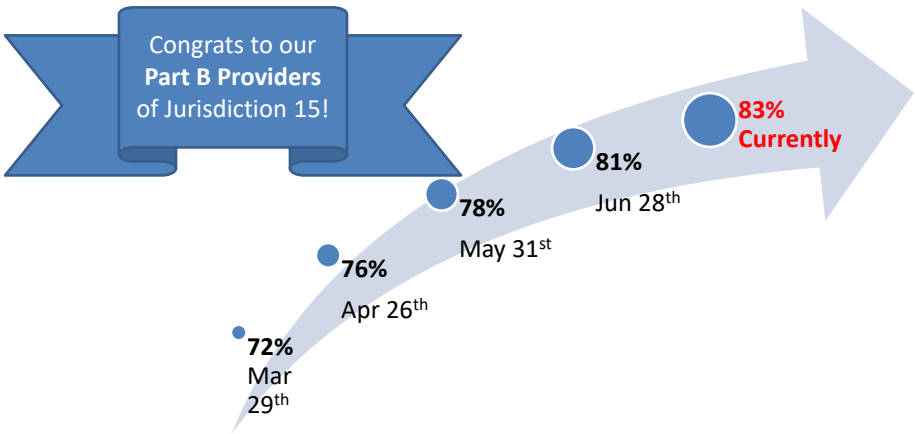
Are YOU Using the MBI???



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The New Medicare Card Project
Get It! Use It!

Ways to obtain the new MBI

- Use myCGS! https://cgsmedicare.com/partb/pubs/news/2018/05/cope7584.html
  - Must have patient's first/last name, date of birth, and social security number
- Ask patient for copy of card
- Patient can access account on mymedicare.gov to look up MBI
- Since October 2018, MBIs are noted on your remittance advices
  - Electronic Remittance Advice (ERA) https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Downloads/MREP-Example.pdf
  - Paper Remittance Advice (RA) https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Downloads/MCS-SPR-Example.pdf

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The New Medicare Card Project
Get It! Use It!

MBI Reminders and Resources!

- Make sure your billing services and clearinghouses are submitting the MBI
  - If both the HICN and MBIs are showing on your remittance, this means your claims are still being submitted with the HICN
- Adding an 'A' to a SSN is not always the patient's HICN! https://cgsmedicare.com/partb/pubs/news/2018/12/cope10592.html
- MLN Fact Sheet https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf
- MLN Matters Article https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18006.pdf

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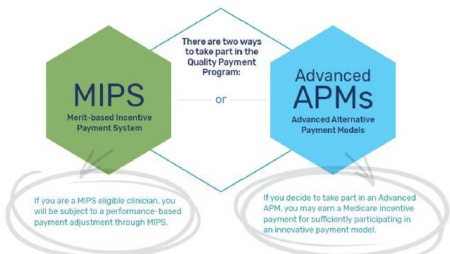
Quality Payment Program (QPP)

MACRA changed the way Medicare pays providers

- Ended *Sustainable Growth Rate (SGR)*
- Required CMS to implement an incentive program that rewards *quality* over *quantity*

Creates the *Quality Payment Program*, which has two tracks:



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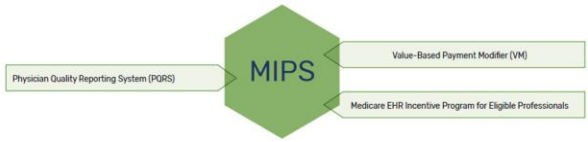
Quality Payment Program (QPP)

What is MIPS?

- Combines legacy reporting programs



- Weighted performance categories comprise a MIPS final score

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Quality Payment Program (QPP)

Resources

Review the MIPS components

- Quality Measures https://qpp.cms.gov/mips/quality-measures
- Promoting Interoperability (PI) https://qpp.cms.gov/mips/promoting-interoperability
- Improvement Activities https://qpp.cms.gov/mips/improvement-activities
- Cost https://qpp.cms.gov/mips/cost

If you have not reported, your status may have changed so we encourage you to use the *QPP Participation Status Tool* to confirm your MIPS eligibility https://qpp.cms.gov/participation-lookup/

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Quality Payment Program (QPP)

2018 MIPS Performance Feedback and Final Score

View feedback and final score if you submitted 2018 MIPS data

- FAQs https://qpp-cm-prod-content.s3.amazonaws.com/uploads/581/2018%20Performance%20Feedback%20FAQs.pdf

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Other CMS Initiatives!

Modification to Correct Coding Initiative (CCI)

CCI modifiers may be used to bypass CCI edits provided there is documentation in the medical record to support its use.

- CPT modifier 59 or HCPCS modifiers XE, XS, XP, and XU
- The modifier had to be added to the Column II code
- Effective July 1, 2019, the CCI modifier may be added to either the Column I or Column II code. MLN Matters® article MM11168 https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM11168.pdf

NEW! Utilize the NCCI Procedure-to-Procedure Look-Up Tool!
https://cgsmedicare.com/medicare_dynamic/j15/ptpb/ptp/ptp.aspx

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Other CMS Initiatives!

Medicare Diabetes Prevention Program (MDPP)

The MDPP model has been expanded as a new approach to address type 2 diabetes by treating patient with an indication of pre-diabetes

- Dietary changes
- Increased physical activity
- Weight control

- Must enroll as an MDPP Supplier https://innovation.cms.gov/Files/x/mdpp-supplierreq-checklist.pdf
- MDPP billing and payment information https://innovation.cms.gov/Files/x/mdpp-billingpayment-refguide.pdf

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Other CMS Initiatives!

CMS Innovations

Check here for information on CMS-directed innovations available in your state

- https://innovation.cms.gov/index.html

Fraud Alert!

HHS OIG is alerting the public about a fraud scheme involving genetic testing

- "Free" kits are given to Medicare patients in exchange for their Medicare ID
- https://cgsmedicare.com/partb/pubs/news/2019/06/cope12804.html

CMS Contacts You Can Use

CGS is your first contact as your MAC. Check here for help with other issues

- https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/Downloads/AtlantaRegionalOffice.pdf (KY)
- https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/Downloads/ChicagoRegionalOffice.pdf (OH)

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FY 2018 CERT Improper Payment Rates

CERT improper payment rate is **7.58%** representing **$29.52 billion** in improper payments. (Compared to 9.51% and $36.21 billion in FY 2017) https://www.cms.gov/CERT

Claim Type	Improper Payment Rate	Improper Payment Amount
Part A Providers (excluding Hospital IPPS)	8.07%	$13.60B
Part B Providers	10.68%	$10.47B
Part A Providers (Inpatient Hospital)	4.29%	$4.96B
DMEPOS	35.54%	2.59B

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CERT Errors

If, upon review of the medical records and documentation provided, errors are found, those errors are placed into one of the following categories:

Category	Definition
No Documentation	Provider does not reply to CERT request for records in spite of multiple attempts to obtain documentation
Insufficient Documentation	Medicare records submitted, however, they are not sufficient and/or do not include pertinent information
Medically Unnecessary	Clinical review finds documentation to be unsupportive (not medically necessary) of service billed
Incorrect Coding	Documentation in medical records justified a level of complexity different from the service billed, or the documented services were different from those billed
Other	• Duplicate payment • Payment on non-covered services

CERT Errors

Avoid Part B Errors

- Be aware of the *E/M Documentation Guidelines*
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243514.html
- Always check for Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs) to verify medical necessity is met
  - https://cgsmedicare.com/partb/medicalpolicy/index.html
- Do you order services?
  - https://cgsmedicare.com/partb/pubs/news/2013/0913/cope23292.html
  - Lab Services/Orders Decision Tree https://www.cgsmedicare.com/partb/tools/lab_services.html
- Be sure your medical records met signature requirements
  - https://www.cgsmedicare.com/partb/pubs/news/2013/1113/cope23836.html

CERT Errors

Avoid Part B Errors – Home Health

- Do you certify/recertify patients for Home Health?
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1436.pdf
- Provider compliance tips for Home Health
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ProviderComplianceTipsforHomeHealthServices-ICN909413.pdf
- More on Home Health PPS
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Home-Health-PPS-Fact-Sheet-ICN006816.pdf

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CERT Errors

Avoid Part B Errors - DMEPOS

- CGS Part B partners with CGS DME to educate Part B providers on various documentation issues observed with ordering DMEPOS that generate CERT errors
- Education articles, videos, and recorded webinars posted on the following:
  - Therapeutic Shoes
  - Nebulizers and Inhalation Medication
  - Glucose Monitors and Supplies
  - Oxygen
  - Positive Airway Pressure (PAP) Devices
  - External Breast Prosthesis and Related Supplies
  - Your Medical Records and Ordering DMEPOS
  - Lower Limb Orthoses

https://www.cgsmedicare.com/partb/education/mac_collaboration.html

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CERT A/B MAC Outreach & Education Task Force

Designed to assist in reducing the CERT error rate through consistent, accurate provider outreach and education.

CERT
A/B MAC Outreach & Education
Task Force for Error-Free Medicare Claims

- Job aid for chiropractic services
- Documentation requirements for lab services
- Documenting therapy and rehab services
- Avoid insufficient documentation errors

https://www.cgsmedicare.com/partb/education/cert_task_force.html

Check here for more information https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/Downloads/CERT-AB-MAC-Outreach-Education-Task-Force.pdf

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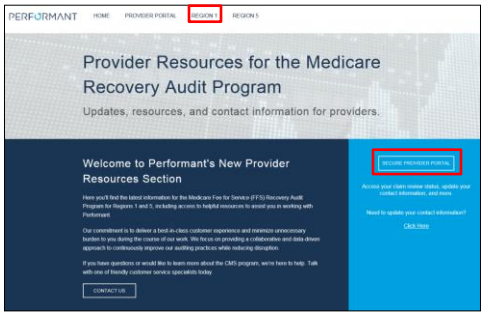
Recovery Audit (RA) Program

The *Recovery Audit* program was created to detect and correct past improper overpayments and underpayments made to providers

- Performant Recovery, Inc. - Region 1 RA Contractor
  - View Provider Portal
    - Approved Issues
    - Sample documents
    - Check status of reviews



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Recovery Audit (RA) Program

Codes	Issue	Rationale
CPT codes 99221-99223, 99231-99233, 99238-99239	Visits to Patients in Swing Beds	If the inpatient care is being billed by the hospital as inpatient hospital care, the hospital care codes apply. If the inpatient care is being billed by the hospital as nursing facility care, then the nursing facility codes apply.
Multiple	Add-on Codes Paid without Primary Code and/or Denied Primary Code	CPT has designated certain codes as "add-on procedures". These services are always done in conjunction with another procedure and are only payable when an appropriate primary service is also billed.
CPT codes 99221-99223, 99231-99233	Excessive Units of Hospital Services	Both Initial Hospital Care codes (CPT codes 99221–99223) and Subsequent Hospital Care codes (CPT Codes 99231 99233) are “per diem” services and may be reported only once per day by the same physician(s) of the same specialty from the same group practice.
CPT Codes 99201-99215	Office or Other Outpatient Visit Billed for Hospital Inpatients	The reviewer determines medical service, treatment and/or equipment was medically necessary but billed and paid based on a code that was not accurately reflected in the documentation provided.
CPT code 29822	Arthroscopic Limited Shoulder Debridement	Shoulder arthroscopy procedures include a limited debridement . CPT code 29822 is not separately payable when procedure is billed and paid on the same shoulder, same day, same beneficiary, same encounter.

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Targeted Probe and Educate (TPE)

The TPE Process was implemented to analyze claims payment data to identify the highest risk of issuing improper payments
https://cgsmedicare.com/partb/mr/tpe.html

- Providers who appear aberrant (based on claims data) may be subject to review
  - Up to 20-40 claims will be selected (pre or post-pay) and documentation requests sent
  - CGS has 30 days from date of receipt to review documentation and calculate error rate
  - Details of review and education provided to correct documentation issues
  - Up to three rounds of reviews possible if education provided does not result in reduced error rate
  - Case referred to CMS if error rate remains high after three rounds
- Most recent TPE findings https://cgsmedicare.com/partb/mr/pr.html

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Targeted Probe and Educate (TPE)

MR Activities https://cgsmedicare.com/partb/mr/activity_log.html

Review Topic	Codes Involved	Data Analysis	Prepay TPE	Postpay TPE
Psychotherapy Services	90832-90834, 90836-90838 w/wo E/M Services		Active	
Critical Care Visits	99291-99292		Active	
Drugs (frequency of screening and Evaluation and Management)	All levels of E/M visits with Rx		Active	Active
Emergency Room Visits	99284-99285		Active	
Home Visits	99349-99350		Active	
Hospital Visits	99220, 99222-99223, & 99232-99233		Active	
Labs and Other Tests	All codes		Active	
Modifier 25	99213		Active	
New Providers	All codes under review		Active	
Nursing Facility Visits	99304-99310		Active	
Nursing Home/Assisted Living Visits	99334-99337		Active	
Office Visits	99204-99215 and with G0479		Active	
Ambulance	A0428, A0434, and A0425		Active	
Physical and Occupational Therapy	97110, 97112, 97113, 97116, 97140, 97530		Active	

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Documentation: Don't Forget Your Partners!

Providing Documentation

CGS or other Medicare contractors may request medical records

- To support the medical necessity for services based on Local Coverage Determination (LCD) requirements
- To determine the correct payment

When two separate providers collaborate to provide quality patient care the obligation of providing, obtaining, and maintaining documentation is not the exclusive responsibility of one or the other provider.

- The treating physician should provide other providers, practitioners and facilities with documentation supporting medical necessity prior to or at the time the service is rendered.

Reference: Section 4317 of the Balanced Budget Act (BBA: SEC.4317, REQUIREMENT TO FURNISH DIAGNOSTIC INFORMATION)

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Data Analysis

Top Errors – Provider Enrollment

Reason for delays and/or rejection of online PECOS and paper CMS-855 applications https://cgsmedicare.com/partb/enrollment/peai.html

- Not sure which application to complete? Use the Provider Enrollment Interactive Help Tool https://cgsmedicare.com/partb/enrollment/helptool/index.html
- Don't miss your Revalidation and become revoked!
  - Use the Medicare Revalidation List to check "due date," which is posted six months in advance https://data.cms.gov/revalidation
    - If date not assigned, "TBD" will appear and no application is due
    - NOTE: CMS will not remove the date after a successful revalidation

Data Analysis

Top Errors – Claim Denials

The main reasons we deny your claims and the ways to avoid them!

- https://cgsmedicare.com/partb/education/claim_denials.html

Top Errors – Return-to-Provider (RTP)

The top claim submission errors (CSEs) and tools to avoid and fix them!

- https://cgsmedicare.com/partb/education/cse_data.html

Top Phone Inquiries

Instead of calling the Provider Contact Center (PCC) check out these resources!

- https://cgsmedicare.com/partb/education/pcc_data.html

Data Analysis

Top Appeals Data

Review these issues to avoid having to submit requests for Redetermination

- https://cgsmedicare.com/partb/appeals/appealsdata.html

Top Written Inquiries

Utilize the resources available to you here!

- https://cgsmedicare.com/partb/education/written_inquiries.html

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The Medicare Learning Network®

Free educational materials for health care professionals on CMS programs, policies, and initiatives https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Index.html

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- https://www.cgsmedicare.com/socialmedia/

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Self-Service Technology

Tab	Function
CLAIMS	Part B Medicare claims can be submitted through myCGS! You can also check the status of claims, view remark codes, and perform additional functions
REMITTANCE	View and print remittance advices (RAs)
ELIGIBILITY	With validated patient information you can check eligibility • Current/previous year's deductible • Therapy cap information • Date next eligible for the Medicare-covered preventive services • Medicare Advantage (MA) plan enrollment • Determining primary payer (MSP) and view applicable ICD-10 codes • Details on home health episodes • Hospice benefit periods • Hospital and skilled nursing facility stays • Qualified Medicare Beneficiary (QMB) status

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Self-Service Technology

Tab	Function
FINANCIAL TOOLS	Inquire about claims approved-to-pay and the last three checks issued
MESSAGES	Read secure messages and alerts regarding system access and functions performed in the portal
FORMS	Submit certain forms directly to CGS • Submit Redeterminations and Reopenings • Requests for eOffset (immediate offset) • Respond to Medical Review requests for documentation (ADRs) • Submit General Inquiries • Attach documentation to your requests!
ADMIN	Used by Provider Administrator to grant access to other users and unlock user accounts

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Self-Service Technology

myCGS

Function	Details
MBI Look-Up Tool	Use myCGS to obtain the patient's Medicare Beneficiary Identifier (MBI)
MR Dashboard	All of your MR ADRs on one page. Also respond to pending ADRs and a number of other functions?
myCGS System Requirements	Following our system requirements will ensure you get the BEST out of myCGS!
Log-In and Password Tips	Must log in once every 30 days!
Multiple Provider Administrators	Please be sure to have more than one provider admin in the office!

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Additional Self-Service Options!

Get IMMEDIATE help when you need it!
https://www.cgsmedicare.com/partb/tools/index.html

- Modifier Finder Tool
- Application Status Check
- CERT Claim Identifier Tool
- Fee Schedule Search Tools
- IVR and CTI Converter Tools
- Medicare Deductible/Coinsurance Look-Up Tool
- Medicare Secondary Payer (MSP) Tool
- MBI and Name-to-Number Converter

We have also enhanced our Website search feature!
https://cgsmedicare.com/partb/pubs/news/2019/01/cope10801.html

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Coming Soon: ACE Smart Edits!

CGS is excited to announce we will be implementing our new CGS Advanced Communication Engine (ACE) System Smart edits in September 2019!

- Available to all direct claim submitters as well as those who transmit claims via clearinghouses/billing services
- When implemented, ACE smart edits will appear on the claim rejection reports (277CA)
- ACE returns pre-adjudicated claims information through claim acknowledgement transaction reports sent by your clearinghouse based on the Medicare 277CA
- Claims failing the pre-adjudication editing process are not forwarded to the claims adjudication system (MCS)
- You can modify claims before the MCS system receives them
- If you choose not to modify, you can resubmit claim in its original format and it will pass to the MCS claims adjudication system for processing

The ACE Smart Edits system is FREE! No download or new software required!

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Self-Service Technology: CGS URLs to Save!

Web Page	URL
CGS Website	http://www.cgsmedicare.com • Kentucky & Ohio Part B homepage • Part B Education & Events: Request CGS education
E-mail Inquiries	Online Help Center http://www.cgsmedicare.com/partb/cs/online_help.html
E-mail Notifications	http://www.cgsmedicare.com/medicare_dynamic/ls/001.asp

Self-Service Technology: Other URLs to Save!

Web Page	Details
Medscape	Complete education modules for CME/CE credit
CMS Medicare Home Page	http://www.cms.gov/Medicare/Medicare.html • SNF Consolidated Billing (SNF CB) • Physician Fee Schedule Look-Up Tool • Preventive Services • MLN Catalog of Products • Internet-Only Manuals (IOM) • Medicare Managed Care Manual: Pub. 100-16 • Evaluation and Management (E/M) Services Guidelines • Commonly used acronyms – an interactive tool

Questions?

Thanks for joining us!

