

Meeting the Challenge – A Provider/Medicare Endeavor

Disclaimer

- This program was designed for informational purposes only. The current Medicare regulations will always prevail. The provider alone is responsible for correct submission of claims. The official Medicare Program provisions change frequently and are contained in the relevant laws, regulations and rulings and can be found on the Centers for Medicare & Medicaid Services (CMS) website at www.cms.gov. Recording is not allowed; this includes audio, video, or photographic capture of educational material by any electronic or digital means, either original or copied/shared.

Agenda

- Information You Need to Know
- Claim Review
- Appeals
- Nuggets
- Questions

Medicare Policy

CMS Local Coverage Determination (LCD) Development Process

- Coverage addressed in Section 1862(a)(1)(A) of the Social Security Act
- Instructions found in CMS Publication 100-08, Chapter 13
 - Includes
 - LCD Advisory (Carrier Advisory Committee) Process
 - Comment Period (began 05/01/17 and ended 06/22/17) and Notice Period
 - Post draft LCD and final LCD on contractor portal/web site
 - Post final LCD on CMS' Medicare Coverage Database
 - Link to comments provided in LCD

WPS GHA Final/Active LCDs

- List of [LCDs and Coverage Articles](#) is available on the WPS GHA portal
 - Includes a new LCD Lookup feature
 - Type in LCD ID or CPT/HCPCS code and select Search
- LCDs available in their entirety on CMS website

- When selecting an LCD on the WPS GHA portal, a new window opens

Prohibition on MAC Coding Advice

- CMS Internet-Only Manual, (IOM), Publication 100-09, Medicare Administrative Contractor (MAC) Beneficiary and Provider Communications Manual, [Chapter 6](#), Section 30.1.1

Incident to (I-2) Services

- 5 CMS key criteria for payment
 - Service must be a professional service
 - Service must be performed in an office or clinic setting
 - Employment relationship must exist
 - Service rendered must be incidental
 - Supervision requirements exist
 - This information is found in CMS Internet-Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, [Chapter 15](#), Section 60
 - Helpful guidance is available in CMS Medicare Learning Network (MLN) Matters Number [SE0441](#) – “Incident to” Services

Direct Supervision

- Supervising providers must be present in the office suite to render assistance (if needed) during the entire duration of the service
 - “speaking loudly distance”
 - “holler down the hall”

I-2 Supervision

- Members of the same group in an office/clinic setting may provide the requisite supervision if the patient’s physician is not available
 - Per CMS Internet-Only Manual, Medicare Claims Processing Manual, Publication 100-04, [Chapter 26](#), Section 10.4, submit claim under actual supervising physician

More I-2

- A Non-Physician Practitioner (NPP) can bill for an incident to service rendered by a qualified provider (such as a Registered Nurse)
 - All incident to criteria must be met

- A NPP cannot bill for an incident to service that is rendered by another NPP
 - In this situation, the rendering/performing NPP must bill Medicare directly using his/her own provider numbers

I-2 Signature Requirements

- Co-signature of billing provider is not required; however, there must be evidence in the medical record that the billing provider remains actively involved in the care of the patient
 - Not a transfer of care
- Consider implementing best practices to enable efficient identification and documentation for the supervising provider

Provider Enrollment

- Numerous downloadable fact sheets, information regarding enrollment and the Provider Enrollment, Chain, and Ownership System (PECOS) and FAQs available on [CMS Medicare Provider-Supplier Enrollment](#) web page

Medical Record Authentication

- All services provided/ordered must be authenticated by the author
 - May be handwritten or electronic
 - Under certain circumstances, a rubber-stamped signature is acceptable
- CMS Fact Sheet - [Complying with Medicare Signature Requirements](#)
- CMS Medicare Learning Network (MLN) Matters Number [MM6698](#) - Signature Guidelines for Medical Review Purposes

Signature Log

- Lists typed, or printed name of author associated with initials or illegible signature
 - Can be included on actual page with the initials/illegible signature, or can be a separate document
 - Annual update is recommended
 - Medicare will accept a signature log regardless of when it was created

Attestation Statement

- Used in cases of illegible or missing provider signatures (excluding physician orders)
 - Must be signed and dated by the author of the medical record entry
 - Must contain sufficient information to identify the beneficiary

- This information is found in CMS Internet-Only Manual (IOM), Publication 100-08, Medicare Program Integrity Manual, [Chapter 3](#), Section 3.3.2.4

Amendments, Corrections and Delayed Entries in Medical Documentation

- Regardless of whether a documentation submission originates from a paper record or an electronic health record, documents submitted to Medicare Administrative Contractors (MACs, Comprehensive Error Rate Testing (CERT) Contractor, Recovery Auditors, Supplemental Medical Review Contractor (SMRC) and Unified Program Integrity Contractors (UPIC) containing amendments, corrections or addenda must
 - Clearly and permanently identify any amendment, correction or delayed entry as such, **and**
 - Clearly indicate the date and author of any amendment, correction or delayed entry, **and**
 - Clearly identify all original content, without deletion
 - This information is found in CMS Internet-Only Manual (IOM), Publication 100-08, Medicare Program Integrity Manual, [Chapter 3](#), Section 3.3.2.5

Submitting Documentation

- May be submitted on a pre-payment or post payment basis
- Must be
 - Legible
 - Complete
 - Timely, when requested

PWK (Paperwork) Process

- Allows voluntary submission of supporting documentation for a version 5010 electronic claim
 - This occurs when the claim is processed
- [PWK Segment to Report Additional Documentation](#)
 - Includes Electronic claim requirements and additional documentation information

Clerical Error Reopening (CER)

- Process to make a minor change or correction to a previously processed claim
- May be submitted via
 - Telephone (866) 518-3285
 - Fax (Iowa) (608) 223-7541
 - Instructions/Form on WPS GHA Portal

- WPS GHA Portal (Transactional Side)
 - Instructions in WPS GHA Portal [User Manual](#)
- Email
 - ElectronicReopenings@wpsic.com

How to Request a CER

- [How to Request a Clerical Error Reopening](#)
 - Includes
 - What can/cannot be performed as a CERT
 - How to submit a CERT
 - Link to form for written requests for CER

Duplicate Appeal Requests

- Occurs when more than one request is received
 - For the same provider
 - Same patient
 - Same date of service
 - Same issue

Appeal Decision Timeframe

- WPS GHA has up to 60 days to render a decision for an appeal request
 - An additional appeal request should not be sent within the 60-day period

Reasons for Appeal Dismissal

- Confusion over steps of the appeals process
 - [Appeals Guides and Resources](#)
- Missing information
- No signature
- Not filed timely

Tip to Avoid Dismissal Decisions

- Review the Medicare Redetermination Notice (MRN) carefully
 - MRN should specifically reference the following
 - The date of the original decision

- State a clear decision
- Advise of appeal rights

Claim Review

Targeted Probe and Educate

- Shifts focus on specific providers/suppliers that bill a particular item or service rather than all providers/suppliers billing a particular item or service
 - Review to include items/services identified as high risk
 - Review performed on prepayment basis
 - Many edits turned off
 - Still applicable
 - Automated edits (LCD edits, NCCI edits, pricing edits)
 - Fraud and Abuse Prevention System edits
 - High dollar edits
- Process
 - Request documentation
 - Review claims
 - Provide one on one education based on results
 - Lower error rate
 - No further action
 - High error rate
 - Education
 - Further reviews
 - Possible referral to other review entity or CMS
- WPS GHA announces TPEs authorized by CMS in Claim Review News and Updates
 - Includes documentation guidelines for a successful review of the identified code(s)
 - Includes links to related resources
- WPS GHA publishes Documentation Checklists to be successful during the review of the identified code(s) in Claim Review Guides and Resources
- Looking for more information?
 - [CMS TPE Web Page](#)
 - [TPE Process](#) flowchart
 - [CMS TPE Questions and Answers](#)

- WPS GHA [Claim Review News and Updates](#)
- WPS GHA [Claim Review Guides and Resources](#)

Responding to Medical Review Additional Documentation Requests (ADR)

- CMS requires submission within 45 days
 - WPS GHA [Claim Review Guides and Resources](#) includes a link to a Medical Review Calculator
- Steps to take when ADR is received
 - Collect all requested documentation
 - Verify all documentation requested is included in your documentation
 - Attach the ADR letter to the documentation being returned.
 - If not available, attach a provider generated letter/form which includes additional identifying information
- Five options for submitting
 - WPS GHA Portal
 - Hardcopy
 - Fax
 - CD
 - Electronic Submission of Medical Documentation (esMD)
 - [Responding to a Medical Review Additional Documentation Request \(ADR\)](#)
 - Includes details on the five ways to respond to ADRs
 - WPS GHA Portal [User Manual](#)
 - Select WPS Portal User Manual link at bottom of any WPS GHA portal page

Comprehensive Error Rate Testing (CERT)

- Review implemented to calculate the national paid claims error rate and dollars associated with those improper payments
- CMS publishes the Fee-For Service Improper Payments Report
- Error categories
 - Insufficient documentation
 - No response
 - Services incorreced coded
 - Medically unnecessary services
 - Other

- CERT Information is available
 - CMS [CERT](#) Web Page (includes link to CERT Reports)
 - CMS Booklet - [Medicare Claim Review Programs](#)
 - WPS GHA [CERT](#) resource on WPS GHA portal

Nuggets

New Medicare Card

- Medicare Access & CHIP Reauthorization Act of 2015 mandates rules for social security number removal from Medicare card
 - Unique and redesigned card will be sent to all beneficiaries
 - Medicare Beneficiary Identifier (MBI) replaces the Health Insurance Claim Number, which contains the Social Security Number of primary beneficiary
- Transition period starts 04/01/18 and runs through 12/31/19
- CMS will begin mailing new cards in waves, beginning 04/01/18
 - Waves 1 and 2 will be mailed April 2018 – June 2018; Kansas is Wave 3; Missouri is Wave 7, with waves 3 through 7 After June 2018
- By 04/01/18, providers should
 - Start asking patients if they have received new card with an MBI
 - Identify Railroad Retirement Board (RRB) patients
 - RRB logo in the upper left corner and “Railroad Retirement Board” at the bottom of new card, but you can’t tell from looking at the MBI
 - Be ready to accept the new MBI from the remittance advice (835) transaction
- During transition period, if you use your FFS Medicare patient’s HICN to check eligibility status through the HIPAA Eligibility Transaction System (HETS), CMS will return a message on the response that will say “CMS mailed a new Medicare Beneficiary Identifier (MBI) to this beneficiary. Medicare providers, please get the new MBI from your patient and save it in your system(s).”
- Starting in June 2018, you can use the secure portal to look up MBIs. You will need patient first name, last name, date of birth and SSN.
- Starting October 2018 through the end of transition period, when you submit a claim using patient’s valid and active HICN, CMS will return both the HICN and the MBI (if assigned) on every remittance advice (RA).
- CMS New Medicare Card Information
 - CMS [New Medicare Card](#) Web Page

- CMS Fact Sheet - [Transition to New Medicare Numbers and Cards](#)

Multi-Factor Authentication

- CMS process requirement when logging into a Medicare Administrative Contractor (MAC) secure portal to access protected information
 - A unique temporary passcode is received through email, by phone, or by mobile app
- Temporary passcode is available for 8 hours, instead of 4 hours
- Resource
- WPS GHA portal resource [Multi-Factor Authentication \(MFA\)](#)

WPS GHA [Learning Center](#) (WPS GHA LC)

- Create and Manage WPS GHA LC User Profile
 - User ID must be unique email address
 - Create password
- Access Live Events
 - Register
 - Access course material
 - Successful completion of course(s) may provide Certificate of Achievement for provision to accrediting body for awarding of Continuing Education Units (CEUs)
- Access On-Demand Courses
 - Access course material
 - Successful completion of course(s) may provide Certificate of Achievement for provision to accrediting body for awarding of Continuing Education Units (CEUs)
- Achievements are Archived
- WPS GHA eNews announces availability/addition of course(s)
- Content may change due to various reasons

WPS GHA [Portal](#) – What's New?

- Public side
 - Code look up tool
- Transactional side
 - 24-hour access to claims denial look up tool
 - Provides narrative of denial codes

- New format requires less scrolling
- Scripts advise providers how to act on denials
- Allows access to related claims, LCDs and eligibility
- WPS GHA Portal [User Manual](#)
 - Choose the link at the bottom of each portal page to access the WPS GHA Portal User Manual
 - Step by step guide to use of transactional side of portal

WPS GHA Website Satisfaction Survey

- Please periodically complete the ForeSee Customer Satisfaction Survey when the opportunity presents itself

Questions?

- For a period of 10 days following this event, you may send presentation-related questions to imgma@imgma.org
 - Claim specific questions must be referred to WPS GHA Customer Service

Thank you - You've been a great audience!

Resources

Topic	Resources
CMS Website	https://www.cms.gov/
WPS GHA Portal	https://www.wpsgha.com/wps/portal/mac/site/home/personalized/
CMS Internet-Only Manuals (IOM)	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html
CMS MLN Matters Articles	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html

Hyperlink Table

Embedded Hyperlink	Complete URL
LCDs and Coverage Articles	https://www.wpsgha.com/wps/portal/mac/site/policies/guides-and-resources/guides-and-resources/

Chapter 6 (Prohibition on MAC Coding Advice)	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/com109c06.pdf
Chapter 15 (Incident To)	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
SE0441	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0441.pdf
Chapter 26 (Claim Submission for Incident To When Person Who Ordered the Service is Not Supervising)	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf
CMS Medicare Provider-Supplier Enrollment	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html?redirect=/MedicareProviderSupEnroll/
Complying with Medicare Signature Requirements	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Signature_Requirements_Fact_Sheet_IC_N905364.pdf
MM6698	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm6698.pdf
Chapter 3 (Signature Attestation Statement)	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c03.pdf
Chapter 3 (Amendments, Corrections and Delayed Entries in Medical Documentation)	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf
PWK Segment to Report Additional Documentation	https://www.wpsgha.com/wps/portal/mac/site/claims/guides-and-resources/pwk-x12n-5010/
How to Request a Clerical Error Reopening	https://www.wpsgha.com/wps/portal/mac/site/claims/guides-and-resources/b_reopening/
Appeals Guides and Resources	https://www.wpsgha.com/wps/portal/mac/site/appeals/guides-and-resources/guides-and-resources/
CMS TPE Program Web Page	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Targeted-Probe-and-EducateTPE.html
TPE Process	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/TPE-Pilot-Flow-chart06-20-17v9-final.pdf

CMS TPE Questions and Answers	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/TPE-QA.pdf
Claim Review News and Updates	https://www.wpsgha.com/wps/portal/mac/site/eligibility/news-and-updates/
Claim Review Guides and Resources	https://www.wpsgha.com/wps/portal/mac/site/eligibility/guides-and-resources/

Responding to a Medical Review Additional Documentation Request (ADR)	https://www.wpsgha.com/wps/portal/mac/site/eligibility/guides-and-resources/respond-mr-adr/
(WPS GHA Portal) User Manual	https://www.wpsgha.com/wps/wcm/connect/mac/9916b093-2279-4d42-955b-27e44f269c72/transactional-portal-user-manual.pdf?
CERT (CMS)	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/
Medicare Claim Review Programs	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MCRP_Booklet.pdf
CERT (WPS GHA)	https://www.wpsgha.com/wps/portal/mac/site/eligibility/guides-and-resources/comprehensive-error-rate-testing-cert/
New Medicare Card	https://www.cms.gov/medicare/new-medicare-card/nmc-home.html
Transition to New Medicare Numbers and Cards	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf
Multi-Factor Authentication (MFA)	https://www.wpsgha.com/wps/portal/mac/site/claims/guides-and-resources/multi-factor-authentication-mfa/
Learning Center	https://wpsgha.litmos.com/account/login/
Portal	https://www.wpsgha.com/wps/portal/mac/site/home/