Disclaimer

This resource is not a legal document. This presentation was prepared as a tool to assist our providers.

This presentation was current at the time it was created. Although every reasonable effort has been made to assure accurate information, responsibility for correct Claims submission lies with the provider of services.

Reproduction of this material for profit is prohibited.
What is Medicare?

› Health insurance for people
  - 65 and older
  - Under 65 with certain disabilities
  - Any age with End Stage Renal Disease (ESRD)

› Enrollment is handled by
  - Social Security Administration for most
  - Railroad Retirement Board (RRB)
    › Railroad retirees

Who is CMS?

› Centers for Medicare and Medicaid Services
  - Administers the Medicare program
  - Establishes policy for the reimbursement of services
  - Assesses the quality of health care facilities and services

› Central and regional offices
Other Organizations
› Comprehensive Error Rate Testing (CERT)
› Benefits Coordination & Recovery Center (BCRC)
› Recovery Auditor (RA)
› Social Security Administration (SSA)
› Zone Program Integrity Contractor (ZPIC)

How Can I Identify the Medicare Beneficiary

› Beneficiary’s Name
› Health Insurance Claim Number
› Sex
› Entitlement
› Effective Dates

*For lost or stolen cards contact Social Security at 1-800-772-1213
Medicare Cards
› Law passed in 2015 to remove social security numbers from Medicare cards

› Beneficiaries do not need to do anything

› Starting in 2018, beneficiaries will receive information letting them know about the new cards

› Card will contain a randomly-generated Medicare number

Enrolling in Medicare
› Initial Enrollment Period Package
  – Mailed 3 months before
    › Age 65, or
    › 25th month of disability benefits
  – Will include the Medicare card

› Keep Medicare card to accept Part A and Part B

› Return Medicare card to refuse Part B
  – Instructions are on back of card
What are the Four Parts of Medicare?

Part A
Hospital Insurance

Part B
Medical Insurance

Part C
Medicare Advantage Plans

Part D
Prescription Drug Coverage

Part A Deductible and Coinsurance

› Medicare Part A Deductible
  - $1,288.00

› Coinsurance
  - $322.00 per day for 61st - 90th day

› Lifetime Reserve Days
  - $644.00 per day for 91st – 150th day

› Skilled Nursing Facility Coinsurance
  - $161.00 per day for 21st – 100th day
What Services are Covered Under Part A?

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Hospital Stays</strong></td>
<td>Semi-private room, meals, general nursing and other hospital services and supplies. This includes care in critical access hospitals and inpatient rehabilitation facilities. Inpatient mental health care in psychiatric hospital. Generally covers all drugs provided during inpatient stay.</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility Care</strong></td>
<td>Semi-private room, meals, skilled nursing and rehab services, and other services and supplies.</td>
</tr>
<tr>
<td><strong>Home Health Care Services</strong></td>
<td>Includes part-time or intermittent skilled care, and physical therapy, speech-language pathology, a continuing need for occupational therapy, some home health aide services, medical social services and medical supplies.</td>
</tr>
<tr>
<td><strong>Hospice Care</strong></td>
<td>For terminally ill. Includes drugs, medical care, support services from a Medicare-approved hospice.</td>
</tr>
<tr>
<td><strong>Blood</strong></td>
<td>In most cases, if blood is needed as an inpatient the beneficiary is not responsible for paying for it or to replace it.</td>
</tr>
</tbody>
</table>

Skilled Nursing Facility Care

- Must meet all coverage criteria
  - Require daily skilled services
    - Not just long-term or custodial care
  - 3-day inpatient hospital stay or longer
  - Admitted to SNF within specific timeframe
    - Generally 30 days after leaving hospital
  - SNF care must be for a hospital-treated condition
    - Or condition that arose while receiving care in the SNF for hospital-treated condition
  - Must be a Medicare-participating SNF
Blood (Inpatient)

› If hospital gets blood free from blood bank
   – Beneficiary does not have to pay for it or replace it

› If hospital has to buy blood for beneficiary
   – Beneficiary pays for first 3 units per calendar year, or
   – Beneficiary or someone else donates to replace blood

What is a Benefit Period?

› Measures use of inpatient hospital and skilled nursing facility (SNF) services

› Begins the 1st day inpatient care received
   – In hospital or skilled nursing facility

› Ends when not in hospital/SNF 60 days in a row

› No limit to number of benefit periods
What Services are Covered Under Part B?

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor’s Services</td>
<td>Services that are medically necessary (includes outpatient and some doctor services received as a hospital outpatient) or covered preventive services. Except for certain preventive services, beneficiary pays 20% of the Medicare-approved amount (if the doctor accepts assignment), and the Part B deductible applies.</td>
</tr>
<tr>
<td>Outpatient Medical and Surgical Services and Supplies</td>
<td>For approved procedures (like X-rays, a cast, or stitches). Beneficiary pays the doctor 20% of the Medicare-approved amount for the doctor’s services if the doctor accepts assignment. Beneficiary also pays the hospital a copayment for each service. The Part B deductible applies.</td>
</tr>
</tbody>
</table>

Part B Deductible

› For Traditional Medicare
  - Annual deductible for 2016 is $166
  - 20% Coinsurance

› Therapy Caps
  - $1,960.00
    › Physical Therapy and Speech Therapy Combined
  - $1,960.00
    › Occupational Therapy

› MLN Matters ® Number: MM9448
Part B Preventive Services

› “Welcome to Medicare” visit
› Annual “Wellness” visit
› Abdominal aortic aneurysm screening*
› Alcohol misuse screening & counseling
› Behavioral therapy for cardiovascular disease
› Bone Mass Measurement
› Cardiovascular disease screenings
› Colorectal cancer screenings
› Depression screenings
› Diabetes screenings
› Diabetes self-management training
› Flu Shots
› Glaucoma tests
› Hepatitis B shots
› HIV screening
› Mammograms (screening)
› Nutrition therapy services
› Obesity screening and counseling
› Pap test/pelvic exam/clinical breast exam
› Pneumococcal pneumonia shot
› Prostate cancer screening
› Sexually transmitted infection screening (STIs) and high-intensity behavioral counseling
› Smoking cessation

*When referred during “Welcome to Medicare” physical exam

Rural Health Clinics (RHC)

› Payments made on basis of all-inclusive rate per covered visit
  – Face to face encounter

› RHC services are covered when furnished to a patient at the clinic or center, the patient’s place of residence, or elsewhere

› Subject to deductible and coinsurance

› RHC upper payment limit for 2016:
  – Increased from $80.44 to $81.32
Medicare Advantage Plans (Part C)
› Health plan options approved by Medicare
› Also referred to as Medicare Part C
› Run by private companies
› Another way to get Medicare coverage
› May have to use network doctors or hospitals

What is Part D?
› Medicare Prescription Drug Coverage
› Prescription drug plans approved by Medicare
› Run by private companies
› Must be enrolled in a plan to get coverage
› Two sources of coverage
  – Medicare Prescription Drug Plans (PDPs)
  – Medicare Advantage Plans with Rx coverage (MA-PDs)
    › And other Medicare health plans with Rx coverage
Medicare Provider Enrollment

Provider Enrollment

› New Part A providers required to submit the CMS-855A

› Collects information about your organization

› Information used to ensure organization is qualified and eligible for enrollment

› Application fee is $554.00

› Application processed by Contractor

Provider Enrollment Tips

› Obtain National Provider Identifier (NPI) prior to enrolling
› Use Internet-based PECOS to enroll
› Use current version of enrollment application
› Submit a **complete** application
› Submit EFT with enrollment application
› Submit **all** supporting documentation
› Sign and date the application prior to submitting to Cahaba

PECOS

› Medicare **Provider Enrollment Chain and Ownership System** (PECOS)

› Can be used in lieu of the CMS-855A enrollment application to:
  - Submit initial application
  - View or change enrollment information
  - Revalidation
  - Track application
  - Withdraw from Medicare program

https://pecos.cms.hhs.gov/pecos/login.do
Electronic Funds Transfer (EFT)

› CMS-588 Form
› Required for new enrollees
› Required for revalidations
› Required if making changes to existing enrollment information
› Must be accompanied by voided check


Claims
Claim Status Tools

› Interactive Voice Response (IVR)
  – Available 24 hours a day, 7 days per week
  – 1-877-567-7271

› Fiscal Intermediary Standard System (FISS) via Direct Data Entry (DDE)

› InSite
  – Check claim status,
  – Verify eligibility and entitlement information
  – View demographic information
  – Audit and reimbursement document submission
  – Redetermination and Reopening

Resource Center for New Providers

Resource Center for New Providers

Cahaba is the Medicare Administrative Contractor (MAC) for the states of Alabama, Georgia, and Tennessee. If you are new to the Medicare program, or to billing claims to Cahaba, this page contains basic information and resources to get you started. Please share this information with your staff as appropriate.

Part A providers should become familiar with all of the resources listed on this page as a means to research issues and verify the answers to their Medicare questions prior to calling the Provider Contact Center for assistance. As a provider of Medicare services, you are held accountable for understanding information you receive from the Centers of Medicare and Medicaid Services (CMS) and Cahaba. Our Provider Contact Center is available to assist with questions regarding the Medicare program. The following toll-free telephone numbers are dedicated for provider inquiries.

Let’s Get Started:

We recommend that you follow the six steps outlined below and be sure to click on links to view related material:

1. Fill out the CMS 855 Provider Enrollment Application and receive a letter from Cahaba welcoming you as a Medicare certified provider. Please proceed with the steps detailed below. If not, please review our website for the application process to become a Medicare-certified provider.

Step 1: Enroll in the Cahaba and CMS License
Contacting Cahaba GBA

Provider Contact Center

- Level 1: CSRs
  - Provider cannot find resolution
- Level 2: CSRs
  - Initial Inquiries
- Level 3: PRRS
  - More advanced or complex inquiries
- Complex inquiries requiring research

Self-Service IVR
IVR Information Available
› Claim Status
› Patient Eligibility
› Electronic Remittance Advice
› Enrollment Information
› Hours of Operation

Toll-Free IVR Phone Number
› You may access our IVR by calling the toll free number for AL, GA and TN

<table>
<thead>
<tr>
<th>Providers</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL, GA, TN</td>
<td>1-877-567-7271</td>
</tr>
<tr>
<td>*TDD</td>
<td>1-877-467-7516</td>
</tr>
</tbody>
</table>

*TDD is a telecommunications device for the hearing impaired
Medicare Updates

Electronic Claim Submitters

› Cahaba is upgrading our EDI gateway

› This upgrade will provide a more secure environment for submitting electronic claims or retrieving electronic remittances and acknowledgements

› Contact your Network Service Vendor (NSV) for questions regarding their plan to transition to the new EDI gateway

› Contact the EDI Help Desk at (866) 582-3253 for questions or concerns
Direct Data Entry Recertification

› Also referred to as DDE
› Allows providers to key claims into on-line form and submit electronically to Medicare
   - Used to enter, correct, adjust and cancel claims
› Annual recertification required for all DDE users
› Failure to complete recertification by February 28, 2016 could result in loss of access
› Form available at:

Resources
Calendar of Events

Email Notification Service

› Cahaba GBA
   – Subscribe here:
     › [http://www.cahabagba.com/e-mail-notification-service-subscription-form/](http://www.cahabagba.com/e-mail-notification-service-subscription-form/)

› CMS Mailing List
   – Subscribe here:
     › [https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/EmailUpdates.html](https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/EmailUpdates.html)
Resources

› Cahaba Government Benefit Administrators
  www.cahabagba.com

› Cahaba IVR Instructions

› Centers for Medicare and Medicaid Services (CMS)
  www.cms.gov

Thank You!

Please complete the electronic assessments below:

Post Test: http://listmgr.cahabagba.com/subscribe/survey?f=1732&x=2ae14e17c

Evaluation: http://listmgr.cahabagba.com/subscribe/survey?f=1722&x=d83ce578