



CGS®

A CELERIAN GROUP COMPANY

# A Review of MLN SE18007: Recent & Upcoming Improvements in Hospice Billing & Claims Processing

Nykesha Scales, MBA

October 4, 2018



# GoToWebinar Helpful Hints

- Select “Phone” on “Audio” Pane to call in
  - **All attendees are muted**
- You may ask questions using the GoToWebinar “**Question**” Pane
- Handout found within the “**Handout**” pane in the GoToWebinar Control Panel
- Recording will be made available following the webinar (when available)

# Disclaimer

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

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.

The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.

# SE 18007: Recent and Upcoming Improvements In Hospice Billing and Claims Processing

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE18007.pdf>



**Recent and Upcoming Improvements  
In Hospice Billing and Claims Processing**

MLN Matters Number: SE18007 <b>Revised</b>	Related Change Request (CR) Number: N/A
Article Release Date: August 20, 2018	Effective Date: N/A
Related CR Transmittal Number: N/A	Implementation Date: N/A

**Note: This article was revised on August 20, 2018, to amend the process for removing a revocation date that was submitted in error. Other minor clarifications were made.**

**PROVIDER TYPE AFFECTED**

This MLN Matters Article is intended for hospices billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

**PROVIDER ACTION NEEDED**

Hospice billing staff should review this article to understand the recent and upcoming Medicare improvements to hospice billing and claims processing.

## SE 18007: Recent Improvements

- Submitting Notices of Election via Electronic Data Interchange (EDI)

Effective January 1, 2018, Medicare began to accept NOE and related transaction data using a non-standard implementation of the 837I claim transaction.

Companion guide for NOE transmissions available in the 'Downloads' section on the CMS Hospice Services website at, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/index.html>.

## SE 18007: Recent Improvements

- Correcting Election or Revocation Dates using Occurrence Code 56

Change Request (CR) 10064 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3866CP.pdf>)

Previously, if error was made in the election date on an NOE (TOB 8xA), hospice had to cancel the incorrect election (using TOB 8xD) and then submit a replacement NOE.

Corrected the election date in Medicare systems, but original NOE receipt date was lost. When replacement NOE was processed, often appeared it was submitted after the 5 day timely filing period. Resulted in the need to request an exception to the NOE timely filing requirement. This was an administrative burden.

# Correcting Election Dates Using Occurrence Code 56

Now, to correct an election date, the hospice can simply submit another TOB 8xA, using the correct election date as the From, Admission dates and Occurrence Code 27 dates.

**\*\*The hospice must also submit the original, incorrect election date on the 8xA using occurrence code 56.**

Medicare systems use this date to find the election record to be corrected, then replaces that election date with the corrected information.

# Correcting Election Dates Using Occurrence Code 56

The hospice must also indicate the NOE is a correction by adding condition code D0 (zero).

**\*\*If occurrence code 56 and condition code D0 are not both present, the NOE will be returned to the hospice.**



# In the example below, an incorrect election date of 1/1 is corrected to 1/7...

```

MAP1711  PAGE 01          JM MAC SC/HHH UAT #11001          ACMFA891 05/18/18
                SC          INST CLAIM ENTRY          C201823P 09:17:43
HIC xxxxxxxxxx  TOB 81A  S/LOC S B0100  OSCAR          SV:  UB-FORM
NPI 1xxxxxxxxx0 TRANS HOSP PROV          PROCESS NEW HIC
PAT.CNTL#:          TAX#/SUB:          TAXO.CD:
STMT DATES FROM 0107xx TO 0107xx  DAYS COV          N-C          CO          LTR
LAST xxx          FIRST xxx          MI          DOB xxxxxxxx
ADDR 1 xxx          2 xxx
3          4          CARR:
5          6          LOC:
ZIP xxxxxxxxxx SEX x MS  ADMIT DATE 0107xx HR          TYPE          SRC          D HM          STAT
COND CODES 01 00 02 03 04 05 06          07          08          09          10
OCC CDS/DATE 01 27 0107xx 02 56 0101xx 03          04          05
                06          07          08          09          10
SPAN CODES/DATES 01          02          03
04          05          06          07
08          09          10          FAC.ZIP
DCN
VALUE CODES = AMOUNTS = ANS I MSP APP IND
01          02          03
04          05          06
07          08          09

PLEASE ENTER DATA
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-NEXT
    
```

# Correcting Revocation Dates Using Occurrence Code 56

Hospice providers may use a similar process to correct a revocation date, if wrong date was submitted on a Notice of Termination/Revocation (NOTR) using TOB 8xB.

Simply submit another TOB 8xB, using the correct revocation date as the Through date.

**\*\*Must also submit the original, incorrect revocation date on the 8xB using occurrence code 56.**

# In the example below, the original revocation date of 3/28 is corrected to 3/31...

```

MAP1711  PAGE 01          JM MAC SC/HHH UAT #11001          ACMFA891 05/18/18
                               SC          INST CLAIM ENTRY          C201823P 09:28:24
HIC xxxxxxxxxxxx  TOB 81B  S/LOC S B0100 OSCAR          SV:  UB-FORM
NPI 1xxxxxxxxx0  TRANS HOSP PROV          PROCESS NEW HIC
PAT.CNTL#:          TAX#/SUB:          TAXO.CD:
STMT DATES FROM 0107xx  TO 0331xx  DAYS COV          N-C          CO          LTR
LAST xxx          FIRST xxx          MI          DOB xxxxxxxx
ADDR 1 xxx          2 xxx
3          4          CARR:
5          6          LOC:
ZIP xxxxxxxx  SEX x MS  ADMIT DATE 0107xx  HR          TYPE          SRC          D HM          STAT
COND CODES 01 00 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01 56 0328xx 02          03          04          05
          06          07          08          09          10
SPAN CODES/DATES 01          02          03
04          05          06          07
08          09          10          FAC.ZIP
DCN
VALUE CODES - AMOUNTS - ANS I MSP APP IND
01          02          03
04          05          06
07          08          09
PLEASE ENTER DATA
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-NEXT
    
```

# Revocation Date Submitted in Error??

For instance, the beneficiary actually transferred to another hospice, rather than revoking their hospice benefit, the hospice can remove the revocation date in one of two ways.

1. If the revocation date was originally submitted on a discharge claim, the hospice can submit an adjustment to the discharge claim changing the patient status code to 50 or 51.
2. If the revocation date was originally submitted on a NOTR (TOB 8xB), the hospice will need to cancel any claims processed in the benefit period, remove the election period with TOB 8xD to remove the revocation date, and resubmit corrected information.

Original issuance of this article recommended submitting TOB 8xB with zeroes in the Through date. Further testing has shown that this process is not working. Medicare will implement this process in a future CR.

**\*\*These correction processes only apply to election or revocation dates on and after January 1, 2018.**

# JULY 2018 IMPROVEMENTS

Over the past 2 years, Medicare has been planning, developing and testing a redesign of the way hospice elections are displayed in claims processing systems.

Redesign ensures hospice election and revocation date information are separate from benefit period information, so the two types of information can be changed independently.

# JULY 2018 IMPROVEMENTS

New hospice election period added to the Common Working File (CWF) system to carry election-related information. Existing hospice benefit period screens will continue to look the same, but election-related fields on those screens (revocation indicators, NOE receipt dates) will no longer be used.

MACs will convert all existing hospice benefit periods into the new election period and benefit period format if the revocation date on the benefit period is blank (current elections) or is 4 years old or less. Older benefit periods will remain in Medicare systems unchanged. All new hospice elections received on or after July 2, 2018 will create periods in the new formats.

Redesign of CWF hospice information benefits:

- Reduce NOE timely filing exception requests for providers, by ensuring benefit periods can be cancelled without removing the NOE receipt date.
- Allow NOTRs to be submitted at any time, rather than only when a benefit period covering the revocation date has been created by claims.
- Reduce workload for providers when reprocessing periods by automatically removing benefit periods when all claims in the period are cancelled.
- Enable easier implementation of future policy changes by ensuring data in Medicare systems reflect hospice coverage requirements more clearly.

# New Election Period File & Screen

As of July 2, 2018, when a hospice submits an NOE (TOB 8xA), Medicare systems will create an election period in Medicare systems that is separate from any benefit periods.

```

ELGA                CWF  PART A  ELIGIBILITY SYSTEM                ELGACRO

MM/DD/CCYY  HH:MM:SS                HOSPICE ELECTION PERIOD                PAGE 17 OF XX

IP-REC  CN  XXXXXXXXXXXX  NM  XXXXXX  IT  X  DB  MMDDCCYY  SX  X  INT  XXXXX

HOSPICE

ELECTION                PERIOD  X                PERIOD  X                PERIOD  X                PERIOD  X

ELECT DATE                MMDDCCYY                MMDDCCYY                MMDDCCYY                MMDDCCYY
RECIPT DATE                MMDDCCYY                MMDDCCYY                MMDDCCYY                MMDDCCYY
REVOC DATE                MMDDCCYY                MMDDCCYY                MMDDCCYY                MMDDCCYY
REVOC IND                9                9                9                9
PROVIDER                XXXXXX                XXXXXX                XXXXXX                XXXXXX
NPI                XXXXXXXXXXXX                XXXXXXXXXXXX                XXXXXXXXXXXX                XXXXXXXXXXXX
    
```

# Election Screen

Hospice  
Notice

Election  
Screen

Beneficiary  
information  
Provider information  
Election date  
NOE receipt date  
Revocation date  
Revocation indicator



## Good to Know...

- NOE receipt date will be retained on the election period permanently.
- If a benefit period is cancelled, this will no longer remove the NOE receipt date from Medicare systems.
- If the election date is changed using the occurrence code 56/condition code D0 process, the NOE receipt date will not change.
- These improvements will reduce the number of NOE timely filing exceptions related to limitations in Medicare systems.

## Benefit Periods

Unlike the past process, the 8xA will not create a hospice benefit period. Benefit periods will be created by submitting claims.

The CWF inquiry screen displaying benefit periods will look the same as it does today. Benefit period information will support claims processing functions only, while the election period carries only the beneficiary's election status.

## Benefit Periods

Hospice providers will no longer need to submit Void/Cancel Notices (TOB 8xD) in order to remove hospice benefit periods.

If a hospice needs to cancel all the claims in a benefit period, Medicare systems will remove the hospice benefit period only when all the claims are cancelled.

This will reduce the number of submissions required when reprocessing periods due to sequential billing issues or other circumstances.

Since the NOE receipt date will remain on the election period when the benefit period is removed, these scenarios will no longer require NOE timely filing exception requests if the claims in the period are resubmitted later.

# Making Changes to Election Period or Benefit Period Information

When a hospice submits an NOTR (TOB 8xB), Medicare systems will post a revocation date on the new CWF election period screen and change the revocation indicator to 1.

Similarly, if a revocation date is corrected using the 56/D0 process, the correct date will be displayed on the new CWF election period screen.

# Making Changes to Election Period or Benefit Period Information

The hospice can take either of these actions regardless of whether a benefit period has been created by claims. This will remove a current barrier to prompt submission of NOTRs that also delays posting of subsequent NOEs. Removing this barrier will further reduce the need for NOE timely filing exceptions.

# Making Changes to Election Period or Benefit Period Information

If the hospice files the discharge claim in lieu of the NOTR, the claims will also post the revocation date and revocation indicator on the new CWF election period screen, in addition to updating the TERM DATE of the benefit period to match the revocation date.

# Making Changes to Election Period or Benefit Period Information

When a hospice submits a Change of Provider/Transfer Notice (TOB 8xC) or a Change of Ownership Notice (TOB 8xE), this will make no changes to the new CWF election period screen.

These transactions notify Medicare of the provider number that is allowed to bill for the beneficiary's hospice services, so an 8xC will post the START DATE2 on the hospice benefit period or an 8xE will post an OWNER CHANGE start date on the benefit period as they do today.

# Benefit Period Screen

Claims

Benefit  
Periods

Start Date  
Term date  
Provider number  
Days used  
Start date 2  
Revocation indicator



# NOTR Submission Changes

## No change in the provider number

- Must submit the start date of the election period as the From date on the NOTR

## Following a change of provider (transfer)

- The From date on the NOTR must match the START DATE2 on the benefit period that initiated the transfer

## Following a change of ownership

- The From date on the NOTR must match the owner change start date on the benefit periods

**\*\*In all cases, the admission date on the NOTR must continue to match the From date**

# Void/Cancel Submissions

Use an 8XD to

- Remove an election period
- Remove a transfer that was submitted in error
- Remove a change of ownership that was submitted in error
- It does ***not*** remove an NOTR filed in error

# Void/Cancel Submissions

Hospices will need to be careful with the From date on the 8xD in order to remove the correct information.

## No change in the provider number

- Must submit the start date of the election period as the From date on the 8xD
- All claims during the election must be cancelled before an election period can be removed

## Transfer or change of ownership

- From date on the 8xD must match the corresponding transfer or change date to ensure those dates are removed correctly

# Processing Impacts

Claims will update the benefit period screens

- Must ensure the From and Admission dates match the election period start date
- Will ensure the first benefit period in the election is created correctly and subsequent claims will process
- Reason code U5181
  - If the From and Admission dates on the claim do not match the election period start date on the election screen (ELGA page 17)

CWF inquiry screen will continue to look the same

		Effects of Election Periods			Effects of Benefits Periods	
Transaction Type	Type of Bill	Creates Election Period	Changes Existing Election Period	Removes Election Period	Creates Benefit Period	Changes Existing Benefit Period
Notice of Election Period	8xA	Always	OC 56 only	Never	Never	Never
Notice of Termination/Revocation	8xB	Never	Always	Never	Never	Makes Term Date match revocation date
Transfer Notice	8xC	Never	Never	Never	Only when no claims have created periods for previous hospice	Always

		Effects of Election Periods			Effects of Benefits Periods	
Transaction Type	Type of Bill	Creates Election Period	Changes Existing Election Period	Removes Election Period	Creates Benefit Period	Changes Existing Benefit Period
Void/Cancel of Election	8xD	Never	Never	Always	Never	Never
Change of Ownership Notice	8xE	Never	Never	Never	Only when no claims have created periods for previous hospice	Always
Admit thru Discharge Claim	8x1	Never	Adds revocation date and rev ind., if not a transfer	Never	Always	Always
Admission Claim	8x2	Never	Never	Never	Always	Always
Continuing Claim	8x3	Never	Never	Never	If OC 27 is present and "Through" date spans end of current period	Always
Discharge Claim	8x4	Never	Adds revocation date and rev ind., If not a transfer	Never	If OC 27 is present and "Through" date spans end of current period	Always

# Resources & Reminders

# CGS HH&H Web Page

<http://www.cgsmedicare.com/hhh/index.html>

The screenshot shows the CGS HH&H web page. At the top, there is a navigation bar with links for Medicare Home, JB DME, JC DME, J15 Part A, J15 Part B, and J15 HHH. A callout box labeled "Navigation Menu" points to a vertical sidebar on the left containing various service categories such as myCGS Portal, Appeals/Redeterminations, Claims, CMS MLN Connects®, Customer Service, EDI, Education & Resources, Financial/Audit & Reimbursement, Forms, LCDs/Coverage, Medical Review, News & Publications, Provider Enrollment, and Self-Service Options. The main content area features a large banner for "COMING IN 2018" with the headline "New Medicare cards with new numbers. ARE YOU READY? #NewCardNewNumber" and a red button labeled ">>Learn More". Below this is another section titled "Instant access to the information you need." with a "Join the conversation." prompt and a ">>GO" button. Social media icons for Twitter and Facebook are also present. On the right side, there are two sections: "QUICK LINKS" and "MORE QUICK LINKS + | -". A callout box labeled "Click '+' for Quick Links" points to the plus sign icon in the "MORE QUICK LINKS" header. The "QUICK LINKS" section includes items like Claims Processing Issues Log, Contact Us, MSI Action Plan, Negative Pressure Wound Therapy (NPWT), News & Publications, Ordering/Referring Physician Checklist (PDF), Ordering & Referring File (EXT), Rates and Fee Schedules, and Steps in Using the CTI System. The "MORE QUICK LINKS" section includes items like CMS Educational Resources, Credit Balance Report, DDE User Password Resets, EDI System Status (EXT), FAQs, Fast Fact and CERT Compliance Info, HH&H Acronyms (PDF), HIPAA Eligibility Transaction System, ICD-10-CM/PCS, Provider ID Information, J15 EDI Enrollment Packet, Join the ListServ, LCDs, Mailing Addresses, Medicare Contractor Toll-Free Directory, and NPPES.



# CGS HH&H Web Page

<http://www.cgsmedicare.com/hhh/index.html>

ListServ Options

Search Function

The screenshot shows the CGS HH&H web page. At the top left is the CGS logo with the text "A CELERIAN GROUP COMPANY". To the right is the "Corporate" logo and navigation links: "myCGS Login | Contact Us | Join/Update ListServ". A search bar is located below these links. On the right side, a callout box labeled "ListServ Options" points to the "Join/Update ListServ" link. Below the search bar, a callout box labeled "Search Function" points to the search input field. In the top right corner, a callout box labeled "Hot Topics" points to a yellow box with a magnifying glass icon and the text "NEED HELP FINDING WHAT YOU NEED OR HAVE A QUESTION? (click here and ask us!)". Below the search bar, there is a navigation menu with links: "Medicare Home", "JB DME", "JC DME", "J15 Part A", "J15 Part B", and "J15 HHH". On the left side, there is a vertical menu with links: "myCGS Portal", "Appeals/Redeterminations", "Audit", "Claims", "CMS MLN Connects®", "Customer Service", "EDI", "Education & Resources", "Financial/Reimbursement", "Forms", "LCDs/Coverage", "Medical Review", "News & Publications", "Provider Enrollment", and "Self-Service Options". The main content area features a large blue banner with the text "COMING IN 2018 New Medicare cards with new numbers. ARE YOU READY? #NewCardNewNumber" and a red button labeled ">>Learn More". Below this banner, there is a section titled "myCGS New Feature Just Added!" with the heading "What can myCGS do for you?". This section lists several services: Beneficiary Eligibility information, Checking Claims Status, View and print Remittance Advices, Financial Information, Respond to Medical Review (MR) Additional Documentation Requests (ADRs), Submit and check the status of Redetermination Requests, Submit General Inquiries related to a number of topics, and Submit annual cost reports. To the right of this section is a section titled "Cycle 2 Provider Enrollment Revalidations" with the heading "The Centers for Medicare & Medicaid Services (CMS) has completed its initial round of revalidations and has begun Cycle 2. Find your revalidation due date by accessing the Medicare Revalidation Lookup Tool (RTL)". Below this section is a "Hot Topics" section with a list of items: "Computer Telephony Integration (CTI)", "Submitting Medicare Secondary Payer (MSP Claims and Adjustments)", "Provider Enrollment Revalidation", and "New Medicare Card Project". On the right side of the page, there is a "QUICK LINKS" section with a list of links: "Claims Processing Issues Log", "Contact Us", "MSI Action Plan", "Negative Pressure Wound Therapy (NPWT)", "News & Publications", "Ordering/Referring Physician Checklist (PDF)", "Ordering & Referring File (RT)", "Rates and Fee Schedules", and "Steps in Using the CTI System". Below this is a "MORE QUICK LINKS + | -" section and a "HOT TOPICS" section with a list of items: "Computer Telephony Integration (CTI)", "Submitting Medicare Secondary Payer (MSP Claims and Adjustments)", "Provider Enrollment Revalidation", and "New Medicare Card Project". At the bottom right, there is a blue box with the text "CLAIMS PROCESSING ISSUES LOG" and a magnifying glass icon.

Hot Topics

# CPIL: Claims Processing Issues Log

[https://www.cgsmedicare.com/hhh/claims/fiss\\_claims\\_processing\\_issues.html](https://www.cgsmedicare.com/hhh/claims/fiss_claims_processing_issues.html)



## Claims Processing Issues Log



Listed below are current system-related claims processing issues. Issues are shown by date reported with the most recently reported issue listed first. This log is updated frequently, as soon as information becomes available. CGS encourages you to review this log often and **prior to contacting the Provider Contact Center**. A list of resolved issues is also available at the end of this list. If you still have questions, please contact the **Provider Contact Center** or use one of our self-service tools.

Date Reported	Description of Issue
09.25.2018	Some claims are incorrectly going to the Return to Provider (RTP) file with reason code EA002 indicating the Health Insurance Claim Number (HICN)/ Medicare Beneficiary Identifier (MBI) is not valid.
09.11.2018	Some Medicare Secondary Payer (MSP) home health and hospice claims are being overpaid, as FISS is not subtracting the primary payer payment from the Medicare reimbursement.
08.16.2018	CGS has identified an ongoing issue with the two tier (high/low) payment rates for Routine Home Care services.
07.19.2018	System issues resulted in the recent redesigned hospice election/revocation improvements implemented with the July 2018 system release as explained in SE18007. See the Updates section below for details.
05.08.2018	Claims are being submitted with the new Medicare Beneficiary Identifier (MBI) and the Fiscal Intermediary Standard System (FISS) is attaching an invalid Health Insurance Claim Number (HICN) to the claim, causing the claim to go to the Return to Provider (RTP) file for various reasons.
03.29.2018	The Fiscal Intermediary Standard System (FISS) rejected Non-Group Health Plan (GHP) (No-Fault, Worker's Comp, and Liability) claims processed on or after October 3, 2016, incorrectly.
05.24.2018 – Closed	The Fiscal Intermediary Standard System (FISS) has identified an issue with some Medicare Secondary Payment (MSP) claims.
06.14.2018 – Closed	Providers are unable to correct claims and home health Requests for Anticipated Payments (RAPs) that are in the return to provider (RTP) file with reason code U6803. In addition, home health providers are unable to enter RAPs for beneficiaries that have an open MSP record.
06.05.2018 – Closed	Medicare Secondary Payer (MSP) home health final claims and LUPA claims are being overpaid. Claims received after April 2, 2018 and paid after April 27, 2018 are paying without consideration of the primary payment and OTAF amounts.

▲ Top

- HHH Resolved Issues



# CPIL: Claims Processing Issues Log

[https://www.cgsmedicare.com/hhh/claims/fiss\\_claims\\_processing\\_issues.html](https://www.cgsmedicare.com/hhh/claims/fiss_claims_processing_issues.html)

07.19.2018

System issues resulted in the recent redesigned hospice election/revocation improvements implemented with the July 2018 system release as explained in SE18007. See the Updates section below for details.

Status	Provider Type Impacted	Reason Codes	Claim Coding Impact	Date Resolved
Closed	Hospice	U5159 U5173 U514A U5162 U5181	Occurrence Code 27 and Type of Bill 8XC.	09/27/2018
<b>Updates</b>	<p><b>09.27.2018</b> – A resolution to claims with reason code U5159 and U5162 has been implemented.</p> <p><b>09.25.2018</b> – A resolution to claims with reason code U5173, U514A, and U5181 has been implemented.</p> <p><b>08.30.2018</b> – A fix to the issue with reason code U5181 will be included in the October 2018 system release.</p> <p>Reason code U5162 was added to this issue. The issue is being researched.</p> <p><b>08.16.2018</b> – No additional update at this time.</p> <p><b>08.09.2018</b> – Claims are being sent to the Return to Provider (RTP) file with reason code U5181 when the dates of service are within the current hospice benefit period at CWF.</p> <p>No additional updates at this time.</p> <p><b>08.01.2018</b> – No update at this time.</p> <p><b>07.19.2018</b> – These issues are currently being researched and additional information will be provided when it becomes available.</p> <ul style="list-style-type: none"> <li>• U5159 – FISS is not allowing the use of occurrence code 27 on hospice claims to create the new benefit period on the Common Working File (CWF). Affected claims are being suspended in status/location S M90HP.</li> <li>• U5173 – The occurrence code 27 is not creating a new benefit period. Affected claims are being suspended in status/location S M90HP.</li> <li>• U514A – Hospice claims with the type of bill 8XC receive reason code U514A inappropriately. Affected claims are being suspended in status/location S M90HP.</li> </ul>			
<b>MAC Action</b>	<p><b>09.27.2018</b> – CGS will move the claims with reason code U5159 and U5162 out of the suspended status/location S M90HP to continue processing.</p> <p><b>09.25.2018</b> – CGS will move the claims with reason code U5173 and U514A out of the suspended status/location S M90HP to continue processing.</p> <p><b>07.19.2018</b> – CMS is aware of these issues. CGS and system maintainers are currently researching these issues.</p>			
<b>Provider Action</b>	<p><b>09.25.2018</b> – If you have claims in the RTP file with reason code U5181, F9 the claim to continue processing.</p> <p><b>07.19.2018</b> – No action at this time</p>			
<b>Proposed Resolution</b>	<p><b>07.19.2018</b> – Additional information will be provided once research is completed.</p>			

# CGS HH&H Website: Claims

<http://www.cgsmedicare.com/hhh/claims/index.html>

Medicare Home JB DME JC DME J15 Part A J15 Part B J15 HHH

myCGS Portal

Appeals

**Claims**

- Additional Development Request (ADR) Overview
- Adjustments/Cancel
- Checking Eligibility
- Checking Claim Status
- Credit Balance Report (Form CMS-83)
- Education and Resources
- FAQs
- Fiscal Intermediary Standard System (FISS) Common Locations
- FISS Guide
- FISS Claims Processing Issues
- Home Health Claims Filing and Special Claims Filing Situations
- Hospice Claims Filing and Special Claims Filing Situations
- Hospice Dispute Request For Assistance
- ICD-10-CM/PCS
- Medicare Secondary Payer (MSP)
- Medicare Timely Filing Guidelines
- Rates & Fee Schedules
- Remittance Advice (RA) / Electronic Remittance Advice (ERA)
- Duplicate Remittance Advice Request Form
- Remittance Advice (RA) / Electronic Remittance Advice (ERA) Payment Summary Page and Forward Balance (FB)
- Resolving a Transfer Dispute
- Return to Provider (RTP)
- Submitting Paper Claims
- Top Claim Submission Errors (Reason Codes)

Home » Home Health & Hospice » Claims » Claims

Print | Bookmark | Email | Font Size: + | -

## Claims

CGS uses the Fiscal Intermediary Standard System (FISS) to process home health and hospice billing transactions (e.g., requests for anticipated payments (RAPs), notice of elections (NOEs), and final claims). The left side Claims menu provides access to a variety of resources related to adjustments, checking eligibility, timely claim filing requirements, claims processing, claim submission errors, common questions, and payment information. Educational materials and resources specific to home health and hospice billing are available with details about what is required on your billing transactions, including Medicare Secondary Payer (MSP) claims. CGS offers Quick Resource Tools to assist you in accurately and efficiently providing and billing Medicare covered services.

**Updated: 01.23.14**

**Claims:** ADRs, Checking Claim Status, FAQs, FISS, MSP, Timely Filing, RTPs, Claims Processing Issues

# Hospice Claims Filing Web Page

[https://www.cgsmedicare.com/hhh/education/materials/hospice\\_cf.html](https://www.cgsmedicare.com/hhh/education/materials/hospice_cf.html)

## Hospice Claims Filing

- Medicare Claims Processing Manual (Pub. 100-04), Chapter 11 [PDF](#)
- Medicare Claims Processing Manual (Pub. 100-04), Chapter 25 [PDF](#)

The Medicare hospice benefit requires providers to submit a Notice of Election (NOE) and a claim. In some situations, a notice of a change of a hospice provider, or a Notice of Election Termination/Revocation (NOTR) also needs to be submitted. The following information provides guidance on how to enter these billing transactions in the Fiscal Intermediary Standard System (FISS) Claims/Attachments option (FISS Main Menu option 02) via Direct Data Entry (DDE). For more detailed information about FISS, refer to the Chapters 1-5 of the *FISS Guide*.

## Notice of Election

The NOE is submitted to notify the Medicare contractor, and the Common Working File (CWF), of the start date of the beneficiary's election to the hospice benefit. The NOE is submitted after the beneficiary has signed the election statement and is only submitted once. Hospices must submit the NOE within 5 calendar days after the hospice admission (refer to the [Change Request 8877](#) CGS Web page for additional information). To be timely, the NOE must be submitted to, and accepted by, CGS. To be accepted by CGS, the NOE must be free of billing or keying errors that would cause the NOE to be returned or rejected. NOEs can only be submitted in FISS via DDE, or via a paper UB-04; they cannot be submitted electronically. You may also submit NOEs via Electronic Data Interchange (EDI) effective with the January 2, 2018, implementation of [Change Request \(CR\) 10064](#) [PDF](#). Refer to [CMS 8371 NOE Companion Guide](#) [PDF](#) for the required elements.

## Notice of Elections (NOEs)/Transfer NOE

- Claim Page 01
- Claim Page 03
- Claim Page 01 – Correcting a Notice of Election date

If the NOE is submitted untimely, refer to the following resources:

- [Submitting Claims for Untimely Notices of Election \(NOEs\) Web page](#)
- [Requesting an Exception for an Untimely NOE Web page](#)

## Hospice Claims

Hospice claims must be billed sequentially. The first hospice claim for a beneficiary may be submitted only after the NOE has processed (P B9997). After the first claim processes (pays, denies or rejects), the subsequent claim can then be submitted. Due to sequential billing, hospice claims must be submitted monthly and processed in date order. In addition, only one claim is allowed per month, per beneficiary (except when the patient has been discharged/revoked, and re-elected hospice care). Review the [Hospice Sequential Billing](#) Web page for additional information.

## Hospice Claims

- Claim Page 01
- Claim Page 02
  - MAP171E - National Drug Code (NDC)
- Claim Page 03
- Claim Page 04
- Claim Page 05



# CGS HH&H Website: Education & Resources

<http://www.cgsmedicare.com/hhh/education/index.html>

myCGS Portal

Appeals/Redeterminations

Audit

Claims

CMS MLN Connects®

Customer Service

EDI

**Education & Resources**

Advisory Group

Calendar of Events

CMS Video Resources

Educational Resources

Frequently Asked Questions

New Providers

Video Education

Financial/Reimbursement

Home » Home Health & Hospice » Education & Events » Education & Resources

Print | Bookmark | Email | Font Size: + | -

## Education & Resources

- Educational Resources
- News and Publications
- Calendar of Events
- New Providers
- Frequently Asked Questions
- Advisory Group
- Self-Service Options
- HHH Recorded Webinars

Updated: 03.15.18

Medicare Learning Network  
go.cms.gov/mln

# Educational Resources

<https://www.cgsmedicare.com/hhh/education/resources.html>

myCGS Portal

Home » Home Health & Hospice » Education & Events » Educational Resources

Print | Bookmark | Email | Font Size: + | -

Appeals/Redeterminations

Audit

Claims

CMS MLN Connects®

Customer Service

EDI

**Education & Resources**

- Advisory Group
- Calendar of Events
- CMS Video Resources
- [Educational Resources](#)
- Frequently Asked Questions
- New Providers
- Video Education

**Educational Resources**

**Educational Materials**

**Online Courses**

**CMS Resources**

**ACT FAQs**

**Top Claim Submission Errors**

**Claims Processing Issues**

**User Guides & Job Aids**

**Videos**

# Need More FISS/DDE, MSP or Billing Training??

Be sure to check out our Online Education Center,

[https://www.cgsmedicare.com/medicare\\_dynamic/education/001.asp](https://www.cgsmedicare.com/medicare_dynamic/education/001.asp)

Home » Education & Events » Online Education Center

## Online Education Center

New User? [Create your profile here.](#)

Email:

**J15 Courses:**

**Please Select:**

Part A

Part B

Home Health & Hospice

### Home Health & Hospice

FISS Direct Data Entry (DDE)

Getting Started With EDI

Home Health Face-to-Face Encounter

Home Health: Home Health Billing, Part 1

Home Health: Home Health Billing, Part 2

Hospice Beginner Billing, Part 1



# Quick Resource Tools (QRTs)

<https://www.cgsmedicare.com/hhh/education/materials/index.html>

## Educational Materials & Resources

### Home Health and Hospice Education

- Adjustments/Cancel
  - Limitation on Recoupment (935)
- Checking Eligibility
- Comprehensive Error Rate Testing (CERT) Program
- Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE) Guide
- Medicare Secondary Payer (MSP)
  - Submitting MSP Claims and Adjustments
  - Medicare Secondary Payer (MSP) Billing and Adjustments [PDF](#) Quick Resource Tool
  - Medicare Secondary Payer (MSP) Online Tool
- Resources for the Most Common Home Health and Hospice Questions
- Return to Provider
- Timely Claim Filing Requirements
- Top Claim Submission Errors (Reason Codes) and How to Resolve

### Home Health Education

- Claims Processing and Reimbursement for Home Health Supplies
- Home Health Claims Filing and Special Claims Filing Situations
- Home Health Coverage Guidelines
- Home Health Quick Resource Tools
- Resolving Rejected Home Health Claims Caused by Billing Errors
- Medicare Learning Network Home Health Prospective Payment System Fact Sheet [PDF](#)
- Medicare Learning Network The Medicare Home Health Benefit [PDF](#)

### Hospice Education

- Change Request 8877
- Hospice Claims Filing and Special Claims Filing Situations
- ~~Hospice Coverage Guidelines~~
- **Hospice Quick Resource Tools**
- Hospice Sequential Billing
- Medicare Learning Network Hospice Payment System Fact Sheet [PDF](#)

# Recently Added Hospice QRTs

- Submitting a Hospice NOE via EDI (TOB 8XA),  
[https://www.cgsmedicare.com/hhh/education/materials/pdf/hospice\\_noe\\_tob8xa.pdf](https://www.cgsmedicare.com/hhh/education/materials/pdf/hospice_noe_tob8xa.pdf)
- Submitting a Hospice NOTR (TOB 8XB),  
[https://www.cgsmedicare.com/hhh/education/materials/pdf/hospice\\_not\\_tob8xb.pdf](https://www.cgsmedicare.com/hhh/education/materials/pdf/hospice_not_tob8xb.pdf)
- Submitting a Hospice Notice of Transfer (TOB 8XC),  
[https://www.cgsmedicare.com/hhh/education/materials/pdf/hospice\\_not\\_tob8xc.pdf](https://www.cgsmedicare.com/hhh/education/materials/pdf/hospice_not_tob8xc.pdf)
- Submitting a Hospice Notice of Cancellation (TOB 8XD),  
[https://www.cgsmedicare.com/hhh/education/materials/pdf/hospice\\_noc\\_tob8xd.pdf](https://www.cgsmedicare.com/hhh/education/materials/pdf/hospice_noc_tob8xd.pdf)
- Submitting Hospice Change of Ownership (TOB 8XE),  
[https://www.cgsmedicare.com/hhh/education/materials/pdf/hospice\\_noc\\_tob8xe.pdf](https://www.cgsmedicare.com/hhh/education/materials/pdf/hospice_noc_tob8xe.pdf)

# Foresee Survey

Medicare Home JB DME JC DME J15 Part A J15 Part B J15 HHH

Print | Bookmark | Email | Font Size: + | -

**DO YOU FIND OUR CGS WEBSITE HELPFUL?**


*Then take a minute to let us know.* FORESEE

The CGS Website Satisfaction Survey is the best way to share your opinions directly with CGS about your website experience. [Click here to take the survey.](#)

**QUICK LINKS**

- Claims Processing Issues Log
- Contact Us
- MSI Action Plan
- Negative Pressure Wound Therapy (NPWT)
- News & Publications
- Ordering/Referring Physician Checklist **PDF**
- Ordering & Referring File **EXT**
- Rates and Fee Schedules
- Steps in Using the CTI System

# SE18006: New Medicare Beneficiary Identifier (MBI) Get it, Use It.....



**mln**  
MATTERS®  
KNOWLEDGE • RESOURCES • TRAINING

## New Medicare Beneficiary Identifier (MBI) Get It, Use It

MLN Matters Number: SE18006	Related Change Request (CR) Number: N/A
Article Release Date: May 25, 2018	Effective Date: N/A
Related CR Transmittal Number: N/A	Implementation Date: N/A

### **PROVIDER TYPE AFFECTED**

This Special Edition MLN Matters® Article is intended for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs), including Durable Medical Equipment MACs (DME MACs) and Home Health and Hospice MACs, for services provided to Medicare beneficiaries.

### **PROVIDER ACTION NEEDED**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18006.pdf>

# MBI Transition – Key Reminders

1. 21- month transition period from **April 1, 2018 – December 31, 2019**
2. 3 ways to get the new MBI:
  - a. Patient presents the card at time of service
  - b. Provider receives it through the remittance advice (**begins in October 2018**)
  - c. Provider obtains it through the a secure web portal with the MAC (**myCGS for J15 providers**)

# MBI Look-Up Tool

<https://www.cgsmedicare.com/hhh/pubs/news/2018/0518/cope7584.html>

**my CGS**

Home Claims Medical Review Remittance Eligibility **MBI Lookup** Financial Tools Messages Forms Support Admin My Account

User:  Provider:  [Logout](#)

You have **68 unread** message(s) and **0 alerts**. [Help](#)

### MBI Lookup

Starting in April 2018, to make it easier for health care providers and those working on their behalf to get Medicare patients' MBIs when they don't or can't give them, providers can use a MAC's secure portal to look up MBIs. To find MBIs through the portal, providers must key the Medicare patient's first name, last name, date of birth, and SSN.

#### Beneficiary Information

Last Name:\*  First Name:\*   
Suffix:  Date of Birth:\*  X  
SSN:\*

I'm not a robot

[Submit Inquiry](#) [New Inquiry](#)

CGS™  
A CELEBRAN GROUP COMPANY

CMS  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Disclaimer | About Us | Contact Us | Help | Site Map  
© 2018 CGS Administrators, LLC/CGS™. All rights reserved.  
myCGS provided & supported by Palmetto GBA®.

# CGS HH&H Website: myCGS Portal


<http://www.cgsmedicare.com/hhh/myCGS/index.html>

**myCGS Portal- New Feature Added!**

- myCGS Login
- FAQs
- User Manual
- Help Desk Information/Contact
- myCGS Password Help [PDF](#)

[Print](#) | [Bookmark](#) | [Email](#) | [Font Size: + | -](#)

Home » Home Health & Hospice » myCGS Portal » myCGS



**myCGS: Login, FAQs, User Manual, Help Desk**

Log In or Register for myCGS!

The Jurisdiction 15 Web Portal

myCGS is a web-based application developed specifically to serve the needs of health care providers and their staff in Jurisdiction 15. Access to myCGS is available 24/7, and is free of charge to all CGS providers. myCGS offers a variety of functions, such as, access to beneficiary eligibility, claim and payment information, forms allowing you to submit redetermination requests, and respond to Medical Review Additional Development Requests (ADR), and much more. Refer to the [myCGS User Manual Web page](#) for more details.

To use myCGS, providers must have an Electronic Data Interchange (EDI) agreement on file with CGS. If you do not have an EDI agreement with CGS, refer to the [J15 EDI Enrollment \(Agreement\) Form & Instructions PDF](#) document for assistance. In addition, to ensure you are able to utilize this free self-service option, please refer to the [myCGS System Requirements](#).

MyCGS does not currently support simultaneous use of the portal on multiple browser tabs. [Learn more here.](#)

Resources

Once user access is established, providers are encouraged to utilize the following learning resources:

- myCGS User Manual
- Frequently Asked Questions
- myCGS Help Desk and Contact Information
- myCGS Password Quick Reference Guide [PDF](#)

No costs associated with access to myCGS.

# What Can myCGS Do For My Agency?

- Use myCGS to do all of this & more...
  - Submit Quarterly Credit Balance Reports
  - Respond to Medical Review (MR) Additional Documentation Requests (ADRs)
  - Submit Requests for Redeterminations (including attachments)
  - Request Comparative Billing Reports (CBRs)
  - Confirm/Look-Up Medicare Beneficiary Identifiers (MBIs)
  - View ADR Requests on MR Landing Page





# What Can myCGS Do For My Agency?

- View & Print Copies of Remittance Advices
  - Check Patient Eligibility 24/7
  - Request an “immediate offset” of a demanded overpayment (eOffset)
  - View Number of Claims Approved for Payment & Approved Amounts
  - Submit general inquiries via myCGS
- Register TODAY, <http://www.cgsmedicare.com/mycgs/index.html>
  - myCGS User Manual, <http://www.cgsmedicare.com/mycgs/manual.html>

# Avoid myCGS Deactivation! Log In TODAY!

Currently, myCGS provider administrators and users are required to log into the portal at least once every 60 days to avoid access being deactivated. To ensure compliance with recent CMS security changes, this inactivity timeframe is changing from **60 days to 30 days**.

This change will be implemented **September 8, 2018**. Therefore, if you have not logged into myCGS within the past 30 days your access to myCGS may be deactivated.

If you do not access myCGS on a routine basis, we encourage you to [log into the portal](#) TODAY to avoid deactivation. *Please NOTE - If a provider administrator is deactivated, all provider users given myCGS access by that administrator will also lose access.*

<https://www.cgsmedicare.com/hhh/pubs/news/2018/0818/cope8926.html>

# myCGS Assistance

- **myCGS Frequently Asked Questions (FAQs),**  
<http://www.cgsmedicare.com/hhh/myCGS/FAQs.html>
- **myCGS Help Desk**
  - Supported by CGS Electronic Data Interchange (EDI) staff
  - **1.877.299.4500** (Option 2)

# CGS Go Mobile App

## DOWNLOAD

our GoMobile app!



GET IT ON  
**Google Play**





Download on the  
**Mac App Store**





### Download the App!

- Find Part A, Part B, and HHH contact information
- Link to fee schedules
- Instant access to our policies

Stay on top of the latest news from CMS and CGS

## It's FREE!!!!





Keeping You Connected!

# Questions?

- **CGS Provider Contact Center: 1.877.299.4500**
  - **Option 1:** Customer Service
  - **Option 2:** Electronic Data Interchange (EDI)
  - **Option 3:** Provider Enrollment
  - **Option 4:** Overpayment Recovery (OPR)
- **Twitter:** <http://www.twitter.com/hhhcgs>
- **Facebook:** <http://www.facebook.com/hhhcgs>