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

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October 4, 2018

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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

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Recent and Upcoming Improvements In Hospice Billing and Claims Processing

MLN Matters Number: SE18007 Revised	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…

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 xxxxxxxxxxx   TOB 81B  S/LOC S B0100 OSCAR                 SV:    UB-FORM
NPI 1xxxxxxx0 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 xxxxxxxxx SEX x MS   ADMIT DATE 0107xx HR    TYPE    SRC   D HM      STAT
   COND CODES 01 D0 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
        V A L U E  C O D E S  -  A M O U N T S  -  A N S 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 XXXXXXXXXX   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               XXXXXXXXXX        XXXXXXXXXX        XXXXXXXXXX        XXXXXXXXXX
```

Election Screen

Hospice Notice → Election Screen →

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

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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.

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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

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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 the look the same

Transaction Type	Type of Bill	Effects of Election Periods			Effects of Benefits Periods	
		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

Transaction Type	Type of Bill	Effects of Election Periods			Effects of Benefits Periods	
		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

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CGS HH&H Web Page
http://www.cgsmedicare.com/hhh/index.html

Navigation Menu

Click "+" for Quick Links

CGS HH&H Web Page

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

ListServ Options

Search Function

Hot Topics

CPIL: Claims Processing Issues Log
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

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
Updates	**09.27.2018** — A resolution to claims with reason code U5159 and U5162 has been implemented. **09.25.2018** — A resolution to claims with reason code U5173, U514A, and U5181 has been implemented. **08.30.2018** — A fix to the issue with reason code U5181 will be included in the October 2018 system release. Reason code U5162 was added to this issue. The issue is being researched. **08.16.2018** — No additional update at this time. **08.09.2018** — 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. No additional updates at this time. **08.01.2018** — No update at this time. **07.19.2018** — These issues are currently being researched and additional information will be provided when it becomes available. - 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. - U5173 — The occurrence code 27 is not creating a new benefit period. Affected claims are being suspended in status/location S M90HP. - U514A — Hospice claims with the type of bill 8XC receive reason code U514A inappropriately. Affected claims are being suspended in status/location S M90HP.			
MAC Action	**09.272018** — CGS will move the claims with reason code U5159 and U5162 out of the suspended status/location S M90HP to continue processing. **09.25.2018** — CGS will move the claims with reason code U5173 and U514A out of the suspended status/location S M90HP to continue processing. **07.19.2018** — CMS is aware of these issues. CGS and system maintainers are currently researching these issues.			
Provider Action	**09.25.2018** — If you have claims in the RTP file with reason code U5181, F9 the claim to continue processing. **07.19.2018** — No action at this time			
Proposed Resolution	**07.19.2018** — Additional information will be provided once research is completed.			

CGS HH&H Website: Claims

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

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

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 837I 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

Hospices 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

Educational Resources
https://www.cgsmedicare.com/hhh/education/resources.html

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

Home » Education & Events » Online Education Center

Online Education Center

New User? Create your profile here.

Email: [   ]

Reset   Log in

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/Cancels
  - 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

- Submitting a Hospice NOTR (TOB 8XB),
  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

- Submitting a Hospice Notice of Cancellation (TOB 8XD),
  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

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Foresee Survey

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

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

CGS HH&H Website: myCGS Portal
http://www.cgsmedicare.com/hhh/myCGS/index.html

myCGS: Login, FAQs, User Manual, Help Desk

No costs associated with access to myCGS.

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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

NEW

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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

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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

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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)

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CGS Go Mobile App

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!!!!!

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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

October 4, 2018