Provider Enrollment Ask The Contractor Teleconference

J15 Part A/Home Health and Hospice | Curtis McFadden/Nykesha Scales



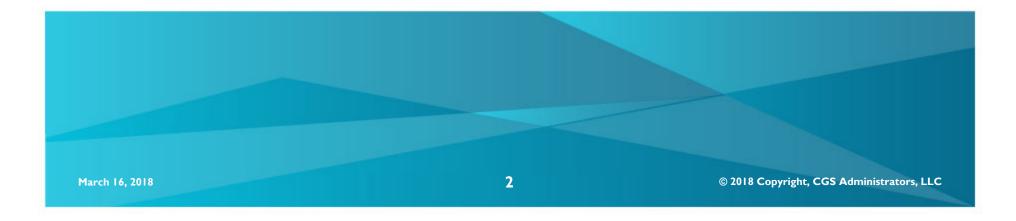


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This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes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

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Webinar Housekeeping



Join Audio:

 Choose <u>Telephone</u> to listen through your phone using the dial-in information provided.

Submitting Questions:

 You may submit questions during the questions portion using the <u>Questions</u> panel.

Handouts:

 A handout is available for your download in the <u>Handouts</u> panel.

Ask the Contractor Teleconference Topics

- Revalidation Updates
- Top Development Reasons
- Interactive Application
- PECOS Non E Sign Rejection Process
- NPI Crosswalk
- HHA & Hospice Compare Website Discrepancies
- Enrollment Web Pages
- National Provider Enrollment Conference
- New Medicare Card Project

Revalidation Update Karen Hughes

- CMS Revalidation Look Up Tool
 - https://data.cms.gov/revalidation
- MAC Revalidation

Top Development Reasons Diane Gordon

- HHH https://www.cgsmedicare.com/hhh/enrollment/peai.html
- Part A https://www.cgsmedicare.com/parta/enrollment/peai.html

Interactive Application Diane Gordon

- HHH https://www.cgsmedicare.com/hhh/enrollment/helptool/index.html
- Part A https://www.cgsmedicare.com/parta/enrollment/helptool/index.html
- Recommend using PECOS Web, alternative if submitting via paper

PECOS Non E-Sign Rejection Process Diane Gordon

- Items submitted via PECOS Web, but not signed will be rejected within 20 days
- If paper signatures are selected, ensure they are mailed timely and include the Web tracking ID
- If multiple signers are selected, all signatures must be completed to avoid rejection
- The Manage Signatures section of the PECOS web application only displays applications requiring e-signatures for the person signed into PECOS web, so even though you may not see any applications requiring signatures that doesn't mean that all pending e-signatures are completed. You need to go to My Enrollments and choose Manage Signatures to view the signatures status for all signers.

NPI Crosswalk Pam Anderson

- Current issues that could impact billing
- Message received of NPI matched with more than one PTAN, call customer service:
 - HHH 1.877.299.4500
 - Part A 1.866.590.6703
- State error received along with PTAN and NPI
- CGS will submit request to have the incorrect PTAN and NPI unmatched.
 Normally completed within I-2 business days.
- Current issue where previous ownership information is incorrectly flowing to FISS. This would normally occur when a CMS 855A has been processed for your facility as the information could flow to FISS. We are working with CMS to have this corrected.

HHA & Hospice Compare Website Discrepancies Pam Anderson

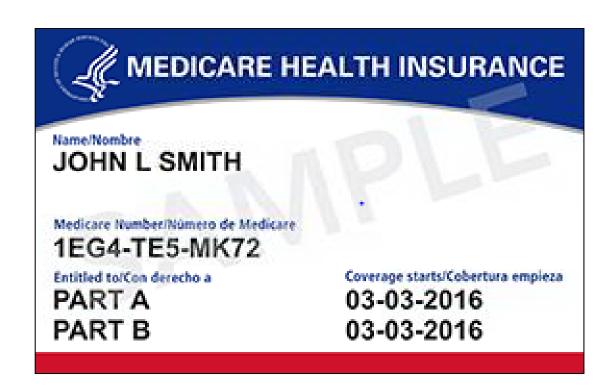
- Information from these sites are pulled from states ASPEN database
- If PECOS is correct but discrepant on the sites, contact state to have updated
- If unsure if PECOS is correct, contact CGS Customer Service

Enrollment Web Pages

- Part A- https://www.cgsmedicare.com/parta/enrollment/index.html
- HH&H https://www.cgsmedicare.com/hhh/enrollment/index.html

National Provider Enrollment Conference

- April 24-25, 2018
- San Diego Convention Center
- III West Harbor Drive, San Diego, CA 92101
- Register for Free
- Deadline is March 30th 2018
- http://www.prestoregister.com/cgibin/order.pl?ref=noriditalks&fm=1



Background

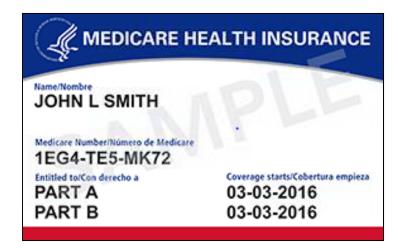
- Health Insurance Claim Number (HICN) is a Medicare beneficiary's identification number, used for processing claims and determining eligibility for services across multiple entities (for example, Social Security Administration (SSA), Railroad Retirement Board (RRB), States, Medicare providers, and health plans)
- Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 mandates removal of the Social Security Number (SSN)-based HICN from Medicare cards to address current risk of beneficiary medical identity theft
- Legislation requires that CMS mail new Medicare cards with a new Medicare Number (the Medicare Beneficiary Identifier (MBI)) by April 2019

- 3 Steps to New Medicare Numbers
 - Generate new, unique Medicare Numbers for all people with Medicare: Includes existing (currently active, deceased, or archived) and people new to Medicare
 - 2. Issue new, redesigned Medicare cards: New cards containing the new MBI to existing and new Medicare enrollees
 - 3. **Modify systems and business processes:** Required updates to accommodate receipt, transmission, display, and processing of the new MBI
- CMS will use an MBI generator to:
 - Assign 150 million MBIs in the initial enumeration (60 million active and 90 million deceased/archived) and generate a unique MBI for each new Medicare beneficiary and Generate a new unique MBI for a Medicare beneficiary whose identity has been compromised

OLD Medicare Card



vs. NEW Medicare Card



- Gender and signature line will not appear on new Medicare cards
- Once their card is mailed, people with Medicare may access their New Medicare Number on a Medicare Summary Notice or through http://www.MyMedicare.gov

Transition Period

- Transition period will run April 1,2018 through December 31,2019
- CMS will complete its system and process updates to be ready to accept and return the new Medicare Number on April 1, 2018
- All stakeholders who submit or receive transactions containing the HICN must modify their processes and systems to be ready to submit or exchange the new MBI by April 1, 2018
 - Stakeholders may submit either the MBI or HICN during the transition period
- CMS will accept, use for processing, and return to stakeholders either the new MBI or HICN, whichever is submitted on the claim, during the transition period
- CMS will actively monitor use of HICN and MBIs during the transition period to ensure that everyone is ready to use MBIs only by January 1,2020

Prepare NOW!

- Subscribe to the weekly MLN Connects newsletter for updates and new information https://www.cms.gov/Outreach-and- Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.html
- Verify your patients' addresses are correct
 - If the address is wrong, encourage your patients to contact SSA
 - Remind them that Medicare will never contact them and request personal information
- Make sure clearinghouses/billing software can accommodate new MBI
- Sign up For ListServ's from CGS
- Sign up for myCGS to become familiar with navigation before the June 2018
 - We are launching the MBI look-up tool! https://www.cgsmedicare.com/mycgs/index.html

Mailing Strategy

Wave	States Included	Cards Mailing
1	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	April – June 2018
2	Alaska, American Samoa, California, Guam, Hawaii, Northern Mariana Islands, Oregon	April – June 2018
3	Arkansas, Illinois, Indiana, Iowa, Kansas, Minnesota, Nebraska, North Dakota, Oklahoma, South Dakota, Wisconsin	After June 2018
4	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont	After June 2018
5	Alabama, Florida, Georgia, North Carolina, South Carolina	After June 2018
6	Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Texas, Utah, Washington, Wyoming	After June 2018
7	Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Puerto Rico, Tennessee, Virgin Islands	After June 2018

Contact Us

- Provider Enrollment
 - Part A: 866.590.6703 Option 3
 - Home Health and Hospice: 877.299.4500 Option 3

- Provider Outreach and Education
 - Part A: JI5_PartA_Education@cgsadmin.com
 - Home Health and Hospice: J15_HHH_Education@cgsadmin.com

THANK YOU FOR ATTENDING!

Q&APORTION

- 1) Pre-submitted Questions
- 2) Questions submitted via Question Panel

HAVE A WONDERFUL DAY!!