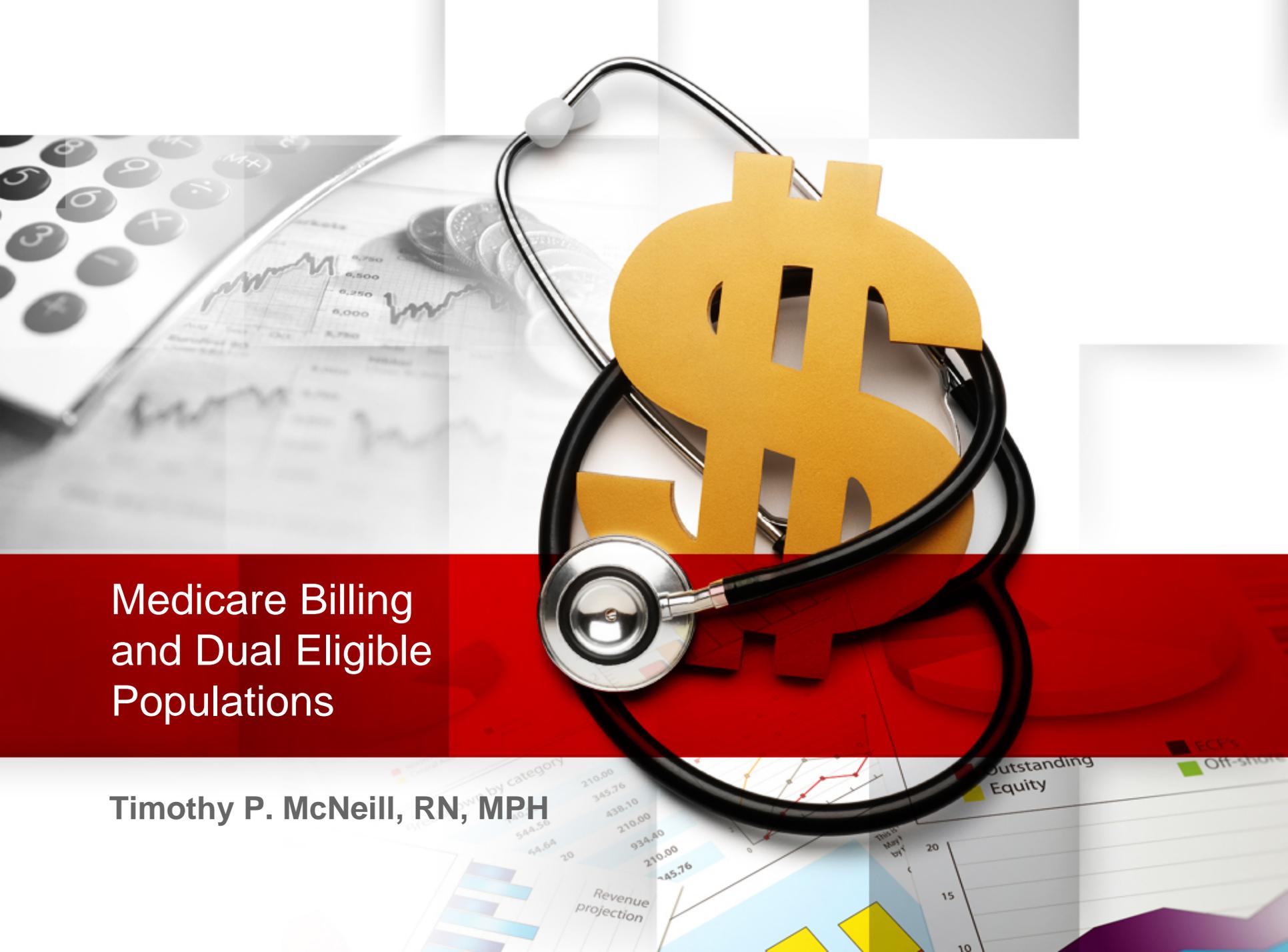




Welcome to TIM Talks: Business Acumen *“Medicare Billing and Dual Eligible Populations”*

July 19th, 2016





Medicare Billing and Dual Eligible Populations

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Medicare Provider Application Process

1

Implications of being a Medicare Provider

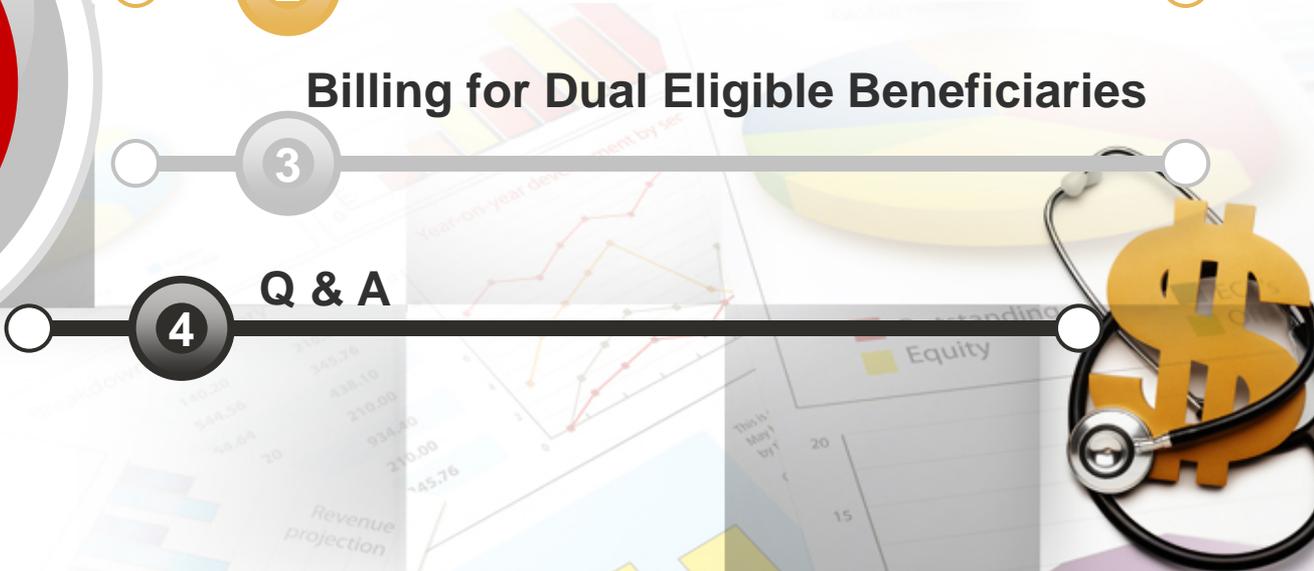
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Billing for Dual Eligible Beneficiaries

3

Q & A

4



What Does Medicare Cover?

- Part A: Medicare Part A covers inpatient hospital care, skilled nursing facility care, home health services, and hospice.
- Part B: Medicare Part B covers physician services, office visits, screenings, therapies, preventive services, outpatient services, emergency care, ambulance services, medical supplies and durable medical equipment.
- Part C: Medicare Part C is the private health insurance option for Medicare beneficiaries. Medicare Part C is often referred to as Medicare Advantage.
- Part D: Medicare Part D is the prescription drug benefit option.



What are the types of Medicare Providers?

- Organizations can become a Medicare Provider as long as they can provide at least one (1) Medicare service
 - Exception: The one service cannot exclusively be Diabetes Self-Management Training (DSMT)
- Medical Nutrition Therapy is an acceptable service to obtain a Medicare provider number
 - The Organization will submit as a “Group Practice”
 - The dietitian will be the provider linked to the Group Practice application
 - Additional services can be provided based on additional provider types obtained (e.g. LCSW- Therapy, Nurse Practitioner)



What is the Application Process?

- Medicare provider applications are submitted to your MAC
- MAC: Medicare Administrative Contractor
 - Process Medicare FFS claims
 - Enroll providers in the Medicare FFS program
 - Review medical records
 - Respond to provider inquiries
 - Find your MAC at this address:
<https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/AB-MAC-Jurisdiction-Map-Dec-2015.pdf>



Application Forms

- 855B – <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855b.pdf>
- 855i - <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855i.pdf>
- 855R - <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855r.pdf>
- 588 - <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms588.pdf>



Form Completion Process

- Complete forms simultaneously
- The Primary application is the 855B
- Submit completed application forms to the MAC using the PECOS system
- PECOS
 - Internet-Based Provider Enrollment, Chain and Ownership System
 - Faster than paper-based enrollment
 - Available at: <https://pecos.cms.hhs.gov/pecos/login.do>



Ownership Interest

- All Medicare Provider applicants must disclose each member that has control of the organization
 - Board Members for a Non-Profit
 - Each person must sign a form stating that they have No Adverse Legal Action History that prevents their participation
 - Liability is shared when fraud occurs



Additional Forms

- CMS Form 588: Authorization for Electronic Funds Transfer
- CMS Form 855i: Registers the provider with Medicare
- CMS Form 855R: Authorizes CMS to pay the organization for professional services rendered by the independent provider



Medicare Part B Deductible

- CMS 2015 Medicare Cost estimates
 - Part A premium
 - Most people don't pay a monthly premium for Part A
 - Part B premium
 - Most people pay \$104.90 each month
 - Total ($\$104.90 \times 12 \text{ mo}$) = \$1,258.80/year
 - Part B deductible
 - \$147.00 per year (for most beneficiaries)
 - Part C and Part D premiums
 - Amount varies by plan



Medigap Market

- Medicare Part B beneficiaries can purchase a Medigap or supplemental policy to cover the 20% coinsurance requirements
- A Medigap policy defined
 - Health insurance sold by private insurance companies to fill gaps in Original Medicare coverage
 - Coinsurance, copayments, deductibles
 - If a beneficiary elects Medicare Advantage, they cannot be sold or use a Medigap policy
 - Beneficiaries with Medicaid (Duals) generally cannot buy a Medigap policy



Medicare Number and Liability

- Submitting Medicare claims for services opens an organization to legal and financial liability
- You must obtain proper insurance coverage to protect against potential liability
 - Professional liability insurance
 - Cyber Insurance
- Liability coverage does not protect against fraud



CBO Example #1

- A Northeast AAA successfully completed DSMT accreditation along with a Medicare Provider Partner
- After their experience with CCTP they discovered that there was an unmet need for counseling for persons with chronic depression
- The AAA obtained a Medicare provider number and now they provide DSMT/MNT and counseling services for Medicare beneficiaries
 - All three services are billed to Medicare



CBO Example #2

- One of the AAAs in a Southern State obtained DSMT Accreditation
- They partnered with a Home Health agency as the billing partner
- The partnership became contentious and they parted ways
- The AAA obtained their own Medicare provider number and now they are seeking reimbursement directly for DSMT



Common Billing Terms

- **Explanation of Benefits (EOB)** – When a claim for medical insurance benefits is processed, Medicare sends a notice called an EOB to the individual.
- **Current Procedural Terminology (CPT)** - CPT codes are the copyrighted material of the American Medical Association (AMA).
- **G Codes:** Special set of codes that are not described in normal CPB coding. An example of commonly used G codes are the diabetes self-management training (DSMT) codes.



Medicare Providers and Alternative Payment Models

- The Medicare Access and CHIP Reauthorization Act (MACRA) will expand provider participation in Alternative Payment Models (APMs)
- Two primary APMs include the following:
 - Accountable Care Organizations
 - Bundled Payment
- APMs provide an opportunity for Gainsharing and shared savings participation
- Gainsharing requires having a Medicare provider number to participate



Dual Eligible Beneficiaries

- Duals are persons with both Medicare & Medicaid
- Commonly referred to as a Dual Eligible or a Medi-Medi
- Medicaid is required to pay the co-insurance and deductibles for Duals
- Provider must first bill Medicare and then bill Medicaid for the second portion



Coverage for Dual Eligible Beneficiaries

- Participate in Medicare VBP program models
- Duals hold the greatest financial risk in a VBP contract
- Duals Eligible beneficiaries have Medicaid as the Medigap coverage policy
- Medicaid must cover the co-insurance, even if the service is not a current Medicaid covered benefit in that particular State.





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