Welcome to TIM Talks: Business Acumen

"Medicare Billing and Dual Eligible Populations"

July 19th, 2016



Medicare Billing and Dual Eligible Populations

Timothy P. McNeill, RN, MPH

1. Medicare Provider Application Process
2. Implications of being a Medicare Provider
3. Billing for Dual Eligible Beneficiaries
4. Q & A

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?

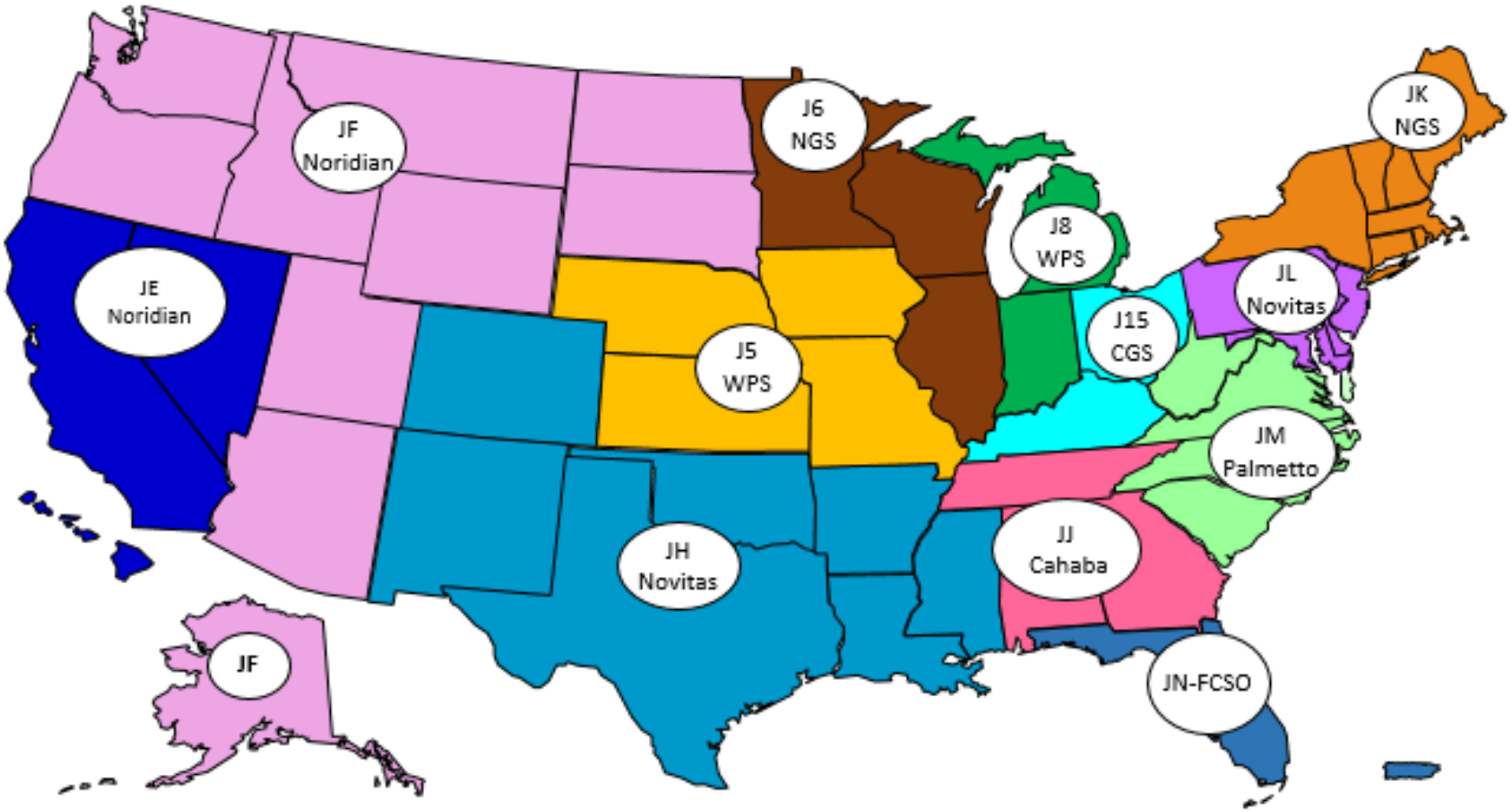
- Organizations can become a Medicare Provider as long as they can provide at least one (1) Medicare service
  - Exception: The one service cannot exclusively be Diabetes Self-Management Training (DSMT)
- Medical Nutrition Therapy is an acceptable service to obtain a Medicare provider number
  - The 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

MAC Map

A/B Jurisdiction Map as of December 2015



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 x 12 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

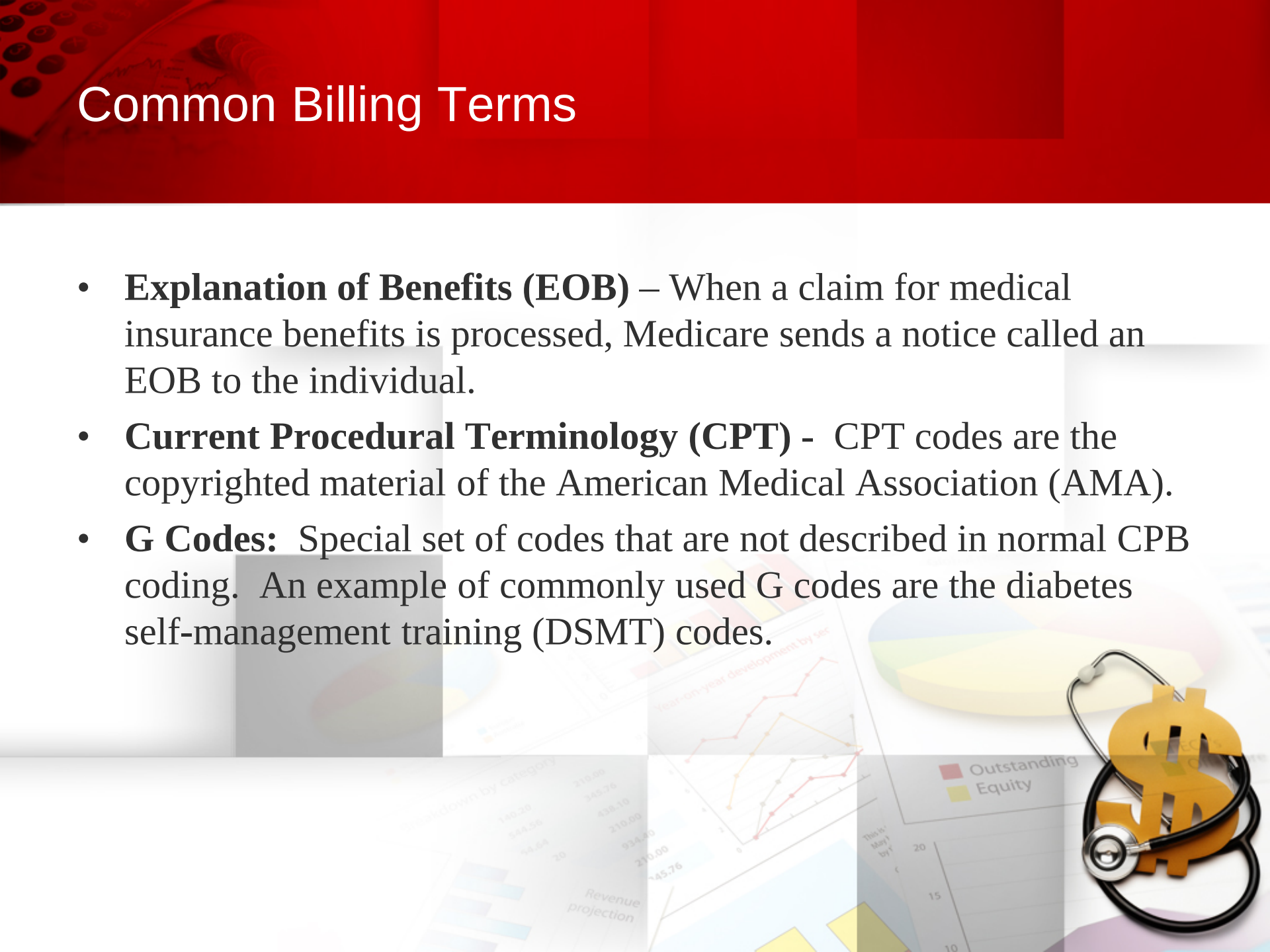
- A Northeast AAA successfully completed DSMT accreditation along with a Medicare Provider Partner
- After their experience with CCTP they discovered that there was an unmet need for counseling for persons with chronic depression
- The AAA obtained a Medicare provider number and now they provide DSMT/MNT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

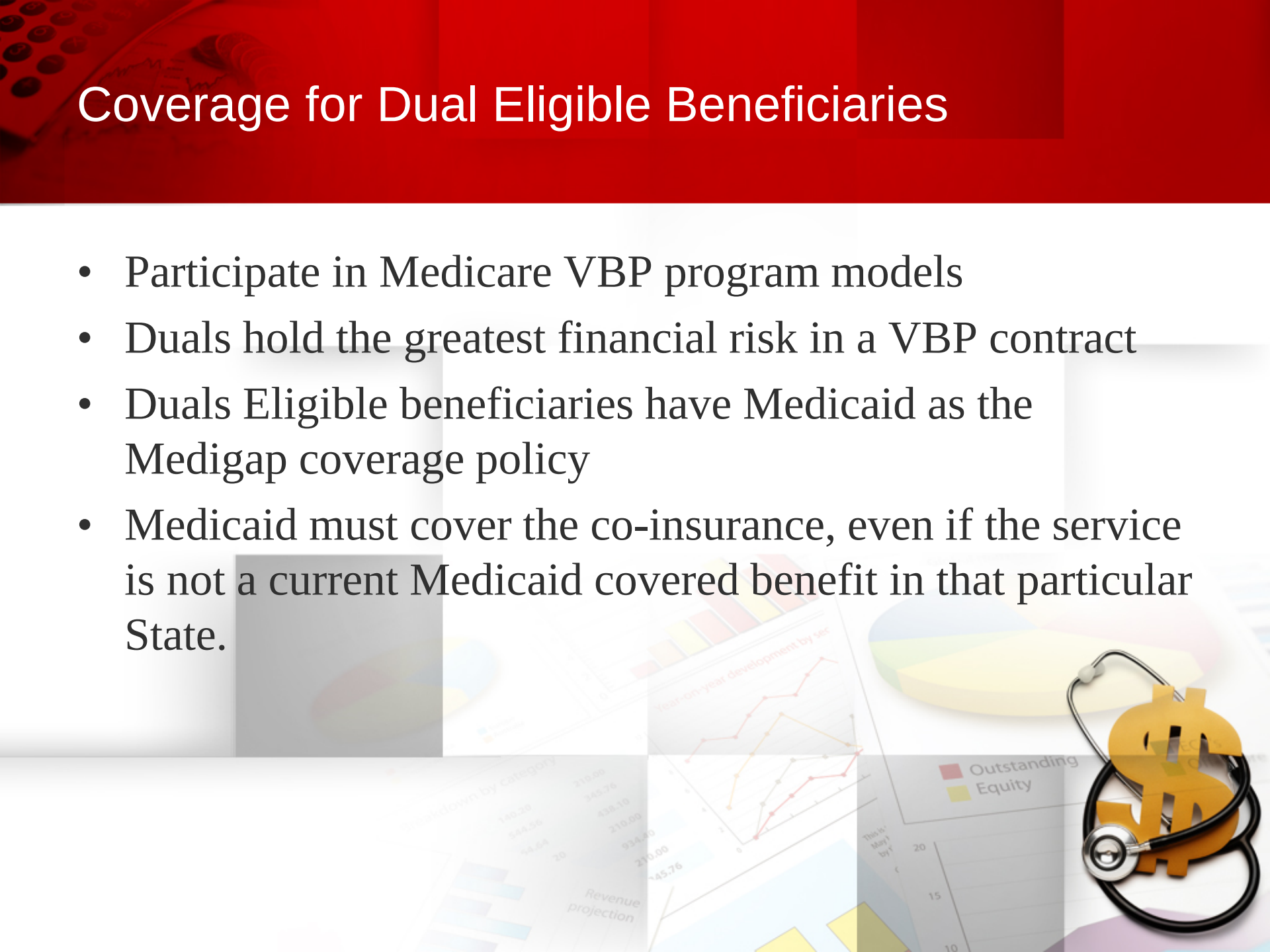
- The Medicare Access and CHIP Reauthorization Act (MACRA) will expand provider participation in Alternative Payment Models (APMs)
- Two primary APMs include the following:
  - Accountable Care Organizations
  - Bundled Payment
- APMs provide an opportunity for Gainsharing and shared savings participation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



TIM Talks Webinar Archive Located Here:

http://acl.gov/Programs/CIP/OICI/BusinessAcumen/tim-talks.aspx