Meet Your Medicare Contractor: National Government Services

Presenters

'Corrinne Ball RN CPC CAC
'Emily Fox-Squiars
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABN</td>
<td>Advance Beneficiary Notice of Noncoverage</td>
</tr>
<tr>
<td>BNI</td>
<td>Beneficiary Notice Initiative</td>
</tr>
<tr>
<td>CERT</td>
<td>Comprehensive Error Rate Testing</td>
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<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
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<tr>
<td>COB</td>
<td>Coordination of benefits</td>
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<tr>
<td>COBC</td>
<td>Coordination of Benefits Contractor</td>
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<tr>
<td>DDE</td>
<td>Direct Data Entry</td>
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<tr>
<td>EDI</td>
<td>Electronic data interchange</td>
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<tr>
<td>EUS</td>
<td>External User Services</td>
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<tr>
<td>FISS</td>
<td>Fiscal Intermediary Standard System</td>
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## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>HH+H</td>
<td>Home Health + Hospice</td>
</tr>
<tr>
<td>HIQA</td>
<td>Health Insurance Query Access</td>
</tr>
<tr>
<td>ICD-9</td>
<td>International Classification of Diseases, 9th Revision</td>
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<tr>
<td>ICD-10</td>
<td>International Classification of Diseases, 10th Revision</td>
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<tr>
<td>IOM</td>
<td>Internet-Only Manual</td>
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<tr>
<td>LCD</td>
<td>Local coverage determination</td>
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<tr>
<td>MLN</td>
<td>Medicare Learning Network</td>
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<tr>
<td>MSP</td>
<td>Medicare Secondary Payer</td>
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<tr>
<td>MSPRC</td>
<td>Medicare Secondary Payer Recovery Contractor</td>
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<tr>
<td>NCD</td>
<td>National coverage determination</td>
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</table>
Acronyms

*NPI* National Provider Identifier
*PCA* Progressive corrective action
*PECOS* Provider Enrollment Chain & Ownership System
*PS&R* Provider Statistical & Reimbursement Report

Agenda

*MAC Updates*
*NGSConnex*
*Resources*
*Q & A*
### Transitions

<table>
<thead>
<tr>
<th>Contract</th>
<th>From</th>
<th>Transition Date</th>
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<tbody>
<tr>
<td>Home Health &amp; Hospice</td>
<td>National Government Services</td>
<td>July 13, 2013</td>
</tr>
<tr>
<td>Home Health &amp; Hospice</td>
<td>NHIC, Corp</td>
<td>October 18, 2013</td>
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</tbody>
</table>

### NGSConnex
What Is NGSConnex?

- Self-service
- Similar options available
  - Interactive voice response (IVR)
  - Direct Data Entry (DDE)
  - Professional Provider Telecommunications Network (PPTN)
  - Claim Status Inquiry (CSI)

Why Should I Sign Up For NGSConnex?

- Saves time
- Saves money
- Convenience
Put NGSConnex to Work For You

- Financial Information
  - Check query
- Verify eligibility
- Submit an inquiry with PHI
- Upload a cost report or other audit documents
- Initiate Redetermination or Reopening
- Check Reopening or Redetermination Status
- Audit & Reimbursement
  - Create AR Submissions – For Part A only
  - Submit Draft AR Submissions – For Part A only
  - View Submission History—For Part A only

How to Access

- [http://www.NGSConnex.com](http://www.NGSConnex.com)
- Need
  - Internet access
  - E-mail address
- No cost
Hours of Availability

NGSConnex is available 24/7

Information obtained from the local system is only available:

- Monday – Friday: 7:00 a.m. – 6:00 p.m. eastern time (ET)
- Saturday: 7:00 a.m. – 3:00 p.m. ET

Not available during system upgrades/maintenance

My User Profile
Local Security Officer

At least one for each organization (National Government Services recommends two LSOs)

Responsible for

- Approving access
- Declining access
- Removing access

LSO

Access code is mailed to the BILLING address

Generates a CSN

Must have an LSO prior to adding additional users

Complete for each provider account
National Government Services
Web Site for HH+H Providers

http://www.NGSMedicare.com

- From the start page, click the HHH Home Page link
National Government Services
Web Site

1. Save the HHH home page as your default portal
   - Click the Change Business Type link

National Government Services
Web Site

2. Check the “Save as Default Settings” box and click Submit
National Government Services Web Site

Home Health and Hospice Home Page
- If you selected “Save as Default Settings” checkbox during previous visit, you will start here for all future visits
  - You must allow browser cookies for our Web site to use this feature

Self-Service Center
- Provides quick access to important Medicare, CMS, and National Government Services initiatives
  - Select options such as Hot Topics, Education, Calculators, etc., or click “View All Self-Service Tools” to view all
Latest Production Alerts

Issue alerts are located here

- System claim edits affecting production-processing, remittance posting issues, and other production-related issues
- View all alerts by clicking the View All Production Alerts link

Quick Links

Provides easy access to many helpful tools

- Training Events Calendar
- Connex
- Contact Information
- Forms
- Medical policy information
Latest News Articles

To review an article, click the article name.
To see more articles, click the View All News Articles link in the upper right corner of the Latest News Articles area.

<table>
<thead>
<tr>
<th>Latest HHH News Articles</th>
<th>View All News Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPE201308-04: Special Open Door Forum: CMS Rule 1899-F: Inpatient Hospital Admission and Medical Review Criteria (2-Midnight Provision) and Part B Inpatient Billing in Hospitals</td>
<td></td>
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<tr>
<td>IPE201320 Mobile Apps for the OPEN PAYMENTS Program (Physician Payments Sunshine Act)</td>
<td></td>
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<tr>
<td>The Centers for Medicare &amp; Medicaid Services PIAAR System Extended Downtime</td>
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<tr>
<td>Scheduled National Government Services Web Site Maintenance</td>
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<tr>
<td>IPE201308-03: MLN Connects Provider e-News for Thursday, August 8, 2013</td>
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Navigation Menus

Top Menu

- HOME
- RESOURCES
- ENROLLMENT
- SOLUTIONS

Expand All | Collapse All

Left Menu

- PUBLICATIONS
- CLAIMS
- COVERAGE DETERMINATIONS
- EDUCATION & TRAINING
- REVIEW PROCESS
HH+H Tools and Materials

Claims, Billing and Payment Resources

- CMS ABN booklet
- Beneficiary Notices Initiatives
  - Links to the CMS BNI portal which provides information on the different financial liability notices
- Claim Timely Filing Job Aid
- Medicare Credit Balance Reporting
  - Provides information on credit balance reporting including how to complete the credit balance report and where to submit completed reports
- Payment Withholding Information
  - Provides information on payment withholding reasons and how they affect providers
- Reminder on Refunds Due to Beneficiaries by Providers
HH+H Tools and Materials

'Coverage and Documentation
- Face-to-Face Encounter Educational Quality Tool and Checklist Guide for Physicians Certifying Home Health
- Home Health Face-to-Face Encounter
- Local Coverage Determinations Subject Index
- Medical Policy Center
- National Coverage Determinations
- Orders/Progress Notes Physician Signature Log
- Submitting Electronic Medical Records
- Tips for Avoiding Top Hospice Technical Denials

HH+H Tools and Materials

'Home Health Job Aids
- Billing G-Codes for Therapy and Skilled Nursing Services
- Billing the Home Health Claim
- Billing the Home Health Request for Anticipated Payment
- Correctly Coding the Non-Routine Supply Severity Level
- Counting 60-Day Episodes - Leap Year
- Counting 60-Day Episodes
- Erroneous Episode Job Aid
- Home Health Aide Services and the Intermittent or Part-Time Rule
- Home Health Demand Billing
- Home Health Requests for Anticipated Payment
HH+H Tools and Materials

Home Health Job Aids (con’t.)

- Home Health Third-Party Liability Demand Billing
- Home Health Transfers
- Reporting Site of Service Codes for Home Health Care

Check often as new Job Aids are added all the time!

HH+H Tools and Materials

Hospice Job Aids

- Counting 60-Day Election Periods - Leap Year
- Counting 60-Day Election Periods
- Counting 90-Day Election Periods - Leap Year
- Counting 90-Day Election Periods
- Hospice Billing Codes Chart
- Hospice Claim Submission Job Aid
- Hospice Health Insurance Query Access (HIQA) Tips
- Hospice Levels of Care: Continuous Home Care
- Hospice Levels of Care: General Inpatient Care
- Hospice Levels of Care: Routine Home Care
- Hospice Notice of Change of Ownership
HH+H Tools and Materials

'Hospice Job Aids (con't.)
- Hospice Respite Period Job Aid
- Hospice Room and Board Denials
- Hospice Site of Service Codes
- Hospice Transfers
- Hospice Visit Reporting
- Notice of Election
- Notice of Revocation
- Physician Billing Flowchart
- Reporting Hospice Discharges, Revocations, and Transfers
- Hospice Resources

'Check often as new Job Aids are added all the time!

HH+H Tools and Materials

'Reason Code Job Aids
- (Hospice) Avoiding Reason Code 32032: Appropriate Use of Value Code 61 and G8
- Avoiding Reason Code 38200
- (Hospice) Avoiding Reason Code 7C625: Appropriate Use of Remarks on Final Hospice Claims
- (Home Health) Avoiding Reason Code U5233: Overlap with a Medicare Advantage Organization
- (Home Health) Correcting and Avoiding Overlap Reason Codes
- (Home Health) Correcting and Avoiding Reason Code 38107: Overlap with a Request for Anticipated Payment
HH+H Tools and Materials

'Reason Code Job Aids (con’t.)

- (Home Health) Correcting and Avoiding Reason Code 38157: Duplicate Request for Anticipated Payment
- (Home Health) Correcting and Avoiding Reason Code C7010: Overlap With a Hospice Election Period
- (Home Health) Correcting and Avoiding Reason Code C7080: Inpatient Overlap
- (Hospice) How to Correct/Avoid Reason Code U5150
- Reason Code 39929

Check often as new Job Aids are added all the time!

HH+H Tools and Materials

'Self-Help Tools

- CMS Medically Unlikely Edits
- Inpatient Provider Resources
- National Government Services Events Calendar Quick Reference Guide
- Part A Medical Review of Acute Care Hospital Inpatient Short Stay Claims
- Valid Medicare Card Suffixes

'Question and Answer Resources

- Top Customer Care Telephone Inquiries
Provider Enrollment

- Enrollment > Enrollment Tools
  - Provides you with valuable information about Medicare enrollment, and several helpful tools to help guide you through the enrollment process

- Enrollment > PECOS Web
  - PECOS Web application resources
  - EUS Help Desk Information

E-mail Updates

- Publications > E-mail Updates
  - Subscribers are notified of important, time-sensitive Medicare changes and other announcements that require immediate attention
  - Also provides information relating to upcoming events, educational seminars, and the availability of new and revised training materials
Manuals

The Manual portal contains information on:
- Trading partner agreements and companion documents for transactions
- PC Print, PC-ACE Pro 32, FISS/DDE and HIQA user guides
- Fundamentals of Medicare
- How to interpret a claims confirmation report document
- NPI Reference Document

EDI

The EDI portal contains
- Available products and software
- Helpdesk contact information
- EDI Enrollment information
- Technical Information
- EDI Manuals
Medicare Secondary Payer

Claims > Medicare Secondary Payer

- MSP billing resources
- COBC and CMS MSP-Related Links
- Electronic Data Interchange MSP Resources

Top Claim Errors

Claims > Top Claim Errors

- Includes the top error codes and helpful hints to resolve the errors
- Updated on a monthly basis
- Select the error type for your line of business and state

HOME HEALTH

- Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Mississippi, Northern Mariana Islands, Oregon, and Washington

- Top Home Health RTP Codes
- Top Home Health Rejection Codes
- Top Home Health Dental Codes

- Michigan, Minnesota, New Jersey, New York, Puerto Rico, and Wisconsin

- Top Home Health RTP Codes
- Top Home Health Rejection Codes
- Top Home Health Dental Codes

HOSPICE

- Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Mississippi, Northern Mariana Islands, Oregon, and Washington

- Top Hospice RTP Codes
- Top Hospice Rejection Codes
- Top Hospice Dental Codes

- Michigan, Minnesota, New Jersey, New York, Puerto Rico, and Wisconsin

- Top Hospice RTP Codes
- Top Hospice Rejection Codes
- Top Hospice Dental Codes
Top Claim Errors

Claims > Top Claim Errors

- Click the reason code to go directly to the narrative and tips or scroll down through the list to locate the reason code.

TOP HOSPICE RETURN TO PROVIDER CODES

Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Washington, American Samoa, Guam, and Northern Mariana Islands

The chart below identifies return to provider (RTP) reason codes for the top claim submission errors and tips for avoiding/correcting these RTP claims. Please use the following reason code links to navigate to codes of interest in the chart below.

<table>
<thead>
<tr>
<th>Reason Code</th>
<th>Narrative</th>
<th>Avoiding/Correcting This Denial</th>
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</thead>
<tbody>
<tr>
<td>NE682</td>
<td></td>
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<tr>
<td>US150</td>
<td></td>
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<tr>
<td>US157</td>
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<tr>
<td>US166</td>
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<tr>
<td>US181</td>
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Medicare Policy Center

Coverage Determinations > Medical Policy Center

- The Medical Policy Center allows you to search for LCDs and related articles
  - Also provides link to the Medicare Coverage Database for NCDs
Medicare University

Education & Training > Medicare University
- "Any-time" self-paced training
- No-cost education
- Medicare University educational credits
- Report Cards
- To learn how to use Medicare University, click the Medicare University Computer-Based Training course link under the click&learn heading

Access Medicare University directly
- http://www.medicareuniversity.com

New Providers

Education & Training > Welcome New Providers
- Includes resources for newly-certified providers that work with the Medicare Program
Policy Education

Education & Training > Policy Education

- Abbreviations on Home Health Advance Beneficiary Notices
- Change Request 6698 (Revised): Signature Guidelines for Medical Review Purposes
- Clarification on When a Patient Refuses to Sign a Home Health Advance Beneficiary Notice
- Home Health Changes Regarding Physician Signatures
- Hospice Face-to-Face Encounter Requirement
- Lengths of Stay
- Oral vs. IV Medications
- Physician Certification/Recertification of Terminal Illness Signatures and Dates Requirements

Policy Education

Education & Training > Policy Education

- Signature Requirements for Medical Documentation
- Site of Service Codes for Continuous Home Care and General Inpatient Care Level of Service
- Therapy Reassessment
- Tips for Avoiding Top Hospice Technical Denials
- Understanding Technical Denial Reason Codes for Hospice Claims

Check often as new articles are added all the time!
Events Calendar

- Education & Training > Training Events Calendar
- Quick Links > Register for Training

- Our upcoming training events can be found in our events calendar

Search by day, week, month, or the year

Click the title of the event to go to the Event Details page

Search by keyword or location
Events Calendar

Registration options are found in the Event Details once the registration is open.

**Event Details**

**J6 Local Coverage Determination (LCD) policies**

Start Date: 9/3/2013  Start Time: 11:00 AM  
End Date: 9/4/2013  End Time: 12:00 PM

Event Description
National Government Services will be conducting Webinars to introduce Jurisdiction 6 (J6) Local Coverage Determination (LCD) policies. During these sessions we will discuss the J6 LCDs, how and why the LCDs were developed, and how they may impact

Attachments For This Event:
- Go To Webinar Quick Reference Guide
- Presentation

Who Should Attend:
Administrators, Quality Auditors, Medicare Compliance officers, business office managers, physicians and anyone who could be impacted by the LCDs.

Registration Information:
Pre-registration for this FREE Webinar session is mandatory. Space is limited. Reserve your Webinar seat now:
https://www1.gotomeeting.com/register/691619017

Training Summaries

Education and Training > Training Summaries

- If a training summary is developed for a completed training event, it will be posted in the Teleconference or Webinar links within the Training Summaries section
Review Process

Review Process > Appeals
- This section provides information on the Appeals process including contact information and documentation requirements

Review Process > Comprehensive Error Rate Testing
- This section provides information on CERT including program information and tools, documentation requirements and access to the CERT provider portal

Review Process > Medical Review
- This section provides information on PCA and the therapy threshold

Review Process > Recovery Audit Program
- This section provides information regarding the Recovery Audit Program

Audit and Reimbursement

Review Process > Audit and Reimbursement
- Provides guidance on the Medicare cost report process, exception requests, cost report appeals, and PS&R reports
- Includes valuable educational resources and tools
  - Hospice Payment Rate Files
  - Accelerated Payment Process
  - Home Health Outlier Reconciliation Utility Fix Implemented
  - Hospice Cap Calculations - Resumption of Aggregate Cap Calculation
  - Payment Calculators and Tools

Did you know…You Can Send Audit and Reimbursement Documents Electronically Through NGSConnex.com
Fraud and Abuse

'\textgreater Review Process > Fraud & Abuse

- Provides you with important information about fraud and abuse as well as the government agencies responsible for protecting the Medicare Trust Fund

CMS Web Site

'http://www.cms.gov
CMS.gov Home Page Tools

CMS.gov Navigation
HH+H Centers

- Medicare > (Provider Type) Hospice Center
  - Provides information specific to hospice providers
- Medicare > (Provider Type) Home Health Agency Center
  - Provides information specific to home health providers

Beneficiary Notices

- Medicare > Beneficiary Notices Initiative (BNI)
  - Both Medicare beneficiaries and providers have certain rights and protections related to financial liability
    - Notices and instructions are located in the BNI portal
COBC/MSPRC

'Medicare > COB - General Information > Contacting the COB Contractor

- COBC Contact Information
  - Report changes to a beneficiary's health coverage
  - Report a beneficiary's accident/injury

'Medicare > Medicare Secondary Payer Recovery - General Information

- Provides information on MSPRC functions and contact information
  - MSPRC protects the Medicare Trust Fund by recovering payments Medicare made when another entity had primary payment responsibility

ICD-10

'Medicare > (Coding) ICD-10

- This section has several resources to help you prepare for the change from ICD-9 to ICD-10 including information on CMS Sponsored ICD-10 Teleconferences
Physician Fee Schedule

'Medicare > Physician Fee Schedule Look-Up

- Search pricing amounts, various payment policy indicators and more by a single procedure code, a range and a list of procedure codes

Medicare Coverage Database

'Medicare > Medicare Coverage - General Information > (Related Links) Medicare Coverage Database

- The Medicare Coverage Database contains all NCDs and LCDs, local articles, proposed NCD decisions, and several other types of National Coverage policy related documents
Internet-Only Manuals

'Regulations, Guidance & Standards> Manuals > Internet-Only Manuals (IOMs)

- Medicare General Information, Eligibility and Entitlement Manual (Publication 100-01)
  - Chapter 1, Section 20.2/Chapter 5, Section 10.2 (Discrimination Policies)
- Medicare Benefit Policy Manual (Publication 100-02)
  - Chapter 8, Section 30.2 (Medical Coverage Determinations)
  - Chapter 9 (Hospice Coverage)
  - Chapter 16 (General Exclusions)

- Medicare Claims Processing Manual (Publication 100-04)
  - Chapter 1, Section 70 (Claim Processing Timeliness)
  - Chapter 1, Section 80.2 (Clean Claim Submission)
  - Chapter 11 (Hospice Billing)
  - Chapter 25 (UB-04 Instructions)
  - Chapter 29 (Appeals)
  - Chapter 30 (Financial Liability Provisions)
- Medicare Secondary Payer Manual (Publication 100-05)
  - Chapter 3 (MSP Billing)
MLN Products Catalog

Outreach and Education > MLN Products Catalog > MLN Products Catalog PDF (Downloads)

- Products are updated on a continual basis

Some products include:

- Recent MLN Matters Articles
- Quick reference information
- HH+H payment system fact sheets
- MSP fact sheet

Thank You!