Arkansas Department of Health Office of Rural Health and Primary Care Rural Health Clinic Quality Meeting

Little Rock, Arkansas

April 13, 2018

Disclaimer

- All Current Procedural Terminology (CPT) only are copyright 2017 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable Federal Acquisition Regulation/ Defense Federal Acquisition Regulation (FARS/DFARS) Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
- The information enclosed was current at the time it was presented. Medicare policy changes frequently; links to the source documents have been provided within the document for your reference. This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations.
- Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.
- Novitas Solutions employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.
- This presentation 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.
- Novitas Solutions does not permit videotaping or audio recording of training events.

Join Our Email List Today

- Stay current with Medicare by receiving emails twice a week
- Available email lists (not all-inclusive):
  - Jurisdiction H
  - Part B Electronic Billing
  - Novitasphere Portal
  - ABILITY| PC-ACE
  - Medicare Remit Easy Print (MREP) Users
- Join our Email

Today's Presentation

- Agenda:
  - 2018 Medicare Updates
    - ✓ RHC Reminders
    - ✓ RHC Top Claim Submission Errors
  - Reminders and Educational Resources
- Objectives:
  - Identify and understand the current 2018 Medicare updates
  - Identify and utilize the educational resources and information

Acronym List 1

Acronym	Definition
AIR	All Inclusive Rate
AWV	Annual Wellness Visit
BHI	General Behavioral Health Integration
CCM	Chronic Care Management
CMS	Centers for Medicare & Medicaid Services
CNM	Certified Nurse-Midwife
CoCM	Psychiatric Collaborative Care Model
CPT	Current Procedural Terminology
EHR	Electronic Health Records
HCPCS	Healthcare Common Procedure Coding System
IPPE	Initial Preventive Physical Exam
IVR	Interactive Voice Response

Acronym List 2

Acronym	Definition
NP	Nurse Practitioner
MBI	Medicare Beneficiary Identifier
MLN	Medicare Learning Network
PA	Physicians Assistant
PPS	Prospective Payment System
RHC	Rural Health Clinic
RTP	Return to Provider
SSA	Social Security Administration

NOVITAS SOLUTIONS

2018 Medicare Updates

2018 MAC Satisfaction Indicator (MSI) Survey

NOVITAS SOLUTIONS

- This survey measures your satisfaction with our processes and service delivery so we can gain valuable insights and determine process improvements:
  - CFI Group is conducting the survey on behalf of CMS:
    - ✓ Evaluate our services in 10 minutes
    - ✓ Responses are kept confidential
    - ✓ Provide your name, telephone number and email address if you would like to be contacted about your survey responses
- Improvements based on 2017 MSI feedback:
  - Added a "Was this page helpful?" interaction to all content pages
  - Designed and debuted new information centers for Enrollment, Appeals and Claims
  - Enhanced and expanded data provided by many of our self-service lookup tools
- JH Provider MSI Survey

Update to the RHC PPS

- MM10333:
  - Effective: January 1, 2018
  - Implementation: January 2, 2018
- Key Points:
  - RHC PPS base payment rate is $83.45
    - ✓ 2018 base payment rate reflects a 1.4 percent increase

Care Coordination Services and Payment for Rural Health Clinics (RHCs)

- MM10175:
  - Effective: January 1, 2018
  - Implementation: January 2, 2018
- Key Points:
  - Payment for care coordination services in RHCs by establishing two new G codes for use by RHCs :
    - ✓ General Care Management HCPCS G0511:
      - ➢ This code could only be billed once per month per beneficiary, and could not be billed if other care management services are billed for the same time period
    - ✓ Psychiatric CoCM HCPCS G0512:
      - ➢ This code could only be billed once per month per beneficiary, and could not be billed if other care management services are billed for the same time period
  - RHC claims submitted using CPT 99490 for dates of service on or after January 1, 2018, will be denied

General Care Management Requirements (G0511)

- RHCs can bill new General Care Management when:
  - Practitioner furnishes a comprehensive E/M, AWV, or IPPE:
    - ✓ Prior to billing the CCM within one year
  - Beneficiary Consent:
    - ✓ Obtained during or after the initiating visit
    - ✓ Prior to care coordination services by RHC practitioner or clinical staff:
      - ➢ Written or verbal, must be documented in the medical record
- Eligible patients:
  - Option A:
    - ✓ Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient and place the patient at significant risk of death
  - Option B:
    - ✓ Any behavioral health or psychiatric condition treated by the RHC practitioner:
      - ➢ Including substance use disorders:
        - » Clinical judgment of the RHC practitioner, warrants BHI services

General Care Management Requirements (G0511) (cont.)

- Can only be billed once per month/per patient and by only one physician
- RHCs cannot bill for CCM services for a beneficiary during the same service period as billing any other care management (outside of the RHC AIR) for the same beneficiary
- Informing the patient that only one practitioner can furnish and be paid for the service during a calendar month
- Comprehensive care plan is established implemented revised or monitored
- Beneficiary must be able to receive notification and consent
- Patients must be given a written or electronic care plan

General Care Management Requirements (G0511) EHR

NOVITAS SOLUTIONS

- Care plan must be a structured recording using EHR technology:
  - Demographics
  - Problems
  - Medications/medication allergies
  - Creation of a structured clinical summary record
- Providers must use EHR
  - A full list of problems, medications and medication allergies in the EHR must inform the care plan, care coordination and ongoing clinical care
- Access to care management services 24/7 that provides the beneficiary with a means to make timely contact with health care practitioners
- Continuity of care with a designated practitioner or member of the care team with whom the beneficiary is able to get successive routine appointments
- RHCs would continue to be required to meet the RHC Conditions of Participation and any additional RHC payment requirements
- Coordinate with all health care providers:
  - Documentation of communication

General Care Management
Comprehensive Care Management

NOVITAS SOLUTIONS

- Eligibility requirements of Option B:
  - Initial assessment or follow-up monitoring:
    - ✓ Use of applicable validated rating scales
  - Behavioral health care planning:
    - ✓ Including revision for patients who are not progressing or whose status changes
  - Facilitating and coordinating treatment:
    - ✓ Psychotherapy, Pharmacotherapy, Counseling and/or Psychiatric consultation
  - Continuity of care with a member of the care team

Psychiatric CoCM (G0512)

- RHCs can bill Psychiatric CoCM when:
  - Practitioner furnishes a comprehensive E/M, AWV, or IPPE:
    - ✓ Prior to billing the CCM within one year
  - Beneficiary Consent:
    - ✓ Obtained during or after the initiating visit
    - ✓ Prior to care coordination services by RHC practitioner or clinical staff:
      - ➢ Written or verbal, must be documented in the medical record
  - First calendar month:
    - ✓ Minimum of 70 minutes:
      - ➢ Under direction of RHC practitioner
  - Subsequent calendar months:
    - ✓ Minimum of 60 minutes:
      - ➢ By RHC practitioner and/or Behavioral Heath Care Manager (under general supervision)
- Can only be billed once per month/per patient and by only one physician
- RHCs cannot bill for CCM services for a beneficiary during the same service period as billing any other care management (outside of the RHC AIR) for the same beneficiary

Psychiatric CoCM (G0512) Requirements

- Eligible patients:
  - Any behavioral health or psychiatric condition treated by the RHC practitioner:
    - ✓ Including substance use disorders
    - ✓ Clinical judgment of the RHC practitioner, warrants BHI services
- Requirement elements:
  - Psychiatric CoCM requires a team that includes the following:
    - ✓ RHC (physician, NP, PA, or CNM):
      - ➢ Directs the behavioral health care manager or clinical staff
    - ✓ Oversees the patients care:
      - ➢ Prescribing medications
      - ➢ Providing treatments for medical conditions
      - ➢ Referrals to specialty care when needed
- Continues to oversee ongoing oversight, management, collaboration and reassessment

Psychiatric CoCM (G0512) Behavioral Health Care Manager

NOVITAS SOLUTIONS

- Behavioral Health Care Manager:
  - Assessment and care management:
    - ✓ Including the administration of validated rating scales
    - ✓ Behavioral health care planning in relation to behavioral/psychiatric health problems:
      - ➢ Including revision for patients who are not progressing or whose status changes
      - ➢ Provision of brief psychosocial interventions ongoing collaboration with the RHC practitioner
      - ➢ Maintenance of the registry
- Acting in consultation with the psychiatric consultant
- Available to provide services face-to-face with the beneficiary
- Continuous relationship with the patient
- Collaborative, integrated relationship with the rest of the care team
- Available to contact the patient outside of regular RHC hours as necessary to conduct the behavioral health care manager's duties

Psychiatric CoCM (G0512)
Psychiatric Consultant

- Psychiatric Consultant:
  - Participates in regular reviews of the clinical status of patients receiving CoCM services
  - Advises the RHC practitioner regarding diagnosis:
    - ✓ Options for resolving issues with beneficiary adherence and tolerance of behavioral health treatment
  - Making adjustments to behavioral health treatment for beneficiaries who are not progressing
  - Managing any negative interactions between beneficiaries' behavioral health and medical treatments
  - Facilitate referral for direct provision of psychiatric care when clinically indicated

RHC Medicare Benefit Policy Manual Chapter 13 Updates

- MM10350:
  - Effective: February 15, 2018
  - Implementation: February 15, 2018
- Key Points:
  - Chapter 13 of the Medicare Benefit Policy Manual is being updated and revised for RHCs :
    - ✓ Care Management in RHCs as finalized in the Calendar Year (CY) 2018 Physician Fee Schedule Final Rule

Updated CMS RHC Fact Sheet

mln FACT SHEET

PRINT-FRIENDLY VERSION

KNOWLEDGE • RESOURCES • TRAINING

RURAL HEALTH CLINIC

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

Learn about these Rural Health Clinic (RHC) topics:

- Background
- RHC services
- Medicare certification as an RHC
- RHC visits
- RHC payments
- Cost reports
- Annual reconciliation
- Resources
- Lists of helpful websites and Regional Office Rural Health Coordinators

BACKGROUND

[RHC Fact Sheet]

Medicare Deductible, Coinsurance and Premium Rates for 2018

- MM10405:
  - Effective: January 1, 2018
  - Implementation: January 2, 2018
- Key Points:
  - 2018 Part A – Hospital Insurance:
    - ✓ Deductible: $1,340.00
    - ✓ Coinsurance:
      - ➢ $335.00 a day for 61st-90th day
      - ➢ $670.00 a day for 91st-150th day (lifetime reserve days)
      - ➢ $167.50 a day for 21st-100th day (Skilled Nursing Facility coinsurance)
  - 2018 Part B –Medical Insurance:
    - ✓ Deductible: $183.00 a year
    - ✓ Coinsurance: 20 percent

NOVITAS SOLUTIONS

RHC Reminders

Required Billing Updates for RHC

- MM9269:
  - Effective April 1, 2016
  - Implementation April 4, 2016
- Key Points:
  - RHCs are required to report the appropriate HCPCS code for each service line along with the revenue code and other codes as required
  - Payment for RHCs will continue to be made under the AIR when all of the program requirements are met

RHC HPCS Reporting Requirements and Updates

NOVITAS SOLUTIONS

- Special Edition Article SE1611
- Key Points:
  - When a preventative service is the primary service for the visit, RHC's should report modifier CG on the revenue code 052x with the preventative health service
  - Coinsurance and deductible are waived for the approved preventative health services
  - Medicare will pay 100 percent of the AIR service

Billing for Multiple Visits Same Day

- Multiple encounters on the same day constitute a single RHC visit, except for the following:
  - The patient suffers an illness or injury that requires additional diagnosis or treatment on the same day:
    - ✓ The subsequent medical service should be billed using a valid HCPCS code, revenue code 052X, and modifier 59:
      - ➢ Modifier 59 signifies that the conditions being treated are unrelated and services are provided at separate times of the day
  - The patient has a medical visit and a mental health visit on the same day
  - The patient has an IPPE and a separate medical and/or mental health visit on the same day:
    - ✓ IPPE is a once in a lifetime benefit and should be billed using HCPCS code G0402 and revenue code 052X.

NOVITAS SOLUTIONS

RHC Top Claim Submission Errors

Top Claim Submission Errors

JH Reason Codes
38200
U5233
C7010
32402
W7091

Reason Code 38200

- Duplicate rejection:
  - The newly submitted claim is a duplicate to a previously submitted outpatient claim
- Research:
  - Verify claims history to determine if another claim was submitted for this date of service:
- Reason code action:
  - If the posted claim is incorrect:
    - ✓ Submit an adjustment correcting the information

Reason Code U5233

- RTP error:
  - No Medicare payment can be made because the statement covered period falls within or overlaps an enrollment period in a risk HMO
- Research:
  - Verify the statement covered period
  - Verify the patients eligibility
- Reason code action:
  - Bill the claim to the beneficiaries HMO on file

Reason Code C7010

- RTP error:
  - The edited outpatient claim has a from/through date that overlap a hospice election period
- Research:
  - Verify the statement covered period:
    - ✓ Hospice election period verified through Novitasphere, Fiscal Intermediary Shared System (FISS), HETS or Interactive Voice Response (IVR)
- Reason code action:
  - Related to the terminal illness:
    - ✓ Bill the Hospice
  - Unrelated to the terminal illness:
    - ✓ Resubmit the claim to Medicare with the appropriate condition code 07

Reason Code 32402

- RTP error:
  - Invalid revenue code for a HCPCS code reported or HCPCS is not valid for the date on which services were provided
- Research:
  - Verify the revenue code billed
  - Verify the HCPCS code billed
  - Verify the “from” and “through” dates
- Reason code action:
  - Once revenue, HCPCS and/or from and through dates verified and corrected F9 claim for processing

Reason Code W7091

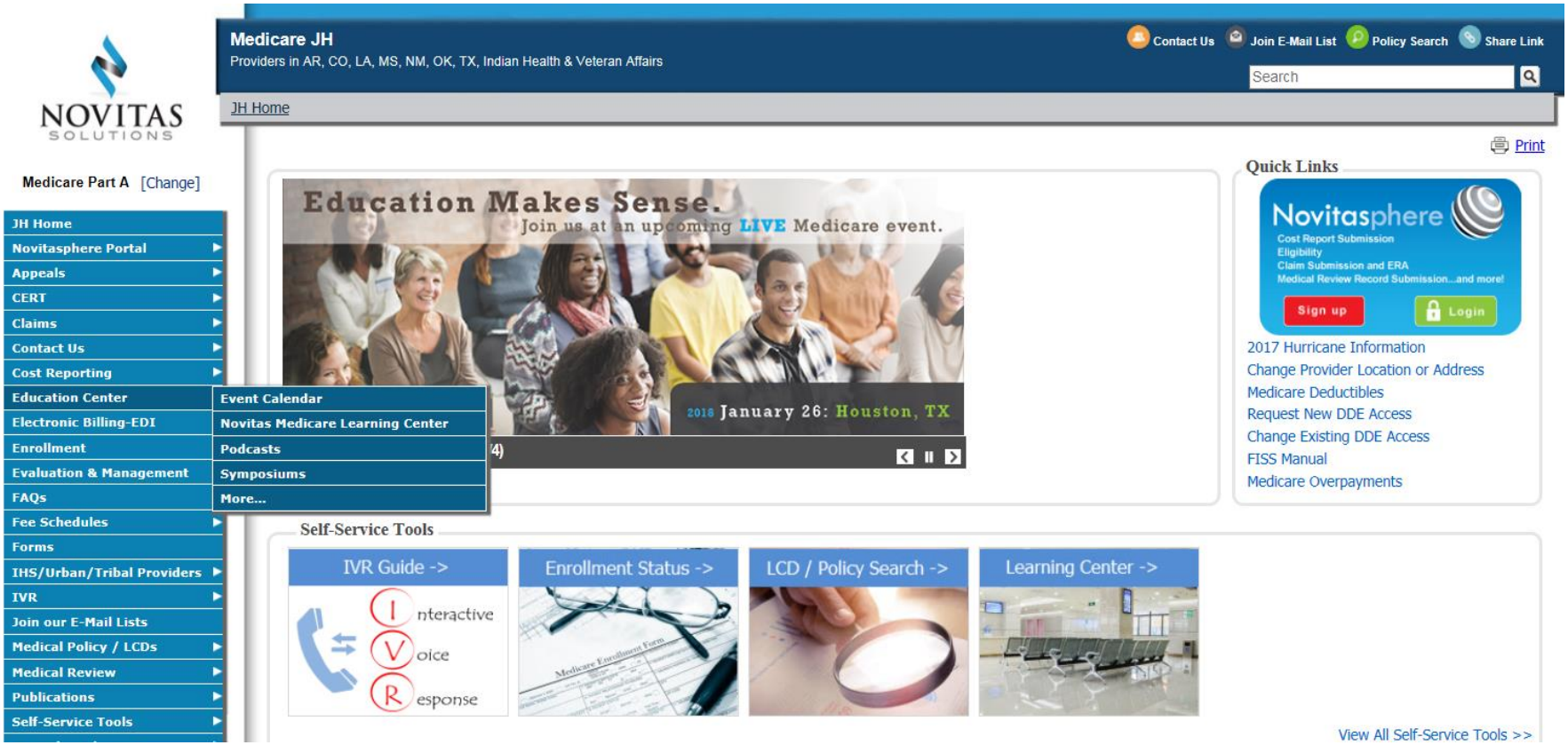
- RTP error:
  - Non RHC services
- Resolution:
  - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 13- Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services, Section 60, “Non RHC/FQHC Services:
- Reason code action:
  - Bill Part B CMS 1500 claim form

NOVITAS SOLUTIONS

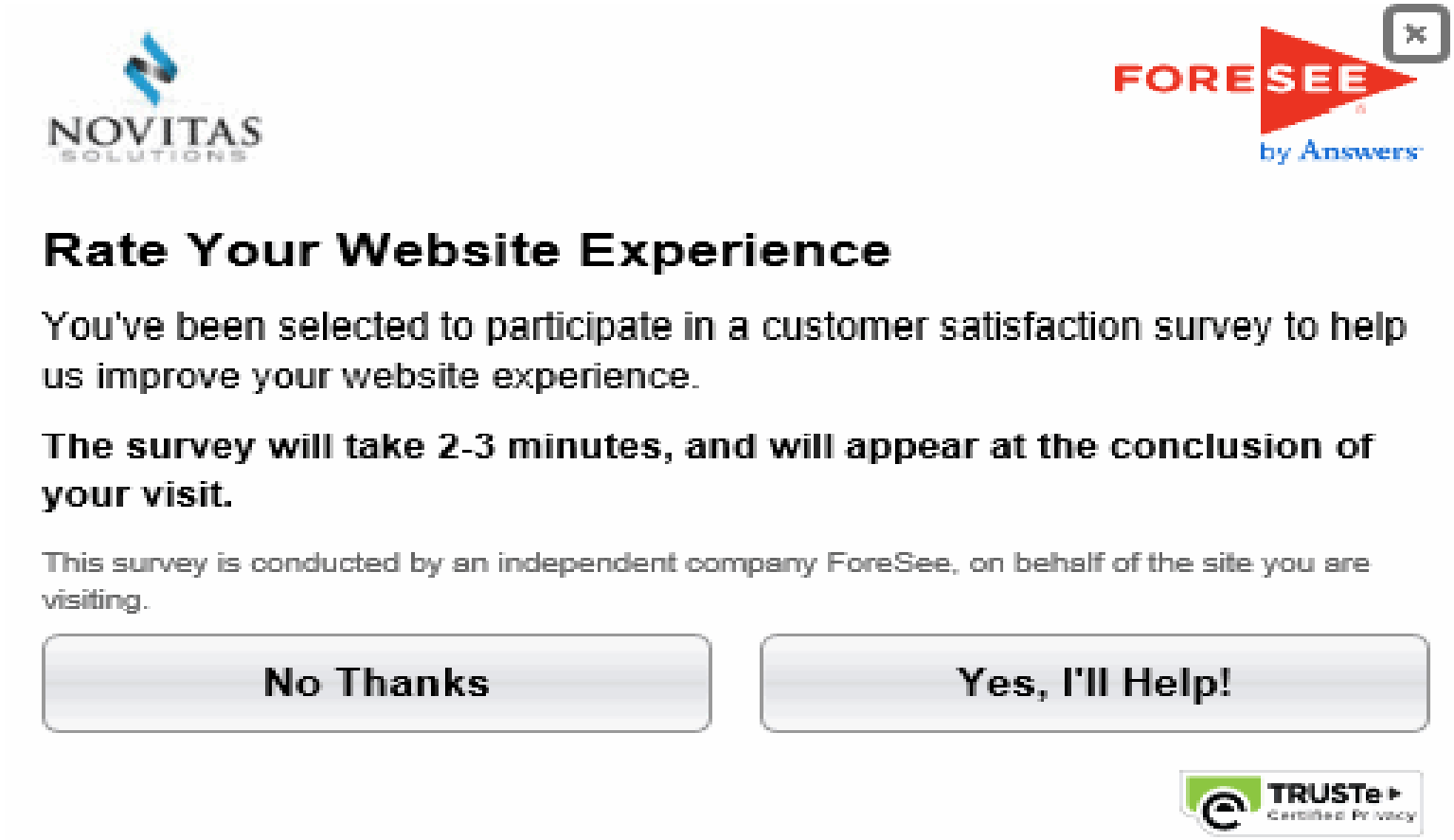
Reminders and Educational Resources

Novitas Website

- [JH Novitas website]



Website Satisfaction Surveys



Novitas Solutions eNews Mailing Schedule

- In response to your feedback, we are implementing a new delivery schedule for our “Novitas Solutions eNews” email
- Our emails will arrive in your inbox just twice a week:
  - Every Tuesday and Thursday
- These emails will still contain all the important Medicare news and updates you need
- We will continue to send any urgent Medicare news or alerts to your inbox instantly
- Website

Customer Contact Information

- Providers are required to use the IVR unit to obtain:
  - Claim Status
  - Patient Eligibility
  - Check/Earning
  - Remittance inquiries
- Jurisdiction H:
  - Customer Contact Center- 1-855-252-8782
  - Provider Teletypewriter- 1-855-498-2447
- Patient / Medicare Beneficiary:
  - 1-800-MEDICARE (1-800-633-4227)

Summary

- Provided the latest news, updates, reminders and top claim submission errors
- Reviewed helpful Medicare reminders and education resources

Thank You

- Kim Robinson
  Education Specialist, Provider Outreach and Education
  Kim.Robinson@novitas-solutions.com
  442-400-7523
- Janice Mumma
  Supervisor, Provider Outreach and Education
  janice.mumma@novitas-solutions.com
  717-526-6406
- Stephanie Portzline
  Manager, Provider Engagement
  Stephanie.Portzline@novitas-solutions.com
  717-526-6317