



# News

*OUTSOURCE YOUR BILLING AND ACCOUNTING  
TO THE HOME HEALTH CONSULTANTS AT TAD!*

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## CMS is seeking public input into relaunching a pre-claim review demonstration for home health services

States that are potentially affected are located within Medicare Administrative Contractor (MAC) Palmetto GBA's jurisdiction.

"CMS proposes initially implementing the demonstration in Illinois, Ohio, North Carolina, Florida and Texas with the option to expand to other states in the Palmetto/JM jurisdiction," CMS says in a comment request posted on the Federal Register website May 29.

CMS is proposing to offer agencies choices in how to demonstrate compliance — either 100% pre-claim reviews or 100% post-payment reviews.

Once an agency reaches a target affirmation or claim approval rate, "it may choose to be relieved from claim reviews, except for a spot check of their claims to ensure continued compliance."

Agencies that decide not to participate in pre-claim or post-payment reviews may provide services and submit the claim. But they'll receive a 25% payment reduction on all claims submitted and may be eligible for review by the recovery auditor (RAC).

The goal of such reviews is to "help assist in developing improved procedures for the identification, investigation and prosecution of Medicare fraud" among agencies providing care to Medicare beneficiaries, CMS says.

Originally, the pre-claim demo had been expected to occur in five states: Illinois, Florida, Michigan, Massachusetts and Texas. But it never occurred outside of Illinois.

The pre-claim review demonstration originally began in Illinois in August 2016 and was paused March 31, 2017 — one day before it was set to expand to Florida.

Many Illinois agencies had major challenges with the demonstration before it was paused. Although about 90% of pre-claim review requests submitted in week 24 of the demo in Illinois received a fully affirmed decision, only about 30% of the requests in weeks three and four were fully affirmed, CMS data show.

Agencies will have 60 days to comment on CMS' request from when it's published officially in the Federal Register in the coming days. Agencies may submit comments to <http://www.regulations.gov/>.

Related link: Read more about CMS' comment request at <https://bit.ly/2kBpMvg>.

Source: DecisionHealth

Medicare and the TAD Offices will be closed on July 4<sup>th</sup> in observance of the holiday.

## New Medicare Cards: You Can Use MBIs as soon as the member has been issued their new card

Your Medicare patients are getting their new Medicare cards with new numbers known as Medicare Beneficiary Identifiers (MBIs). MBIs will replace the existing Social Security Number (SSN) based Health Insurance Claim Number (HICN) on the new Medicare cards and in the systems Medicare uses now. Medicare will replace all current cards and SSN-based numbers by April 2019.

Medicare is telling your Medicare patients to show you and your office staff their new Medicare card when they come for care. It is important for you to protect the identity of your Medicare patients by getting and using their new MBIs as soon as you have them. As a reminder, agencies should not begin using the new MBI numbers for a member until the beneficiary has been issued their new card. You and your office staff should use the transition period to make sure your systems can accept and transmit MBIs.

Here are three ways you and your office staff can get MBIs:

- Ask your Medicare patients: Medicare is mailing the new Medicare cards in phases by geographic location to people with Medicare. Ask your Medicare patients for their new Medicare card when they come for care. If they have received a new card but don't have it with them at the time of service, remind them they can use MyMedicare.gov to get their new Medicare number.
- You can look up MBIs for your Medicare patients who don't have their new cards when they come for care. Starting in April 2018, to make it easier for agencies to obtain their Medicare patients' MBIs, they can now be found through the Intermediary / MAC's secure portal. For CGS user: myCGS, for Palmetto users: eServices and NGS users: NGSConnex. You will have to obtain an user Id and password in order to access these secure portals.
- Check the remittance advice: Starting in October 2018 through the end of the transition period, Medicare will return the MBI on every remittance advice when you submit claims with valid and active HICNs.



Visit us at [www.tad-usa.com](http://www.tad-usa.com) for helpful links to information you need to know for your agency!!!

### TAD FREE WEBINARS

TAD Webinars include a variety of topics that will help agency owners and administrators keep current on the latest topics that impact Home Health Agencies. The following Webinars held from 2-3pm EST are open for registration:

**Ins and Outs of Accounts Receivable:** Wednesday, June 20th

**Understanding Medicare Remittance Advices:** Wednesday, July 18th

For more information about these webinars, or to register, visit us at [www.tad-usa.com](http://www.tad-usa.com) and select "Free Webinars." Space will be limited, so please be sure to register early. Registration for webinars is only available on line. Please note that Webinars are scheduled based on the **Eastern** time zone. New webinars and dates will be posted regularly, so visit us often at [www.tad-usa.com](http://www.tad-usa.com). We hope you will join us!!!!

### **INSPIRATIONAL THOUGHT:**

**"Always laugh when you can.  
It is cheap medicine."**

**- Lord Byron**

