NOTE: Should you have landed here as a result of a search engine (or other) link, be advised that these files contain material that is copyrighted by the American Medical Association. You are forbidden to download the files unless you read, agree to, and abide by the provisions of the copyright statement. Read the copyright statement now and you will be linked back to here.
What’s Inside...

MLN Connects ................................................................. 2
Weekly Articles ............................................................. 2
Special Edition Articles ............................................... 3
CMS Proposes Changes to Empower Patients and Reduce Administrative Burden ........................................ 3
Home Health and Hospice Information .......................... 5
Unsolicited Voluntary Refunds ........................................ 5
Quarterly Healthcare Common Procedure Coding System (HCPCS) ......................................................... 5
Drug/Biological Code Changes – July 2018 Update .......... 5
Modifications to the Implementation of the Paperwork (PWK) Segment of the Electronic Submission of Medical Documentation (esMD) System ........................................ 7
Claims Processing Actions to Implement Certain Provisions of the Bipartisan Budget Act of 2018 ......................................................... 9
We’d Love Your Feedback! .............................................. 13
Get Your Medicare News Electronically ......................... 14
Medicare Learning Network® (MLN) ............................... 14

Learning and Education Information ............................. 15
June 14, 2018, Home Health and Hospice Quarterly Updates Webcast ......................................................... 15
2018 Jurisdiction M (JM) Home Health Medicare Workshop Series - Winning with Medicare ............................................... 16
2018 Jurisdiction M (JM) Hospice Medicare Workshop Series - Winning with Medicare ......................................................... 18
Educational Events Where You Can Ask Questions and Get Answers from Palmetto GBA ......................................................... 19

Tools You Can Use ........................................................... 21
Billing Occurrence Code 27, Occurrence Span Code 77 and Late Recertifications Module ......................................................... 21
New Medicare Card Information ..................................... 22

Helpful Information .......................................................... 23
Contact Information for Palmetto GBA Home Health and Hospice ......................................................... 23

The JM HHH Medicare Advisory contains coverage, billing and other information for Jurisdiction M HHH. This information is not intended to constitute legal advice. It is our official notice to those we serve concerning their responsibilities and obligations as mandated by Medicare regulations and guidelines. This information is readily available at no cost on the Palmetto GBA website. It is the responsibility of each facility to obtain this information and to follow the guidelines. The JM HHH Medicare Advisory includes information provided by the Centers for Medicare & Medicaid Services (CMS) and is current at the time of publication. The information is subject to change at any time. This bulletin should be shared with all health care practitioners and managerial members of the provider staff. Bulletins are available at no-cost from our website at http://www.PalmettoGBA.com/Medicare.

CPT only copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable 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 Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT), Copyright © 2012 American Dental Association (ADA). All rights reserved.
Upcoming Home Health and Hospice Educational Events

June 14, 2018, Home Health and Hospice Quarterly Updates Webcast
Palmetto GBA will host the March 2018 Home Health and Hospice Quarterly Updates webcast on Thursday, June 14, 2018, at 10:00 a.m. ET. The Quarterly Update Webcasts are intended to provide ongoing, scheduled opportunities for providers to stay up to date on Medicare requirements.

2018 Jurisdiction M (JM) Home Health Medicare Workshop Series - Winning with Medicare
Palmetto GBA is pleased to announce our 2018 Home Health Workshop Series, Winning with Medicare. These workshops are designed for home health providers and their staff to equip them with the tools they need to be successful with Medicare billing, coverage and documentation requirements.

2018 Jurisdiction M (JM) Hospice Medicare Workshop Series – Winning with Medicare
Palmetto GBA is pleased to announce our 2018 Hospice Workshop Series, Winning with Medicare. These workshops are designed for hospice providers and their staff to equip them with the tools they need to be successful with Medicare billing, coverage and documentation requirements.

For more information and registration instructions to attend these education sessions, please go to Page 23 of this issue.

MLN CONNECTS

MLN Connects will contain Medicare-related messages from the Centers of Medicare & Medicaid Services (CMS). These messages ensure planned, coordinated messages are delivered timely about Medicare-related topics. Please share with appropriate staff. To view the most recent issues, please copy and paste the following links into your Web browser:

Weekly Articles

April 26, 2018

April 19, 2018

April 12, 2018
April 5, 2018

March 29, 2018

Special Edition Articles

CMS Proposes Changes to Empower Patients and Reduce Administrative Burden

Changes in IPPS and LTCH PPS would advance price transparency and interoperability

On April 24, CMS proposed changes to empower patients through better access to hospital price information, improve patients’ access to their electronic health records, and make it easier for providers to spend time with their patients. The proposed rule proposes updates to Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS).

“We seek to ensure the health care system puts patients first,” said Administrator Seema Verma. “Today’s proposed rule demonstrates our commitment to patient access to high quality care while removing outdated and redundant regulations on providers. We envision a system that rewards value over volume and where patients reap the benefits through more choices and better health outcomes. Secretary Azar has made such a value-based transformation in our health care system a top priority for HHS, and CMS is taking important, concrete steps toward achieving it.”

The policies in the IPPS and LTCH PPS proposed rule would further advance the agency’s priority of creating a patient-driven health care system by achieving greater price transparency and interoperability – essential components of value-based care – while also significantly reducing the burden for hospitals so they can operate with better flexibility and patients have the information they need to become active health care consumers.
While hospitals are already required under guidelines developed by CMS to either make publicly available a list of their standard charges, or their policies for allowing the public to view a list of those charges upon request, CMS is updating its guidelines to specifically require that hospitals post this information. The agency is also seeking comment on what price transparency information stakeholders would find most useful and how best to help hospitals create patient-friendly interfaces to make it easier for consumers to access relevant health care data so they can more readily compare providers.

The proposed policies begin implementing core pieces of the government-wide MyHealthEData initiative through steps to strengthen interoperability or the sharing of health care data between providers. Specifically, CMS is proposing to overhaul the Medicare and Medicaid Electronic Health Record Incentive Programs (also known as the “Meaningful Use” program) to:

* Make the program more flexible and less burdensome
* Emphasize measures that require the exchange of health information between providers and patients
* Incentivize providers to make it easier for patients to obtain their medical records electronically

To better reflect this new focus, we are renaming the Meaningful Use program “Promoting Interoperability.” In addition, the proposed rule reiterates the requirement for providers to use the 2015 Edition of certified electronic health record technology in 2019 as part of demonstrating meaningful use to qualify for incentive payments and avoid reductions to Medicare payments. This updated technology includes the use of application programming interfaces, which have the potential to improve the flow of information between providers and patients. In the proposed rule, CMS is requesting stakeholder feedback through a Request for Information on the possibility of revising Conditions of Participation to revive interoperability as a way to increase electronic sharing of data by hospitals.

As part of its commitment to burden reduction, CMS is proposing in the FY 2019 IPPS/LTCH PPS proposed rule to remove unnecessary, redundant, and process-driven quality measures from a number of quality reporting and pay-for-performance programs. The proposed rule would eliminate a significant number of measures acute care hospitals are currently required to report and remove duplicative measures across the 5 hospital quality and value-based purchasing programs. This would remove 19 measures from the programs and de-duplicate another 21 measures while still maintaining meaningful measures of hospital quality and patient safety. Additionally, CMS is proposing a variety of other changes to reduce the number of hours providers spend on paperwork. CMS is proposing this new flexibility so that hospitals can spend more time providing care to their patients thereby improving the quality of care their patients receive.

In sum, this results in the elimination of 25 measures across the 5 programs with well over 2 million burden hours reduced for hospital providers impacted by the IPPS proposed rule, saving them $75 million.

For More Information:

* **Proposed Rule**
* **Fact Sheet**

**HOME HEALTH AND HOSPICE INFORMATION**

**Unsolicited Voluntary Refunds**

The acceptance of a voluntary refund as repayment for the claims specified in no way affects or limits the rights of the Federal Government, or any of its agencies or agents, to pursue any appropriate criminal, civil, or administrative remedies arising from or relating to these or any other claims.

---

**Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes – July 2018 Update**

MLN Matters Number: MM10624  
Related CR Release Date: April 20, 2018  
Related CR Transmittal Number: R4025CP  
Related Change Request (CR) Number: 10624  
Effective Date: July 1, 2018  
Implementation Date: July 2, 2018

**Provider Types Affected**

This MLN Matters Article is intended for physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

**Provider Action Needed**

Change Request (CR) 10624 informs MACs of updated drug/biological HCPCS codes. The HCPCS code set is updated on a quarterly basis. The July 2018 HCPCS file includes 4 new HCPCS codes: Q9991, Q9992, Q9993 and Q9995. Please make sure your billing staffs are aware of these updates.

**Background**

The July 2018 HCPCS file includes four new HCPCS codes, which are payable by Medicare, effective for claims with dates of service on or after July 1, 2018. These codes are:

- **Q9991**
  - Short Description: Buprenorph xr 100 mg or less
- **Q9992**
  - Short Description: Buprenorphine xr over 100 mg
  - Long Description: Injection, buprenorphine extended-release (sublocade), greater than 100 mg
  - TOS Code: 1
  - MPFSDB Status Indicator: E

- **Q9993**
  - Short Description: Inj., triamcinolone ext rel
  - Long Description: Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
  - TOS Code: 1,P
  - MPFSDB Status Indicator: E

- **Q9995**
  - Short Description: Inj. emicizumab-kxwh, 0.5 mg
  - Long Description: Injection, emicizumab-kxwh, 0.5 mg
  - TOS Code: 1
  - MPFSDB Status Indicator: E

**Additional Information**

If you have any questions, please contact your MAC at their toll-free number. That number is available at [https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/](https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/).
Provider Type Affected
This MLN Matters Article is intended for physicians, suppliers, and providers submitting electronic medical documentation to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

Provider Action Needed
Change Request (CR) 10397 updates the business requirements to enable MACs to receive unsolicited documentation (also known as paperwork (PWK)) via the Electronic Submission of Medical Documentation (esMD) system. CR10397 is for esMD purposes only. Please make sure your billing staffs are aware of these updates.

Background
CR10397 also contains attachments that include cover sheets that must be used for electronic, fax, or mail submissions of documentation. There are three cover sheets, one each for Part A and Part B providers, as well as one for durable medical equipment (DME) suppliers. In addition, there are two companion guides attached to CR10397, one for institutional claims and one for professional claims. A link to CR10397 is available in the Additional Information section of this article.

With CR10397, MACs will modify PWK, also known as unsolicited documentation procedures to include electronic submission(s) via esMD. Also, Medicare systems will accept PWK 02 values “EL” and “FT” for those MACs in a CMS-approved esMD system. This mechanism will suppress initial auto letter generation, if applicable, when PWK 02 is “EL” or “FT,” and is present at any level of the claim or line.
Providers will receive communication from MACs via companion documents for 5010 X12 837 to include:

- The value “EL” (electronic) in PWK 02 to represent an esMD submission for sending the documentation using X12 Standards (6020 X12 275)

- The value “FT” (file transfer) in PWK 02 to represent an esMD submission for sending the documentation in PDF format using XDR specifications.

MACs will allow 7 calendar “waiting days” (from the date of receipt) for additional information to be submitted when the PWK 02 value is “EL” or “FT.”

MACs will use RC Client to reject the PWK data submissions as administrative error(s) when the received cover sheet (via esMD) is incomplete or incorrectly filled out as applicable to current edits. Providers can expect to see new generic reason statements introduced to convey these errors as follows (Codes for these statements will be finalized and sent along with the RC implementation guide):

- The date(s) of service on the cover sheet received is missing or invalid.
- The NPI on the cover sheet received is missing or invalid.
- The state where services were provided is missing or invalid on the cover sheet received.
- The Medicare ID on the cover sheet received is missing or invalid.
- The billed amount on the cover sheet received is missing or invalid.
- The contact phone number on the cover sheet received is missing or invalid.
- The beneficiary name on the cover sheet received is missing or invalid.
- The claim number on the cover sheet received is missing or invalid.
- The Attachment Control Number (CAN) on the cover sheet is missing or invalid.

Once again, examples of the cover sheet are included as an attachment to CR10397.

**Additional Information**


Claims Processing Actions to Implement Certain Provisions of the Bipartisan Budget Act of 2018

MLN Matters Number: MM10531 Revised
Related CR Release Date: April 4, 2018
Related CR Transmittal Number: R20510TN
Related Change Request (CR) Number: 10531
Effective Date: January 1, 2018
Implementation Date: April 2, 2018 – date to begin reprocessing claims

Note: This article was revised on April 5, 2018, to reflect a revised CR10531, which was revised on April 4 to include page 2 of Attachment B - Rural Add on Rate Tables. In the article, the CR release date, transmittal number, and the Web address for CR10531 are revised. All other information remains the same.

Provider Type Affected
This MLN Matters Article is intended for physicians, providers, and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

What You Need To Know
Change Request (CR) 10531 provides direction to MACs to reprocess claims related to several provisions of the Bipartisan Budget Act of 2018, referred to as Medicare Extenders. Specifically, the CR provides guidance to MACs regarding Medicare Fee For Service (FFS) claims reprocessing requirements and timeframes. Make sure your billing staffs are aware of these changes.

Background
On February 9, 2018, Congress passed the Bipartisan Budget Act of 2018 which contains a number of provisions that extend certain Medicare FFS policies, including Ambulance add-on payment provisions, the Work Geographic Practice Cost Index (GPCI) Floor, and the three percent Home Health (HH) Rural Add-on Payment. In addition, the Act permanently repeals the outpatient therapy caps beginning on January 1, 2018, while retaining the requirement to submit the KX modifier for services in excess of the prior cap amounts.
Due to the retroactive effective dates of these provisions, your MAC will reprocess various Medicare FFS claims impacted by this legislation.

Section 421(a) of the Medicare Modernization Act (MMA), as amended by Section 50208 of the Social Security Act, provides an increase of 3 percent of the payment amount otherwise made under Section 1895 of the Social Security Act for home health services furnished in a rural area (as defined in Section 1886(d) (2)(D) of the Act), with respect to episodes and visits ending on or after April 1, 2010, and before January 1, 2019. The statute waives budget neutrality related to this provision.

As a result of the Work GPCI floor changes, certain Federally Qualified Health Center (FQHC) Geographic Adjustment Factors (GAFs) will change, which may result in a change to some FQHC payments. For Inpatient Prospective Payment System (IPPS) hospitals, temporary changes to the low-volume hospital payment adjustment and the Medicare-Dependent Hospital (MDH) program have been extended. In addition, for the Long-Term Care Hospital Prospective Payment (LTCH PPS), the blended payment rate for site neutral payment rate cases is extended for certain LTCH hospital discharges. Separate instructions addressing these payment updates are forthcoming.

On January 25, 2018, the Centers for Medicare & Medicaid Services (CMS) instructed MACs to release for processing held therapy claims with the KX modifier with dates of receipt January 1-10, 2018. CMS also instructed the MACs to institute a “rolling hold” for all new therapy claims with the KX modifier. On February 12, 2018, CMS provided direction regarding new Medicare Physician Fee Schedule (MPFS) files and abstract files due to the extension of the Work GPCI Floor, as well as a revised 2018 Ambulance Fee Schedule (AFS) file. CMS also instructed the MACs to ensure legislative effective indicators were set correctly in Medicare systems to apply therapy policies. Given that legislation has been enacted, CMS is instructing the MACs to reprocess effected claims that were processed using the previous MPFS files.

As stipulated in Section 421(a) of the MMA, the 3 percent rural add-on is applied to the national, standardized episode rate, national per-visit payment rates, Low-Utilization Payment Adjustment (LUPA add-on payments, and the Non-Routine Supplies (NRS) conversion factor when home health services are provided in rural (non-CBSA) areas for episodes and visits ending on or after April 1, 2010, and before January 1, 2019. Refer to Tables 1 through 4 of the attachment to CR10531 for the Calendar Year (CY) 2018 rural payment rates. CR10531 is available at https://www.cms.gov/Regulations-and-Guidance/Transmittals/2018Downloads/R2047OTN.pdf.

Section 1848(e)(1)(E) of the Social Security Act stipulates that after calculating the work geographic index for purposes of MPFS payment for services furnished, the Secretary shall increase the work geographic index to 1.00 for any locality for which such work geographic index is less than 1.00. This provision expired on December 31, 2017, and the locality-specific anesthesia conversion factors for CY 2018 were calculated without this work geographic index floor of 1.00 in place.

Section 50201 of the Bipartisan Budget Act of 2018 restored the work geographic index floor of 1.00 and retroactively dated this restoration to January 1, 2018. In accordance with the law, CMS has updated the locality-specific anesthesia conversion factors for CY 2018 to include the work geographic index floor of 1.00. These updated locality-specific anesthesia conversion factors also have a retroactive effective date of January 1, 2018.
CR10531 reminds the MACs to be aware that Section 1848(b)(4) of the Social Security Act limits MPFS payment for the technical portion of most imaging procedures to the amount paid under the Outpatient Prospective Payment System (OPPS) system. This policy applies to the technical component (and technical portion of global payment) of imaging services, including X-ray, ultrasound, nuclear medicine, MRI, CT, and fluoroscopy services. The MPFS payment rates for some of these services does not reflect the most recent updates to the OPPS rates that were updated in December of 2017. CMS corrected these rates in new MPFS files and informed the MACs of the corrections on February 12, 2018. These MPFS files also contain the updates for the GPCI. This correction is unrelated to the passage of this Act, but CMS is taking the opportunity to address this issue now since new MPFS files are required as a result of the Act.

The instructions to the MACs to reprocess claims contain the following specifics:

- The MACs will reprocess therapy claims with the KX modifier containing Dates of Service in Calendar Year 2018, which were denied prior to the implementation of the updated legislative effective dates issued on January 25, 2018. NOTE: For institutional claims, these claims will include revenue codes 042x, 043x, or 044x and modifiers GN, GO, or GP.

- The MACs will reprocess therapy claims with the KX modifier which were denied due to an invalid date provided by CMS on February 12, 2018.

- The MACs will reprocess 2018 therapy claims which cannot be automatically reprocessed only if you bring such claims to the attention of your MAC.

- The MACs reprocess MPFS claims for localities and States impacted by the Work GPCI Floor fee increase for Dates of Service in CY 2018. Please refer to the chart in Attachment A - Localities and States Impacted by the Work GPCI Floor – 2018 – in CR10531.

- The MACs will reprocess 2018 MPFS claims for localities and States impacted by the Work GPCI Floor fee increase for Dates of Service in CY 2018 which cannot be automatically reprocessed only if you bring such claims to your MAC’s attention. Please refer to the chart in Attachment A - Localities and States Impacted by the Work GPCI Floor – 2018.

- The MACs will reprocess ground AFS claims using the revised 2018 AFS file for Dates of Service in Calendar Year 2018.

- The MACs will reprocess claims which cannot be automatically reprocessed only if you bring such claims to your MAC’s attention.

- MACs will reprocess home health claims with the following criteria:
  - Type of Bill 32X
  - Claim “Through” dates on or after January 1, 2018
  - Value code 61 amounts in the range 999xx
  - Receipt dates prior to the installation of the revised home health Pricer, which reflects the extension of the 3% rural add-on for CY 2018.
• MACs will automatically reprocess claims impacted by the OPPS cap for Dates of Service in Calendar Year 2018. The MACs will reprocess claims which cannot be automatically reprocessed only if you bring such claims to your MAC’s attention.

• The MACs will automatically reprocess anesthesia claims for localities and States impacted by the Work GPCI Floor fee increase for Dates of Service in CY 2018. Please refer to the chart in Attachment A - Localities and States Impacted by the Work GPCI Floor – 2018. The MACs will reprocess claims which cannot be automatically reprocessed only if you bring such claims to your MAC’s attention.

• MACs shall ensure all reprocessing actions have been initiated within 6 months of the issuance of CR10531:
  o For therapy and MPFS adjustments
  o For ground ambulance service claims with a date of service on or after 1/1/2018
  o For OPPS adjustments
  o For anesthesia adjustments

• MACs shall ensure all reprocessing actions have been initiated within 6 months of the implementation date of the Pricer for HH rural add-on adjustments.

Additional Information

If you have any questions, please contact your MAC at their toll-free number. That number is available at https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/.

Document History

<table>
<thead>
<tr>
<th>Date of Change</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 5, 2018</td>
<td>The article was revised to reflect a revised CR10531, which was revised to include page 2 of Attachment B - Rural Add on Rate Tables. In the article, the CR release date, transmittal number, and the Web address for CR10531 are revised. All other information remains the same.</td>
</tr>
<tr>
<td>March 26, 2018</td>
<td>Initial article released.</td>
</tr>
</tbody>
</table>
We’d Love Your Feedback!

Palmetto GBA is committed to continuously improve your customer experience. We welcome your feedback on your experiences with the PalmettoGBA.com website and the eServices portal. As a visitor to the Palmetto GBA’s website, you may be presented with an opportunity to take the website satisfaction survey.

The next time the survey is offered to you, please agree to participate and provide us with your feedback. You have the opportunity to explain your comments, share your honest opinions, and tell us what you like and what you would like to see us improve. If you find a feature or tool specifically helpful, let us know including any suggestions for making them simpler to use.

We continuously analyze your feedback and develop enhancements plans to better assist you with your experience. We value your opinion and look forward to hearing from you.

Tell us what you liked!

We want to hear from you!

Thanks for visiting the JM section of Palmetto GBA. You have been selected to participate in a brief survey to help us improve your browsing experience. It will only take you a couple of minutes to complete and will appear at the conclusion of your visit.

This survey is conducted by an independent company ForeSee, on behalf of Palmetto GBA.

No, thanks

Yes, I’ll give feedback
Get Your Medicare News Electronically

The Palmetto GBA Medicare listserv is a wonderful communication tool that offers its members the opportunity to stay informed about:

- Medicare incentive programs
- Fee Schedule changes
- New legislation concerning Medicare
- And so much more!

How to register to receive the Palmetto GBA Medicare Listserv:

Go to [http://tinyurl.com/PalmettoGBAListserv](http://tinyurl.com/PalmettoGBAListserv) and select “Register Now.” Complete and submit the online form. Be sure to select the specialties that interest you so information can be sent.

Note: Once the registration information is entered, you will receive a confirmation/welcome message informing you that you’ve been successfully added to our listserv. You must acknowledge this confirmation within three days of your registration.

Medicare Learning Network® (MLN)

Want to stay informed about the latest changes to the Medicare Program? Get connected with the Medicare Learning Network® (MLN) – the home for education, information, and resources for health care professionals.

The Medicare Learning Network® is a registered trademark of the Centers for Medicare & Medicaid Services (CMS) and the brand name for official CMS education and information for health care professionals. It provides educational products on Medicare-related topics, such as provider enrollment, preventive services, claims processing, provider compliance, and Medicare payment policies. MLN products are offered in a variety of formats, including training guides, articles, educational tools, booklets, fact sheets, web-based training courses (many of which offer continuing education credits) – all available to you free of charge!

The following items may be found on the CMS web page at: [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html)

- MLN Catalog: is a free interactive downloadable document that lists all MLN products by media format. To access the catalog, scroll to the “Downloads” section and select “MLN Catalog.” Once you have opened the catalog, you may either click on the title of a product or you can click on the type of “Formats Available.” This will link you to an online version of the product or the Product Ordering Page.
• MLN Product Ordering Page: allows you to order hard copy versions of various products. These products are available to you for free. To access the MLN Product Ordering Page, scroll to the “Related Links” and select “MLN Product Ordering Page.”

• MLN Product of the Month: highlights a Medicare provider education product or set of products each month along with some teaching aids, such as crossword puzzles, to help you learn more while having fun!

Other resources:
• MLN Publications List: contains the electronic versions of the downloadable publications. These products are available to you for free. To access the MLN Publications go to: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html. You will then be able to use the “Filter On” feature to search by topic or key word or you can sort by date, topic, title, or format.

MLN Educational Products Electronic Mailing List
To stay up-to-date on the latest news about new and revised MLN products and services, subscribe to the MLN Educational Products electronic mailing list! This service is free of charge. Once you subscribe, you will receive an e-mail when new and revised MLN products are released.

To subscribe to the service:
1. Go to https://list.nih.gov/cgi-bin/wa.exe?A0=mln_education_products-l and select the ‘Subscribe or Unsubscribe’ link under the ‘Options’ tab on the right side of the page.
2. Follow the instructions to set up an account and start receiving updates immediately – it’s that easy!

If you would like to contact the MLN, please email CMS at MLN@cms.hhs.gov.

LEARNING AND EDUCATION INFORMATION

June 14, 2018, Home Health and Hospice Quarterly Updates Webcast

Palmetto GBA will host the June 2018 Home Health and Hospice Quarterly Updates webcast on Thursday, June 14, 2018, at 10 a.m. ET. The Quarterly Update Webcasts are intended to provide ongoing, scheduled opportunities for providers to stay up to date on Medicare requirements.

This webcast is designed to provide pertinent updates, changes, and reminders to assist the provider community in staying compliant with Medicare rules, regulations and will include:

• Medicare Updates and Changes
• Palmetto GBA Updates
• Reminders
Audio
The audio for this presentation will be broadcasting through your computer. For best results, it is recommended that you use headphones. You should not use your telephone to dial into the conference.

Handouts
A copy of the presentation will be available through the event portal once the session begins.

*Please enter a valid PTAN and NPI, if you have one. If you do not have a PTAN or NPI, please enter ‘none’ or ‘n/a.’

Registration link: https://event.on24.com/wcc/r/1581694/8AF550256FC259245BCCA03EE46374C2

2018 Jurisdiction M (JM) Home Health Medicare Workshop Series - Winning with Medicare

Palmetto GBA is pleased to announce our 2018 Home Health Workshop Series, Winning with Medicare. These workshops are designed for home health providers and their staff to equip them with the tools they need to be successful with Medicare billing, coverage and documentation requirements.

These workshops will provide insight for home health agency staff at all levels; however, we suggest that providers who are new to Medicare or have new staff attend our online learning courses for beginners at www.PalmettoGBA.com/hhh. Basic billing and other online educational resources can be found in the Self-Paced Learning section by selecting the Learning and Education link under the Browse Topics option at the top of the page. During the workshop series, Palmetto GBA will provide information related to the most common errors identified through a variety of data analysis and some hints and tips on the reasons why these errors occur. Palmetto GBA’s ultimate goal is to have educated and astute providers who know how to accurately and skillfully apply the information they learn to their documentation and billing practices!

The following topics will be covered during the workshop:

Part I

1. Data Analysis
   a. Utilization
   b. Length of Stay
   c. Disbursement

2. Top Denials
   a. Jurisdiction
   b. State
3. Case Scenarios

4. Nursing Documentation

Part II:

5. What You Need to Know for 2018

6. Data Driven Topics
   a. Reason Code 37253 – Why Did My Claim RTP?
   b. Comparative Billing Report (CBR)

7. eServices Online Portal

8. Reminders
   a. CERT Program
   b. Provider Enrollment Revalidation
   c. EDI

9. Provider Resources/Self Service Tools
   a. CMS Resources
   b. Top Links
   c. Forms/Tools
   d. Social Media
   e. Education/Events

Registration Information
The schedule of workshops is available on the Event Registration Portal under the Learning and Education section of the Palmetto GBA Home Health and Hospice webpage (www.PalmettoGBA.com/hhh).

The state associations are sponsoring the workshops. Please select the link for the date of the workshop you want to attend and that will take you directly to the Association’s registration page.
2018 Jurisdiction M (JM) Hospice Medicare Workshop Series – Winning with Medicare

Palmetto GBA is pleased to announce our 2018 Hospice Workshop Series, Winning with Medicare. These workshops are designed for hospice providers and their staff to equip them with the tools they need to be successful with Medicare billing, coverage and documentation requirements.

These workshops will provide insight for hospice agency staff at all levels; however, we suggest that providers who are new to Medicare or have new staff attend online learning courses for beginners offered at www.PalmettoGBA.com/hhh. Basic billing and other online educational resources can be found in the Self-Paced Learning Section by selecting the Learning and Education link under the Browse Topics option at the top of the page. During the workshop series, Palmetto GBA will provide information related to the most common errors identified through a variety of data analysis and some hints and tips on the reasons why these errors occur. Palmetto GBA’s ultimate goal is to have educated and astute providers who know how to accurately and skillfully apply the information they learn to their documentation and billing practices!

The following topics will be covered during the workshop:

Part I:

1. Data Analysis
   a. Utilization
   b. Medical Review Top Denials
2. Recertification
3. Amyotrophic Lateral Sclerosis (ALS)

Part II:

4. What You Need to Know for 2018
5. Data Driven Topics
   a. Notice of Election (NOE) – Late Submission
   b. Comparative Billing Report (CBR)
6. eServices Online Portal
7. Reminders
   a. CERT Program
   b. Provider Enrollment Revalidation
c. EDI

8. Provider Resources/Self-Service Tools
   a. CMS Resources
   b. Top Links
   c. Forms/Tools
   d. Social Media
   e. Education/Events

Registration Information
The schedule of workshops is available on the Event Registration Portal under the Learning and Education section of the Palmetto GBA Home Health and Hospice webpage (www.PalmettoGBA.com/hhh).

The state associations are sponsoring the workshops. Please select the link for the date of the workshop you want to attend and that will take you directly to the Association’s registration page.

Educational Events Where You Can Ask Questions and Get Answers from Palmetto GBA

Don’t Miss this Wonderful Opportunity!
If you are in search of an opportunity to interact with and get answers to your Medicare billing, coverage and documentation questions from Palmetto GBA’s Provider Outreach and Education (POE) department, please see these educational offerings which have a question and answer session:

<table>
<thead>
<tr>
<th>Quarterly Ask the Contractor Teleconferences (ACTs)</th>
<th>ACTs are intended to open the communication channels between providers and Palmetto GBA, which allows for timely identification of problems and information-sharing in an informal and interactive atmosphere. These teleconferences will be held at least quarterly via teleconference.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceding the presentation, providers are given an opportunity to ask questions both on the topics discussed as well as any other question they may have. While we encourage providers to submit questions prior to the call, this is not required. Just fill out the Ask the Contractor Teleconference (ACT): Submit A Question form. Once the form is completed, please fax it to (803) 935-0140, Attention: Ask-the-Contractor Teleconference</td>
<td></td>
</tr>
</tbody>
</table>
### Quarterly Updates Webcasts

The Quarterly Update Webcasts are intended to provide ongoing, scheduled opportunities for providers to stay up to date on Medicare requirements.

Providers are able to type a question and have it responded to by the POE department throughout the webcast. At the end of the presentation the moderator will also read and respond to questions submitted by attendees in order to share the responses with the group at large.

### Event Registration Portal

Visit our Event Registration Portal to find information on upcoming educational events and seminars.

This is a complete listing of both our face-to-face outreach opportunities as well as our teleconference and webcast listings. Providers are able to dialogue with POE and get answers to their questions at all of these educational events.

If you have a question that you need an answer to today or a claims specific question which requires the disclosure of PII or PHI for response, please contact the Provider Contact Center (PCC) at 1-855-696-0705.

This advisory should be shared with all health care practitioners and managerial members of the provider/supplier staff. Medicare Advisories are available at no cost from the Palmetto GBA website at [www.PalmettoGBA.com/hhh](http://www.PalmettoGBA.com/hhh).

### Address Changes

**Have you changed your address or other significant information recently?** To update this information, please complete and submit a CMS 855A form. The most efficient way to submit your information is by Internet-based Provider Enrollment, Chain and Ownership System (PECOS). To make a change in your Medicare enrollment information via the Internet-based PECOS, go to [https://pecos.cms.hhs.gov](https://pecos.cms.hhs.gov) on the CMS website. To obtain the hard copy form plus information on how to complete and submit it, visit the Palmetto GBA website ([www.PalmettoGBA.com/hhh](http://www.PalmettoGBA.com/hhh)).
TOOLS THAT YOU CAN USE

Top 10 Medical Review Denials

The goal of Palmetto GBA’s medical review program is to ensure that payment is only made for services that meet all Medical coverage, coding and medical necessity requirement.

Select the forward button below to view the 10 most common provider errors in the first quarter of 2018.

To access this module, please copy and paste the following in your web browser:

New Medicare Card Information

For more information about the new Medicare card, please go to the New Medicare cards Web Page on the CMS Website.

To access this page, copy and paste the following link in your browser:

## HELPFUL INFORMATION

### Contact Information for Palmetto GBA Home Health and Hospice

<table>
<thead>
<tr>
<th>Department</th>
<th>Contact Information</th>
<th>Type of Inquiry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeals</td>
<td>Palmetto GBA&lt;br&gt;HHH Appeals&lt;br&gt;Mail Code: AG-630&lt;br&gt;P.O. Box 100238&lt;br&gt;Columbia, SC 29202-3238&lt;br&gt;Fax: (803) 699-2425</td>
<td>• Request for Redeterminations&lt;br&gt;• Redetermination Form</td>
</tr>
<tr>
<td></td>
<td><strong>Fed Ex/UPS/Certified Mail Address</strong>&lt;br&gt;Palmetto GBA&lt;br&gt;HHH Appeals&lt;br&gt;Mail Code: AG-630&lt;br&gt;Building One&lt;br&gt;2300 Springdale Drive&lt;br&gt;Camden, SC 29020</td>
<td></td>
</tr>
<tr>
<td>Contact Center (Providers)</td>
<td>Palmetto GBA&lt;br&gt;HHH PCC&lt;br&gt;Mail Code: AG-840&lt;br&gt;P.O. Box 100238&lt;br&gt;Columbia, SC 29202-3238&lt;br&gt;Provider Contact Center: 855-696-0705&lt;br&gt;Our PCC representatives are ready to answer your questions about billing problems and other issues. Please see the following links for more guidance about the HHH Interactive Voice Response (IVR) and contacting the Contact Center:&lt;br&gt;IVR Flowchart (<a href="http://www.palmettogba.com/Palmetto/Providers.Nsf/files/IVR_HHH_Flowchart.pdf/$File/IVR_HHH_Flowchart.pdf">http://www.palmettogba.com/Palmetto/Providers.Nsf/files/IVR_HHH_Flowchart.pdf/$File/IVR_HHH_Flowchart.pdf</a>)&lt;br&gt;Call Flowchart (<a href="http://www.palmettogba.com/Palmetto/Providers.Nsf/files/IVR_Flowchart.pdf/$File/IVR_Flowchart.pdf">http://www.palmettogba.com/Palmetto/Providers.Nsf/files/IVR_Flowchart.pdf/$File/IVR_Flowchart.pdf</a>)&lt;br&gt;IVR Conversion Tool <a href="http://www.palmettogba.com/palmetto/ivrt.nsf/Main?OpenForm">http://www.palmettogba.com/palmetto/ivrt.nsf/Main?OpenForm</a>&lt;br&gt;HHH PCC Hours: 8 a.m. to 5 p.m. ET</td>
<td>• General coverage and Medicare-related questions&lt;br&gt;• Crossover questions&lt;br&gt;• Questions regarding claim filing requirements&lt;br&gt;• Explanation of denial reasons&lt;br&gt;• IVR resources&lt;br&gt;• MSP resources&lt;br&gt;• Modifier guidelines&lt;br&gt;• Medical record documentation questions</td>
</tr>
</tbody>
</table>

Email HHH to have your inquiry answered. Please do not include any Protected Health Information.
<table>
<thead>
<tr>
<th>Cost Report</th>
<th>Cost Report Filing</th>
</tr>
</thead>
</table>
| Mailing Address | Palmetto GBA  
Attn: Cost Report Acceptance  
Mail Code: AG-330  
P.O. Box 100144  
Columbia, SC 29202-3144 |
| Fed Ex/UPS/Certified Mail Address | Palmetto GBA  
Attn: Cost Report Acceptance  
Mail Code: AG-330  
2300 Springdale Drive  
Building One  
Camden, SC 29020-1728 |
| Cost Report Overpayments Address (checks only) | Palmetto GBA  
Medicare Finance  
Mail Code: AG-260  
P.O. Box 100277  
Columbia, SC 29202-3277 |

<table>
<thead>
<tr>
<th>Credit Balance Reporting</th>
<th>Regular and Certified Mail</th>
</tr>
</thead>
</table>
| Palmetto GBA  
Attn: Credit Balance Reporting  
P.O. Box 100277  
Columbia, SC 29202-3277 |
| Fed Ex/UPS/Overnight Courier | Palmetto GBA  
Credit Balance Reporting  
2300 Springdale Drive  
Building One  
Camden, SC 29020 |
| Reports may be faxed to:  
MCBR Receipts  
Attn: Credit Balance Reporting  
(803) 419-3277 |
| If you have questions about your Credit Balance Report, please call the Provider Contact Center at: 855-696-0705.  
All email inquiries may be sent to: Credit.Balance@PalmettoGBA.com |

<table>
<thead>
<tr>
<th>Customer Service Center (Beneficiary)</th>
<th></th>
</tr>
</thead>
</table>
| 1-800-Medicare (1-800-633-4227)  
TTY: 877-486-2048  
Visit the Medicare website at www.medicare.gov. |
| • All questions related to the Medicare Program |

• Cost Reports  
• Checks  
• Questions or concerns regarding credit balance reports
| Electronic Data Interchange (EDI) | Email: **EDIPartA.ENROLL@PalmettoGBA.com**  
Provider Contact Center: 855-696-0705 | • EDI enrollment  
• Administrative Simplification and Compliance Act (ASCA)  
• Electronic Remittance Advice (ERA)  
• PC-ACE Pro 32 (billing software)  
• Direct Data Entry (billing software)  
• Other EDI-related issues |
| --- | --- | --- |
| DDE Hours of Availability | | • Monday to Friday  
6 am - 8 pm ET  
• Saturday 6 am - 4 pm ET  
• Sunday: Not Available |
| Financial correspondence with/without checks | Palmetto GBA  
PO Box 100277  
Columbia, SC 29202 | |
| Freedom of Information Act (FOIA) Requests | Palmetto GBA – HHH  
FOIA Coordinator  
Mail Code: AG-840  
P.O. Box 100190  
Columbia, SC 29202-3190  
Email: **FOIA@PalmettoGBA.com** | • FOIA requests |
| Medical Affairs | Palmetto GBA  
Medical Affairs  
Mail Code: AG-275  
P.O. Box 100238  
Columbia, SC 29202-3238  
Fax: 803-462-2652  
**Email:** a.policy@palmettogba.com | • Local coverage determinations (LCDs) |
| Medical Review | Palmetto GBA  
| HHH Medical Review  
| Mail Code: AG-230  
| P.O. Box 100238  
| Columbia, SC 29202-3238 |  
|  
Please call the Provider Contact Center (PCC) at 855-696-0705 for Medical Review questions.  

**Fed Ex/UPS/Overnight Courier**  
Palmetto GBA  
Mail Code: AG-230  
2300 Springdale Drive, Building One  
Camden, SC 29020  
Fax: (803) 699-2436 |
| Medicare Secondary Payer (MSP) | For questions/concerns related to MSP records, contact the Benefits Coordination & Recovery Center (BCRC) at: 855-798-2627 (TTY/TDD at 855-797-2627 for the hearing and speech impaired). Customer Service Representatives are available to provide you with quality service Monday through Friday from 8 a.m. to 8 p.m. ET, except holidays.  

Mailing addresses are available on the [CMS website](https://www.cms.gov). |
| Overpayments | Palmetto GBA  
| HHH Overpayments  
| Mail Code: AG-340  
| P.O. Box 100277  
| Columbia, SC 29202-3277 |  

**Provider Inquiries**  
For inquiries regarding overpayments, please call the Provider Contact Center at 855-696-0705.  

**Fax Numbers**  
- To send any financial correspondence to the overpayment department by fax, please fax this information to (803) 419-3275  
- To request an immediate offset, fax your request to (803) 462-2574 |

- Responding to Additional Documentation Requests (ADRs)  
- Responses to our requests for medical records  
- MSP questions  
- Questions regarding beneficiary’s primary or secondary records  
- Overpayments  
- Checks for cost reports and credit balances
| Provider Audit | Palmetto GBA  
Provider Audit  
Mail Code: AG-320  
P.O. Box 100144  
Columbia, SC 29202-3144  

Palmetto GBA  
Cost Report Appeals and Reopenings  
Mail Code: AG-380  
P.O. Box 100144  
Columbia, SC 29202-3144  

Email:  
Filing of Cost Report Appeals  
CostReport.Appeals@PalmettoGBA.com  

Filing of Cost Report Reopenings  
CostReport.Reopening@PalmettoGBA.com | • Issues related to cost reports, desk reviews, audits and settlements  
• Issues related to the filing of cost report appeals and reopenings |

| Provider Enrollment | Palmetto GBA  
HHH Provider Enrollment  
Mail Code: AG-331  
P.O. Box 100144  
Columbia, SC 29202-3144  

For inquiries regarding provider enrollment, please call the Provider Contact Center at 855-696-0705. | • Enrollment (credentialing) questions  
• Request CMS-855 B, I or R forms  
• Change address, add a location, add a new member to a provider group  
• Independent Diagnostic testing facility (IDTF) enrollment  
• Electronic Funds Transfer (EFT) CMS 588 form  
• Medicare Participating Physician or Supplier Agreement (PAR) CMS 460 form  
• How to obtain a National Provider Identifier (NPI)  
• Participation corrections  
• IRS 1099 tax form corrections  
• Consent forms |
| **Provider Outreach and Education (POE)** | Palmetto GBA  
HHH POE  
Mail Code: AG-830  
P.O. Box 100238  
Columbia, SC 29202-3238  

For education, please complete the Education Request Form. To access this document, go to the Forms Web Page at [www.PalmettoGBA.com/hhh/forms](http://www.PalmettoGBA.com/hhh/forms). | • Educational training requests  
• Request a speaker for association meetings in your state |
| **Provider Reimbursement** | Palmetto GBA  
Provider Reimbursement  
Mail Code: AG-330  
P.O. Box 100144  
Columbia, SC 29202-3144  

Provider inquiries, please call (803) 382-6104.  

Fax updated certificates for diabetes education to the reimbursement department at (803) 935-0262. | • Submission of interim rate information  
• Reimbursement issues  
• Reimbursement specialist  
• Submission of certificates |
| **Zone Program Integrity Contractor (ZPIC)** | **Alabama, Arkansas, Georgia, Louisiana, Mississippi, North Carolina, South Carolina and Tennessee home health and hospice providers**  
AdvanceMed, an NCI Company  
520 Royal Parkway, Suite 100  
Nashville, TN 37214  
Website: [www.nciinc.com/about-us/advancemed](http://www.nciinc.com/about-us/advancemed)  
Phone Number: (615) 871-2361  

**New Mexico, Oklahoma and Texas home health and hospice providers**  
Health Integrity, LLC  
Website: [www.healthintegrity.org](http://www.healthintegrity.org)  
Phone Number: (972) 383-0000  

**Florida home health and hospice providers**  
Safeguard Services (SGS)  
Website: [http://www.safeguard-servicesllc.com/](http://www.safeguard-servicesllc.com/)  
Phone Number: (954) 624-3999 | • Fraud  
• Abuse  
• Questionable billing practices |