



MLN ConnectsTM

National Provider Call

Hospital Appeals Settlement

October 21, 2014



The Medicare Learning Network®



This MLN Connects™ National Provider Call (MLN Connects Call) is part of the Medicare Learning Network (MLN), a registered trademark of the Centers for Medicare & Medicaid Services (CMS), and is the brand name for official information health care professionals can trust.

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Presenters

Gerald Walters, Senior Advisor to the Chief Financial Officer, Office of Financial Management

Melanie Combs-Dyer, Director, Provider Compliance Group, Office of Financial Management

Maria Ramirez, Director, Division of Appeals Operations, Medicare Enrollment and Appeals Group, Center for Medicare

Agenda

- I. Background
- II. Potentials List
- III. Validation Process
- IV. Rebilling
- V. Q+As

Proposed Settlement: Eligible Providers

- The following facility types are generally ELIGIBLE to submit a settlement request:
 - Acute Care Hospitals, including those paid via Prospective Payment System (PPS), Periodic Interim Payment (PIP), and Maryland waiver;
 - Critical Access Hospitals (CAH)
- The following facility types are NOT ELIGIBLE to submit a settlement request:
 - Psychiatric hospitals paid under the Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS);
 - Inpatient Rehabilitation Facilities (IRFs);
 - Long-Term Care Hospitals (LTCHs);
 - Cancer hospitals; and
 - Children’s hospitals.

Proposed Settlement: Eligible Claims

1. Denied by a MAC, RAC, CERT, OIG, ZPIC, *or QIO*
2. For Fee-for-Service Medicare
3. Denied based on “patient status”
4. Date of Admission prior to 10/1/2013
5. The hospital timely appealed the denial
6. As of the date the hospital submitted the initial agreement to CMS, the appeal was still pending or the hospital had not yet exhausted its appeal rights
7. The hospital did not receive payment for the service as a Part B claim

Proposed Settlement: Initiation

- Hospitals will send to CMS (MedicareAppealsSettlement@cms.hhs.gov):
 1. Hospital Signed Administrative Agreement*
 2. Spreadsheet of Claims/ Appeals Numbers*
- Hospitals agree to stay appeals during validation process
- Initial settlement requests are due to CMS on or before ***October 31, 2014***

* The documents above, as well as an instruction sheet for completion, are available for download at <http://go.cms.gov/InpatientHospitalReview>

Request for Potentials List

- *Effective 10/15/14, providers may submit a request for a “Potentials List”. CMS will provide a list of **potentially** eligible claims at Level 2 appeals and above.*
- *To request a Potentials List*
 - *Send an email to MedicareAppealsSettlement@cms.hhs.gov*
 - *The **subject line** should read: “Request for Potentials List from [insert provider name] [insert 6 digit provider number]”*
 - *The **body of the email** should list each NPI associated with that provider number*

Proposed Settlement: Validation

- CMS and its contractors will validate the hospital provided data against their own information
 - For claims which CMS agrees with the hospital (Round 1):
 - Medicare Administrative Contractor (MAC) sends agreement lists to hospital for final review
 - Hospital sends CMS either
 - Confirmation to proceed, or
 - Notice of abandonment
 - CMS signs agreement
 - MAC will effectuate the payment
 - Appeal entities will dismiss associated appeals

Proposed Settlement: Validation

For claims which CMS disagrees with the hospital (Round 2):

- Provider reviews/revises the 'disagree' eligible claims spreadsheet
- Provider submits a **new** email to MedicareAppealsSettlement@cms.hhs.gov containing:
 - The revised disagree spreadsheet and,
 - A new, signed Administrative Agreement
- Document naming: same but indicate 'Round 2'

If discrepancies are identified:

- CMS/provider will discuss until both are in agreement
- CMS will sign the new Administrative Agreement
- Round 2 payment will be made
- Appeal dismissal of agreed upon claims will occur

Rebilling Scenarios Where Claims ARE Eligible* for Settlement

- Part A claims are eligible if the provider has not received Part B payment as of the date the provider submits the initial settlement request. Thus, Part A claims are eligible if:
 - Examples:
 1. The provider has requested to withdraw its Part A claim appeal but has not received a dismissal letter
 2. The provider has received a dismissal notice, but has not submitted a Part B claim, and there is still time for the dismissal to be reviewed at the next level of appeal (or for it to be vacated by the appeal adjudicator)
 3. The provider has received a dismissal notice and submitted a Part B claim, but has not received payment from the MAC

(*Assuming all other eligibility requirements are met)

Rebilling Scenarios Where Claims ARE NOT Eligible for Settlement

- Following denial of Part A claim, the provider submits a Part B claim and receives payment
- Following dismissal of Part A claim appeal, the provider submits a Part B claim and receives payment

Resources

- Website: <http://go.cms.gov/InpatientHospitalReview>
(*Note- web address is case sensitive)
- Send Settlement Requests to CMS at:
 - MedicareAppealsSettlement@cms.hhs.gov
- Send Questions to CMS at:
 - MedicareSettlementFAQs@cms.hhs.gov

Question & Answer Session

Evaluate Your Experience

- Please help us continue to improve the MLN Connects National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call.

Thank You

- For more information about the MLN Connects National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>.
- For more information about the Medicare Learning Network , please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>.