

# Part A to Part B Rebilling Demonstration:

## General Information

**Updated** **Q1.1: Where can I receive additional information about the Part A to Part B Rebilling “AB Rebilling” Demonstration, such as how to enroll?**

A1.1: For information about the AB Rebilling demonstration, please refer to [https://www.cms.gov/CERT/04\\_Part\\_A\\_to\\_Part\\_B\\_Rebilling\\_Demonstration.asp#TopOfPage](https://www.cms.gov/CERT/04_Part_A_to_Part_B_Rebilling_Demonstration.asp#TopOfPage).

To access a slide presentation about the demonstration, including enrollment instructions, please refer to [https://www.cms.gov/CERT/downloads/Rebilling\\_Demo\\_Outreach\\_1129.pdf](https://www.cms.gov/CERT/downloads/Rebilling_Demo_Outreach_1129.pdf). Enrollment will begin on December 12th at 2:00PM ET, and Participant Requests (enrollment applications) will be accepted on a voluntary, first come basis (please see Q1.3 below).

Information about the AB Rebilling Demonstration will also be provided in an “Open Door Forum” conference call on December 8, 2011 at 2:00PM ET. This information will repeat the details provided on the November 30, 2011 “Open Door Forum” conference call, and will allow providers the opportunity to present their remaining questions or concerns during a question and answer session. Please refer to <https://www.cms.gov/OpenDoorForums/Downloads/ABRebillingDemo120811.pdf> for additional information about the upcoming AB Rebilling Demonstration “Open Door Forum” conference call.

**Q1.2: Any need to register for the “Open Door Forum” conference call?**

A1.2: No, this is not required. Providers may simply dial-in to the “Open Door Forum” conference call using the dial-in number and conference ID found in the invitation. Please refer to the link below for the Special “Open Door Forum” conference call invitation, with the dial-in and conference ID information.

December 8, 2011:

<https://www.cms.gov/OpenDoorForums/Downloads/ABRebillingDemo120811.pdf>

**Updated** **Q1.3: When can providers begin signing up for the AB Rebilling Demonstration?**

A1.3: Enrollment will begin December 12, 2011 at 2:00PM ET. Participant Requests received in advance of this will not be considered, and may preclude your participation. For more information about this voluntary, first come enrollment process please refer to the Provider Outreach and Education slides, available at: [https://www.cms.gov/CERT/downloads/Rebilling\\_Demo\\_Outreach\\_1129.pdf](https://www.cms.gov/CERT/downloads/Rebilling_Demo_Outreach_1129.pdf). This process will also be discussed during the December 8th, 2011 Open Door Forum conference call. Please refer to <https://www.cms.gov/OpenDoorForums/Downloads/ABRebillingDemo120811.pdf> for additional information about the upcoming Part A to Part B Rebilling Demonstration “Open Door Forum” conference call.

Please refer to [https://www.cms.gov/CERT/downloads/EnrollmentApp\\_v6\\_112911.pdf](https://www.cms.gov/CERT/downloads/EnrollmentApp_v6_112911.pdf) to access the enrollment (Participant Request) application.

**Q1.4. Which providers are eligible to participate in the AB Rebilling demonstration?**

A1.4. To participate in the demonstration, a facility must not be receiving periodic interim payments from CMS, and must be a Medicare-participating hospital as defined by the Social Security Act §1886(d), a category which includes all hospitals paid under the Medicare Inpatient Prospective Payment System, but excludes:

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- Psychiatric hospitals paid under the Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS),
- Inpatient Rehabilitation Facilities (IRFs),
- Long-Term Care Hospitals (LTCHs),
- Cancer hospitals,
- Critical Access Hospitals (CAHs), and
- Children's hospitals.

### Q1.5. When will the demonstration begin?

A1.5. The demonstration will begin January 1, 2012.

### *Updated* Q1.6. What claims can be resubmitted in the demonstration?

A1.6. Inpatient claims denied during a Medicare Administrative Contractor, Recovery Auditor, ZPIC or Comprehensive Error Rate Testing (CERT) audit after January 1, 2012 that are denied because the services were provided in the incorrect setting can be resubmitted as a new claim for the outpatient services provided. In addition inpatient claims self-identified by a provider because the services were provided in the incorrect setting can be resubmitted as a new claim for the outpatient services provided.

### Q1.7. What is the benefit of participating in this demonstration, if we may already rebill for "ancillary" Part B payment?

A1.7. This demonstration will permit providers to receive 90% of the total Part B payment that they may have received if the claim was originally correctly submitted for outpatient payment. This eliminates the previous rebilling restrictions, which permitted providers to rebill for a limited list of ancillary services.

### *New* Q1.8: If we are not one of the hospitals selected for the AB Rebilling demonstration, will we be able to rebill any of our claims during the 3 year demonstration program?

A1.8: No. This demonstration will be limited to the 380 participants for the entirety of the three years.

Providers who are not participating in the demonstration will continue to use existing CMS policy and billing procedures, as stated in CMS' frequently asked question response (#9462), available at: [https://questions.cms.hhs.gov/app/answers/detail/a\\_id/9462/kw/ancillary](https://questions.cms.hhs.gov/app/answers/detail/a_id/9462/kw/ancillary).

Providers who are not participating in the demonstration can re-bill for Inpatient Part B services, also known as ancillary services, but only for the services on the list in the Benefit Policy Manual. That list can be found in Ch. 6, Section 10: <http://www.cms.hhs.gov/manuals/Downloads/bp102c06.pdf>. For providers not participating in the demonstration, rebilling for any service will only be allowed if all claim processing rules and claim timeliness rules are met. Normal timely filing rules can be found in the Claims Processing Manual, Chapter 1, Section 70: <http://www.cms.hhs.gov/manuals/downloads/clm104c01.pdf>.

### *New* Q1.9: Why is the demonstration restricted to 380 participants?

A1.9: This demonstration represents significant policy and payment adjustments for CMS. As such, it needs to be conducted through a limited demonstration first to determine the impact and potential for national implementation.

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**Q1.10: I have additional questions. Where can I send additional questions?**

A1.10: Additional questions can be sent to [ABRebillingDemo@cms.hhs.gov](mailto:ABRebillingDemo@cms.hhs.gov).

### **Background**

**New Q2.1: We are a PPS hospital and receive Periodic Interim Payments (PIP). Why can't we participate in the demonstration?**

A2.1: The restriction on PIP and other specialty hospital participation was meant to allow for smooth implementation, with data similar enough that it will lend to accurate evaluation of the program and its potential for national implementation. Acute hospitals paid under IPPS were chosen because these facilities often make inpatient versus outpatient short stay determinations and their claim-based payment systems allow for detailed evaluation of the demonstration impact. At this time, PIP providers remain excluded.

**New Q2.2: Our facility receives bi-weekly pass through payments from CMS. Can you tell me if this would exclude our facility from participation?**

A2.2: No, this will not exclude your participation in the demonstration

**New Q2.3: Is Bad Debt Pass-Through considered a periodic interim payment facility for the purposes of the AB Rebilling Demonstration?**

A2.3: Bad-Debt Pass-through payments are not considered PIP payments.

**New Q2.4: Many if not all Rural Community Hospital (RCH) demonstration sites receive Periodic Interim Payments (PIP) and would not qualify for this demonstration. Nevertheless, it could be tremendously helpful to the RCHs if they could participate. Can FI/MACs pay RCHs in a manner that will allow them to participate in the Rebilling Demonstration?**

A2.4: This demonstration will only alter the system for receiving "rebilled" Medicare payment for the AB Rebilling demonstration participants. It will not adjust any other payment policy, such as how FI/MACs pay RCHs. The restriction on PIP and other specialty hospital participation was meant to allow for quick implementation, with data similar enough that it will lend to accurate evaluation of the program and its potential for national implementation. Acute hospitals paid under IPPS were chosen because these facilities often make inpatient versus outpatient short stay determinations and their claim-based payment systems allow for detailed evaluation of the demonstration impact.. At this time, PIP providers remain excluded.

**New Q2.5: Our Health System has 2 hospitals with different Tax IDs, would each hospital have to apply separately for the RAC Demonstration Project or would we able to apply once as a Health System?**

A2.5: Facilities will be defined by their 6-digit Online Survey, Certification, and Reporting (OSCAR) number for the purposes of this demonstration. Please submit your Participant Requests (enrollment applications) appropriately. Should your Health System have 2 hospitals with different OSCAR numbers, each hospital would have to apply separately to be considered for inclusion in the demonstration.

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### Operational Details of the Demonstration

*New* **Q3.1: Will Timely filing be waived?**

A3.1: Yes, timely filing restrictions will be waived for demonstration participants. Providers who are not participating in this demonstration should abide by the policy provided on slide #2 of the “Provider Outreach and Education” ([https://www.cms.gov/CERT/downloads/Rebilling\\_Demo\\_Outreach\\_1129.pdf](https://www.cms.gov/CERT/downloads/Rebilling_Demo_Outreach_1129.pdf)) and Answer 1.8 of this document.

*New* **Q3.2: If we participate in this demonstration project, will we be able to bill as a 131 bill type or just a 121 bill type?**

A3.2: It is important to CMS that the claims remain inpatient to ensure beneficiary protections. CMS envisions systems changes to allow this change in billing practice to occur. Demonstration participants will be given detailed information on how to rebill throughout the demonstration once the list of participants is finalized.

*New* **Q3.3: Will the Part B claim amounts include lab services and x-rays?**

A3.3: Providers will be paid for any Part B services that would have been payable if the claim was originally submitted as an outpatient claim for payment.

*New* **Q3.4: May hospitals accepted into the demonstration chose which claims to rebill for Part B payment, once the appeals process has been completed on the inpatient claims?**

A3.4: To participate in the demonstration providers will waive their appeal rights for all claims impacted by the demonstration (i.e. 2 day or less inpatient short stay claims). Providers will still be able to use the discussion period. This will allow providers to question the decision outside of the normal appeals process.

*New* **Q3.5: What if we withdraw from the demonstration? Will we regain our appeal rights?**

A3.5: Yes. Providers will regain appeal rights to all claims that were not impacted by the demonstration (i.e. any 2 day or less inpatient short stay claim from the date of withdraw forward will be afforded normal appeal rights).