
Background:

Inpatient admissions are sometimes denied upon audit because a review of the medical record and claim information associated with the inpatient admission indicated that an inpatient admission was not medically necessary. Currently, the Centers for Medicare & Medicaid Services (CMS) denies these claims in full and permits hospitals to re-bill an inpatient claim for a limited number of ancillary “Part B Only” services, even though many other services provided would have been considered reasonable and necessary if they had been provided to a registered outpatient in an outpatient setting. This demonstration allows a limited number of providers, 380 participants, to resubmit claims that were denied as reasonable and necessary inpatient (Part A) claims for payment of all services that would have been reasonable and necessary had the patient been treated as an outpatient rather than admitted, except for observation services which cannot be ordered retroactively. The resubmitted claim will be paid at 90% of the claim amount after co-insurance and deductible subtractions. The 380 providers selected on a first come basis, to participate in this demonstration will need to supply the details required for a Part B claim, and shall follow all guidelines established by CMS for rebilling.

Participation Request

In order to participate in the A/B Rebilling Demonstration a provider must be among the first to submit a participant request for your size facility, with all questions completely and accurately answered. Should you have any question relating to this application, please contact CMS at ABRebillingDemo@cms.hhs.gov immediately. This demonstration will enroll providers within each size division until that category has reached its maximum capacity. The total number of anticipated demonstration participants is 380. The number of participants per category was determined by the overall hospital population for that bed-size category. It will be the responsibility of the provider to resubmit the claim.

Hospital Size Divisions (380 Total Participants):

- **Large Facility**= 300+ Beds (80 Participants)
- **Moderate Facility**= 100 -- 299 Beds (120 Participants)
- **Small Facility**= Fewer than 100 Bed (180 Participants)

All participation requests **MUST** be sent to the mailbox associated with your hospital size for submission. These mailboxes will provide an automated reply. This shall serve as confirmation of the application’s receipt. If a provider should not receive this confirmation, please email ABRebillingDemo@cms.hhs.gov.

Addresses to Send Participation Requests:

- Please send all Large Facility Participation Requests to LargeRebillingFacility@cms.hhs.gov
 - Please send all Moderate Facility Participation Requests to ModRebillingFacility@cms.hhs.gov
- Please send all Small Facility Participation Requests to SmallRebillingFacility@cms.hhs.gov

Note: Any hospital that is currently being reviewed by law enforcement will not be allowed to participate in this demonstration.

Department of Health & Human Services
Part A to Part B Rebilling (A/B) Demonstration
Participant Request



PART A: PROVIDER INFORMATION

1. Hospital Name: _____
2. Physical Address: _____

3. Point of Contact for Demonstration Related Questions: _____

Name

Phone/E-mail

4. Tax Identification Number _____
5. Medicare Provider Identification Number (6 digit number) _____
6. National Provider Identification (NPI) _____
7. Medicare Administrative Contractor _____
8. Please check which size division you are applying within:
 - Large Facility (300+ bed facility)
 - Moderate Facility (100-299 bed facility)
 - Small Facility (Fewer than 100 bed facility)
9. Number of Inpatient Hospital Beds (not Observation, Rehab,...): _____
10. Are you part of a chain organization? If so, which one? _____
11. Are you currently participating/intend to participate in the Medicare Shared Savings Program or a Pioneer Accountable Care Organization (ACO) Model (through the Innovation Center at CMS)? If so, which one? _____

If accepted to the demonstration, participants must agree to additional requirements to participate in the Part A to Part B Rebilling Demonstration.

Please Note: Although this format is acceptable, the CMS currently neither requires nor instructs providers to use a certain form or format. A general request for participation shall be considered a non-standardized follow-up response from providers to CMS. However, since no form for Participation Request(s) has been approved by the Office of Management and Budget (OMB), the CMS is not requiring providers to use any standard format on which to submit the information.