

# Part A to Part B Rebilling Demonstration

Provider Outreach and Education

*Last updated 11/28/2011*

# Current Process

- Provider submits short stay inpatient (Part A) claim
- Inpatient admission is deemed not medically necessary by MAC, Recovery Auditor, CERT, or Provider self-audit (should have been outpatient)
- Denials and voluntary refunds are for **full amount**
- Provider may **rebill**
  - for limited part B ancillary services if **before** timely filing limit
  - For \$0 **after** timely filing limit

# Process in Rebilling Demonstration

- Provider submits short stay inpatient (Part A) claim, defined as two days or less within the same spell of illness
- Inpatient admission is deemed not medically necessary by MAC, Recovery Auditor, CERT, or Provider self-audit (should have been outpatient)
- Denials and voluntary refunds are for full amount
- **If part of the demonstration, providers can re-bill for all outpatient services**
  - **Payment will be made at 90% after co-insurance and deductible**

# Overview of Rebilling Demonstration

- January 1, 2012- December 31, 2014
  - *Impacts claims denied by CMS auditors on January 1st or later, or self-identified errors identified on January 1st or later*
- Voluntary
- First 380 hospitals that sign up
- Nationwide

# Which Providers Can Volunteer?

- Medicare hospitals as defined by Social Security Act §1886(d) and paid under the Medicare Inpatient Prospective Payment System.
- Excludes :
  - Providers receiving periodic interim payments
  - Psychiatric hospitals
  - Inpatient Rehabilitation Facilities (IRFs),
  - Long-Term Care Hospitals (LTCHs),
  - Cancer hospitals,
  - Critical Access Hospitals (CAHs), and
  - Children’s hospitals.

# Providers That Volunteer Shall:

- **Not file an appeal** (potential for duplicate payment);
- **Not bill the beneficiary** more than any Part A inpatient deductible already collected from the beneficiary; and
- **Refund to the beneficiary** the difference between any Part A deductible/coinsurance and Part B deductible/coinsurance
- **Not bill observation services (G0378)**

# Beneficiary Protections

- Participating hospitals must “hold harmless” beneficiaries with respect to any other changes in liability or benefits.
  - Hospitals may not hold beneficiaries responsible for increases in cost sharing from the inpatient deductible to Part B coinsurance.
  - Hospitals may not charge beneficiaries for the cost of self-administered drugs.

# Trust Fund Protections

- If data demonstrates a disproportionate and systemic increase in claims being re-submitted as inpatient, CMS retains the right to revoke this demonstration and the associated privileges provided to its participants.
- If CMS and/or its administrative contractor discovers hospital specific abuse, the facility will be removed from the demonstration and the resubmitted claims will be denied in full. The facility will be unable to appeal or seek other legal recourse regarding removal from the demonstration.

*(The removed hospital would, however, regain all appeal rights available for claim denials, for those claims that were not part of the rebilling demonstration.)*



# Claim Resubmissions

- Providers whose Part A claim was denied by a MAC, Recovery Auditor, or CERT will:
  - resubmit the claim for 90% of the Part B payment, with a **code** indicating it is being rebilled per the demonstration.
- Providers who complete a self-audit and identify an error may:
  - cancel the inpatient claim and resubmit the claim for 90% of the Part B payment, with a **code** indicating it is being rebilled per the demonstration.

# Signup Process

- 380 providers will be accepted on a first come basis.
  - Large Facility = 300+ Beds (80 Participants)
  - Moderate Facility = 100-299 Beds (120 Participants)
  - Small Facility = Fewer than 100 Bed (180 Participants)

# Signup Process

- Signup will begin on December 12<sup>th</sup>, 2011 at 2pm ET.
- Requests to Participate will be reviewed to ensure that each provider is eligible to participate.
- Accepted participants will be asked to sign an attestation form agreeing to participate in the demonstration.
- After each bed-size grouping has met its maximum capacity, additional requests will be placed on a wait list.
  - Should an accepted provider decide they no longer want to participate or an application is deemed not eligible prior to the demonstration, providers will be accepted from the wait list.

# E-mail Addresses for Signup:

- Send all Small Facility Participation Requests to [SmallRebillingFacility@cms.hhs.gov](mailto:SmallRebillingFacility@cms.hhs.gov)
- Send all Moderate Facility Participation Requests to [ModRebillingFacility@cms.hhs.gov](mailto:ModRebillingFacility@cms.hhs.gov)
- Send all Large Facility Participation Requests to [LargeRebillingFacility@cms.hhs.gov](mailto:LargeRebillingFacility@cms.hhs.gov)

*Note: Enrollees should receive an immediate automated confirmation receipt. If this does not occur, please resubmit and contact CMS. This receipt only confirms receipt of the enrollment information- NOT acceptance to the demonstration.*

**Do not send to the e-mail box early!!! This could impact your ability to participate.**

# Evaluation of Rebilling Demonstration

- CMS will routinely monitor and evaluate the effectiveness of the demonstration, as appropriate.

# Contact Information

- Please address any questions to:

[ABRebillingDemo@cms.hhs.gov](mailto:ABRebillingDemo@cms.hhs.gov)

- Website:

**<http://go.cms.gov/cert-demos>**