

Palmetto GBA Medical Affairs:

Presentation to
Georgia Society of
Clinical Oncology
June 15, 2018



PALMETTO GBA®
A CELERIAN GROUP COMPANY

Dr. Leland E. Garrett, MD FACP FASN CPC
Lead Medical Director
Medicare Jurisdiction J
Tennessee, Alabama and Georgia

Medical Affairs Structure



Mike Barlow Vice President

Harry Feliciano MD Senior Medical Director (IM, Geriatrics)

Melissa Robinson Project Administrator

Joann Wilson Administrative Assistant

Leland E. Garrett MD Lead Medical Director Jurisdiction J (IM, Nephrology)

Antonio Sculimbreene MD Lead Medical Director Jurisdiction M (Anesthesia, Pharmacy)

Paul Gerrard MD Medical Director (Physiatry)

Anitra Graves MD Medical Director (IM, Pulmonology, Critical Care)

Galín Spicer MD Medical Director (Ophthalmology)

Jim Almas MD Medical Director MolDX (Clinical Pathology)

Kim Hinson RN Director Medical Review

Jason Rhodes Data Analysis Manager

Kathy Sheenan RN, Sheryl Lassiter RN, Allison Smith RN, Christi Preston RN
Medical Affairs Coordinators

Christina Harmon Senior Operations Analyst

Medical Director Duties



The Contractor Medical Director (CMD) is a physician with expertise in Medicine and Medicare who works collaboratively with all contractor teams. The CMD is primarily responsible for clinical coverage determinations, such as Local Coverage Determinations (LCDs) and staff trainings on clinical matters, determinations regarding Investigational Device Exemption (IDE) requests, and collaborating with medical societies and peer groups to share information and provide education.



LCD Consolidation

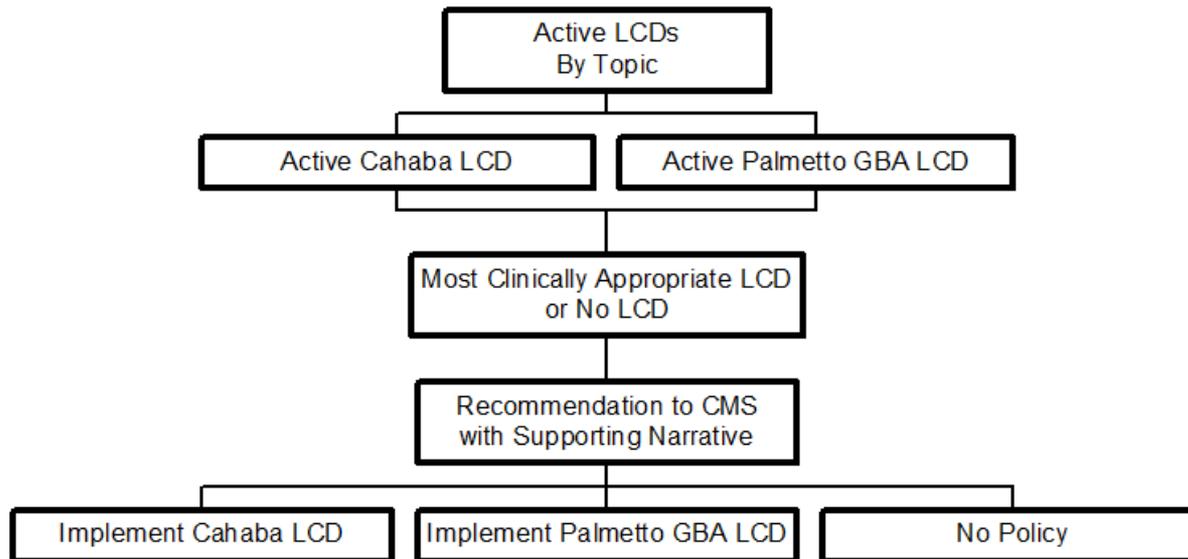
LCD Consolidation



The principle of ‘most clinically appropriate’ LCD was applied to the selection process... The ‘most clinically appropriate’ LCD was defined administratively by evaluating the LCD narrative and scope/impact of the LCD, as described by the ICD-10-CM, CPT and HCPC codes contained in the LCD. The outcome was a single LCD, whenever more than one LCD addressing a single topic was identified. All active LCDs identified are presented here along with a brief narrative describing why the LCD was selected. Following CMS instruction, this article provides a minimum of 45 day notice period for the selected LCDs prior to their becoming effective on January 29, 2018 for Part A providers and February 26, 2018 for Part B providers in JJ.

LCD consolidation is a critical process in the JJ transition and was accomplished using a systematic process. During the LCD consolidation process Palmetto GBA identified all active LCDs in Jurisdiction J, and characterized them by topic and type. The LCDs were cross-referenced to their JM counterparts as it is important to understand how existing Part A LCDs relate to their Part B counterparts. All selected LCDs and supporting narratives were posted to the Medicare Coverage Database (MCD) for notification in the JJ Jurisdiction. The MCD is available at: <https://www.cms.gov/medicare-coverage-database/>

LCD Consolidation



Coding and Billing for Biologics for Chemotherapy Article



In final preparation, technical issues to be resolved.

Retro active to 2/26/18

Covers 37 different drugs.

If specific data required on line 19 it will be provided here

Coverage if included in any of

NCCN guidelines, level 2B recommendation or
better

Compendiums as listed in IOM 100-2 Benefit Policy
Manual Chapter 15 section 50.4.5

FDA approved indication

If none of the above and usage is felt to be medically necessary.

Claim can be submitted with KX modifier and will be suspended
for review.

Contacts:



Provider Contact Center (877) 567-7271 (preferred)

They can place you in contact with the appropriate department for your answers

Also see the contact listings on the Palmetto GBA website.

<https://www.palmettogba.com/palmetto/providers.nsf/cudocs/JJ%20Part%20B?OpenDocument>

Send reconsideration requests and specific NCD/LCD/LCA questions to A.Policy@palmettogba.com or B.Policy@palmettogba.com

Contacts Continued



If ALL else fails:

Leland E. Garrett MD FACP FASN CPC

leland.garrett@palmettogba.com

(803)763-6306



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JURISDICTION J (JJ) PART B PROVIDER OUTREACH AND EDUCATION

JUNE 15, 2018

Please take a few moments to complete a short five question pre test.

<https://www.surveymonkey.com/r/JGCY2LF>

Kathy Boehm

Senior Provider Relations Representative
Provider Outreach and Education



DISCLAIMER

The information provided in this presentation was current as of 6/8/2018.

Any changes or new information superseding the information in this presentation is provided in articles with publication dates after 6/8/2018, posted on our website at:

www.PalmettoGBA.com/JJB

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AGENDA

- Jurisdiction J Implementation
- News to Use
- Using Palmetto GBA Resources to Your Advantage
- Questions & Open Discussion

JURISDICTION J IMPLEMENTATION

GENERAL IMPLEMENTATION INFORMATION



- Ensure all the pieces were in place to facilitate a smooth transition of Jurisdiction J
 - Worked closely with Cahaba GBA throughout the transition process
 - Palmetto GBA continues to closely monitor all aspects of the JJ workload and take necessary actions to resolve issues that may arise

PALMETTO GBA WEBSITE

- Link to LCDs available on the Palmetto GBA website
 - LCDs and Articles are housed on the CMS Coverage Data Base
 - JJ and JM have identical LCDs
- Self-Administered Drug Exclusion List available on the Medical Policy webpage

www.PalmettoGBA.com/JJB

The screenshot shows the Palmetto GBA website for Jurisdiction J Part B MAC. The header includes the Palmetto GBA logo and navigation links for News, Topics, Forms/Tools, and Education. The main content area features a green banner for "Jurisdiction J Part B MAC" and a blue banner for the "Medicare Beneficiary Identifier (MBI) Look-up Tool". Below this is a white banner for "Ace 'Smart Edits' coming soon!" with the MACROSCOPE logo. A yellow warning icon is present in a banner for "New Medicare Card With New Numbers Coming in 2018". The footer contains two columns of "Top Links" and "Top Forms/Tools". The "Top Links" column includes "Claims Payment Issues Log", "LCDs, NCDs, Coverage Articles" (highlighted with a green box), "Medicare Secondary Payer (MSP)", and "Overpayments and Recoupment". The "Top Forms/Tools" column includes "Medicare Forms", "Charge Denial Rate Calculator", "eServices Portal", and "Global Surgery Calculator".

MEDICARE SECONDARY PAYMENT (MSP) TYPE MISMATCH

- The MSP type entered on an electronic claim must correspond to the information Medicare has on file or **your claim will be rejected**
- Rejected claims must be submitted as a new claim

MSP Type	Description
12	Working Aged: age 65 or over, employer's group plan has at least 20 employees
13	End-Stage Renal Disease (ESRD): 30-month initial coordination period in which other insurer is primary
14	No-Fault Situations: Medicare is secondary if illness/injury results from a no fault liability.
15	Workers Compensation (WC) Situations
41	Black Lung Benefits
43	Disability: under age 65, person or spouse has active employment status and employer's group plan has at least 100 employees
47	Liability Situations: Medicare is secondary if illness/injury results from a liability situation

SUBMITTING ADDITIONAL DOCUMENTATION TO PALMETTO GBA

- The submission of required additional documentation requires specific information be included on the electronic claim
- Reminder
 - Additional documentation is only required in certain instances
 - [Submitting Additional Documentation](#) article
- Resources
 - [Palmetto GBA Modifier Lookup Tool](#)
 - [Unclassified or Not Otherwise Classified \(NOC\) Drug Codes: Rejected if Not Submitted Correctly](#)
 - [Compounded Drugs Administered for Pain Management may be Denied if Not Submitted Correctly](#)
 - [Unlisted and Not Otherwise Classified Procedure Codes \(NOC\)](#)

NEWS TO USE

NEW MEDICARE CARD

- By **April 2019** MACRA requires the removal of SSNs from all Medicare cards



Key	Example
SSA HICN	123-45-6789-A1
MBI	1EG4-TE5-MK73

The number zero (0) will be used but the alpha characters S, L, O, I, B, Z will not be used

OBTAINING NEW MBIs

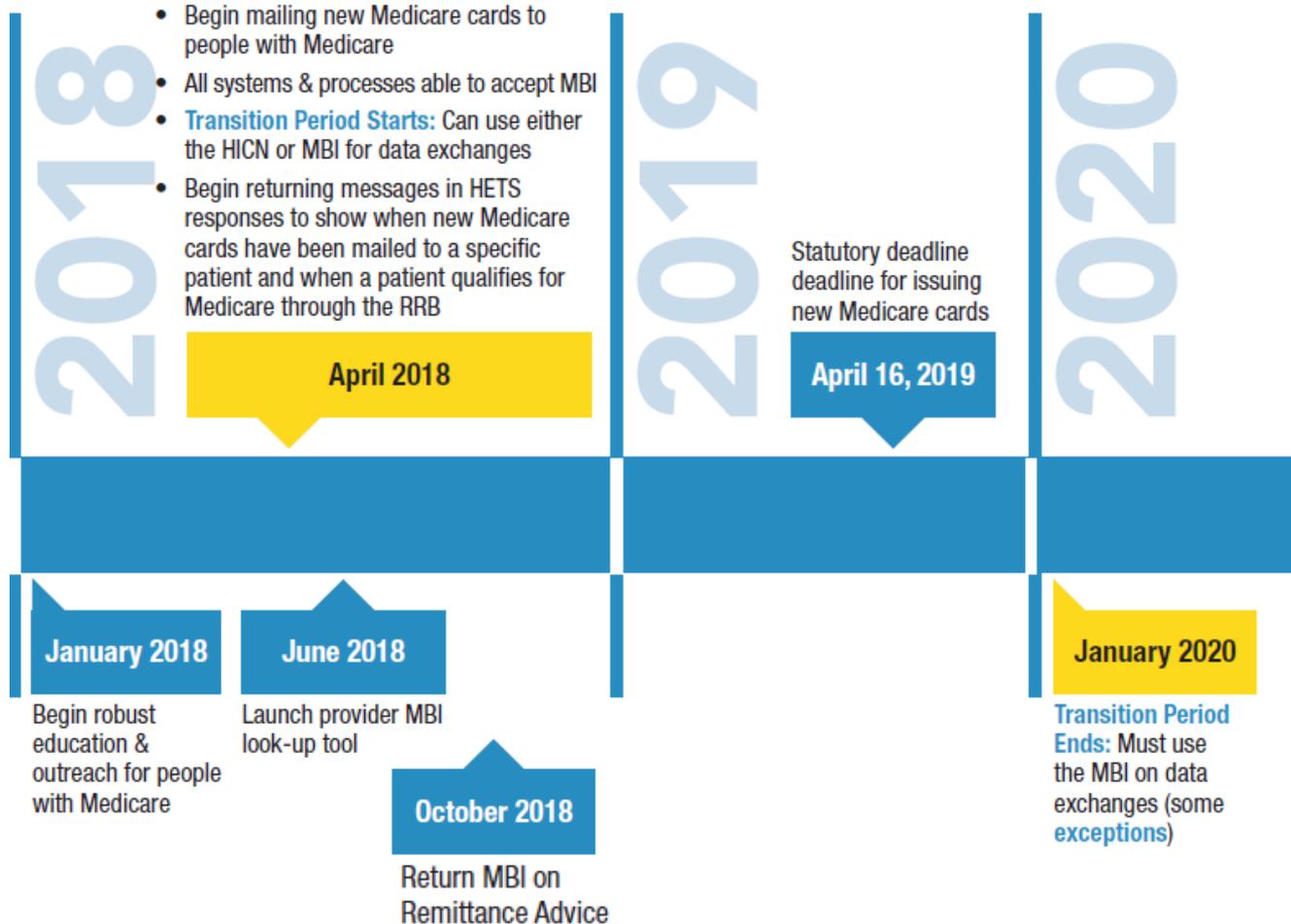
- Beginning October 2018, through the transition period, when you submit a claim using your patient's valid and active HICN, we will return both the HICN and the MBI on every remittance advice
 - The MBI will be in the same place you currently get the "current HICN"

You are now able to look up your Medicare patient's new MBI through Palmetto GBA's eServices portal starting in June 2018 (currently only available for patients that have received their new card)



Sign up for eServices NOW!

MBI GENERATION AND TRANSITION PERIOD



MEDICARE COVERED PREVENTIVE/SCREENING SERVICES

- Preventive services educational tool
 - https://www.cms.gov/Medicare/Prevention/Prevntion/GenInfo/Downloads/MPS_QuickReferenceChart_1.pdf
- Preventive services poster for your office
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/PreventiveServicesPoster.pdf>

OPEN PAYMENTS

OPEN PAYMENTS

What's important to

Whenever drug or medical device companies have invested in these companies, this information & Medicaid Services (CMS). This data is the year at [cms.gov/OpenPayments](https://www.cms.gov/OpenPayments).

The purpose of Open Payments is to provide transparency to the public about the financial relationships between physicians and the

TYPES OF DATA REPORTED



OWNERSHIP¹ AND INVESTMENT INTEREST



FEES²
CONSULT
SPEAKING
HONORARIA
TEACHING
LICENSES



RESEARCH ACTIVITIES³



CHARITABLE CONTRIBUTIONS²



ENTERTAINMENT, FOOD, BEVERAGES, GIFTS

¹ Not in a publicly traded company. Ownership or Investment interest.

² This list is not all inclusive.

³ The physician research payments total includes: 1.) Payments to a research institution, and 2.) Payments to a research institution for the research project (i.e. received associated research funding).

OPEN PAYMENTS

More records. Greater transparency.



Data is from 2016 and was published on June 30, 2017. All numbers above 10,000 have been rounded.

THREE WAYS TO VIEW OPEN PAYMENTS



SEARCH

for specific doctors, hospitals or companies



EXPLORE & VISUALIZE

With Data Explorer, view full set of data & create visualizations

TRY THEM NOW

[OPENPAYMENTS.DATA.CM](https://www.cms.gov/OpenPaymentsData)

All numbers above 10,000 have been rounded.

OPEN PAYMENTS

What every physician should know.



Whenever drug or medical device companies make payments to physicians, or when physicians have invested* in these companies, this information must be reported to the Centers for Medicare & Medicaid Services (CMS). This data is then made available to the public, including patients, each year at [CMS.gov/OpenPayments](https://www.cms.gov/OpenPayments).

*Includes ownership or investment in these companies by physicians or their immediate family members.

IT'S ABOUT TRANSPARENCY

The purpose of Open Payments is to provide greater transparency to the public about the financial relationships between physicians and the health care industry.



IMPORTANT DATES FOR DOCS

REGISTER	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
PRE PUBLICATION REVIEW AND DISPUTE				APR	MAY							
DATA GOES PUBLIC						JUN						
LAST CHANCE TO DISPUTE NEWLY SUBMITTED DATA							JUL	AUG	SEP	OCT	NOV	DEC
PHYSICIANS CAN NO LONGER DISPUTE NEWLY SUBMITTED DATA IN THE OPEN PAYMENTS SYSTEM												DEC 31

CHECK YOUR DATA: REGISTER AND REVIEW



REGISTER

CMS urges all physicians to register with Open Payments.



DATA FINALIZED

At year's end, data can no longer be disputed in the Open Payments system.

To access the CMS Portal: [portal.cms.gov](https://www.cms.gov)



REVIEW & DISPUTE

Each year before data goes public, you will be able to review and dispute inaccuracies in the Open Payments data. That way, you can ensure that what the public sees is correct. If you missed your chance to review the data before publication on June 30, you can still dispute records in the Open Payments system up until December of that year.

JURISDICTION J COMPREHENSIVE RATE TESTING (CERT) ERROR RATE

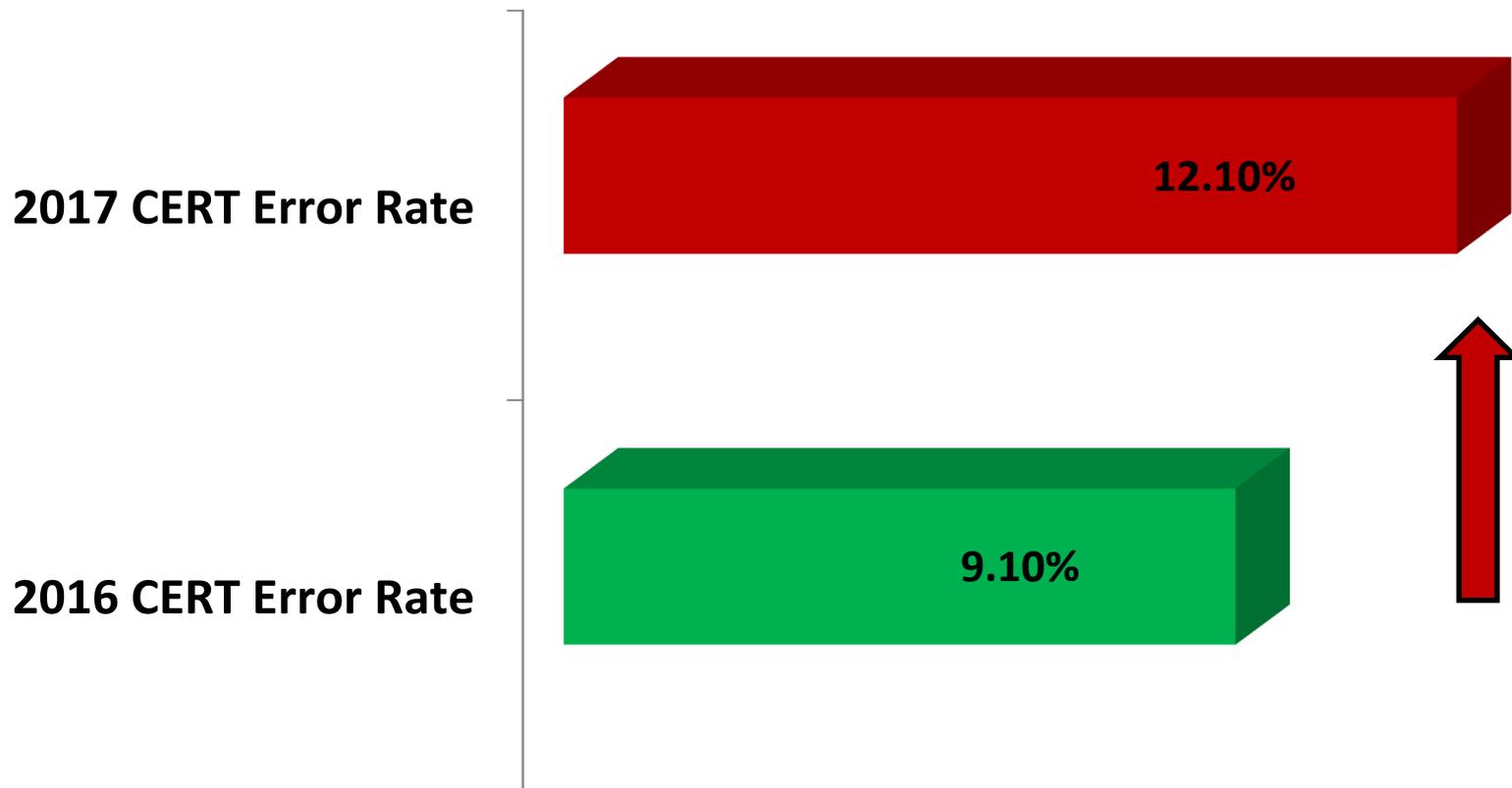
JJ CERT Error Rate November 2017 Report

State	Project- ed Error Rate	Projected Im- proper Payment	Number of Claims Sampled	95% Confidence Interval	Proportion of Overall Error
Overall JJ	10.1%	\$1,511,029,383	2,163	7.4% - 12.7%	72.4%
AL	16.1%	\$732,558,643	512	7.1% - 25.0%	35.1%
TN	5.7%	\$422,329,731	768	3.4% - 8.0%	20.2%
GA	6.1%	\$356,141,009	883	4.1% - 8.1%	17.1%

Claims Type	Paid Claims Error Rate (for reviewed claims)	95% Confidence Interval	Number of sampled claims (Completely Reviewed)
Overall JJ	10.1%	7.4% - 12.7%	2,446
Part B	12.1%	8.5% - 15.7%	1,421
Overall Part A	9.1%	5.5% - 12.6%	1,025
Part A (excl Inpatient Hospital PPS)	12.1%	6.8% - 17.4%	505
Part A(Inpatient Hospital PPS)	1.4%	0.5% - 2.2%	520

PART B JJ CERT ERROR RATE INCREASED

November CERT Reports



CERT RESOURCES

The screenshot displays the Palmetto GBA website interface. At the top, the navigation bar includes the Palmetto GBA logo, 'JJ Part B', and menu items for 'News', 'Topics', 'Forms/Tools', and 'Education'. The main content area is titled 'E/M Help Center' and features a search bar, social media icons, and a link to the 'E/M Review Checklist and Score Sheet Tool' highlighted with a red arrow. Below this, there are sections for 'General Articles' and 'Weekly Tips'. On the left, a sidebar menu lists various topics, with 'CERT' and 'E/M Help Center' also highlighted by red arrows.

Navigation: News, Topics, Forms/Tools, Education

Parent Topics

- Ambulatory Surgical
- Basics for Medicare
- Browse by Specialty
- Browse by Topic
- CERT
- CMS News
- eServices Portal
- E/M Help Center
- Education
- EDI
- Fee Schedules
- Medical Policies
- Medical Review
- Publications
- Resources

All Topics

- About our Education Prog...
- About Part B Electronic D...
- Ambulatory Surgical
- Anesthesia & Pain
- Appeals
- ASC
- Chiropractic
- Claims Payment Iss
- Denial Resolution
- DMEPOS [Fee Sch
- DMEPOS [By Topic
- Documentation
- Draft LCD Status Report
- Draft Open LCD Meetings
- Drugs & Biologicals [Fees]
- Drugs & Biologicals [by T...
- eCPD
- General Information [Educ...
- General Information [CERT]
- Going Beyond Diagnosis
- Home Health and Hospice
- IDTF
- Incentive Programs
- Oncology & Hematology
- Optometry & Ophthalmology
- Ordering/Referring
- Overpayments and Recou...
- Physician-Supplier Guide
- Radiology
- Workshop Handouts

USING PALMETTO GBA RESOURCES TO YOUR ADVANTAGE

RESOURCES

- Palmetto GBA Jurisdiction J Part B Website www.PalmettoGBA.com/JJB
- Palmetto GBA eServices
- Palmetto GBA Self-Service tools
- Palmetto GBA listservs
- Palmetto GBA educational opportunities
- Claims Payment Issues Log (CPIL)
- CMS website www.CMS.gov



Innovation

Application

Success

**What's in
Your
Toolbox?**

**Are You
Using What
is Available?**

- **Cleaner Claims**
- **Faster Payment**
- **Less Rework**
- **Working Smarter Not Harder Saves Resources**

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Palmetto GBA eSERVICES



- Our preferred mechanism for interacting with Palmetto GBA to:
 - Check Eligibility;
 - Claims Status;
 - Respond to Additional Documentation Requests;
 - Submit First Level Redeterminations and Reopening Requests;
 - Submit eChecks or eOffset for overpayments

PALMETTO GBA eSERVICES REGISTRATION



PALMETTO GBA®
eServices

<https://palmettogba.com/eservices>

Palmetto GBA Corporate Palmetto GBA Medicare

PALMETTO GBA® eServices CMS

PALMETTO GBA HOME CONTACT US E-MAIL UPDATES

Welcome to Palmetto GBA eServices

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

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 - Any communication or data transmitted or stored on this system may be disclosed or used for any lawful Government purpose.

Refer to the [Terms of Use](#).

RETURNING USER

Enter your User ID and password to access your account.

User ID:

Password:

[Forgot Your Password?](#)

[Need Help?](#)

NEW USER

Palmetto GBA is pleased to offer secure and fast access to your Medicare information through our eServices System. Through this system, you can view beneficiary eligibility, claims status, online remittances and financial information.

Palmetto GBA offers our eServices program to providers who have an [EDI Enrollment Agreement](#) on file with us. One Provider Administrator is allowed to register for each enrollment agreement on file. Once Provider Administrators successfully register, they can grant access to their associates. Get started by clicking the Register Now button.

I want to [learn more](#).

Version: PROD-3MS-V98

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MEDICARE BENEFICIARY IDENTIFIER (MBI) LOOK-UP TOOL



- In the future you will be able to access the beneficiary MBI through the eServices secure portal

PALMETTO GBA LISTSERV E-MAIL UPDATES

- Get automatic email updates from Palmetto GBA
- Listserv messages keep you updated with the latest information from CMS and Palmetto GBA:
 - Policy changes
 - LCD updates
 - Educational opportunities
 - Claims Processing and Payment Issues (CPIL)

**Select 'Listservs' from the top-right navigation bar on the Palmetto GBA homepage

CLAIM PAYMENT ISSUE LOG (CPIL)



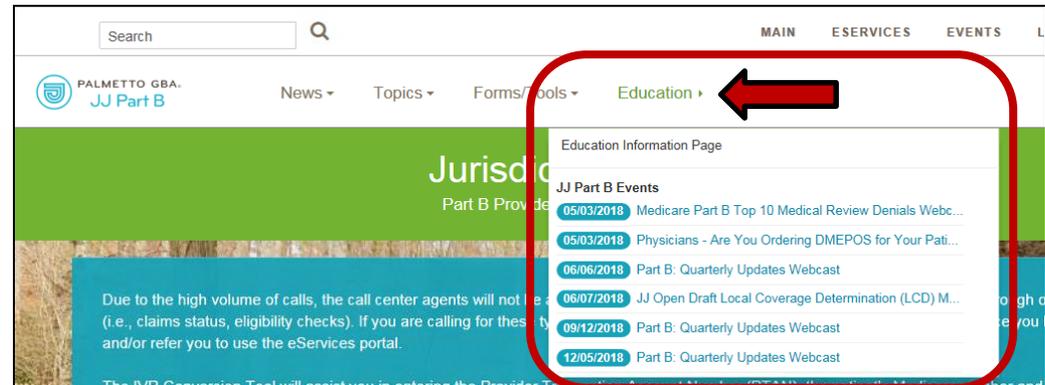
- Bipartisan Budget Act of 2018
- Incorrect Denials Indicating Skilled Nursing Facility (SNF) Consolidated Billing (Includes Ambulance Services)
- **Claim Rejections for Enrollment Revocation**
- **Moderate Sedation Services**
- **Editing Errors for Cahaba LCD L34295, Surgery: Nerve Blocks and Electrostimulation for Peripheral Neuropathy**
- Adjustments to Qualified Medicare Beneficiary (QMB) Claims Processed Under CR 9911
- Skilled Nursing Facility (SNF) Consolidated Billing (CB) Edit for Certain Radiation Therapy Codes
- **Claims Developed by Cahaba GBA and Forwarded to Palmetto GBA for Processing if Necessary Additional Documentation Not Received**
- National Provider Identifier (NPI) Crosswalk
- **Incorrect Claim Rejections Indicating Submitted Group NPI and Rendering Provider NPI Combination Do Not Match**
- **Claims Paid After a Provider Has Been Revoked**

WWW.PALMETTOGBA.COM/JJB

The screenshot shows the Palmetto GBA website interface. At the top left, there is a "New Provider?" button. The main navigation bar includes "News", "Topics", "Forms/Tools", and "Education", with a red arrow pointing to the "Education" dropdown. On the right side of the navigation bar, there are links for "ESERVICES LOGIN", "EVENTS", and "LISTSERV SIGNUP", with a red arrow pointing to "ESERVICES LOGIN". A search bar is also present. Below the navigation bar is a green banner for "Jurisdiction J Part B MAC" with the subtitle "Part B Providers in Alabama, Georgia and Tennessee". The main content area features a teal box with a "Medicare Beneficiary Identifier (MBI) Look-up Tool" announcement. Below this is a grey box titled "Ace 'Smart Edits' coming soon!" with a "MACROSCOPE" logo and an "Article" button. Another grey box with a warning icon is titled "New Medicare Card With New Numbers Coming in 2018" with a "More" button. The bottom section is divided into three columns: "Top Links" (Claims Payment Issues Log, LCDs, NCDs, Coverage Articles, Medicare Secondary Payer (MSP), Overpayments and Recoupment, Provider Enrollment), "Top Forms/Tools" (Medicare Forms, Charge Denial Rate Calculator, eServices Portal, Global Surgery Calculator, Medicare Physician Fee Schedule Tool, and a "View All Tools" button), and "In the Latest News" (News bulletin, Have Questions About Using eServices?, Multi-Factor Authentication (MFA)). A red arrow points to the "Top Forms/Tools" section.

PROVIDER EDUCATION

- Webcasts
- Self-paced learning
- Video education includes
- Ask the Contractor Teleconference Calls (ACTs)
- Provider Outreach and Education Advisory Groups (POE-AGs)
- Quarterly Update Webcasts





ACE SMART EDITS

- Palmetto GBA will be implementing our new Palmetto GBA Advanced Communication Engine (ACE) Smart Edits in Jurisdiction J
- ACE will be available to all direct submitters as well as those who transmit claims via clearinghouses/billing services



ADVANCED CLINICAL EDITING



- ACE incorporates a comprehensive suite of Medicare coding edits for delivery within the 277CA file
- Edits are applied at electronic claim and claim line level and increases the accuracy of claims **BEFORE** they hit the adjudication system
- Providers use their current **electronic** claims submission process exactly as they do today



ACE SMART EDITS

- Once Implemented, ACE will return pre-adjudicated claims information (Smart edit messages) through claim acknowledgement transaction reports (**Medicare 277CA**) sent to all direct submitters
 - Claims failing the pre-adjudication editing process are not forwarded to the claims adjudication system
- Claims will need to be reviewed and if necessary corrected and resubmitted
- If you use a clearinghouse or billing company to submit your claims, you will need to assure they are forwarding you the 277CA reports that contain ACE edits



eCOMPARE SMART EDIT



- **eCompare** Smart Edit Message will
 - Informs providers that we've noticed a potential issue with their billing pattern
 - Provides a link to eCBR and accompanying education material for more information on their billing pattern
- Sent back on 277CA report for each claim hitting the edit
- **eCompare** does not stop the claim from processing, educational only

JJ PART B PROVIDER CONTACT CENTER

- Hours of operation will be 8:00 am until 6:00 pm ET
- 877.567.7271
 - **Note:** This is the same number you previously called to speak to Cahaba GBA.
- The Interactive Voice Response (IVR) Hours of Availability – 24 hours a day, 7 days a week
 - Except dark days
- IVR Job Aids available



SOCIAL MEDIA

Twitter Handles



@PalmettoGBA

@PalmettoGBA_JJA

@PalmettoGBA_JJB

@BeyondDX

YouTube Channels



[Palmetto GBA](#), [PalmettoGBAEdu](#)

LinkedIn



Facebook



@PalmettoGBA, LLC

Blogs

[Going Beyond Diagnosis](#)

QUESTIONS & OPEN DISCUSSION

PLEASE TAKE A FEW MOMENTS TO COMPLETE A SHORT FIVE QUESTION POST
TEST.



[HTTPS://WWW.SURVEYMONKEY.COM/R/JNBNS98](https://www.surveymonkey.com/r/JNBNS98)