

Part A to Part B Rebilling Demonstration

Provider Outreach and Education

Last updated 3/27/2012

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 Medicare Fee-for-Service auditors on January 1st or later, or self-identified errors identified on January 1st or later*
- Voluntary
- First 380 eligible hospitals to enroll
- Nationwide

Eligible Providers

- 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 for any claims eligible for rebilling under the demonstration** (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 on the rebilled claim**

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

- Prior to the 1/1/2012 date of implementation, 380 providers were accepted on a first come basis.
- Facilities are defined by their 6 digit OSCAR number
- Requests to Participate are reviewed to ensure that each provider is eligible to participate.
- Accepted participants are provided an acceptance letter, outlining participant expectations.

Continuing Signup Process

- Providers may submit applications to be reviewed and placed on an ongoing waitlist to participate in the demonstration.
- The enrollment application may be found on the <http://go.cms.gov/ABrebillingdemo> website.
- *All applications should now be submitted to ABRebillingDemo@cms.hhs.gov for review.

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

- Website:

<http://go.cms.gov/ABrebillingdemo>