

State of New York Office of Medicaid Inspector General

Traditional Medicare Appeals Project

Provider Inquiries

The State of New York Office of Medicaid Inspector General (OMIG) is requesting clarification on the following provider inquiries which have been requested during our recent training sessions.

1. If the admission date and the episode start date for a beneficiary fall prior to 10/01/2007, what is the proper way for a provider to demand bill their RAP and a final payment? Please refer to the example below.

NY OMIG has requested that Provider A demand bill the following service dates to Medicare for beneficiary John Smith - 10/01/2007, 10/02/2007, 10/07/2007, and 10/08/2007. John was admitted to Provider A on 05/01/2006 and the most recent certification period for John Smith started on 09/08/2007. The provider should submit their RAP with the admission date of 5/1/06 and the start of the episode as the from and through dates. The 0023 revenue line on the RAP will reflect the date of the first visit in the episode. The episode claim would then be billed with all services provided within the episode, which will include the dates Medicaid is requesting demand billing.

2. Some providers have expressed confusion on the requirements listed on the Additional Development Request (ADR) form, as it is different than the ADR used in the demonstration project. Can you explain the following requirement "include a summary for each service provided, describing care provided"?

The verbiage on the ADRs will be changed by 10/23/09 to remove the above statement. Providers should respond to the ADRs for demand claims with all documentation pertinent to what was billed on the demand claim.

3. Does NGS have a requirement for the font size when printing an electronic medical record for submission to the ADR request? Can providers use a smaller font size so 2-4 pages of paper can be put on one page?

National Government Services does not have any specific font size requirements. The image the provider sends is the way we will see it. If the documents are not legible to the provider, they will not be clear when we see them.

4. Can providers print medical records (ADR requests) on the front and back of a page (double-sided)?

Yes, providers can send medical records double-sided.

5. How will the RAPs be taken back from the providers? Will they be electronically deducted upon notification that coverage is denied for the services submitted in the demand bill?

The same payment/reconciliation process is used for HH TPL demand claims as for any other HH PPS claim. The RAP will drive the

initial split percentage payment for the episode based on the HIPPS code submitted. Once the final claim for the episode is submitted, the RAP payment is electronically taken back and the final payment for the episode is calculated and is remitted on the processed claim. The system takes back the RAP payment against the claims the provider has for the same processing period. If there are no paid claims for that remittance date the system will recoup the money from the next remittance advice where there are payments. If Medicare upholds the provider's assessment of non-coverage on the demand claim, no payment will be made on the final claim.