

# Medicare Part A Presents: Telehealth Overview

March 28, 2018

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# Join Our Email List Today



- Stay current with Medicare by receiving emails twice a week
- Available email lists (not all-inclusive):
  - Jurisdiction H
  - Part B Electronic Billing
  - Novitasphere Portal
  - ABILITY| PC-ACE
  - Medicare Remit Easy Print (MREP) Users
- JH Providers join using:
  - <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00007968>

# Today's Presentation



- Agenda:
  - Telehealth Services Overview
  - Originating Site
    - ✓ Hospital
    - ✓ Critical Access Hospital (CAHs)
    - ✓ Rural Health Clinic (RHC)
    - ✓ Federally Qualified Health Center (FQHC)
  - Updates and Reminders
  - Self-services Options
- Objectives:
  - Identify and understand Telehealth services
  - Review originating sites
  - Review updates and reminders
  - Review self-service options

# Acronym List 1



Acronym	Definition
CAH	Critical Access Hospital
CMS	Centers for Medicare & Medicaid Services
CMHC	Community Mental Health Center
CPT	Current Procedural Terminology
DRG	Diagnosis Related Group
FAQ	Frequently Asked Questions
FISS	Fiscal Intermediary Standard System
FQHC	Federally Qualified Health Centers
HCPCS	Healthcare Common Procedure Coding System
HPSA	Health Professional Shortage Area

# Acronym List 2



Acronym	Definition
IVR	Interactive Voice Response (IVR)
MAC	Medicare Administrative Contractor
MBI	Medicare Beneficiary Identifier
MLN	Medicare Learning Network
MSA	Metropolitan Statistical Area
OPPS	Outpatient Prospective Payment System
RHC	Rural Health Clinic
SSA	Social Security Act

# Telehealth Overview

# What is Telehealth?



- Permits real-time communication between physician/practitioner and beneficiaries
- Use of telecommunication system substitutes an in-person encounter:
  - Must be an interactive system
  - Patient must be present and participating



# Overview



- Medicare pays a limited number of Part B telehealth services:
  - Furnished by an enrolled physician/practitioner:
    - ✓ Within practitioner’s scope of practice under state law:
      - Check within your states law
  - List of Telehealth Services
    - ✓ <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Downloads/covered-telehealth-services.zip>
  - Services provided to a beneficiary at an approved “originating site”
  - Real time telecommunications system
  - Must meet coding eligibility criteria:
    - ✓ Conditions of payment and billing methodology

# Substitute In-Person Encounter



- Professional consultations:
  - Medicare allows consultations for telehealth only
- Office visits
- Office psychiatry services
- Limited number of other physician fee schedule services

# Distant Site Practitioners



- Medicare eligible practitioners:
  - Physicians
  - Nurse Practitioners (NP)
  - Physician Assistants (PA)
  - Nurse Midwives
  - Clinical Nurse Specialists (CNS)
  - Certified Registered Nurse Anesthetists
  - Clinical Psychologist (CP)
  - Clinical social workers (CSW)
  - Registered Dietitians
  - Nutritional Professional
- Note:
  - CP and CSWs cannot bill/receive payment for psychiatric diagnostic interview exams with E/Ms or medical services(90792, 90833, 90836, 90838)

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# Originating Sites

# Location of Originating Sites



- Medicare beneficiary location at the time of service is the “originating site”:
  - Rural health professional shortage area (HPSA)
  - County outside Metropolitan Statistical Area (MSA)



# Authorized Originating Sites

- Authorized as originating sites:
  - Office of a physician or practitioner
  - Hospital
  - Critical Access Hospital (CAHs)
  - Rural Health Clinic (RHC)
  - Federally Qualified Health Center (FQHC)
  - Hospital-Based or CAH-Based Dialysis Center
  - Skilled Nursing Facility (SNF)
  - Community Mental Health Center (CMHC)

# Sites Not Approved



- All other facilities do not meet the statutory requirements of an originating site or authorized facility, including:
  - Beneficiary's home
  - Independent renal dialysis facility
  - Sites within an MSA or not within a HPSA

# Originating Site Facility Fee



- Q3014 -Originating site facility fee:
  - 2018 allowable \$25.76
    - ✓ MM0393:
      - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10393.pdf>
  - 2017 allowable \$25.40
    - ✓ MM9844:
      - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9844.pdf>
- Q3014 does not require a modifier

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# Summary of Policies in the Calendar 2018 Medicare Physician Fee Schedule Final Rule



- MM10393:
  - Effective: January 1, 2018
  - Implementation: January 2, 2018
- Key points:
  - Overall Payment Update and Mis-valued Code Target
  - Payment Rates for Non-expected Off-Campus Provider-Based Hospital Departments Paid under the Fee Schedule
  - Telehealth originating site facility fee payment update amount
  - Medicare Telehealth Services
  - Care Management Services
  - Improvement of Payment Rates for Office-based Behavioral Health Services
  - Evaluation and Management Services
  - Prolonged Preventive Services
  - Cognitive Therapy Services
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10393.pdf>

# Physician's or practitioner's office Originating Site



- Physician's or practitioner's office:
  - Lesser of 80 percent of actual charge or 80 percent of originating site facility fee
- Geographic practice cost index not applied:
  - Fee statutorily set
- Beneficiary responsibility:
  - Deductible and coinsurance when applicable

# Facility Originating Site Fee



- Outpatient hospital:
  - Payment not under OPPS
- Inpatient hospital:
  - Payment outside of DRG
- CAH:
  - Separate from cost-based methodology
  - 80% of originating site facility fee
- FQHC:
  - Paid separately from center or clinic prospective payment system or all-inclusive rate
  - Deductible applies
- RHC:
  - Paid separately from center or clinic prospective payment system or all-inclusive rate
  - Deductible and co-insurance applies

# Additional Facility Originating Site Fees



- Hospital-based or CAH-based Renal Dialysis Center:
  - Covered in addition to ESRD PPS or monthly capitation payment amount
- Skilled Nursing Facility (SNF):
  - Payment outside of SNF PPS
  - Not subject to consolidated billing
- CMHC:
  - Not a partial hospitalization service
  - Not used to determine payment for partial hospitalization
  - Not bundled in per diem payment

# Type of Bill (TOB) and Revenue Codes



- Originating site fee may be billed on bill types:
  - 12X, 13X, 22X, 23X, 71X, 72X, 73X, 76X, and 85X
    - ✓ Revenue code:
      - 078X
- Hospitals and CAH:
  - TOB:
    - ✓ 12X
  - Date of discharge as the line item date of service
- Hospital-based or CAH-based Renal Dialysis Center:
  - TOB:
    - ✓ 72X
  - Revenue code:
    - ✓ 078X
  - HCPCS code:
    - ✓ Q3014
- Renal Dialysis Center:
  - Separate revenue line from any other services

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# Revenue Code and Billing for RHC and FQHC Providers



- Independent and provider-based RHCs and FQHC:
  - Use RHC or FQHC bill type and billing number
- Bill originating site facility fee:
  - HCPCS:
    - ✓ Q3014
  - Revenue code:
    - ✓ 078X
- Independent RHCs and FQHCs:
  - Part B MAC for all other non-RHC/FQHC
- If an RHC/FQHC occurs on same day as telehealth service:
  - Originating site fee on separate revenue line using Rev 078X

# Additional Type of Bills (TOB) and Revenue Codes



- •SNF:
  - TOB:
    - ✓ 22X or 23X:
      - Covered Part A stay 22X
  - Revenue code:
    - ✓ 078X
  - HCPCS:
    - ✓ Q3014 separate revenue line from any other services
- CMHC:
  - TOB:
    - ✓ 76X
  - Revenue code:
    - ✓ 078X
  - HCPCS:
    - ✓ Q3014 separate revenue line from any other services:
      - Does not count toward number of services used to determine per diem payments for partial hospitalization services

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# FAQ #1



## ■ Question:

- Is it acceptable for the distant site provider to reassign his/her benefits to the originating site for billing purposes which would allow the originating facility site to bill the professional distant site charges and the originating site charges to Medicare Part A?

## ■ Answer:

- The only facility claims that Medicare Part A will pay for telehealth distant site is when the distant site services were performed *in* a Critical Access Hospital (CAH) that has elected Method II, and the physician or practitioner has reassigned his/her benefits to the CAH. If the distant site practitioner is *in* a CAH, the CAH would not be the originating site. Refer to the [CMS Internet Only Manual \(IOM\), Publication 100-04, Medicare Claim Processing Manual, Chapter 12, Section 190.7](#)



# FAQ #2



- Question:
  - Is there a limit on the number of originating site fees that can be billed per day, week or month?
  
- Answer:
  - Medicare allows one originating site fee per eligible telehealth encounter

# FAQ #3



- Question:
  - When billing the originating site, is it appropriate to list the distant site practitioner as the attending provider?
  
- Answer:
  - Yes

# CMS Resources



- CMS dedicated website:
  - <http://www.cms.gov/Telehealth>
- Preventative services:
  - <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/index.html>
- Medicare Claim Processing Manual, Publication 100-4, Chapter 12, Section 190:
  - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>
- Medicare Learning Network (MLN) Article:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctshsht.pdf>

# CMS Telehealth Website



Home | About CMS | Newsroom | FAQs | Archive | Share Help Print

**CMS.gov**  
Centers for Medicare & Medicaid Services

Learn about [your health care options](#)

[Medicare](#) [Medicaid/CHIP](#) [Medicare-Medicaid Coordination](#) [Private Insurance](#) [Innovation Center](#) [Regulations & Guidance](#) [Research, Statistics, Data & Systems](#) [Outreach & Education](#)

[Home](#) > [Medicare](#) > [Telehealth](#) > List of Telehealth Services

**Telehealth**

- [Submitting a Request](#)
- [Request for Addition](#)
- [CMS Criteria for Submitted Requests](#)
- [Review](#)
- [Deletion of Services](#)
- [Changes](#)
- [Adding Services](#)
- List of Telehealth Services**

## List of Telehealth Services

List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.

[Covered Telehealth Services \[ZIP, 12KB\]](#)

Page last Modified: 01/06/2016 2:52 PM  
[Help with File Formats and Plug-Ins](#)

[Home](#) **CMS.gov** A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244

# Updates and Reminders

# 2018 MAC Satisfaction Indicator (MSI) Survey



- This survey measures your satisfaction with our processes and service delivery so we can gain valuable insights and determine process improvements:
  - CFI Group is conducting the survey on behalf of CMS:
    - ✓ Evaluate our services in 10 minutes
    - ✓ Responses are kept confidential
    - ✓ Provide your name, telephone number and email address if you would like to be contacted about your survey responses
- Improvements based on 2017 MSI feedback:
  - Added a "Was this page helpful?" interaction to all content pages
  - Designed and debuted new information centers for Enrollment, Appeals and Claims
  - Enhanced and expanded data provided by many of our self-service lookup tools
- [JH Provider MSI Survey](#)

# Medicare Deductible, Coinsurance and Premium Rates for 2018



- MM10405:
  - Effective: January 1, 2018
  - Implementation: January 2, 2018
- Key Points:
  - 2018 Part A – Hospital Insurance:
    - ✓ Deductible: \$1,340.00
    - ✓ Coinsurance:
      - \$335.00 a day for 61st-90th day
      - \$670.00 a day for 91st-150th day (lifetime reserve days)
      - \$167.50 a day for 21st-100th day (Skilled Nursing Facility coinsurance)
  - 2018 Part B –Medical Insurance:
    - ✓ Deductible: \$183.00 a year
    - ✓ Coinsurance: 20 percent
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10405.pdf>

# Quarterly Influenza Virus Vaccine Code Update-January 2018



- MM10196:
  - Effective- August 1, 2017
  - Implementation- January 2, 2018
- Key Points:
  - During interim period of August 1, 2017 through December 31, 2017 use code Q2039 (Influenza virus vaccine, not otherwise specified)
  - Code 90756 is payable for dates of service January 1, 2018 and after:
    - ✓ 90756- Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use
  - Part B deductible and coinsurance waived
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10196.pdf>

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# Replacement of Mammography Codes, Waiver of Coinsurance and Deductible for Preventive Services, and Addition of Anesthesia and Prolong Services



- MM10181:
  - Effective: January 1, 2018
  - Implementation: January 2, 2018
- Key Points:
  - Replacement of Mammography HCPCS codes G0202, G0204, and G0206 with CPT codes 77067, 77066, and 77065
  - Ultrasound, abdominal aorta CPT 76706 is replacing HCPCS G0389 and coinsurance and deductible waived
  - Deductible and coinsurance will be waived for new CPT code 00812 when submitted with PT modifier:
    - ✓ CPT 00812 – Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
    - ✓ PT modifier – Colorectal cancer screening test; converted to diagnostic test or other procedure
  - Prolonged preventive services will be payable when billed as add-on to applicable preventive service and deductible and coinsurance will be waived
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10181.pdf>

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# Elimination of the GT Modifier for Telehealth Services



- MM10152:
  - Effective: January 1, 2018
  - Implementation: January 2, 2018
- Key Points:
  - The requirement to use the GT modifier on professional claims for telehealth services has been eliminate
  - The use of telehealth Place of Service (POS) code 02 certifies that the service meets the telehealth requirements
  - The GQ modifier is still required when applicable
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10152.pdf>
  - <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.html>

# Novitas Solutions Annual Recertification of Part A FISS Users



- CMS requires annual recertification of every user who has access to FISS
- In the beginning of July 2017, Novitas began mailing letters to providers with active access:
  - Mailed in staggered time periods due to volume
- Authorized or delegated official on file must recertify each of the individual user's within 30 days of the date of the letter
- For more information:
  - <http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00154324>

# Enrollment Revalidation Due Dates in Cycle 2



- CMS has established due dates for when you must revalidate:
  - Due dates will always be on the last day of the month
- Posted Due Dates on <https://data.cms.gov/revalidation>:
  - Revalidation due date displayed, if due within six months
  - “TBD” (To Be Determined) displayed in the due date field for all other providers/suppliers
  - Revalidation due date posted up to 6 months in advance to allow time for provider/supplier to comply
- Revalidation Notices sent via mail:
  - Novitas Solutions will send a revalidation notice 2-3 months prior to your revalidation due date to at least two of your reported addresses:
    - ✓ Correspondence, special payments and/or your primary practice address

# Medicare Revalidation Lookup Tool – data.cms.gov/revalidation



Once the Receiving Entity's name is displayed it can be clicked to display the Provider(s) reassigning to that Entity.

A detailed explanation of how to use this search tool can be found here in the [User Guide](#).

Please click on the link to access the [Data Dictionary](#).

## Find a Provider or Supplier

### By Name or NPI:

*Find a provider by one or more fields. Please use exact spelling.*

Last Name / Organization

First Name

NPI

**Search**

OR

### By Receiving Entity:

Receiving Entity Last Name / Organization

First Name

**Search**

## Online tables

Browse, search, and filter the entire list online, then save to a file. (Some advanced features of each spreadsheet are intended for data specialists)

### 1. Group practice members only **A-D | E-L | M-R | S-Z**

Search list of all group records and their reassigned members.

### 2. Entire list of providers and suppliers

Search list of all provider and supplier enrollment records.

### 3. Reassignments


**For data specialists:** Export this table and "join" it with Table 2 to create advanced group queries. Refer to the [data dictionary \(PDF\)](#) for more options.

# Removal of Social Security Numbers



- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019:
  - Medicare Beneficiary Identifier (MBI) will replace the SSN-based Medicare Number on the new Medicare cards
- Initiative will help prevent fraud:
  - Fight identity theft
  - Protect private healthcare
  - Protect financial information

A sample Medicare card for Jane Doe. The card features a red and blue header with "MEDICARE" and "HEALTH INSURANCE" text, and the Medicare seal. Below the header, it lists the beneficiary's name, claim number (000-00-0000-A), sex (FEMALE), and effective dates for Part A and Part B (07-01-1986). A large "SAMPLE" watermark is overlaid on the card. At the bottom, there is a "SIGN HERE" line and a warning: "DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS (↓) ADDRESS".

**MEDICARE**  **HEALTH INSURANCE**

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY  
**JANE DOE**

MEDICARE CLAIM NUMBER      SEX  
**000-00-0000-A**      **FEMALE**

IS ENTITLED TO      EFFECTIVE DATE  
**HOSPITAL (PART A) 07-01-1986**  
**MEDICAL (PART B) 07-01-1986**

SIGN HERE \_\_\_\_\_

**DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS (↓) ADDRESS**

# New Medicare Card



- MBI characteristics:
  - Same number of characters as the current Medicare Number (11)
  - Contains uppercase alphabetic and numeric characters
  - Occupies the same field as the Medicare Number on transactions
  - Unique to each beneficiary (e.g. husband and wife will have their own MBI)
  - Easy to read:
    - ✓ Alphabetic characters upper case only and will exclude S, L, O, I, B, Z
  - Contains no embedded intelligence or special characters
  - Contains no inappropriate combinations of numbers or strings that may be offensive

# Get Ready for the New MBI



- Patient may not get a new card if their address with SSA is not correct
- Verify your patients addresses:
  - If the address you have on file is different than the address you get in electronic eligibility transaction responses, ask your patients to contact Social Security and update their Medicare records
  - This may require to verify and correct address
- Beneficiaries contact:
  - Social Security:
    - ✓ 1-800-772-1213
    - ✓ [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount)
  - Railroad Retirement Board:
    - ✓ 1-877-772-5772



# Important Dates For The New Medicare Card

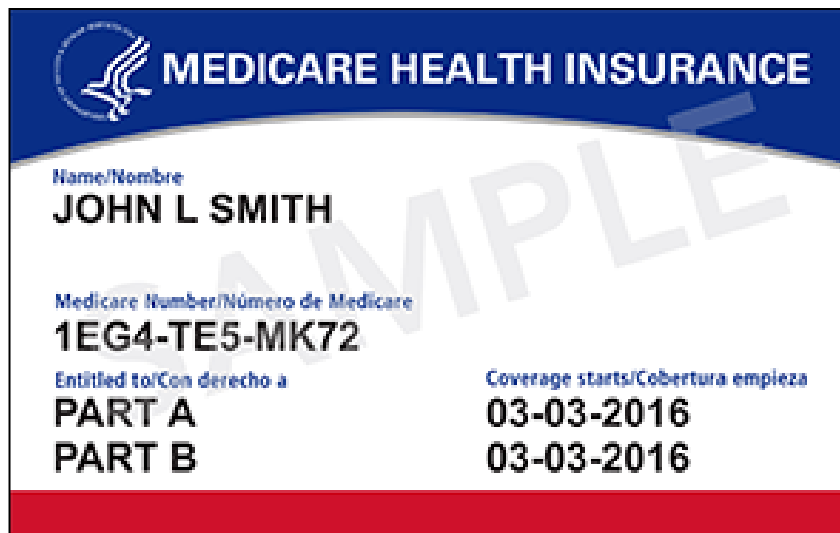


- Beneficiaries will be provided new replacement cards by **April 2019**
- The transition period will occur from **April 1, 2018 through December 31, 2019**
- **Effective October 1, 2018** through the end of the transition period, when a valid and active Medicare Number is submitted on Medicare fee-for-service claims both the Medicare Number and the Medicare Beneficiary Identifier (MBI) will be returned on the remittance advice

# MBI New Design



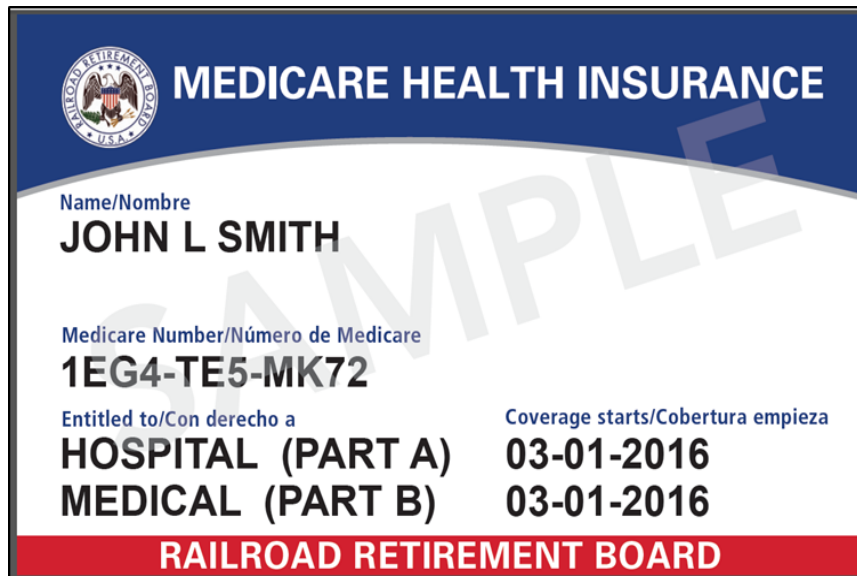
- New Medicare card:
  - Health and Human Services (HHS) logo
  - Gender and signature line removed



# Railroad Retirement Beneficiaries



- Railroad Retirement MBI card:
  - Railroad Retirement Board logo will be the key identifier
  - Mailing will begin June 2018



# New Medicare Card Mailing Waves



Wave	States Included	Cards Mailing
1	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	April – June 2018
2	Alaska, American Samoa, California, Guam, Hawaii, Northern Mariana Islands, Oregon	April – June 2018
3	Arkansas, Illinois, Indiana, Iowa, Kansas, Minnesota, Nebraska, North Dakota, Oklahoma, South Dakota, Wisconsin	After June 2018
4	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont	After June 2018
5	Alabama, Florida, Georgia, North Carolina, South Carolina	After June 2018
6	Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Texas, Utah, Washington, Wyoming	After June 2018
7	Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Puerto Rico, Tennessee, Virgin Islands	After June 2018

# During Transition Period

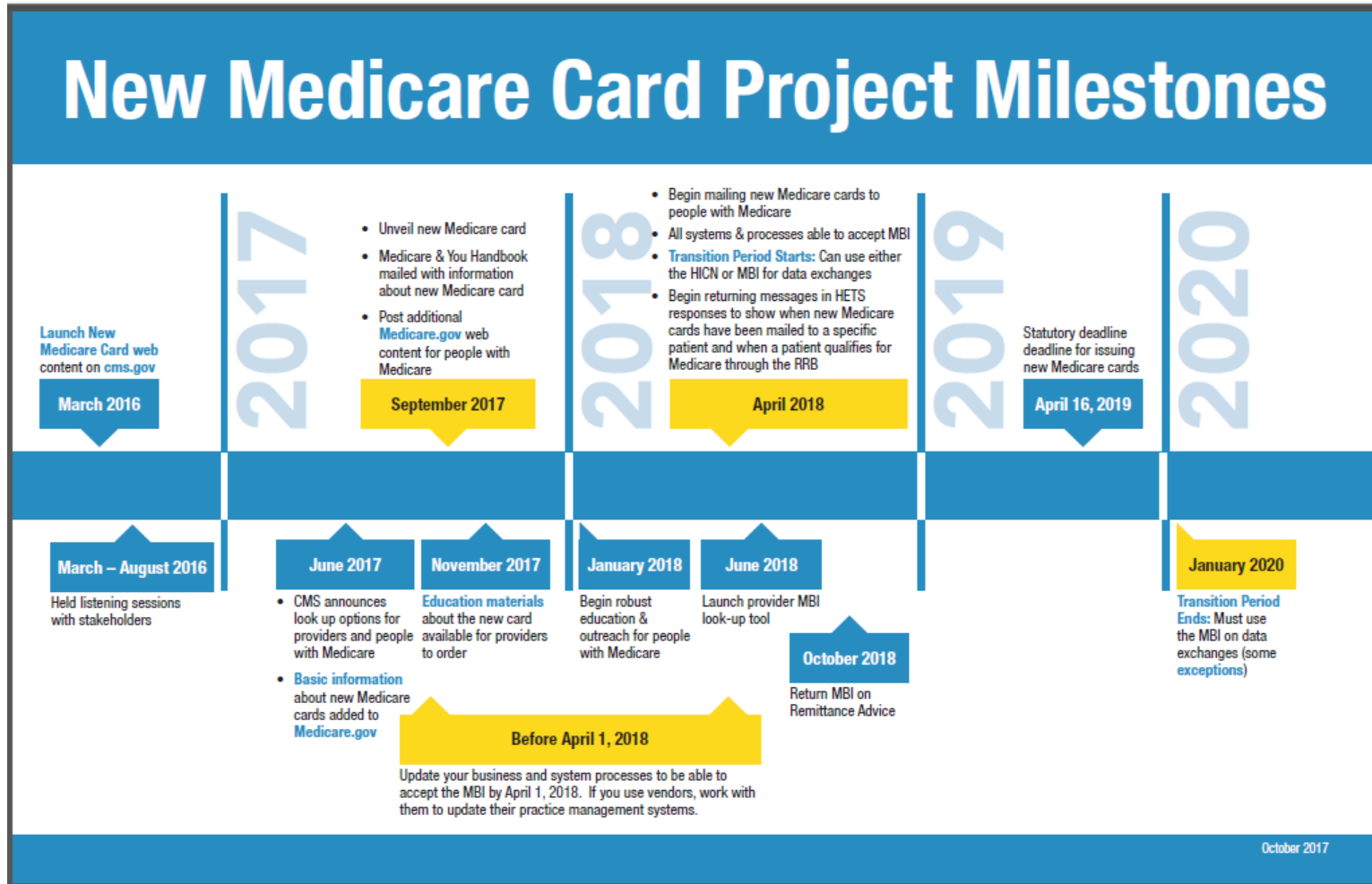


- Beginning October 2018 through transition period:
  - When submitting claim using the Medicare Number :
    - ✓ Both Medicare Number and MBI will be returned on remittance advice
  - MBI will be in same place you currently get the changed Medicare Number :
    - ✓ 835 Loop 2100, Segment NM1 (corrected Patient/Insured Name)
    - ✓ Field NM109 (Identification Code)
  - Message field on eligibility transaction responses will indicate when new Medicare card has been mailed to each person
- Medicare Number and MBI for the same patient in same batch of claims:
  - During the transition period:
    - All claims with either Medicare Number and MBI can be in the same batch

# MBI Implementation



## New Medicare Card Project Milestones



October 2017

# Novitasphere MBI Lookup Coming June 2018



- New MBI crosswalk tool in Novitasphere June 2018
- Enroll now!
  - Part B:
    - ✓ Claim corrections, eligibility, claim status, electronic claim submission, electronic remittance advice, comparative billing reports, medical review record submission, and more
  - Part A:
    - ✓ Eligibility, electronic claim submission, electronic remittance advice, medical review record submission, cost report submission, and more

# Medicaid and Supplemental Insurers



- CMS will provide State Medicaid Agencies and supplemental insurers MBIs for Medicaid eligible people who also have Medicare
- Crossover claims:
  - During transition period either Medicare Number or MBI is accepted
- Supplemental insurer:
  - During transition period:
    - ✓ Continue using your unique numbers
  - After transition period:
    - ✓ Use MBI where the Medicare Number would have been used



# Get Ready for the New MBI



- Patient may not get a new card if their address with SSA is not correct
- Verify your patients addresses:
  - If the address you have on file is different than the address you get in electronic eligibility transaction responses, ask your patients to contact Social Security and update their Medicare records
  - This may require to verify and correct address
- Beneficiaries contact:
  - Social Security:
    - ✓ 1-800-772-1213
    - ✓ [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount)
  - Railroad Retirement Board:
    - ✓ 1-877-772-5772

# Be Prepared



- Participate in CMS quarterly open door forums
- Sign up for weekly MLN Connects<sup>®</sup> newsletter
- Obtain technical information from your regular communication channels
- Test your systems
- Work with your billing office staff to be sure you are ready for the new MBI format
- Check CMS' new Medicare card website for updated information:
  - <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>

# CMS Published Flyer



## You're getting a new Medicare card!

Cards will be mailed between April 2018 – April 2019

You asked, and we listened. You're getting a new Medicare card! Between April 2018 and April 2019, we'll be removing Social Security numbers from Medicare cards and mailing each person a new card. This will help keep your information more secure and help protect your identity.

You'll get a new Medicare Number that's unique to you, and it will only be used for your Medicare coverage. The new card won't change your coverage or benefits. You'll get more information from Medicare when your new card is mailed.

### Here's how you can get ready:

- Make sure your mailing address is up to date. If your address needs to be corrected, contact Social Security at [ssa.gov/myaccount](https://ssa.gov/myaccount) or 1-800-772-1213. TTY users can call 1-800-325-0778.
- Beware of anyone who contacts you about your new Medicare card. We'll never ask you to give us personal or private information to get your new Medicare Number and card.
- Understand that mailing everyone a new card will take some time. Your card might arrive at a different time than your friend's or neighbor's.

CMS Product No. 12002  
September 2017

<https://www.medicare.gov/Pubs/pdf/12002-New-Medicare-Card-flyer.pdf>

# CMS Products



- Poster:
  - <https://www.cms.gov/Medicare/New-Medicare-Card/Partners-and-Employers/New-Medicare-Card-Poster.pdf>
- Tear off pad:
  - <https://www.cms.gov/Medicare/New-Medicare-Card/Partners-and-Employers/New-Medicare-Card-Tear-Off.pdf>
- Product ordering:
  - <https://productordering.cms.hhs.gov/>

# Self-Service Options

# Visit Our Website Today



- <http://www.novitas-solutions.com>
- Join our email list and receive the latest Medicare updates and Novitas initiatives
- On-Demand Education and Publications:
  - Frequently Asked Questions
  - Podcasts
  - Educational Videos and Tutorials
    - ✓ Watch and learn about the Medicare program and our website's features
  - News Bulletins and Articles
  - Novitas e-News
  - Medicare Newsletters and Reports

# Tell Us How We Are Doing



## Rate Your Website Experience

You've been selected to participate in a customer satisfaction survey to help us improve your website experience.

**The survey will take 2-3 minutes, and will appear at the conclusion of your visit.**

This survey is conducted by an independent company ForeSee, on behalf of the site you are visiting.

No Thanks

Yes, I'll Help!



# Customer Contact Information



- Jurisdiction H:
  - Customer Contact Center- 1-855-252-8782
  - Provider Teletypewriter- 1-855-498-2447
- Patient / Medicare Beneficiary:
  - 1-800-MEDICARE (1-800-633-4227)
  - <http://www.medicare.gov>



# Novitasphere



- FREE, secure internet portal to connect directly to Novitas Solutions
- Part A providers may:
  - Obtain beneficiary eligibility
  - Submit cost reports
  - Submit medical review records
  - Submit your electronic claim files and retrieve electronic claim reports
- Part B providers may:
  - Perform claim corrections
  - Obtain beneficiary eligibility
  - Check claim status
  - Submit claims
  - Retrieve and print remittance advices
  - Obtain comparative billing reports
  - Submit medical review records

# Novitasphere Help Features



- Novitasphere User Guides and Instructions
- Live Chat feature
- Dedicated Help Desk: 1-855-880-8424
  - [http://www.novitas-solutions.com/webcenter/portal/Novitasphere\\_JH/Novitasphere](http://www.novitas-solutions.com/webcenter/portal/Novitasphere_JH/Novitasphere)

# Tools Offered by the Centers for Medicare & Medicaid Services (CMS)



- CMS Internet Only Manuals (IOMs):
  - Day-to-day operating instructions, policies, and procedures based on statutes and regulations, guidelines, models, and directives
- Medicare Learning Network (MLN) Matters Articles:
  - Your destination for health care professional education products
- Open Door Forums:
  - Opportunity for live dialogue between CMS and the stakeholder community at large
- Quarterly Provider Updates:
  - Published quarterly for providers, suppliers, and the general public
- <http://www.cms.gov/>

# Summary



- Provided the latest Telehealth services
- Discussed the appropriate originating sites
- Reviewed helpful Medicare updates and reminders
- Reviewed helpful self-service options available to the provider community

# Thank You



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