Getting Started Overview

Agency Requirements
- Collaborative Agreement
- Nursing Guidelines
- Apply for NPI with local intermediary for Part B services
- Complete form 855B
- Complete Medicaid application
- Apply for access to your local intermediary’s customer service portal

Practitioner Requirements
- Apply for NPI with local intermediary
- Complete form 855I
- Complete form 855R
- Complete Medicaid application

Collaborative Agreements
- Find local MD(s) to sign a collaborative agreement
- Your collaborating physician must be licensed to practice in your state
- Your collaborating physician must be of the same area of practice as your NP
Nursing Guidelines

Your agency must create nursing guidelines that will designate a physician who will sign off on them as well as provide medical direction to the NP including chart review for prescriptive practices at least every 3 months.
- The guidelines must:
  - describe the scope of the nurse’s practice,
  - describe the scope of the nurse’s prescriptive practices,
  - describe circumstances where a physician consultation or referral is required,
  - describe established procedures for common medical conditions and
  - include emergency planning

Nursing Guidelines cont’d

Your Nursing Guidelines must be kept on file in case DPH or BORN want to review.
- Nursing Guidelines are a public document and must be made available to any person upon request.
- In Massachusetts go to www.mass.gov and reference 244 CMR 4.22-25 for further information

Prescriptive Practices

As of March 2016 the following changes have been implemented:
- Patients have the right to request less than the prescribed amount of opioid substance
- Prescribers MUST include a notation on the prescription that the patient may request an amount less than the full quantity prescribed
  “Partial fill upon patient request” is the recommended phrase to use.
- If this occurs the remaining quantities will be void
- This notation is required on any Schedule II opioid prescriptions and pharmacists are required to call the prescriber if this notation is missing.
Prescriptive Practices Cont’d

- By January 1, 2018
  - Prescribers must ensure that their EMR software or prescriptive forms for Schedule II opioids including the required notation, or the prescriber MUST write the notation on ALL Schedule II opioid prescriptions they issue until then the below may happen
  - Prescribers may elect to staple or otherwise attach a second piece of paper with the required notation pre-printed on it or they may write the notation on all Schedule II opioid prescriptions issued.
  - Pharmacists receiving a prescription for a Schedule II opioid without the required notation must contact the prescriber for confirmation and document the required notation on the prescription.

Agency Requirements

- Your agency must have an NPI which needs to be enrolled with your local intermediary
- To obtain an NPI go to https://nppes.cms.hhs.gov/NPPES/Welcome.do
- As seen in slide 5, you will click on National Provider Identifier (NPI) seen in blue and then follow the instructions from there. You are given a list of information you will need to complete the application.
Form 855B
- Form 855B is for suppliers who will bill Medicare.
- This is your application to obtain the right to bill for your practitioners’ visits and receive reimbursement for them.

Form 855B continued
- This application can be obtained on the following websites:
  - www.cms.gov
  - For NGS users go to www.ngsmedicare.com

Medicaid Application
- The agency must fill out a Medicaid Provider application.
- This application cannot be completed until at least one practitioner has been enrolled as a Medicaid Provider so they can be attached to the agency.
- This application is obtained by contacting the MassHealth Provider Enrollment and Credentialing at 1-800-841-2900.
Provider Services Portal Access

- For NGS users go to www.ngsmedicare.com, under web services on the left click Connex Online Inquiry
- Each individual who will need access will have to enroll as a new user

PSP Continued

- Once granted access, the following websites will allow your staff to find beneficiary eligibility and entitlement information, check on the status of submitted claims and query for financial data.
- https://connex.ngsmedicare.com

Practitioner Requirements

- Each practitioner must have an NPI which needs to be enrolled with your local intermediary
- To obtain an NPI each practitioner must go to https://nppes.cms.hhs.gov/NPPES/Welcome.do
Practitioner Requirements Continued

- Complete Form 855I
- This is the Medicare Enrollment application for Individual Practitioners and Non-Physician Practitioners.
- This application will need to be filled out for each Nurse Practitioner enrolling with Medicare.
- [www.ngsmedicare.com](http://www.ngsmedicare.com)

Practitioner Requirements Continued

- Complete Form 855R
- This is the Medicare enrollment application for Reassignment of Medicare Benefits.
- This application tells Medicare your practitioners are giving permission for your agency to bill and receive payment for their services.
- [www.ngsmedicare.com](http://www.ngsmedicare.com)

Practitioner Requirements Continued

- Each practitioner will need to complete a Nurse Practitioner application with Medicaid.
- You must contact MassHealth Provider Enrollment and Credentialing at 1-800-841-2900 and request an application packet.
- Each practitioner will be assigned a tracking number for their application.
Documentation and Billing

- Your agency will need to choose Medical Records software (EMR); Practice Fusion is a free EMR which can be viewed at www.practicefusion.com (use of chrome browser is necessary)
- You will need to set up SOAP note templates or choose the ones you want to use for your practice

Documentation and Billing

- Your agency will need to choose billing software; Kareo is a low cost billing software option which integrates with Practice Fusion (www.kareo.com)

Documentation and Billing

- Whichever software you choose you will need to set up your practice, including a list of referring doctors, primary care doctors, referral sources, place of service locations, etc.
- You will need to create a Part B treatment consent form
Documentation and Billing

- Your staff will need to create an intake form and superbill or one form that serves as both as seen in the next slide.
- The form(s) need to include: patient name, address, phone number, primary and secondary insurance names and ID numbers, PCP name, phone and fax numbers, referral source name, contact and phone number as well as billing codes.

Documentation and Billing

- They are located on your local intermediary’s website.
- [www.ngsmedicare.com](http://www.ngsmedicare.com)
Documentation and Billing

- Your billing staff will need to obtain a coding book (e.g., ICD-10-CM Expert for Physicians).
- This contains the diagnosis codes for your claims.
- Your billing staff will need a CPT Professional Edition manual as well.
- This contains the billing codes and modifiers for your claims.

Documentation and Billing

- Your practitioner's charges will be based upon the Medicare Physician Fee Schedule which can be found on the CMS website. [www.cms.gov](http://www.cms.gov), search physician fee schedule 2016...this updates every January.
- You will want reimbursement codes for Home visits, Assisted Living visits, and Nursing Home visits.

Documentation and Billing

- The rates are based upon the Physician reimbursement which is given a 15% NP reduction.
- 20% of the remaining amount is put toward the coinsurance for the service and will either be the patient's responsibility or be forwarded to the patient's secondary insurance plan.
- There is an annual deductible for Part B.
Documentation and Billing

- Your agency will need to create a referral process and admit packet.
- Since most of your patient's will already have a PCP in place you will want to create relationships with these offices.
- Contacting the office ahead of time to alert them of the NP referral helps with this.
- During this call requesting clinical information and a current medication list is helpful for the NP.
- Let the PCP's office know that the clinical findings from the NP visit will be faxed over for the patient's medical record.

Referral Process:

- Gather information: patient name, address, dob, insurance information, PCP information, referral source information, reason for visit
- Verify eligibility:
  - Med B benefits active
  - Deductible amount remaining
  - Home care episode open
  - Hospice episode open

Your admit packet should include:

- A superbill with patient, PCP and referral source information filled out.
- A consent form
- Information Sheet, explaining reason for the visit
- Clinical note from last nurse or MD visit
- Medication list
Documentation and Billing

Referral Process:
- If a home care or hospice episode is open your agency will need to find out with whom and coordinate care so the patient does not receive a nursing visit the same day as the NP visit.
- Contact PCP’s office to alert of the visit (you do not need their permission, this is just a courtesy to create relationships and facilitate obtaining patient information) and request current clinical information and medication list.

Documentation and Billing

Once the paperwork for the visit is returned to the office:
- Fax visit note to PCP’s office
- Fax visit note to home care agency or hospice

Documentation and Billing

- When ready to bill, use the audit tool on the NGS website to assure the proper CPT code is chosen by NP
- Check diagnosis codes for accuracy
- Add appropriate modifiers as needed
### Evaluation & Management Documentation Training Tool

#### Evaluation

<table>
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<th>Date</th>
<th>Location</th>
<th>Diagnosis</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>5/15/2017</td>
<td>Hospital</td>
<td>Chest pain</td>
<td>Medication</td>
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<tr>
<td>5/16/2017</td>
<td>Clinic</td>
<td>Heartburn</td>
<td>Prescription</td>
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#### Management

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<th>Date</th>
<th>Task Description</th>
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<td>5/17/2017</td>
<td>Follow up visit</td>
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<tr>
<td>5/18/2017</td>
<td>Medication refill</td>
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### Medical Decision Making

**Assessment of Progress or Treatment Decision**

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<th>Date</th>
<th>Progress/Decision</th>
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<tbody>
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<td>Improvement</td>
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<tr>
<td>5/20/2017</td>
<td>Maintenance</td>
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**Assessment of Need for Readmission**

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<th>Date</th>
<th>Readmission Need</th>
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<tbody>
<tr>
<td>5/21/2017</td>
<td>No</td>
</tr>
<tr>
<td>5/22/2017</td>
<td>No</td>
</tr>
</tbody>
</table>
Documentation and Billing
- When reviewing the NP note remember if it is not documented it did not happen.
- The clinician can only get credit toward reimbursement for the care that is clearly documented happened during the visit.
- Always assume the chart will be audited and the clinician will not be present to explain what is written.

Documentation and Billing
- Once the visit has been reviewed for accuracy enter it in your billing software and send over your claims.
- Keep a copy of the visit note, super bill and audit tool together in the patient’s billing file for future reference if needed.

Questions???
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