Hot Topics

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Client Managers

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NURSE AID TRAINING REIMBURSEMENT CHANGES

Changes regarding filing for reimbursement for the Nurse Aide Training (NAT) program will be effective July 1, 2016. Delaying filing for the reimbursement may create reimbursement delays. The Department for Medicaid Services entered into a new two -year contract period that begins July 1, 2016. Providers needing a copy of the MAP 576 form can obtain it on the NAT website.

Annual Re-Licensure & Notification to Medicaid

The Office of Inspector General (OIG) mails letters reminding providers to complete their re-licensure documents and remit payment. Once re-licensure is approved and payment is received, the OIG sends the provider a "Validation Letter", indicating the dates when the license is effective. Nowhere in the initial OIG letter or the Validation Letter is there a directive to send DMS proof of licensure upon renewal. Consequently, when the DMS does not receive a copy of the Validation Letter, the DMS terminates the provider within sixty (60) days after the license end-date. To avoid termination, providers should mail a copy of their Validation Letter to:

Provider Enrollment P.O. Box 2110 Frankfort, Kentucky 40602

AHCA ISSUES GUIDANCE ON 60-DAY OVERPAYMENT RULE

On February 11, 2016, the Centers for Medicare and Medicaid Services (CMS) released the final version of a 2012 proposed rule that requires Medicare Parts A and B health care providers and suppliers to report and return overpayments by the later of the date that is "60 days after the date an overpayment was identified, or the due date of any corresponding cost report if applicable." **The rule becomes effective 30 days after publication in the Federal Register. Thus the effective date is March 14, 2016.** A separate final rule was published in May 2014 that addresses Medicare Parts C and D overpayments.

Speech Therapy Billing for SNF:

The documentation required to bill Speech Therapy can be downloaded from: http://cgsmedicare.com/parta/pubs/news/2016/02/cope32099.html

Payroll Based Journal Reporting

- ◆ The mandatory reporting period begins July 1, 2016. You may continue voluntary submission for dates thru 6/30/16.
- ◆ The final PBJ policy manual and related information at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html
- Note, the Centers for Medicare & Medicaid Services (CMS) may use its enforcement authority for noncompliance with the requirement to submit data.

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ePOC:

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OIG-DHC has announced the activation date for Electronic Plan of Correction (ePOC) in Kentucky is scheduled for June 1, 2016

If you aren't receiving the OIG newsletter you can email <u>jani.biggs@ky.gov</u> to receive their newsletters.

Medicaid Cash Management Initiative:

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Providers should prepare for the expected delay of June Medicaid payments. We will provide more information as it becomes available.

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