# 5615 and Medicare Part B Premium

January 2013

# Medicare Part B premium payments

- → How to handle 5615 discrepancies
- → Best Practices for avoiding unnecessary audit recoveries

#### **Margaret Williams**



- → Resident since May 2, 2012
- → June 1, 2012 became Medicaid eligible
  - Gross MonthlyIncome = \$820 fromSocial Security
  - Medicare Part BPremium



#### **Receive and Process 5615**

- → You work with the eligibility site to complete:
  - **•** 5615
  - ULTC 100.2 and
  - Other documentation
- → Send to MASSPRO to initiate PAR

#### **Receive and Process 5615**

- → Make changes in your billing system reflecting this information
- → Issue a bill to the client
  - Admit month = 670.10
  - 1<sup>st</sup> full month = 670.10
  - 2<sup>nd</sup> month = 770.10

#### **Problem in Second Month**

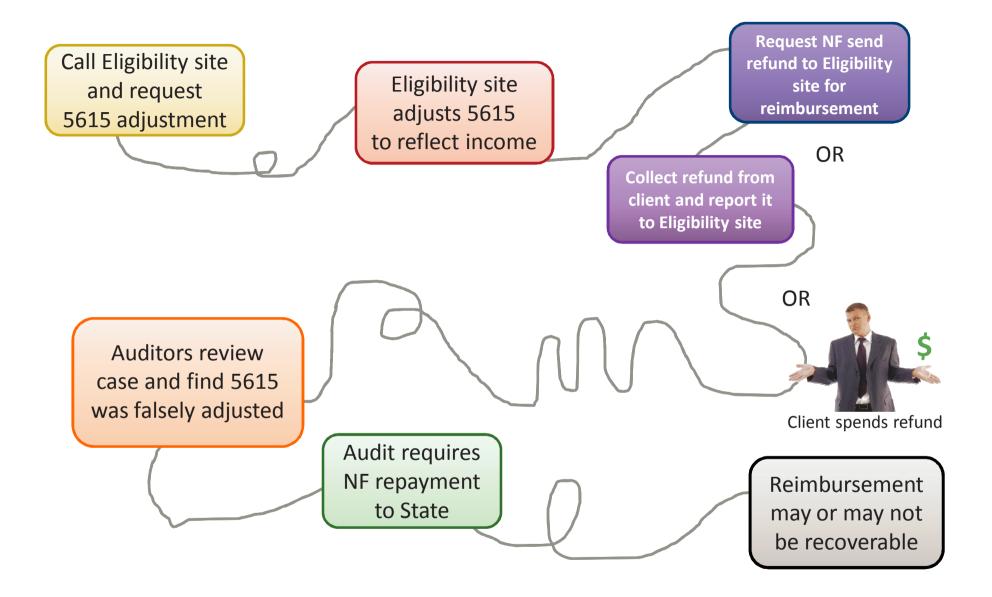
- Client's check is less than what is owed
- Client/family asks what can be done?



# Which Way?







This route takes longer, is not cost-effective, and creates more paperwork





Client/Family



Eligibility Site
Staff



Nursing Facility Staff



# Which Way?





Call Eligibility site and request Buy-In to be started

Communicate to client that you have initiated this process and to expect a refund

Following month
Buy-In is in place
and client receives
refund

Auditors review case...

- 5615 reflects gross income
- NF has collected correct patient payment
- Claim declares correct amount

Client /Family receives refund check and gives that money to NF

This route is more direct, transparent, cost-effective, and involves less paperwork





Client/Family



Eligibility Site
Staff

# Nursing Facility Staff





#### **Best Practices**

- → Have conversation with client/family about billing process and potential issues
- → Communicate
- → NF have the right to question specific figures on 5615
  - Provide documentation

### Questions

