



# The Advisor

VOLUME 13 | FEBRUARY 2021

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## Monthly Musings

*By Sarah Hanna, CEO*

### Is Bigger Better?

The William S, Burroughs quote “when you stop growing you start dying” brings a certain perspective to the lifecycle of business. In the aftermath of 2020, growing my business has been particularly important to me. I continue to look for ideas that will help ECS North improve and expand.

To that end, I was listening to an interview with Guy Raz on The Tim Ferris Show podcast. Guy spoke of the interviews he has done over the years with top echelon entrepreneurs and executives. During this episode, Guy spoke of an interview he did with Herb Kelleher former President, CEO and Chairman of Southwest Airlines. During their conversation, Herb stated his motto: “Think small, act small and that’s how you get big.” Bigger can be better if you don’t lose sight of what helped you get there. Herb’s motto is one to remind organizations to stay grounded as growth is experienced whether organically or through acquisition or merger. As I set my sights on new opportunities, Herb’s motto is in the forefront of my mind. Taking care of my clients and providing customized experiences is what started ECS North and will never go out of style.

## ECS North Team Spotlight

ECS North is proud to introduce you to a very valuable member of our team...Diana Matthews.

Diana joined the ECS team in April of 2012 as a subcontractor and moved to a full-time team member in January 2016. She is an Account Manager where her main responsibilities revolve around supporting the efforts of ECS North's Senior Account Managers, problem solving payer issues and investigating denial trends for her clients.

Diana graduated from the University of Akron in Ohio. In her spare time, she enjoys volunteering in her community and helping at her church's food pantry. She has a 20-year-old son and two rescue cats (one is a Himalayan and the other is a Russian Blue). Her favorite family tradition is Thanksgiving dinner. She stated that this is the only holiday of the year that all her family can be together. Her family travels from all over to be together and they come from as far as Texas.

She finds inspiration and motivation in the stories of those who have overcome overwhelming odds and have pushed through the most difficult events in their lives and have been successful despite the challenges.

One of the reasons she loves her job is that she enjoys the research of working some of the more complex accounts/situations and then assisting the team to resolve them.

As one of the original team members who joined ECS North as a remote employee, she has yet to visit the Ohio office in the 8 ½ years she has been with ECS. She has proven that working remotely leads to successful outcomes.

Diana had this to say about why she loves working at ECS North:

"I love the diversity of the staff and that the company gives each employee an opportunity to be successful."

Meet Diana!  
ECS North's  
February EOM



*Diana Matthews*

## Tips from the Team Deductibles!

*From Nichole Mowery - Senior Account Manager*

February is here and with it comes insurance deductible time. High deductible health insurance plans have been the norm for several years, but no matter how long we have been working with those increased deductibles, it never gets easier. Here are some tips for making it through the first half of 2021 and improve your odds of getting your money.

For new patients, when verifying eligibility, it is important to check the status of the deductible for the patient's insurance plan. At the time of intake, inform the patient of their financial responsibility based on the information received during the insurance verification process. Gain the payment for the deductible upfront. Once the insurance processes the claim and an EOB is obtained, if the insurance processes the claim differently than anticipated, a refund may be owed the patient.

For existing patients, some supplemental/secondary plans may cover the deductible amounts. However, certain plans do not cover any amounts sent to the patient's deductible from the primary payer. In these instances, the balances are transferred to the patient by your ECS North AR resolution team so invoicing and collection efforts can begin.



*Nichole Mowery*

## Submitting All Supporting Documentation to Optum for Medical Mutual Claims Processing

Optum assists Medical Mutual with claims editing and processing. When submitting a claim, Optum handles the initial claims editing, review, processing and appeals. Claims are then referred to Medical Mutual if a secondary appeal is necessary.

To expedite the review and approval of claims, Optum states that it is important to include all supporting documentation, including handwritten graphs, notes and charts, along with corresponding medical records, in your initial claim submission to Optum.

### Medical Record Submission

Optum's medical record request letters provide detailed instructions on how and where to submit your medical records and what to include with your submission. Each letter provides specifics on:

- A list of impacted claims
- An itemized list of required documents
- A page of instructions on submitting information via secure internet portal, fax or hard copy. It also includes a cover sheet with a bar code to identify your case number and relevant information for Optum.

### Medical Documentation Submission Timeframe:

Medical records are required to be submitted to Optum within 45 calendar days of receipt of the request letter. Once Optum receives the records, review will take place within 12 business days and an outcome letter will be sent to the provider. If no records are received within 45 days of the initial request, a technical denial letter will be sent as final communication and Medical Mutual will be notified that Optum has closed the case.

### Disputing an Optum Claim Denial

If you receive an initial findings denial letter, the letter will include the information required to request a dispute of the review. This required information includes:

- The cover sheet provided with the denial letter with a barcode
- An explanation of why you do not agree with the denial
- Supporting documentation, such as additional medical records or source information

Once this information is received, Optum will send a dispute acknowledgement letter and start the review process. You will then receive a resolution letter within 12 business days.

### Options to Dispute Optum's Denial

If a submission of a request for dispute of a claim denial and the denial is upheld, there are steps can be taken to submit a formal second-level dispute with Medical Mutual. These steps are found in section 4 of the Medical Mutual Provider Manual, available at [MedMutual.com/Provider](http://MedMutual.com/Provider), and are outlined below.

- Call Medical Mutual Customer Care at 1-800-362-1279 and speak with a Customer Care Specialist for assistance.
- If the claim remains denied after this initial contact, or you still disagree with our reimbursement, submit your request on a completed Provider Action Request (PAR) Form. The PAR Form is available: on Online through the Availity Provider Portal, which can be accessed at [MedMutual.com/Provider](http://MedMutual.com/Provider). Log in to the Availity Provider Portal, access the Medical Mutual Payer Space, then click the Resources tab.

## Oxygen CMN Resource from Cigna Medicare

To help your team understand when an initial, recertification and revised CMN are needed, CGS developed the below chart. This is a great tool for your team to reference when traversing the oxygen CMN requirements. You can access the chart by visiting the website link below:

[https://www.cgsmedicare.com/pdf/dme/oxygen\\_cmn\\_chart.pdf](https://www.cgsmedicare.com/pdf/dme/oxygen_cmn_chart.pdf)

### Oxygen Certificate of Medical Necessity Certification Chart

Initial CMN	Recertification CMN	Revised CMN
<p><b>First Claim to the DME MAC</b></p> <ul style="list-style-type: none"> <li>Testing and practitioner evaluation obtained within 30 days of initial date</li> <li>Even if the beneficiary was on oxygen prior to Medicare eligibility</li> </ul> <p>* <b>Exception: Medicare HMO transition to fee-for-service (FFS) Medicare. Testing does not have to be obtained 30 days prior to the initial date but must be the most recent qualifying test obtained while in the HMO.</b></p> <p><b>Break in Medical Necessity During 36-Month Rental Period</b></p> <p>Testing and practitioner evaluation obtained within 30 days of initial date.</p> <p><b>Replacement Due to RUL</b></p> <p>No new testing or new practitioner visit required per LCD.</p> <p><b>Replacement Due to Lost, Stolen, or Irreparable Damage</b></p> <p>No new testing or new practitioner visit required per LCD.</p>	<p><b>Group I – 12 Months After Initial CMN</b></p> <p>Most recent qualifying test prior to 13th month claim must be reported on the CMN</p> <p><b>Group II – 3 Months After Initial CMN</b></p> <p>Most recent qualifying test performed between 61st – 90th day, 4th month claim</p> <p><b>Other Requirements for Above:</b></p> <ul style="list-style-type: none"> <li>Re-evaluation within 90 days prior to recertification.</li> <li>Above criteria not met: <ul style="list-style-type: none"> <li>Continues oxygen therapy/test obtained at a later date.</li> <li>Coverage resumes when testing requirement is met, beginning with the date of the test.</li> </ul> </li> </ul> <p><b>Recertification for Replacement Equipment</b></p> <ul style="list-style-type: none"> <li>Same time frames apply.</li> <li>Repeat testing and re-evaluation not required.</li> <li>Use most recent qualifying value and test date.</li> </ul>	<p><b>Change in Flow Rate Category</b></p> <ul style="list-style-type: none"> <li>Less than 1 liter per minute (LPM)</li> <li>1 – 4 LPM</li> <li>Greater than 4 LPM</li> </ul> <p><b>Length of Need Expired</b></p> <p>If the treating practitioner specified less than lifetime length of need on the most recent CMN.</p> <p><b>Portable Oxygen</b></p> <p>Added subsequent to initial certification of a stationary system.</p> <p><b>Stationary Oxygen</b></p> <p>Added subsequent to initial certification of a portable system.</p> <p><b>New Treating Practitioner</b></p> <p>Oxygen order is the same.</p> <p><b>New Supplier</b></p> <p>Does not have or cannot obtain the prior CMN.</p> <p>* <b>Revised CMN does not change recertification schedule. If a revised CMN is needed at the same time as a recertification CMN, submit a recertification CMN.</b></p>

Local Coverage Determination (LCD): Oxygen and Oxygen Equipment [L33797]:

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33797&ver=28&articleid=52514&bc=AAAAAAAAEAAA&>