

Mutual of Omaha – Medicare PCOM Advisory Group Minutes – Western Region

June 7, 2005
10:00 AM – 11:00 AM

Teleconference

Members Present:

Kelly Collins, Mutual of Omaha – Medicare, Sacramento Office
Judy Lee, Mutual of Omaha – Medicare, Sacramento Office
Wesla Arambulo, Skilled Healthcare, California
Steve Ferray, California Rehab Association
Sherreta Lane, California Healthcare Association
Susan LaPadula, CMBA, ICMRS, California
Diane Olivas, Tenet Health System, Western States Region
Debbie Peale
Christine Rasmussen, HCA Healthcare, Director of Collections
Amy Rodriguez, LTC Consulting Associates, California
Sharon Sandow, Tenet Health System, Western States Region
Cathy Schmidt, The Ensign Group
Debbie Wickersham, LTC Quick Recovery, California

Members Not Present:

Meg Gelvezon, R.N., N.H.A., North American Healthcare, California
Jeannie Grigg, California Rehab Association
Janelle Herman, Mutual of Omaha – Medicare, Home Office, Omaha, NE
Dr. Hayden Hill, Washoe Rehab Hospital, Reno, NV
Dan Martinez, Presbyterian Intercommunity Hospital, Whittier, CA
Ophelia Peralejo, Tenet Health System, Western States Region
Marylyn Walton, Tenet Health System, Western States Region
Nanci Wilson, RPT, North American Healthcare, California

Meeting:

Kelly Collins facilitated the meeting and Judy Lee recorded the minutes. The meeting was called to order at 10:00 AM.

Kelly reminded the members that the main purpose of the PCOM Advisory Group is to suggest training topics for future regional seminars. In addition to the regional seminars, suggestions from the PCOM group can drive other educational activities such as “Ask the Contractor” teleconference topics, Computer Based Training (CBT) subjects and “What’s New” newsletter topics.

National PCOM Advisory Group Meeting:

Kelly thanked the members who attended the National PCOM Advisory Group meeting in Las Vegas on February 22nd for their attendance and re-capped the meeting for the members who were unable to attend. We hope to have another National PCOM Advisory Group meeting in the next fiscal year.

Recommended Topics for Upcoming Training Sessions: Seminars, “Ask the Contractor” Teleconferences (ACT), Computer Based Training (CBT) sessions, Newsletter articles and “What’s New” updates

1. SNF Billing (seminar)
2. Documentation required for Inpatient Rehab Facilities (IRF) based on the probe reviews. (CBT, ACT, newsletter article)
3. SNF No-pay Claims (Seminar, CBT, What’s New, newsletter article)
4. How to correct and adjust claims in FISS. (CBT, ACT, What’s New, newsletter article)
5. Medicare Secondary Payer (MSP) billing for conditional payment (Seminar, What’s New, newsletter article, etc.)

Group Input and Feedback:

- **Locations for Fourth Quarter Training Sessions**
 1. Sacramento Area

Provider Issues:

- **Part B Wound Care Billing** – Judy stated that we have recently added wound care billing to our SNF Part B billing module at the request of several providers. The slides were created based on the wound care LCD and include billable revenue codes, HCPCS codes, and coverage criteria.
- **KX Modifier on Part B Claims** – Kelly stated that there are some problems that have arisen from billing *without* the KX modifier for a portion of the month, and billing *with* the KX modifier for the remainder of the month. The system “reorders” the Revenue Codes and HCPCS codes when the claim is stored so that the dates of service are not used in determining the correct lines to pay. Because of this issue, providers are advised to assess the beneficiary’s therapy cap amount prior to billing for that month. If it appears that the therapy cap will be reached during the month, the provider should use the KX modifier for the entire month to avoid having certain line items denied in error.

Contractor Updates and Issues:

- **Claims “Returned to Provider” (TB9997) Multiple Times** – Recently providers were advised through a “What’s New” article that claims that are RTP’d three times for the same reason code will be rejected. Therefore, if a

claim RTP's for the same reason code two times, providers should call Customer Service or the Field Reps for assistance in determining the proper way to correct the claim. A member suggested that perhaps Mutual of Omaha could provide some type of training (such as a CBT, newsletter article, ACT, etc.) to better understand what the reason codes mean and how to properly correct an RTP'd claim.

- **Non-finalized (PB9996) Claims Adjusted or Cancelled** – Providers should not adjust or cancel claims on the payment floor (PB9996) because they are not finalized claims. Doing so results in money being recouped before the provider has actually received the payment. This error has caused huge problems in the HIGLAS system.
- **Part B Therapy Cap Exception Adjustments** – Because of various system issues or errors in provider billing, many Part B therapy cap claims have had line items denied in error. Provider adjustments are appropriate in these situations. However, the adjustments must be submitted by hard copy only and mailed to the attention of Diane Pierce at Mutual of Omaha Medicare, P.O. Box 1602, Omaha, NE 68101.
- **SNF No-pay Claims (CR 4292)** – CMS has released CR 4292 instructing SNF providers on the new requirements for billing benefits exhaust and no-pay claims. Mutual of Omaha Medicare will be training on this subject in upcoming ACT teleconferences in July, a CBT in August, and in third and fourth quarter workshops. The ACT schedule should be posted to the web in the next few days. Providers are urged to register early for the ACT that is scheduled for July 19th from 9:00-10:30 AM PDT, as we expect it to fill up quickly since it is the first ACT on this subject.
- **Draft LCD** – The dysphagia LCD has been revised and is in draft form, ready for provider comments. We urge providers to read and comment on the LCD during the open comment period.
- **Registering for Seminars on the Web Page** – During the first three-quarters of FY 2006 we have implemented new web registration procedures for our seminars and teleconferences. Web registration for seminars has apparently been confusing for some providers. We will be providing additional training for our providers through a newsletter article, "What's New" article and a provider handout tool that will give step-by-step instruction for registering online. Some of the online registration issues have been: 1) Providers register online but do not send the payment form and check to the Home Office. 2) Providers fail to register online but send a payment form and check to the Home Office. 3) Providers register online, send a payment form and check that never reaches the Home Office. 4) Providers register online and send a check with their Remote payment instead of sending it to the address on the payment form. The correct method of registration is as follows: 1) Register online. 2) Print the payment form, complete the payment form to match the web registration, and mail the check and payment form to the

address on the payment form. 3) Wait several days (7-10) for an e-mail confirmation of registration and receipt of payment. If confirmation has not been received within 10 days of mailing, call the local Field Representative to check the status of registration.

- **Field Office Open House** – Mutual of Omaha Medicare is tentatively planning to hold Field Office Open Houses once a month or so beginning in the near future and would like suggestions for topics of discussion during those sessions. The members offered the following topics as possibilities: FISS issues, review of the current month's newsletter, and review of current quarter FAQ.

Open Discussion:

- **Claim Crossover to MediCal** – Issues have recently been identified with claims not crossing over correctly to MediCal. Kelly stated that he is not aware of the problem and does not believe it is on Mutual's end but is a MediCal issue. Another Medi-Cal crossover issue is when the patient has share-of-cost MediCal, providers do not know how to code the claim to reflect the crossover amount. One of the members stated that providers should use Value Code 23 with the share-of-cost amount and the claim will crossover correctly.
- **Late MDS Transmission** – A PCOM member mentioned that one facility had contacted CMS to ask if they are penalizing providers who have late MDS transmissions. The CMS representative stated that they are not penalizing providers with late transmissions as long as the MDS is completed on time. The late transmissions have generally been caused by problems at the State level.

The date of the next meeting will is **Wednesday, September 6, 2006** from **9:00-10:00 AM PDT (new time)** in the Sacramento Medicare Office in Roseville, CA. A conference call-in number will be available for members who are unable to attend in person.

Submitted by: Judy Lee
 June 8, 2006