

Mutual of Omaha - Medicare POE Advisory Group Meeting – Central Region

June 14, 2007

12:00 – 3:00 p.m. CT

Present:

Kelli Schroeder, North Kansas City Hospital (H, R, S)
Kathy Boschert, BJC Health Care (H, R, P, S, D, CAH, RHC)
Roger Weis (proxy for Betty Council), Missouri Medicaid
Lori Schieferdecker, Primaris (QIO)
Rodney Gibson, Missouri Delta Medical Center (H, R, P, D, RHC)
Lisa Wright, University Hospital-Columbia (H, R, P, D)
Tina Davis, University Hospital-Columbia (H, R, P, D)
Carolyn Kreissler, AAHAM – Hawthorn Chapter Missouri
Barbara York, CRRS, Inc.
Gary Toliver, Missouri Hospital Association
Janie Elliott, Cass Medical Center (RHC)
Margaret Gregg, Skaggs Health Center (H, S)
Carolyn Duncan, Skaggs Community Health Center (RHC)
Linda Knox, L. C. Cox Medical Centers (H, R, P, S, D, RHC)
Mike Gorman, Key Rehabilitation, Inc. (OPT)
Joanne Hollett, SSM Health Care (H, R, P, S, RHC)
Rona McNally, Missouri SMP
Bill Buck, Missouri Rx
Amy Miller, IntegriGuard, LLC

Facilitator:

Bob Haisch, Mutual of Omaha Medicare*

The Provider Outreach and Education (POE) Advisory Group Meeting was held at the Missouri Hospital Association, Jefferson City, Missouri. The provider members present represented hospitals, skilled nursing facilities, dialysis, rural health clinics and rehabilitation agencies.

- **Medicare Contractor Beneficiary and Provider Communications Manual (Pub. 100-09), Provider Customer Service Program (Chapter 6), Section 20.4**

The primary function of POE Advisory Groups is to assist the FI in the creation, implementation and review of provider education strategies and efforts. The function of these groups can also be found on the Mutual Medicare Web site under Provider Education. Refer to the minutes of the National POE Advisory Group Meeting, held February 26 & 27, 2007, for suggestions for educational topics. Please contact Bob Haisch with any suggestions about future topics for seminars, teleconferences or computer based training. Bob can be reached at 816-891-6500, ext. 227 or bob.haisch@mutualofomaha.com.

- **Seminars / “Act-the-Contractor” Teleconferences (ACTs)**

The following educational activities are scheduled for June:

June 20	Clinical Issues and Medicare Overview for IRFs North Kansas City, MO
June 21	SNF Consolidated Billing ACT
June 27	Clinical Issues and Medicare Overview for IRFs St. Louis, MO

Refer the Mutual Medicare Web site, under Provider Education, for a listing of seminars, ACTs, etc.

- **Computer Based Training (CBT)**

The Mutual Medicare Web site, under Provider Education, lists several CBTs that are available. Also listed are CBTs, which are currently under review.

- **An Important Message from Medicare – Notification of Hospital Discharge Appeal Rights**

Lori Schieferdecker, Primaris, gave a PowerPoint presentation about the revised requirement that hospitals must give inpatient Medicare beneficiaries written notice before discharge. This requirement is effective July 2, 2007. Refer to www.cms.hhs.gov/BNI. Lori can be contacted at 800-635-7667, ext. 155 or lschieferdecker@primaris.org.

- **Missouri Rx Plan (MoRx)**

Bill Buck gave information about the MoRx plan, which works with Medicare Prescription Drug Plans (Part D) to help seniors and persons with disabilities save money on prescription drugs. Contact information: 800-375-1406 or <http://morx.mo.gov>.

- **Missouri SORT Program**

Rona McNally discussed Medicare and Medicaid beneficiary fraud and abuse education. She also discussed issues regarding Medicare Advantage Plans. Rona can be contacted at 888-515-6565 or rmcnally@careconnections-services.org.

- **Medicare Advantage Plans**

CMS has a Web site that contains information for current and future contracting Medicare Advantage Organizations, other health plans, and other parties interested in the operational and regulatory aspects of the Medicare Advantage program. This Web site address is: www.cms.hhs.gov/healthplansgeninfo/. For a directory of Medicare Advantage Organizations refer to Plan Directory listed under Related Links Inside CMS. This directory is updated monthly. Also refer to Transmittal 1219, Change Request 5538 – Part C and D Plan Type Display on the Common Working File (CWF).

- **Medicare Coordination of Benefits Contractor (COBC)**

CMS is in the process of consolidating the claims crossover function under one contractor, the Medicare COBC. Under the new process, Medicare contractors will no longer execute agreements and receive eligibility files from trading partners. The Mutual Medicare Web site, under EDI, COBC, has the following links: Claim Crossover Disposition Indicator, Trading Partner Contact List and COBC Detailed Error Report Notification Process. If you

have questions contact Mutual's EDI Area at 866-734-6656 or mutual.medicare.edi@mutualofomaha.com.

- **Medically Unlikely Edits (MUEs)**

Mike Gorman received an e-mail from CMS, dated June 12, 2007, referring to MUE edits. The MUE workgroup has determined that they will not release MUE criteria. The e-mail did state that national health care societies do have the opportunity to review MUEs and give their input. Providers can appeal claims denied due to MUE edits.

- **3-Day Payment Window**

Information on the 3-day payment window, sometimes known as the 72-hour rule, is located in CMS Pub.100-04, Chapter 3, Section 40.3 – Outpatient Services Treated as Inpatient Services. Diagnostic outpatient services, as defined by the listed revenue and/or HCPCS codes, should be included on the inpatient claim. Nondiagnostic outpatient services should be included on the inpatient claim if there is an exact match between the principal diagnosis codes for both the outpatient visit and the inpatient stay. The 3-day provision applies even if there is no break in a stay between a Part B outpatient encounter and a Part A inpatient admission.

- **Skilled Nursing Facility (SNF) Consolidated Billing (CB)**

CMS Pub.100-04, Chapter 6, Section 20.1.1.2 – Hospital's "Facility Charge" in Connection with Clinic Services of a Physician

E&M codes, representing the hospital's "facility charge" for the overhead expenses associated with furnishing the professional service itself, are excluded from SNF CB. The CWF will bypass CB edits when billed with revenue code 0510 (clinic visit) with an E&M HCPCS code in the range of 99210-99245.

CMS Pub. 100-04, Chapter 4, Section 180.6 – Emergency Room Services

CMS Pub. 100-04, Chapter 6, Section 20.1.2.2 – Emergency Services

Hospitals report emergency room (ER) services under the 0435X (Emergency Room) revenue code with a line item date of service indicating the date the patient entered the ER. Where services related to the ER encounter span more than one service date, hospitals must identify those services with a modifier ET (Emergency Services) to those line items.

CMS Pub. 100-04, Chapter 4, Section 20.1.2.1 – Outpatient Surgery and Related Procedures – INCLUSION

Anesthesia, drugs, supplies and lab services (revenue codes 037x, 025x, 027x, 062x and 030x) will be bypassed by enforcement edits when billed with outpatient surgeries excluded from SNF CB.

- **Provider Based RHCs / Hospice**

CMS Pub.100-02, Chapter 9, Section 20.1 – Timing and Content of Certification

CMS Pub.100-04, Chapter 11, Section 40.1.3 – Physicians' Services

A RHC physician can be the hospice patient's attending physician, but these services are not considered RHC services and may not be billed to the FI. However, the services of the non-hospice affiliated attending physician, for treatment and management of a hospice patient's

illness, may be billed to the Part B carrier with the GV modifier. The GV modifier is defined as an “attending physician not employed or paid under arrangement by the patient’s hospice provider”. The “attending physician” can be a “nurse practitioner”. Refer to the references above or contact your Part B carrier.

- **FISS Direct Data Entry (DDE)**

Providers with access to FISS DDE have several options under the Main Menu including Inquiries, Claims/Attachments, Claims Corrections and Online Reports View. The following are two of the options under Inquiries:

- 01 INQUIRIES
 - 14 HCPC CODES

- Includes fee schedule information as well as applicable revenue codes for each HCPCS code.

- 01 INQUIRIES
 - 13 REVENUE CODES

- Includes type of bills (TOBs) which are applicable for each revenue code.

- **September POE Advisory Group Meeting**

- The next POE Advisory Group Meeting is tentatively scheduled for Thursday, September 13, 2007, in Jefferson City, Missouri.

Submitted by Bob Haisch, Medicare Field Representative, Kansas City Field Office

*Mutual of Omaha Medicare will be referred to as Mutual.