

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

September 13, 2007

12:00 – 3:00 p.m. CT

Present:

Kelli Schroeder, North Kansas City Hospital (H, R, S)
Betty Council, MO HealthNet Division
Roger Weis, MO HealthNet Division
Judy Gelsheimer, Cox Health (H, R, P, S, D, RHC)
Becky Miller, Cox Health (H, R, P, S, D, RHC)
Carolyn Kreissler, AAHAM – Hawthorn Chapter Missouri
Janie Elliott, Cass Medical Center (RHC)
Joanne Hollett, SSM Health Care (H, R, P, S, RHC)
Donna Coates, St. Mary's Health Center (H, P, RHC)
Amy Miller, IntegriGuard, LLC
Jackie Burcxyk, St. Luke's – Kansas City (H, R)
Jan Godley, St. Luke's – Kansas City (H, R)
Jon Dolan, Missouri Health Care Association

Facilitator:

Bob Haisch, Mutual of Omaha Medicare*

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

- **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 www.mutualmedicare.com under Provider Education. 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)**

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

Primaris staff members made the following suggestions for provider education:

- The 3-day payment window issue and how to bill the OP procedure, when and when not to roll the OP procedure into the IP claim.

- Condition Code 44 issue and how to bill.
- The changing of observation patients to inpatient status especially with backdating – possibly the providers are getting this confused with Condition Code 44.
- Billing noncovered stays – when and how.

Provider education suggestion from POE Advisory Group members:

- ESRD billing.
- **Computer Based Training (CBT)**
The Mutual Medicare Web site, under Provider Education, lists several CBTs that are available. Also listed are CBTs that are currently under review.
- **Jurisdiction 5 (J5) A/B Medicare Administrative Contract (MAC)**
CMS announced on 09/05/07 that the J5 A/B MAC was awarded to Wisconsin Physicians Service Health Insurance Corporation (WPS). WPS will be responsible for the workload in Iowa, Kansas, Missouri and Nebraska. Refer to the following CMS Web site www.cms.hhs.gov/medicarecontractingreform for additional information.
- **Fraud & Abuse in the Medicare Program**
Amy Miller, IntegriGuard, gave a PowerPoint presentation about Fraud & Abuse. For information about this presentation contact Amy at 402-498-2362 or a.miller@integriguard.org. The IntegriGuard Web site is www.integriguard.org.
- **MO HealthNet Division**
State of Missouri, Department of Social Services has changed the name of the Division of Medical Services to the MO HealthNet Division. This division handles Medicaid.
- **Charges for Missed Appointments (Change Request 5613)**
Pub. 100-04, Chapter 1, Section 30.3.13.
CMS's policy is to allow physicians and suppliers to charge Medicare beneficiaries for missed appointments, provided that they do not discriminate against Medicare beneficiaries, but also charge non-Medicare patients for missed appointments. The amount of any charge must apply equally to all patients. Any charges are billed to the Medicare beneficiary, not to Medicare.
- **Increased Payment to Inpatient Rehabilitation Facilities (IRFs)**
The final rule increases the IRF payments by 3.2 percent, based on the rehabilitation, psychiatric and long-term care hospital (RPL) market basket. The final rule also updates the IRF PPS wage index. The Standard Federal rate applicable to discharges on or after 10/01/07 through 09/30/08 is \$13,451. CMS published the FY 2008 IRF PPS Final Rule in the 08/07/07 Federal Register.
- **The Guide to Medicare Preventive Services**
The 2nd edition of this guide is now available in downloadable format from the CMS Medicare Learning Network (MLN). This comprehensive guide provides fee-for-services health care providers and suppliers with coverage, coding, billing and reimbursement

information for preventive services and screenings covered by Medicare. This guide can be located at www.cms.hhs.gov/MLNProducts/.

- **Present on Admission (POA) Indicator (Change Request 5499)**

Effective 10/01/07 Medicare will begin to accept a POA Indicator for every diagnosis on inpatient acute care hospital claims. Providers must submit the POA on hospital claims beginning with discharges on or after 01/01/08. Claims submitted via direct data entry (DDE) should not report the POA codes until 01/01/08, as the DDE screens will not be able to accommodate the codes until that date. Hospitals that fail to report the POA code for discharges on or after 01/01/08 will receive a RA remark code informing them that they failed to report a valid POA code. For discharges on or after 04/01/08, Medicare will RTP claims if the POA code is not reported.

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

At the June 14th POE Advisory Group meeting Lori Schieferdecker, Primaris, gave a PowerPoint presentation about the revised requirement that hospitals must give inpatient Medicare beneficiaries written notice before discharge. This requirement was effective July 2, 2007. Refer to the Primaris Web site www.primaris.org, “HINN changes in effect”, for a link to the presentation. Lori can be reached at 800-635-7667, ext. 155 or lschieferdecker@primaris.org. Also refer to the Mutual Medicare Web site www.mutualmedicare.com, Provider Education, Computer Based Training, “Notification of Hospital Discharge Appeal Rights” and www.cms.hhs.gov/BNI.

- **Date of Service (DOS) for Laboratory Specimens (Change Request 5573)**

The general rule is that the date of service is the date the specimen is collected. Where a specimen is collected over a period that spans two calendar days, the date of service is the date the collection period ended. The following exceptions apply to the DOS policy for laboratory tests:

- DOS for tests performed on stored specimens.
- DOS for chemotherapy sensitivity tests performed on line tissue.

Refer to Change Request 5573 for clarification.

- **2008 Annual Update of HCPCS Codes for Skilled Nursing Facility (SNF) Consolidated Billing for the Common Working File (CWF), Medicare Carriers and Fiscal Intermediaries (FIs)**

Change Request 5696 provides the 2008 annual update of HCPCS Codes for SNF CB and how the updates affect edits in Medicare claims processing systems. Refer to CMS Pub. 100-04, Chapter 6, Section 20.6 and www.cms.hhs.gov/snfconsolidatingbilling.

- **Recovery Audit Contractor (RAC)**

The Recovery Audit Contractor (RAC) demonstration program was designed to determine whether the use of RACs will be a cost-effective means of adding resources to ensure correct payments are being made to providers and suppliers and, therefore, protect the Medicare Trust Fund. The demonstration is currently operating in California, Florida and New York.

However, providers with Mutual as their FI are not part of the demonstration program at this time. Refer to the CMS Web site www.cms.hhs.gov/rac.

- **Reason Code 37575**

Some CAH claims (85x) are erroneously editing with reason code 37575 when submitted with revenue code 0963 and/or 0964 and an anesthesia HCPCS code. This has been reported to the FISS maintainer and a fix is scheduled for December 2007. In the interim CAHs may remove the line with revenue code 0963 and/or 0964 allowing claims to process. Providers can submit an adjustment once the fix is installed. Refer to the claims processing and payment issues on the Mutual Web site www.mutualmedicare.com for future updates.

- **December POE Advisory Group Meeting**

The next POE Advisory Group Meeting is tentatively scheduled for December via teleconference. An exact date has not been determined.

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

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