

Provider Outreach & Education (POE) Advisory Group - Northeast

Quarterly Meeting

June 21, 2007

Via Teleconference

Members Attending:

Abington Hospital	Kim Roberts, (H,P,R)
Abington Hospital	LaPrenda Thomas, (H,S)
Main Line Health Systems	Kim McAnally (H,P,R,S)
Main Line Health Systems	Sharon Taraborelli,(H,P,R,S)
Baystate Medical Center	Dolores Noble, (H,P)
Berkshire Health Systems	Tammy Fitzsimmons, (H,S,P,R)
Mutual of Omaha	John Wrynn

This meeting was conducted via a teleconference call for the combined Provider Outreach and Education Advisory Groups in Massachusetts and Pennsylvania. The teleconference began at 2:00 PM with a welcome by John Wrynn.

The minutes from our National Provider Outreach & Education (POE) meeting of February 26-27, 2007 were referenced as being available on the Mutual of Omaha web site, www.mutualmedicare.com under Provider Education under POE Advisory Groups and minutes. The minutes contain the listing of recommended educational topics from Mutual Medicare's Advisory Groups around the country. Member should check this listing to see that all topics of interest are represented. Additional topics can also be forwarded to John Wrynn

Group Input and Feedback on Provider Education and Training Topics

Training Topics for FY 2007

John recapped the education and training that has taken place so far this fiscal year, since October 2006. This included four seminars three for SNFs and one for Hospitals. Twelve (12) Ask The Contractor Teleconference (ACT) calls were conducted nationwide and nineteen Computer Based Training (CBTs) are now available via the Mutual Medicare web site, www.mutualmedicare.com. Two new Computer Based Training (CBT) modules were placed on the Mutual CBT web page, the 3- Day Payment Window and the Hyperbaric Oxygen Therapy CBTs. Also, two SNF Documentation Clinical roundtable teleconferences were held.

Training scheduled thus far for the fourth quarter (through September 30,2007) include an OPPS Updates seminar on July 24,2007,in Abington, PA. Three additional CBT are also planned, UB-04, Hospital Part B covered services and Using Value Code 44. Lastly, two additional Ask The Contractor (ACT) calls are planned for the fourth quarter (July-September 007) and are to be Open Discussions, one for hospitals and one for skilled nursing facilities. Hospital members were also asked if they would like to include education on SNF Consolidated Billing (CB) within hospital training sessions. There is still widespread misunderstanding of the application of these rules to hospitals and if the hospital bills the SNF or Medicare for its services. Hospital members agreed that this is training they would like to have.

Agenda Item Discussions

Many of the topics discussed below at the teleconference are current Medicare topics and are discussed to determine if the topic is one that members believe require education and training for their provider staff.

Medicare Updates

Medicare Program Updates and Changes for 2007

Member were made aware of several updates and changes;

- Hospital Updates
 - Present on Admission Indicator (POA)- in MM5499 CMS will require new coding with all diagnosis codes beginning as early as 10-1-07. On 4-1-08, acute hospital claims without the POA will RTP back to the hospital.
 - New Important Message From Medicare and Expedited determination Procedures- CR5622- introduces the new notices that all Medicare patient will get from hospitals related to the patient's discharge effective for all hospital types beginning 7-1-07.
 - OPPS 2007 July 2007 updates in MM 5635
 - Inpatient Psychiatric Facility (IPF) PPS changes for rate year 2008 in CR5619
 - Transplant Programs- new regulations require all programs to submit a request for approval by 12-26-07. See the CMS web site www.cms.hhs.gov/CertificationandCompliance/20_transplant.asp#TopofPage
 - Bone Mass Measurement Preventive Services- MM5521- change in billing a covered HCPCS to 77080, effective 7-1-07
 - New Modifier, ET- CR5389- for use on other ER services billed if given to a SNF patient covered under SNF Consolidated Billing for dates that span more than the date of the ER service
 - Hemophilia Clotting Factor updates- CR5466
 - Bariatric Surgery updates- MM 5477
 - Astigmatism Correcting IOLs updates – CR5527
 - ESRD Separately Billable Drugs-MM3176 Revised

- SNF Updates
 - No Payment Billing- MM5583- coding change to use occurrence span code 74 to avoid edits for overlapping with 22x Type of Bills, effective 8-27-07

- All Providers
 - Revised ABN- request comments on proposal to combine the General and Lab ABN forms go to www.gpoaccess.gov/fr/advanced.html and search the date "05/25/07" and "CMS-R131" (include the quote marks)

FISS System / Medicare Claim Processing Issues

John referred members to the Mutual Of Omaha web site under Claims to obtain updated information on FISS system and other claim processing issues. One member asked about the locality information present on the HCPCS Inquiry screen. Some large states such as Pennsylvania, may have more than one fee schedule that applies to a state. Providers can find out which locality

applies to them by going to the local carrier web site and looking up their area's locality or they may contact Mutual of Omaha Customer Service. For example, Pennsylvania has two payment areas for services. They are locality or charge classes 01 and 99. Pennsylvania locality or charge class 01 consists of the following 5 counties: Bucks, Chester, Delaware, Montgomery, Philadelphia. Pennsylvania locality or charge class 99 covers the remainder of the state.

NPI and UB-04 Updates

Two significant actions have taken place since the implementation of the NPI on May 23, 2007. One, CMS has implemented its contingency plan whereby Medicare contractors will allow use of Medicare legacy or Oscar number and or the NPI number on Medicare claims for some time after May 23, 2007. CMS will evaluate the continued need for this plan and when most providers are using the NPI, CMS will discontinue the contingency plan. CMS recommends that provider's bill using both the legacy and the NPI numbers when submitting claims. Second, CMS will soon publish the NPI database via an internet site. Look for more information to be published on this in the near future.

The UB-04 was implemented on May 23, 2007. The 837 electronic claim transaction and FISS DDE already contained the necessary changes to accommodate the UB-04 billing requirements. Providers who need to submit hard copy claim or hard copy adjustments must use the new UB-04 form. CMS also published a revised comprehensive UB-04 update document with all the Form Locator requirements in Publication 100-4, Transmittal 1254, dated 5-25-07, CR 5593.

Claim Errors and Denials

The Claim Error Tracking Report containing the top ten claim errors for February 2007, was sent to all members in attendance. The Mutual Web site carries a listing of these errors at www.mutualmedicare.com/claims/top10.html. The data continues to show that most of the top ten errors continue on the Tracking Report as part of the top ten errors. Current information on the Mutual of Omaha web site and in education /training materials address these errors and how to resolve them. Two errors that reappeared on the February Tracking report are 38118, indicating that the first claim of a continuing inpatient stay is missing. Also, error code 30949 for an adjustment claim has no condition code or reason for the adjustment present .

The Top Denial Reason Code Tracking Report focuses on the most frequent denial reason codes. The tracking report compares April 2007 denials with the prior period denials. Most of the denial reason codes tracked to denial reason codes from the prior period, e.g., exact duplicate outpatient claims. .

Denial reason code 54NCD, indicating a covered diagnosis was not billed on the claim is still the number one denial reason code.

Members with suggestions regarding training topics related to these error and denial should contact John.

Mutual of Omaha and CMS Medicare Web Site Updates

Members should check the web site www.mutualmedicare.com for the Newsletter, twice monthly on the 1st and 15th, and other current updates in the What's New section. Member should also check out the electronic e-mail list (EML) sign-up, the Frequently Asked Questions (FAQ) section and the Provider Education section. Members should also look for upcoming educational sessions such as Ask the Contractor (ACT) teleconferences or Seminars. Also check out our on-line Computer Based Training (CBT). There are now nineteen CBTs on our web site. Members who have comments on the Web page should forward them to John.

Members were reminded to also check the CMS web site for the latest CMS Provider Quarterly Update. A number of FY 2008 PPS rates changes have been published and are available at <http://www.cms.hhs.gov/QuarterlyProviderUpdates>. Provider can also sign up on the CMS listserv to get this update. The update contains all the important Medicare regulatory changes as well as all documents published by CMS that are related to their provider type, e.g., a hospital or a SNF.

Next Meeting

Members agreed to do the next meeting on September 20, 2007. John will notify members if this will be a teleconference or an in person meeting well in advance of the meeting. Members with conflicts should contact John as soon as possible.

The meeting was adjourned at 3:15 PM.

Respectfully submitted by John Wrynn, Medicare Field Representative,
Glastonbury, CT

June 25, 2007