

Provider Outreach & Education (POE) Advisory Group - Northeast

Quarterly Meeting

September 20, 2007

Via Teleconference

Members Attending:

Abington Hospital	LaPrenda Thomas, (H,P,R)
Main Line Health Systems	Louise Otto (H,P,R,S)
Thomas Jefferson Univ. Hospital	Carol Parsons (H,P,R)
Thomas Jefferson Univ. Hospital	Mary Marrow (H,P,R)
Thomas Jefferson Univ. Hospital	Ann Spitzkopf (H,P,R)
Memorial Hospital - York	Tina Seipple (H,P)
Lancaster General Hospital	Athena Hasik (H,P,R)
Baystate Medical Center	Dolores Noble, (H,P)
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 the Provider Outreach & Education (POE) meeting of June 21, 2007 were referenced to determine if they were acceptable as published. There were no comments offered and the minutes will remain as published on the Mutual Medicare web site, www.mutualmedicare.com under Provider Education under POE Advisory Groups and minutes.

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 six seminars four for SNFs and two for Hospitals. Fourteen (14) Ask The Contractor Teleconference (ACT) calls were conducted nationwide and twenty Computer Based Training (CBTs) are now available via the Mutual Medicare web site, www.mutualmedicare.com. Four of the CBTs are currently being revised to incorporate new coding instructions. Several Clinical Roundtables teleconferences were also conducted.

There are no additional seminars scheduled in the Northeast region for the remainder of September 2007. Three additional CBT are also scheduled for release before September 30, 2007 including UB-04, Hospital Part B covered services and Using Value Code 44. The final two Ask The Contractor (ACT) calls for the fiscal year are scheduled for September 21 and 26, one an Open Discussions Q & A Forum for SNFs

and the other an MSP Teleconference. The Mutual Medicare web site contains the details about these ACT teleconferences calls.

Training Topics for FY 2008

John asked members about training topics for FY 2008. Members suggested training on navigating and using the Mutual of Omaha web site. This topic will be added this to the list of training topics. This topic may also be suitable for an ACT call and a Computer Based Training (CBT) course. Members are invited to try the "Tour of Web Site " feature which is in the upper right hand corner of the Mutual Medicare web site. This tour offers a brief tour or review of the primary functions of the web site. Members also asked if the same could be done for the CMS web site as members find it difficult to navigate the CMS Medicare web site. No additional topics were suggested. Members may submit topics to John at any time via e-mail to john.wrynn@mutualofomaha.com.

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
 - MS DRGs will replace regular DRGs in FY 2008 beginning with acute hospital discharges on or after October 1, 2007. The MS or Medicare Severity based DRGs expand the number of DRG by 207 MS DRGs and split many existing DRGs into two or more MS DRGs based on comorbidities and complications that better account for more complex cases within a given DRG. The Federal Register IPPS Final Rule published on August 22, 2007 contains the full description, Tables and payment impacts of this major update to the Medicare DRG system.
 - Present on Admission Indicator (POA)- in CR 5679 and MM5499 (Revised). CMS will require additional coding with all diagnosis codes for inpatient acute hospital discharges beginning as early as 10-1-07 (for UB-04 claims). Beginning with discharges on or after January 1, 2008 claim without a valid POA indicator will receive a RA message stating the indicator was missing or invalid. For discharges on or after 4-1-08, acute inpatient hospital claims without a valid POA indicator will RTP back to the hospital for correction thereby delaying payment.
 - New Important Message From Medicare and Expedited Determination Procedures- CR5622- implemented 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.
 - Beginning December 3, 2007, No Pay Claims (TOB 110) are allowed for Psychiatric and Long Term hospital claims after benefits have exhausted instead of

requiring adjustment claims TOB 117. Allows use of the benefits exhaust date on both hospital PPS type claims, see MM 5474 dated April 27, 2007.

- Inpatient Rehabilitation Hospitals (IRF) and Long Term Care Hospitals (LTCH) must begin to submit no pay bills with Condition Code 04 (HMO Enrollee) effective October 1, 2006, for Medicare Advantage (MA) beneficiaries in order to receive any DSH or LIP payments or adjustments. See Medlearn Matter article MM5647 or CR 5647for additional information.
- See Medelearn Matters article MM 5718 for the October 2007 updates to OPPS

- SNF Updates
- No Payment Billing- coding change to use occurrence span code 74 to avoid edits for overlapping with 22x Type of Bills, effective 8-27-07. See MM5583 for details.
- Medicare Advantage MA (HMO) Plan utilization/ information only billings - requires SNFs to submit covered bills for all MA beneficiaries with Condition code 04 (HMO Enrollee) to update SNF days utilized in CWF, beginning with dates of services on or after 1-1-08. See MM5653 for details.
- Medical Review of SNF MDS - if no MDS is found in the CMS national MDS repository during Medical Review, deny the period covered by the missing MDS. See CR 5418 for details.
- Policy Clarification - Initial Therapy Evaluation - initial therapy evaluations dated prior to the SNF admission will result in a denial of the SNF claim. See MM5532 for more information.

- All Providers
- NPI- CMS has established the national NPI database accessible via the CMS web site at http://nppesdata.cms.hhs.gov/cms_NPI_files.html.
- CMS Quarterly Provider updates - the CMS web site contains a useful reference page containing all program changes during the past quarters for specific provider types. See <http://www.cms.hhs.gov/quarterlyproviderupdates/downloads>.
- Mutual of Omaha Frequently Asked Questions (FAQs) - another source of reference for answers to the most commonly asked questions.

FISS System / Medicare Claim Processing Issues

John referred members to the Mutual Of Omaha web site under Claims/ Claims Processing and Payment Issues to obtain updated information on FISS system issues and other claim processing issues. There were no comments from members regarding issues that require training.

NPI and UB-04 Updates

CMS continues to recommends that providers bill using both the legacy and the NPI numbers when submitting claims. CMS has now published access information for the NPI database via an internet site. Access is available in two ways, one via the NPI Query-only database at <http://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do> or via a downloadable file at http://nppesdata.cms.hhs.gov/cms_NPI_files.html.

The UB-04 implementation on May 23, 2007 was successful. Claim examples used for provider training will be transitioned to the UB-04 form in FY 2008 rather than the FISS screen print claim examples. Members were generally positive about this change

and asked if we could develop a UB-04 claim example showing the new POA indicator in the diagnoses coding fields.

Claim Errors and Denials

The Claim Error Tracking Report containing the top ten claim errors for July 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 July data show that many of the top ten errors continue on the Tracking Report as part of the top ten errors. A few new error codes appeared specifically 31346, 77745 and 31325. Current information on the Mutual of Omaha web site and in education /training materials address these errors and how to resolve them.

The Top Denial Reason Code Tracking Report focuses on the most frequent denial reason codes. The tracking report compares July 2007 denials with prior period denials. All of the top denial reason codes tracked to denial reason codes from the prior period, e.g., 38200-exact duplicate outpatient claim. 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 errors 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 twenty 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 at <http://www.cms.hhs.gov/quarterlyproviderupdates/downloads>.

A number of FY 2008 PPS updates have been published and are available including IPPS, IRF PPS, IPF PPS, LTCH PPS, SNF PPS and the proposed OPPS changes for 2008.

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 hold the next meeting on December 19, 2007. John will notify members well in advance of the meeting. Members with conflicts should contact John as soon as possible.

The meeting was adjourned at 3:20 PM.

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

September 25, 2007