

Provider Outreach & Education (POE) Advisory Group

Quarterly Meeting

December 13, 2006

Via Teleconference

Members Attending:

Montgomery Hospital	Gloria Rudinski, (H,P)
Montgomery Hospital	Tammy Schmeltzer, (H,P)
Abington Hospital	Carolyn Fuller, (H,P,R)
Memorial Hospital – York	Tina Seipple, (H,S)
Memorial Hospital – York	Bill Major (H,S)
Thomas Jefferson University Hospital	Carol Parsons, (H,P)
Thomas Jefferson University Hospital	Mary Marrow, (H,S)
Baystate Medical Center	Dolores Noble, (H,P)
Berkshire Health Systems	Tammy Fitzsimmons, (H,S,P,R)
Mercy Hospital	Bruno Selva, (H,S,R)
Mercy Hospital	Michael Bokuniewicz, (H,S,R)
Sisters of Providence SNFs	Donna Apanowitch, (S)
Mt St Vincent SNF	Tammy Bouchard-Dube (S)
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 last meeting of September 12, 2006 were reviewed and accepted.

Group Input and Feedback on Provider Education and Training Topics

Training Topics for FY 2007

Members were asked for topics for FY 2007 for the period between January 2007 and March 2007. Suggested topics included;

UB-04	Benefits Exhaust / No Payment Billing & Part B
CWF – details and how updated	FISS DDE
OPPS – 2007	

Training Locations for FY 2007

Members generally agreed that the locations currently being used are satisfactory. They include in Massachusetts, Marlborough and Springfield, in Pennsylvania, Abington or the King of Prussia area. Members who have meeting space suitable for a Medicare seminar may contact John to discuss availability in February and March of 2007.

Most Effective Means of Disseminating Training

Member were asked to comment on our means of communicating Medicare training information. Members like our Newsletters, EMLs, and our Seminars.

Member who had problems of not receiving our EMLs ,should check within their facility to see if they had an e-mail server down, even for a short time. According to our web page staff, our EML system will drop you from the EML list if we get our EML e-mail's returned as undeliverable. You would then need to sign up for EML again.

Educational Materials

Members were asked for comments on our 2006 presentation documents as well as handouts. Members indicated the educational materials were good and helpful especially the claim examples.

Ask the Contractor Teleconference Calls (ACT)

Members were advised that the next round of ACT conference calls would be held in January 2007. The topic would be SNF Modifiers and the SNF PPS Payment schedule. There were no additional topics offered for consideration. The ACT call schedule will be listed on our Web page under Provider Education, Seminars/ Conferences. The ACT call for the Northeast is scheduled for January 24, 2007, from 1:00 PM to 3:00 PM. Registration for the call is via the Mutual web site. Providers may sign up for any one of the four ACT calls based on the convenience of the date of the call for each provider.

Computer Based Training (CBT)

The Mutual of Omaha web site currently contains sixteen CBTs. A new CBT on SNF 101 was just added to the CBTs. Members were reminded to send John additional topics that they would like to see presented in the CBT training format.

PCOM Workshop/Seminar Discussions

John indicated that he had plans to hold two seminars during the second quarter of FY 2007 between January and March 2007. The February and March time frame seemed agreeable to all members. Members with suggestions for seminar topics are to e-mail John.

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 to;

- OPPS for 2007, Final Rule published in Federal register on November 24, 2006
- Abdominal aortic aneurysm screening coverage as part of the Welcome To Medicare Physical Exam
- Revised mammography CPT codes for 2007
- ESRD payment changes and a new HCPCS Q4081 (per 100 units) for Epoetin
- Reporting and payment under OPPS for implanted devices furnished at no-cost
- Medicare Unlikely Edits – RTP claims when a HCPSC/CPT units exceed maximum units criteria in the edit module
- Outpatient Therapy Cap and the exceptions are being changed for 2007. Look for additional information on this to be published by CMS in the near future

FISS System

The FISS DDE screens have been updated to include fields related to the new NPI number. The FISS DDE screens now also use “Oscar” in place of the regular Medicare provider number. The Mutual Medicare web site under Provider Self- Service, Direct Data Entry has a complete update of these changes.

Medicare Claim Processing Issues

John referred members to the Claim Processing Issues List from the Mutual of Omaha web site, asking if any of these issues warranted discussion or a need for training. One issue was discussed having to do with payments for outpatient therapy claims with the KX modifier. Mutual of Omaha is awaiting a fix to the problem sometime in December 2006.

Two claim hold reasons were discussed, one for FY 2007 Inpatient Psychiatric Hospital claims that group to a DRG greater than DRG 559. These claims will be held until a fix is installed in the FISS system in April 2007. The other hold is for mammography claims billed with a type of bill 13X, revenue code 401 or 403 and dates of service from 10-1-04 to 3-31-05. A fix is expected to process and pay these claims correctly in June 2007.

HIPAA , NPI and UB-04 Updates

CMS published two Medlearn Matters articles on NPI. MM 5243 updates instructions for billing Taxonomy codes for acute hospitals with sub-units. MM5378 cautions providers who bill with their NPI number prior to May 2007, to also include their regular Medicare number to insure correct identification and payment to the provider.

CMS also published a comprehensive UB-04 update document with Form Locator requirements and a crosswalk in Publication 100-4, Transmittal 1104, dated 11-03-06, CR 5072. CMS also published revised instructions for the submission of UB-04 billing during the transition period, beginning March 1, 2007, in MM 5072.

Claim Errors and Denials

The Claim Error Tracking Report containing the top ten claim errors for September 2006, 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. Members with suggestions regarding training topics related to these errors should contact John.

The Top Denial Reason Code Tracking Report focuses on the most frequent denial reason codes. The tracking report compares October 2006 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. Denials continue for reason code 36428 - Mammography claim - No current mammography certification on file. Hospitals are reminded to submit a copy of their updated mammography certifications to Omaha prior to the termination date on their old certification. This will avoid these unnecessary denials and the need to resubmit the claims once the updated certification date is posted in FISS.

Two CCI denial codes, W7039 and W7040 are on the increase indicating providers may not be using a modifier to explain the billing of two CPT codes together on the bill.

Denial reason code 54NCD, indicating a covered diagnosis was not billed on the claim is still the number one denial reason code. Appeals filed by providers on many of these denials reveal that the provider did not code the bill correctly the first time with the covered diagnosis code. The result is unnecessary appeals and costly handling and processing expenses for the provider, Mutual of Omaha and the Medicare Program. Mutual of Omaha is implementing a program to contact providers and conduct education for those submitting such appeals

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 sixteen 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. All of the FY 2007 PPS rates changes have been published and are available at <http://www.cms.hhs.gov/QuarterlyProviderUpdates/OCT2006/list.asp> 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 a teleconference for the next meeting. March 22, 2007 at 2:00PM has been tentatively selected for this call. Members with conflicts should contact John as soon as possible.

The meeting was adjourned at 3:10 PM.

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

December 14, 2006