

## **PCOM Advisory Group Meeting**

**June 7, 2006**

**12:00-3:00 p.m.**

### **Present:**

Betty Council, Medicaid  
Amy Miller, IntegriGuard, LLC  
Rona McNally, Missouri SORT Program  
Lisa Wright, University Hospital-Columbia (H, R, P, D)  
Tina Davis, University Hospital-Columbia (H, R, P, D)  
Judy Gelsheimer, L. E. Cox Medical Centers (H, R, P, S)  
Carolyn Volden, Cooper County Hospital (proxy for Brenda Campbell) (H, S, RHC)  
Rosemary Leathers, Cooper County Hospital (proxy for Brenda Campbell) (H, S, RHC)  
Margaret Gregg, Skaggs Health Center (H, S)  
Donna Coates, St. Mary's Health Center-Jefferson City (H, P)  
Kathy Heckman, Southeast Missouri Hospital (H, R, P)  
Robert Henderson, St. John's-Joplin (H, R, S, RHC)  
Elaine Knapp, Seattle CMS Regional Office (via teleconference)

### **Absent:**

Lisa Dillion, University Hospital-Columbia  
Rodney Gibson, Missouri Delta Medical Center  
Debbie Marshall, Cerner Corporation  
Doug Klise, BlueCross BlueShield of Kansas  
Carolyn Kreissler, CRRS, Inc.  
Carolyn Duncan, Skaggs Community Health Center  
Gary Toliver, Missouri Hospital Association  
Jane Kurtz, North Kansas City Hospital  
Becky Fisk, North Kansas City Hospital  
Mary Ann Schackelford, Primaris (QIO)  
Rose Heckadon, St. Johns Regional Health Center-Springfield  
Patty Aguilera, IntegriGuard, LLC  
JP Greco, eSolutions, Inc.  
Vicki Newsom, St. Lukes Hospital-Kansas City  
Davis Burd, Nebraska Hospital Association  
Kevin Conway, Nebraska Hospital Association  
Greg Hart, Missouri Medicare Services  
Marcia Kennedy, Missouri Medicare Services  
Brent Pike, HCA Midwest Division  
Kathy Hughes, St. Anthony's Medical Center  
Cecil Terry, BJC Health Care  
Mike Gorman, Key Rehabilitation, Inc.  
Shelly Fortney, CCI

Joanne Hollett, SSM Health Care  
Sandra Soerries, Coding & Compliance  
Janie Elliott, Cass Medical Center (RHC)

**Facilitator:**

Bob Haisch, Mutual of Omaha Medicare\*

The Provider Communications (PCOM) Advisory Group meeting was held at the Department of Social Services, 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 Communications (Chapter 4), Section 20.1.4**

The primary function of PCOM 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. The following suggestions for educational topics were received during the meeting:

**MSP**

**Repetitive Services Billing**

Please contact Bob Haisch with any suggestions about future topics for seminars, teleconferences or computer based training.

- **National PCOM Advisory Group Meeting**

A National PCOM Advisory Group meeting was held on February 21, 2006 in Las Vegas, Nevada. This meeting replaced the five Mutual PCOM Advisory Group meetings normally held in March. The purpose of this meeting was to obtain input from various providers and organizations about training issues. This was also a good opportunity to share ideas. Eight individuals represented the Missouri PCOM Advisory Group. Minutes for this meeting are posted on the Mutual Medicare Web site under Provider Education.

- **“Ask-the-Contractor” Teleconferences (ACT)**

Providers are encouraged to register for ACTs listed on the Mutual Medicare Web site. Tentatively the July ACTs will focus on benefits exhaust and no-payment instructions for SNFs.

- **Computer Based Training**

The following topics are available on the Mutual Medicare Web site under Provider Education:

Speech-Language Pathology	MSP
Observation	CERT
Self Administered Drugs	SNF Consolidated Billing
Lifetime Reserve Days	Skilled Nursing Facilities
Therapy Limit	CPT-4 Coding for Facilities
National Coverage Determinations	

A RHC Computer Based Training is in the approval stages.

- **Medical Review (MR)**  
 Elaine Knapp, Seattle CMS Regional Office (RO), provided information concerning medical review. The Seattle RO has assumed MR oversight for the five Kansas City RO contractors. Jacqui Stanard (who previously had MR oversight for these five contractors) has a new CMS job function.
- **Mutual’s Medical Review Staff Update**  
 Dr. Ellen Evans is Mutual’s Medical Director. Kelly Goetz and Vickey Sasman are medical review nurses who are responsible for developing Mutual’s LCDs. The following is contact information:

<p>Dr. Ellen Evans            402-351-6794  <a href="mailto:ellen.evans@mutualofomaha.com">ellen.evans@mutualofomaha.com</a></p>	<p>Kelly Goetz, RN            402-351-8669  <a href="mailto:kelly.goetz@mutualofomaha.com">kelly.goetz@mutualofomaha.com</a></p>
<p>Vickey Sasman, RN            402-351-3347  <a href="mailto:vickey.sasman@mutualofomaha.com">vickey.sasman@mutualofomaha.com</a></p>	
- **IntegriGuard, LLC**  
 Amy Miller is the Medicare Operations Coordinator for IntegriGuard. Amy is available for presentations about benefits integrity issues. She can be reached at 402-498-2362 or [a.miller@integriguard.org](mailto:a.miller@integriguard.org).
- **Missouri SORT Program**  
 Rona McNally, Project Coordinator, presented information about complaints relating to the Medicare Prescription Drug Program. Her presentation was based on information provided by Health Integrity, LLC. Rona can be reached at 888-515-6565 or [rmcnally@careconnectionservices.org](mailto:rmcnally@careconnectionservices.org).
- **Beneficiary Outreach**  
 Since the funding has been withdrawn, Mutual is no longer available to participate in Beneficiary Outreach activities.
- **Mutual Medicare Web Site Enhancements**  
 Major areas of the Web site ([www.mutualmedicare.com](http://www.mutualmedicare.com)), include Newsletters & Resources, LCDs, Provider Education, Claims, EDI, Audit and Reimbursement, Provider Self-Service, CERT, Medicare Secondary Payer, Medical Review, Appeals, CERT and What’s New?
- **HIGLAS**  
 HIGLAS is the new accounting system for Medicare contractors, and has been implemented at Mutual. The HIGLAS system will not process claims or make payments on the following federal holidays:

Monday, January 2	New Year’s Day
Monday, January 16	Birthday of Martin Luther King, Jr.
Monday, February 20	Washington’s Birthday

Monday, May 29	Memorial Day
Tuesday, July 4	Independence Day
Monday, September 4	Labor Day
Monday, October 9	Columbus Day
Friday, November 10	Veteran's Day
Thursday, November 23	Thanksgiving Day
Monday, December 25	Christmas Day

The holidays observed by Mutual are listed on the Mutual Medicare Web site. There is also information about HIGLAS on Mutual Medicare Web site.

- **National Provider Identifier (NPI)**

National Provider Identifiers (NPIs) will be required on claims sent on or after May 23, 2007. Refer to CMS Web site [www.cms.hhs.gov/NationalProvIdentStand/](http://www.cms.hhs.gov/NationalProvIdentStand/) for enrollment and other information. For information on private industry NPI outreach, visit the Workgroup for Electronic Data Interchange (WEDI) NPI Outreach Initiative Web site at [www.wedi.org/npioi/index.shtml](http://www.wedi.org/npioi/index.shtml).

- **Proposed Notification Procedures for Hospital Discharges**

Proposed changes were published in the April 5, 2006 Federal Register, Volume 71, Number 65. This proposed new requirement for hospital discharge notices would apply to both original Medicare and the Medicare Advantage program. Hospitals would be required to comply with a two-step process when discharging patients from the hospital level of care that is similar to the notice requirements regarding service terminations applicable to home health agencies, skilled nursing facilities, comprehensive outpatient rehabilitation facilities and hospices. One change is that the standardized notice would be required on the day before the planned discharge, not two days in advance of termination of services. Similar to the expedited review procedures for other providers, a beneficiary would be instructed to contact the QIO to request an expedited review if he or she wishes to dispute the discharge, at which point the beneficiary would receive the second more detailed notice.

- **Proposed Changes to Hospital Inpatient PPS**

Proposed changes were published in the April 25, 2006 Federal Register, Volume 71, Number 79. One significant change in the Proposed Rule is CMS's shift in basing diagnosis-related group (DRG) relative weights on the estimated cost of providing care rather than on charges. CMS is proposing an increase in the number of DRGs from 526 under the current system to 861 under a new "consolidated severity-adjusted DRG system". The Proposed Rule includes changes to the hospital wage index, changes to the IPPS for capital-related costs and changes related to graduate medical education. Implementation could occur beginning FY 2008, but possibly as early as FY 2007.

- **Payment to Hospitals and Units Excluded from IPPS for Direct Graduate Medical Education (DGME) and Nursing and Allied Health (N&AH) Education for Medicare Advantage (MA) Enrollees**

Pub. 100-04, Chapter 3, Section 20.8 provides instructions for submitting no-pay bills so that the MA inpatient days can be accumulated on the Provider Statistics & Reimbursement Report (PS&R) (report type 118) for payment purposes through the cost report. DGME &

N&AH should be billed as no-pay claims with condition codes 04 and 69. IME also requires condition codes 04 and 69, but should be submitted as a covered claim.

- **Services Beyond the Scope of the Part A SNF Benefit**

Pub. 100-04, Chapter 6, Section 20.1 refers to services that are beyond the scope of the SNF Part A Benefit and are excluded from payment under Part A SNF PPS and from the requirement for consolidated billing. Web site [www.cms.hhs.gov/SNFConsolidatedBilling/](http://www.cms.hhs.gov/SNFConsolidatedBilling/) lists HCPCS procedure codes representing these excepted services. An Annual Update code file is provided, usually by November 1, followed by quarterly updates. Providers should not use the “SNF HCPCS Help File” as a resource.

- **Outpatient Services Treated as Inpatient Services**

Pub. 100-04, Chapter 3, Section 40.3 was revised effective 04/01/06. This section refers to the “3-day payment window”, sometimes referred to as the “72-hour rule”. For psychiatric hospitals and units, inpatient rehabilitation facilities and units, long-term care hospitals, children’s hospitals and cancer hospitals there is a “1-day payment window”. There is no “1-day” or “3-day payment rule” for CAHs. Section B. refers to Preadmission Diagnostic Services, while Section C. refers to Other Preadmission Services. Nondiagnostic preadmission services are defined as being related to the admission only when there is an exact match (for all digits) between the ICD-9-CM principal diagnosis code assigned for both the preadmission services and the inpatient stay.

- **Sites of Service Revenue Codes for Rural Health Clinics (RHCs)**

Transmittal 820, February 1, 2006, Change Request 4210 refers to revisions to Pub. 100-04, Chapter 9, Section 100 – General Billing Requirements. Effective July 1, 2006 the definition of revenue codes 0521 and 0522 will change and new revenue codes have been added.

0521 = Clinic visit by member to RHC

0522 = Home visit by RHC practitioner

0524 = Visit by RHC practitioner to a member in a covered Part A stay at the SNF

0525 = Visit by RHC practitioner to a member in a SNF (not in a covered Part A stay) or NF or ICF MR or other residential facility

0527 = RHC Visiting Nurse Service(s) to a member’s home when in a home health shortage area

0528 = Visit by RHC practitioner to other non RHC site (e.g., scene of accident)

Pub. 100-04, Chapter 25 – Completing and Processing the Form CMS-1450 Data Set has been revised to reflect these changes.

- **Benefits Exhaust and No-Payment Billing Instructions for Medicare Fiscal Intermediaries (FIs) and Skilled Nursing Facilities (SNFs)**

Transmittal 930, April 28, 2006, Change Request 4292 refers to revisions to Pub. 100-04, Chapter 6, Section 40.8 – Billing in Benefits Exhaust and No-Payment Situations. Effective October 1, 2006 SNFs will be required to submit full or partial benefits exhaust claims monthly. SNFs have the option of submitting no-payment bills monthly or at discharge.

- **September PCOM Advisory Group Meeting**

Members will be notified when the date and location have been confirmed.

Submitted by Bob Haisch, Medicare Field Representative

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