

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

September 25, 2007

9:30 – 10:30 a.m. Eastern Time

Present:

LeeAnn Brady, Palms of Pasadena Hospital (H)
Laurie Holtsford, Community Health Systems (H)
Patty Singewald, HQM, Inc. (H)
Stephanie Hewitt, HQM, Inc. (H)
Rudy Braccile, Tenet (H)
Kathy Reep, Florida Hospital Association

Facilitator:

Bob Haisch, Mutual of Omaha Medicare*

The Provider Outreach and Education (POE) Advisory Group Meeting was held via teleconference.

- **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 Mindy Troshynski or Bob Haisch with any suggestions about future topics for seminars, teleconferences or computer based training. Mindy can be reached at 402-351-6936 or mindy.troshynski@mutualofomaha.com. 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.
The following education topic was suggested:
 - Medicare billing instructions when the payer source changes during an inpatient stay or repetitive outpatient services.
- **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.

- Medicare Learning Network (MLN)**
 The MLN offers official CMS national provider education products such as articles, brochures, fact sheets, web-based training courses and videos providing information on changed or new Medicare Program policies. MLN Products either can be downloaded from the CMS Web site or ordered free of charge. The MLN Web site is www.cms.hhs.gov/mlnproducts.
- Capturing Days on Which Medicare Beneficiaries are Entitled to Medicare Advantage (MA) in the Medicare/Supplemental Security Income (SSI) Fraction (Change Request 5647)**
 As of 01/07/08, hospitals (including acute care hospitals paid under the inpatient prospective payment system, inpatient rehabilitation facilities and long term care hospitals) must begin to submit “no pay” bills to their Medicare contractor for stays by MA beneficiaries. This will allow for the days of those stays to be eventually captured in the DHS (or low income patient for IRF) calculations. Hospitals should bill claims on an 11X TOB, include Condition Code 04, and all other applicable claim information.
- 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.

- **Important Message from Medicare (IM) and Expedited Determination Procedures for Hospital Discharges (Change Request 5622)**

Effective 07/01/07 new discharge notice requirements were implemented for hospital inpatients with Medicare. This includes procedures for delivery of the IM. Contact your QIO for additional information. 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.