

Provider Communications (PCOM) Advisory Group

Quarterly Meeting

June 22, 2006

Via Teleconference

Members Attending:

Montgomery Hospital	Gloria Rudinsky, (H,P)
Montgomery Hospital	Marie White,(H,P)
Montgomery Hospital	Maureen Hanna,(H,P)
Abington Hospital	Carolyn Fuller,(H,P)
Abington Hospital	Kim Roberts, H,P,R)
Abington Hospital	Eric Hendricks,(H,P,R)
Abington Hospital	LaPrenda Thomas,(H,P,R)
Lancaster General Hospital	Athena Hasik,(H)
Main Line Health Systems	Karen Havers,(H,P,S,R,S)
Main Line Health Systems	Ruth McSparron, (H,P,S,R,S)
Memorial Hospital York	Bill Major,(H)
Memorial Hospital York	Tina Seipple,(H)
Memorial Hospital York	Cathy Sipe,(H)
St Joseph Hospital	Terry Hansell, (H,P)
Baystate Medical Center	Dolores Noble, (H)
Berkshire Health Systems	Kathy Daury, (H,S,P,R)
Berkshire Health Systems	Tammy Fitzsimmons, (H,S,P,R)
Sisters of Providence SNFs	Tammy Bouchard, (S)
Mutual of Omaha	John Wrynn

This meeting was conducted via a teleconference call for the combined Provider Communications 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 December 15, 2005 were reviewed and accepted.

Group Input and Feedback on Provider Education and Training Topics

Training for FY 2006

Plans for the last quarter of FY 2006 (July to September 2006) include one seminar that will be for Skilled Nursing Facilities (SNFs) in Massachusetts. Members were also asked about their interest in training via an Open House forum, whereby providers would come to the Glastonbury, CT field office and discuss issues, problems and other topics of interest to the attendees. The Open House Forum could be monthly or more

frequently depending on the level of interest. Members supported the idea; however, the issues of travel and travel expenses for distant providers, such as those in Pennsylvania, would limit active participation to providers close to the Glastonbury office.

Members were also asked to check the Mutual Medicare web site for Ask The Contractor (ACT) teleconference calls scheduled for July 2006. The Northeast region will be hosting an ACT teleconference call on July 20, 2006 on the revised billing instructions for Benefits Exhausted and No Payment Bills for SNFs.

Training Topics for FY 2006 and FY 2007

Benefits Exhausted / No Payment Bill – revised billing instructions in MM4292

This is a significant change in billing instructions for SNFs and will be implemented on October 1, 2006. Instructions were published on the Mutual Medicare web site on June 9, 2006. Members were asked for input on training in two formats; first, make this topic a focus of the ACT teleconference calls for July 2006 and second, include this as a major topic in upcoming seminars for SNFs scheduled between now and the end of 2006. Members were supportive of this approach.

UB-04 – New billing form to be implemented in May 2007

This is another significant change for providers as well as Mutual of Omaha Medicare. Members were aware of this change and all agreed that we need to consider several methods or avenues of training including seminars, ACT conference calls and Computer Based Training (CBT). Mutual of Omaha is awaiting instructions from CMS on the UB-04 including funding for training. Members feel that the earlier the training the better as they have lots to do in preparation for this major change.

National Provider Identifier (NPI)

Members were asked if additional training was necessary, as the implementation date is less than one year away and many providers, especially physicians, have not signed up yet. This may impact providers because they will need to have the physicians NPI to bill Medicare in the attending, operating and other physician's fields. Members felt that the existing training modules and information on our web site is adequate.

Educational Materials

Members were asked for comments on our 2006 presentation documents as well as handouts. A significant effort was made in 2006 to reorganize and simplify all slides used in our presentations to make them easier to read with less wording but more pertinent information per slide. Handouts were also improved to enhance the understanding and readability of slides and the training topic. Members who attended training seminars agreed that the educational materials were better.

Ask the Contractor Teleconference Calls (ACT)

Members were made aware that the next round of ACT conference calls would be held in July 2006 as posted on the Mutual Medicare web site. Four calls are scheduled with the Northeast region's call scheduled for July 20, 2006. All the ACT calls for July will

focus on the revised SNF billing instructions for Benefits Exhausted and No Payment Bills. 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.

Members were also asked for topics for future calls beginning with the first quarter of FY 2007 (October – December 2006). Suggestions included UB-04, NPI and the new severity based DRG system being implemented for hospital inpatient DRG billing and payments in the near future.

Computer Based Training (CBT)

The Mutual of Omaha web site currently contains eleven CBTs on various topics, the most recent of which is the NCDs on Therapy Limits, NCDs and SNF Basics - Overview. Members were asked for additional topics that they would like to see presented in the CBT training format. The UB-04 instructions as a CBT was suggested. This is something Mutual of Omaha Medicare will look at even though it is potentially a big subject for a CBT. Breaking it into smaller modules may be an option. CCI Edits and Rural Health Clinics are additional subjects currently under consideration by Medicare staff in Omaha.

PCOM Workshop Discussions

John forwarded members the document “Registering for Workshops” for discussion because there have been some issues that have come up where people think they have registered for a workshop or seminar but they have not or people register for the seminar but do not complete the payment form. The document explains the seven steps required to complete the registration process. This is also summarized on the Mutual Medicare web page. Members were asked if they were all familiar with and found the web registration process easy to do. Members said that they did use the web registration process. Mutual Medicare had hoped to eliminate completely the hard copy seminar invitations / registration because of the costs, such as mail, but found provider response to the web only registration was less than hoped for.

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

FISS System

Mutual Medicare notified providers via a web-based notice that claims RTP'd three times for the same reason will be rejected and the provider will have to submit a new claim.

Billing claims with a therapy cap exception using the KX modifier have resulted in some issues in FISS. CMS clarified the instructions in Medlearn Matters article SE0637 by requiring providers to include the KX modifier on all therapy lines on the claim requesting the therapy cap exception.

Members were reminded of CMS's initiative to move providers who bill electronically (EMC) to use the ERA and for all ERA users to move to the new 4010A1 ERA.

Medicare Claim Processing Issues

Members were asked to look at Medlearn Matters article MM5047, dated May 10, 2006, that inform providers of a hold on all Medicare payments beginning September 22, 2006 and ending September 30, 2006. Payment will be made on October 2, 2006.

The normal CMS required quarterly update to the claim processing system would occur over the July 4, 2006 weekend. Members were reminded that Mutual Medicare operations and offices would be closed on July 3rd and July 4th. This means that all systems will be down, no RAs or payments will be made during this time. We will resume normal operations Wednesday, July 5th.

Members were asked to review recent changes to expand coverage for Cardiac Rehabilitation programs published in Medlearn Matters article MM4401 and in the June 1, 2006 Newsletter. Mutual has also published a revision to its LCD on this coverage.

HIPAA Update – ERA and NPI

Members were reminded to look at recent articles on the Mutual Medicare web page regarding CMS's ERA initiative to move all EMC users to the ERA and the latest ERA version, the 4010A1. The National Provider Identifier (NPI) project was previously discussed. Members agreed that the existing training module for NPI addresses the project adequately. Mutual Medicare's web site also has numerous articles, references and links to CMS on NPI. Providers, who have not applied for an NPI, should do so immediately to avoid delays in processing their NPI as there is specific application paperwork that must be completed and filed with CMS. Each provider and sub provider will have to have its own unique NPI. May 23, 2007 is the date when the NPI will be the only provider number accepted on Medicare claims.

Claim Errors and Denials

The Claim Error Tracking Report that contains the top ten claim errors was sent to all attendees. The Mutual web site carries a listing of these errors at www.mutualmedicare.com/claims/top10.html.

The April 2006 claim data reveals that five of the top ten errors continue on the Tracking Report as part of the top ten errors. Three new codes were added to the top ten list including Reason Code 11503 for a SNF admission date greater than 30 days past the qualifying hospital stay and no occurrence code 55, 56 or 57 was entered; Reason Code 34924 stating that Revenue Code 30X and 31X for Lab are the only codes permitted on a bill type 14X; Reason Code 70007 asking the provider to validate the number of units billed. Incorrect units on outpatient claims where payment is based on the number of units of a specific HCPCS is becoming the focus of attention at the Office of the Inspector General at CMS. Numerous overpayments have been uncovered because units were overstated.

A member reported a problem with correcting claims with one of the top ten error Reason Codes, 39012. An example will be forwarded to John for review. John tested this and all HCPCS codes tested that appeared in printed documents such as a Mutual of Omaha Newsletter or a source document such as a Medlearn Matters article, were found using the search feature on the Mutual Medicare web site.

The Top Denial Reason Code Tracking Report focuses on the most frequent denial reason codes. The tracking report compares April 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.

Several Reason Codes groups indicate continuing large volume of denials for incorrect Medicare names and HIC numbers. This has been an ongoing problem for a long time. The Medicare card and CWF are easy and accurate ways to validate the beneficiary name and Medicare number. Other Reason codes such as W7021 and W7040 and 54NCD indicate issues with using or better, not using modifiers on HCPCS codes. Members were asked if the training module on modifiers and CCI edits in the recent OPSS Seminar was adequate in training providers about the use of modifiers. Although our Advisory Group has discussed this in the past, the general opinion was that providers still have difficulties getting the modifiers on the claims.

Mutual's and CMS Medicare Web Site Update

The Mutual Medicare web site was reorganized just recently and members were asked if they found the site any easier to use and find things. Members agreed that they like the looks of the web site; however, are still having some difficulty finding things especially CMS related links. Mutual staff will check this for any updates or tips for web users. Members were reminded to 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. An ACT conference call for the northeast region is planned for July 20, 2006 on the new CMS instructions on SNF Benefits Exhausted / No Payment Billing. Also check out our on-line Computer Based Training (CBT). There are now eleven CBTs on our web site. Members who have comments on a CBT or additional topics for CBT consideration should let John know.

Members were reminded to also check the CMS web site for the latest CMS Provider Quarterly Update. Provider can also sign up on CMS' listserv to get a copy of 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. September 21, 2006 at 1:00PM has been tentatively selected for this call. 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

June 29, 2006