

**MEDICARE PART A
PROVIDER COMMUNICATION ADVISORY COMMITTEE
(PCOM)
OCTOBER 19, 2004**

Attendees- Barbara Cerbone, Center for Medicare & Medicaid Services-Region III; Ella Glover, CareFirst of MD Inc.; Janice Austin, CareFirst of Maryland Inc.; Joan Thompson, Adventist Health Care; Carla Gardener, CareFirst of Maryland Inc.; Sheila Holzman, Washington Adventist Hospital; Kathleen Richardson, Anne Arundel Medical Center; Christina Ward, CareFirst of Maryland Inc.; Cathy MacKenzie, CareFirst of Maryland Inc.; Debra Shannon, Centers for Medicare & Medicaid Services-Central Office; Anita Antkowiak, CareFirst of Maryland Inc.; Rene Vanessa Coleman, Centers for Medicare & Medicaid Services-Central Office; Dell Forrester, Maryland General Hospital; Kristi Pederson, Trans Healthcare; Jo Cimino, Shady Grove Adventist Healthcare; Kim Droboniku, CareFirst of Maryland Inc.

Anita Antkowiak, Supervisor of Provider Relations and Training, welcomed all participants to the meeting, introduced the new Provider Relations Representatives and explained the purpose of the meeting, which is for the group to bring feedback from individual providers to the table.

FI Updates/ Issues

At our last meeting the group suggested that Maryland Medicare develop a workshop for the Utilization Review staff of the hospital. Anita asked the group for some topic suggestions. Some responses were:

- A. understanding medical coverage in relation to MSP coverage
- B. Dell Forrester of Maryland General Hospital suggested MR review what things Medicare needs to prevent appeals and getting appeals overturned.
- C. discussing LCD' and NCD's
- D. Skilled Nursing Home billing in reference to Consolidated Billing

Further information and registration will be posted on our web site.

Anita informed the group, Provider Relations will be sending a form to provider's to update mailing addresses for Additional Medical Records Requests (ADR's). Check our List Serve for more information.

Anita advised the group effective January, 2005 Maryland Medicare will be starting Conference calls called "Asked the Contractor", which will give providers an open forum to ask questions. On the call, FI staff available to response to questions will be:

- A. Provider Relations Representatives
- B. Medical Review Staff
- C. EDI Staff
- D. Audit and Relation Staff
- E. Billing Staff

Look for more information on our Web Site.

Anita discussed another workshop beginning 2005, "Invitation Only Workshop". We will invite providers with high claim suspension errors to our shop to train on billing procedures to reduce provider billing error rate.

Kim reviewed submitting the Quarterly Credit Balance Reports:

- A. Due date for the fourth quarter report is October 30, 2004
- B. Columns '9' and "10" should show the amount paid by Medicare not the total charges off the bill causing the credit
- C. Two 838 reports must be submitted for inpatient and outpatient credits (Part A and Part B)
- D. If MSP is the reason for the credit, all Medicare Secondary Payer (MSP) information must be included on a hard copy UB92 bill (example – insurer name, address)

CMS Updates:

Barbara Cerbone, our CMS Representative, welcomed the group and our three new hires. She also mentioned the purpose of the meeting and advised the group how important their feedback is to the FI.

Barbara also discussed the Medicare Modernization Act passed by Congress. Section 641 is the demonstration project for Prescription Drugs. CMS is trying to recruit more beneficiaries to be part of this project. Providers with questions concerning the Prescription Drug project can contact Trailblazers Health Net at: 1-866-563-5386.

Medical Review Updates:

Janice Austin from MR addressed the group on:

- A. Future Medical Review bulletin will be sent out over listserv to address documentation MR staff needs for claim reviews.
- B. Cert Program is finding problems with providers sending incomplete information on claims selected for review. (example completed lab reports)
- C. The importance of correct ICD9 and HCPC coding on claims

Round Table Discussion:

Effective 2005, revenue code 272 can be billed on inpatient Part B Claims (121). CareFirst will F/U with providers having problems locating MSP training material on the MY Learning Matters section of CMS's web site. CMS representative from Central office mention there may be difficulties locating the site due to recent updates and changes, CMS will follow-up with CareFirst.

Suggestion was made for CMS to hold Outreach sessions, training beneficiaries on the Medicare Secondary Payer Program, targeting increased understanding of the questions asked upon admission to a hospital facility. Barbara Cerbone advised the group she would take their suggestion back to the outreach team at the regional office.

The date of the next meeting will be posted to www.marylandmedicare.com our website soon.