

CareFirst of Maryland Inc.
Provider Education and Training Minutes
Meeting – 10/16/02

Attendees: Larry Collier - HCR ManorCare, Bill Foster – St. Agnes Health Care, Angie Ligon – MD Hospital Association, Cyndi Benson – Integrated Health Services, Anita Antkowiak, Donna Waters, Diane Zekoll, Kimberley Droboniku, Sandra Sigler, Ella Glover, Jason Kerr – CareFirst of MD Inc., Marcia Dashevsky – CMS

Minutes:

Anita Antkowiak welcomed everyone to the meeting. Round table Intro.

Purpose of this meeting is to address training issues, brainstorm for new training classes, and to obtain any thoughts from the provider community for additional training.

New Workshop Ideas:

Coding Class – Hospital have certified coders so providers would not need a coding class. Diane Zekoll of CareFirst urged providers to pay attention to LMRP's and apply all appropriate diagnoses to claim.

Admissions Workshop - This would include training on, MSP Audit process, MSP questionnaire, and the importance on Admission and Billing staff interaction.

Top Ten Reason Codes for Quarter:

1. 30723 - Name of Insuree on page 5, does not match
2. 12302 – Covered days do not match
3. 30715 – Last name/First name does not match CWF
4. 12206 – Total # of days on claim does not match covered and non covered days
5. 38119 – Sequential billing, prior claim in sequence must pay first
6. 32404 – HCPCS Billing error
7. 32206 – Invalid revenue code for type of bill
8. 32242 – Revenue code is non-billable for the type of bill
9. 15701 – Medicare must be entered on only one MSP line on claim
10. 15202 – Accommodation days must match covered days

Dotty Sewell has retired. Please direct all questions regarding Medical Review to Steve Simms at 410-561-4270.

ESRD - Beneficiary 382 Selection Form. When patient has chose either Method 1 or 2 the effective date is entered into the system. If the patient wants to change their selection, they may do so, however, the effective date for the change will not be until January 1 of

the following year. The beneficiary may request for an exception, in writing, to the FI to have their selection changed before January 1 of the following year.

HIPAA Brochures – provides web site links, as well as email address to direct HIPAA questions. Provider may submit questions to askhipaa@cms.hhs.gov

Adjusting Rejected Claims - Please check marylandmedicare.com, for the 9/30/02 bulletin on Adjusting Rejected Claims. If a rejected claim has posted to CWF, providers may adjust claim

HIQA will be changing to ELGA. Same format as HIQA. ELGH will replace HIQH for home health information. Notices will be given in future provider bulletins.

CMS Updates:

SNF Public Reporting coming out Mid November. October 14 – October 22 – Nursing Homes can look at report

October 24 – Hospital – quality measures web focus.

Cyndi Benson of I.H.S asked what the process is for CMS sending out DPNA letters. Letters are not received timely and sometimes not received at all. Marcia will follow up.

Medical Review – When billing SNF claims, please make sure the assessment days are correct. The default rugs code (AAA00) may not be adjusted once paid. I.H.S is appealing this w/ CMS.

Benefit Integrity – Complaints should be directed to Thyngeline Burnham at 410-308-8374. She will be requesting any follow up documentation.

Kim Droboniku of CareFirst:

A question was asked, from a provider, at our last PET meeting, Can a provider write off charges for tests that are non-covered instead of having an ABN signed?

Per CMS and the OIG, the answer is YES. Providers may write off charges for tests that are non-covered, instead of issuing an ABN. This can not be counted as bad debt, on the cost report. A bulletin will soon be issued on this topic.

Maryland Hospital Association (MHA) – Next meeting is November 8, 2002