

Alabama Rural Health Conference

*Cahaba Government Benefit Administrators[®], LLC
Provider Outreach and Education*

March 25, 2010



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Disclaimer

This resource is not a legal document. This presentation was prepared as a tool to assist our providers.

This presentation was current at the time it was created. Although every reasonable effort has been made to assure accurate information, responsibility for correct claims submission lies with the provider of services.

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Agenda

- Cahaba GBA Overview
- RHC Part A and Part B Billing
- Billing Issues Affecting Reimbursement
 - Top RHC Return to Provider and Rejected errors
 - Medicare Secondary Payer
 - Comprehensive Error Rate Testing (CERT)
- Communicating with Cahaba
- Educational Resources
- Centers for Medicare and Medicaid (CMS) updates

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Cahaba Overview

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Welcome to Cahaba GBA

Cahaba Government Benefit Administrators®, LLC (Cahaba GBA) administers Medicare health insurance for the Centers for Medicare & Medicaid Services (CMS). We have been a Medicare contractor since the inception of the program in 1966. We are the J10 A/B Medicare Administrative Contractor (MAC) for the states of Alabama, Georgia, and Tennessee. We currently remain the Part B Carrier for Mississippi and the Regional Home Health Intermediary (HH&H) for numerous states across the country.

Per [Change Request 5979](#), CMS designated specific providers involved with certain demonstrations to submit claims to Cahaba GBA, the J10 A/B MAC. To learn more about our company, check the [About Us](#) page. If you are a Medicare Beneficiary and wish to learn more about Medicare, please go to [www.Medicare.gov](#).

Our company strives to develop and improve our business practices and is committed to offering the highest quality services to CMS and the Medicare providers that we serve.

Integrity is at the core of our values, and our reputation of having the highest ethical standards is important to us. We maintain that integrity by putting our customer first, responding to their needs with urgency and compassion through teamwork, innovation, and operational continuous improvement.



Hot Topics

[2010 Physician Fee Schedule](#) ▶

[Remit Issue Log](#) ▶

[Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Competitive Bidding](#) ▶

Learn more about the Durable Medical Equipment, Prosthetics, Orthotics and Supplies Competitive Bidding Program.

[HIPAA Standard Adopted](#) ▶

The Secretary of the Department of Health and Human Services (HHS) has adopted ASC X12 version 5010 and NCPDP version D.0 as the next HIPAA standard for HIPAA covered transactions. The final rule was published on January 16, 2009. Access the Centers for Medicare & Medicaid Services (CMS) 5010 D.0 Web page or the Versions 5010 & D.0 & 3.0 Web page for additional information and educational resources.

[Implementation of ICD-10-CM/PCS \(Clinical Modifications/Procedure Coding System\)](#) ▶

On January 16, 2009, the ICD-10-CM and ICD-10-PCS final rule was published. The anticipated implementation date is October 1,

www.cahabagba.com/

Cahaba GBA Part A Home Page

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Medicare A Resources
As a **J10 AB Medicare Administrative Contractor** for Alabama, Georgia and Tennessee, we process Part A claims and cost reports for services provided by:

- Hospitals,
- Critical Access Hospitals (CAHs),
- Skilled Nursing Facilities (SNFs),
- Rural Health Clinics (RHCs), Renal Dialysis Facilities (EBRD),
- Federally Qualified Health Centers (FQHCs),
- Community Mental Health Centers (CMHCs),
- Comprehensive Outpatient Rehabilitation Facilities (CORFAs),
- Outpatient Physical Therapy providers (OPTs),
- Religious Non-medical Health Care Institutions (RNHCIS),
- Independent Organ Procurement Organizations (OPOs),
- Historocompatibility Laboratories (HCLs), and
- Limited Purpose Insurance Companies (LPICs).

• Indicates an external link.
What's New
What's New Archive allows you to access news previously listed under the "What's New from CMS" and "What's New from Cahaba GBA".

03/09/
* Update to the Self-Administered Drug (SAD) List (A8993) - J10 MAC

03/04/10
* The March 2010 Medicare A Newsletter is Now Available

03/03/10
* Critical Access Hospital (CAH) Method B (Unlisted Healthcare Common Procedure Coding System (HCPCS) Code for Professional Services

02/26/10

Join Our Email List
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Popular Links
• What's New?
• Claims Processing Issues
• Education Materials
• Active Local Coverage Determinations (LCDs)
• Medical Review Articles
• Rates and Fee Schedules
• EDI New Subscriber Info
• Calendar of Events
• Top Claims Submission Errors

No. 000015 ISO 9001:2008
Cahaba Government Benefit Administrators, LLC

www.cahabagba.com/part_a/index.htm

RHC Services

- RHCs furnish:
 - Physician services
 - Services and supplies incident to the services of a physician
 - Services and supplies incident to the services of a NP, PA, CNM, CP and CSW
 - Medicare Part B covered drugs that are furnished by and incident to services or a physician and NPPs of the RHC
 - Visiting nurse services to the homebound

Non-RHC Services

- RHCs services covered by Medicare Part B:
 - Technical component of specific preventive services and diagnostic tests, such as laboratory and x-ray
 - Durable medical equipment rented or sold
 - Hospital and skilled nursing facility services
 - Ambulance services

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Top RHC RTP Errors

- 31577
 - The total number of units for revenue codes 521, 522 and 91x exceeded the number of days in the statement covers billing period
- 32200
 - Diagnosis code V048 or V0382 is present without condition code A6 or diagnosis code V0481 is present without condition code A6

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Top RHC Rejected Errors

- C7010
 - Claim has from/thru dates which overlap a hospice election period
- 38032
 - The outpatient claim is a duplicate of a previously processed outpatient claim
- U5233
 - The statement date or admission dates fall within or overlaps a risk GHO period (HMO)

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Medicare Secondary Payer

- Change Request 6426
- MSP claims cannot be submitted via Direct Data Entry (DDE)
- Three options to submit MSP claims to Medicare contractors
 - American National Standard Institute (ANSI) ASC X12N 837 format
 - PC-ACE Pro 32
 - Submit hardcopy claims (must receive waiver from CMS)

www.cms.hhs.gov/transmittals/downloads/R70MSP.pdf

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Comprehensive Error Rate Testing

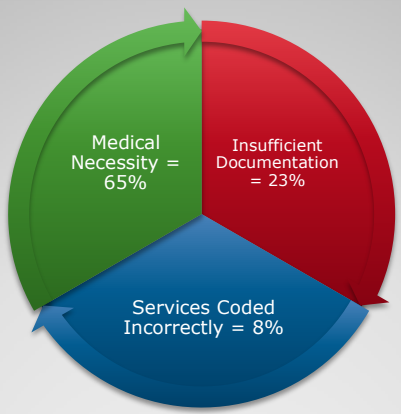
CERT Goals

- Protect the Medicare trust fund
- Measure Medicare’s ability to pay claims correctly
- Assess provider behavior
- Evaluate contractor behavior

November 2009 Report

Type of Contractor	Total Dollars Paid	Overpayments		Underpayments		(Overpayments + Underpayments)	
		Payment	Rate	Payment	Rate	Improper Payments	Error Rates
Carrier/MAC	\$78.7B	\$7.6B	9.7%	\$0.1B	0.2%	\$7.8B	9.9%
DME MAC	\$10.4B	\$5.4B	51.9%	\$0B	0.0%	\$5.4B	51.9%
FI/MAC - Non-Inpatient	\$108.2B	\$4B	3.7%	\$0.2B	0.2%	\$4.2B	3.9%
FI/MAC - Inpatient	\$111.2B	\$6.1B	5.5%	\$0.8B	0.7%	\$6.8B	6.1%
All Medicare FFS	\$308.4B	\$23B	7.5%	\$1.1B	0.4%	\$24.1B	7.8%

CERT Feedback



Error Categories

Claims Processing Facts

- Clean Claims
 - Does not require external development
 - Process time for clean claims is 30 days

- Payment Floor Standards
 - Included in process time
 - Count begins the day after the day of receipt

- Waiting Periods
 - 13 days for electronic claims
 - 26 days for paper claims

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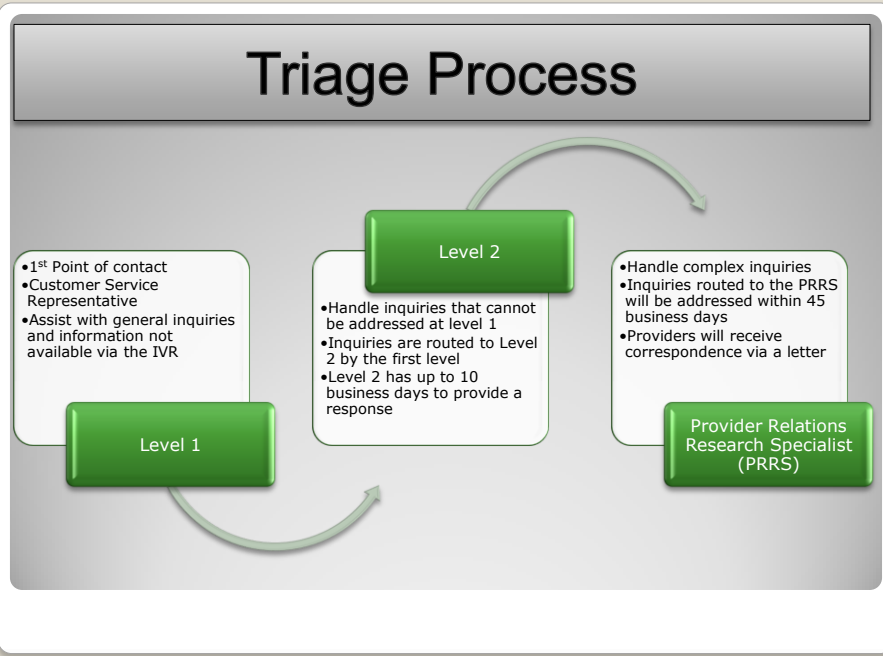
Claim Processing Issue Log

Fiscal Intermediary Standard System Claims Processing Issues
 The following list provides you with the most current status of claims processing issues that have been reported to the Fiscal Intermediary Standard System (FISS) maintainers and the Centers for Medicare & Medicaid Services (CMS). Please check here often for updates before contacting the Provider Contact Center with questions. **Note: Providers do not need to take any action on the claims with the following reason codes.**

Provider Types Affected	Issue / Reason Code	Impact	Status	Resolved
Part A providers	CWF installed a release on October 5, 2009 which removed the Contractor's ability to override reason code 331953, 39925, V8022, and V8024.	The claims are looping between FISS and CWF as FISS is attempting to transmit the override edit and CWF is no longer accepting the overrides, preventing these claims from being processed.	We have reported the issue and will post updates as they are received.	
Part A providers that receive paper checks	A problem has been identified with hardcopy checks for all of our Part A workloads. The provider number or NPI on the checks are not matching up with the remittance.	Our print vendor has produced the checks but has been unable to generate the remittances that accompany the payment.	01/15/2010- The checks from the weeks of January 4th-8th and January 11th-15th, have been printed and the matching remittances are being generated. These payments will be in the mail by the first part of the week of January 18th.	01/21/2010- The problem has been corrected and all the checks have all been mailed.
All providers	MSP Liability Claims-Involving Auto/No-Fault, and workers' compensation claims	Claims submitted as primary with unrelated diagnosis codes are denying or rejecting.	11/17/2009- Cahaba is aware of issues involving MSP liability claims for Part A providers. Our Systems area is diligently working on these issues and has sent information	12/14/2009- <ul style="list-style-type: none"> • Cahaba continues to review claims in status/location RB7516 and RB7555. Claims that are indicated as unrelated

www.cahabagba.com/part_a/claims/processing_issues.htm

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Communicating with Cahaba

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- Contact Us

Contact Us

Cahaba GBA welcomes your comments and questions. You can get in touch with us via e-mail, in writing or by telephone.

Part A	Part B	Home Health & Hospice
E-mail Us Write Us Phone Us	E-mail Us Write Us Phone Us	E-mail Us Write Us Phone Us
IVR Survey Questions CSR Survey Questions		

NOTE: Home Health & Hospice - Cahaba GBA currently processes claims for services provided by home health and hospice providers for 16 states: Iowa, Nebraska, Kansas, Missouri, South Dakota, North Dakota, Montana, Wyoming, Colorado, Utah, Delaware, Maryland, Pennsylvania, Virginia, West Virginia and The District of Columbia.

Page last updated: November 24, 2009

- Part A
- Part B
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- General Info

- ▶ Doing Business with Cahaba
- ▶ Holiday Schedule
- ▶ Careers

www.cahabagba.com/contact.htm

Communicating with Cahaba

Telephone Us

Cahaba GBA processes Medicare Part A claims for the states of Alabama, Georgia and Tennessee. Cahaba GBA Provider Contact Centers are located in Birmingham, Alabama and Savannah, Georgia.

Customer Service Representatives are available from 8 a.m. to 4 p.m. in your time zone.

The Interactive Voice Response (IVR) System is available to providers 24 hours a day, 7 days a week with allowances for normal claims processing and system maintenance availability as well as normal IVR and system maintenance.

Check below for phone numbers you need to contact Cahaba GBA. Before calling, consider checking the Resources for the [Most Common Medicare Part A Provider Questions](#).

Type of Inquiry	Alabama J10	Georgia J10	Tennessee J10
Provider Contact Center Customer Service Representatives are available for 8:00 a.m. to 4:00 p.m. in your time zone. Medicare Interactive Voice Response Unit (IVR) Instruction	877-567-7271 TDD: 877-467-7516 Training Schedule	877-567-7271 TDD: 877-467-7516 Training Schedule	877-567-7271 TDD: 877-467-7516 Training Schedule
Appeals of Cost Report Audits	205-220-1250	205-220-1250	205-220-1250
Claims Calculation Spreadsheets	205-220-1671	205-220-1671	205-220-1671
Cost Reporting Filing Instructions	205-220-1305 CRINGAL@cahabagba.com	205-220-1305 CRINGAL@cahabagba.com	205-220-1305 CRINGAL@cahabagba.com
Cost Reporting Audit Questions	205-220-1661	205-220-1661	205-220-1661
Credit Balance Reports	205-220-1313	205-220-1551	205-220-1313
Electronic Data Interchange (EDI)	866-582-3253 Fax: 205 402-5706	866-582-3253 Fax: 205 402-5706	866-582-3253 Fax: 205 402-5706
Electronic Funds Transfer	877-567-7271	877-567-7271	877-567-7271



877-567-7271

Resource Center for New Providers

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Part A > Education And Outreach > Resource Center for New Providers

Welcome to the Resource Center for New Providers

Cahaba Government Benefit Administrators[®], LLC (Cahaba GBA) is the Jurisdiction 10 A/B Medicare Administrative Contractor (MAC) for the states of Alabama, Georgia, and Tennessee. If you are new to the Medicare program, or to billing claims to Cahaba GBA, this page contains basic information and resources to get you started. Please share this information with your staff as appropriate.

Part A providers should become familiar with all of the resources listed on this page as a means to research issues and verify the answers to their Medicare questions prior to calling the Provider Contact Center for assistance. As a provider of Medicare services, you are held accountable for understanding information you receive from the Centers of Medicare and Medicaid Services (CMS) and Cahaba GBA. Our [Provider Contact Center](#) is available to assist with questions regarding the Medicare program. The following toll-free telephone numbers are dedicated for provider inquiries:

Provider Contact Center
1-877-567-7271
TTY 1-877-467-7516

If you submitted your completed CMS 855 Provider Enrollment Application and received a letter from Cahaba welcoming you as a Medicare certified provider, please proceed on with the steps detailed below. If not, please review our website for the [application process](#) to become a Medicare-certified provider.

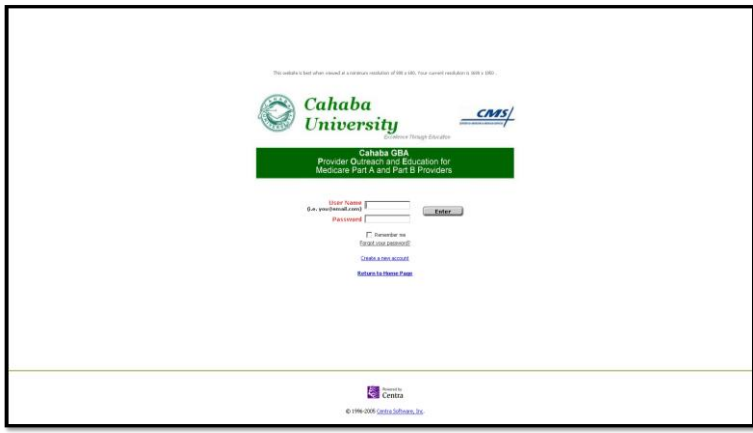
Let's Get Started!

We recommend that you follow the six steps outlined below and be sure to click on items in blue to view related material.

- [Step 1: Enroll in the Cahaba GBA and CMS Listserv](#)
- [Step 2: Become Familiar with the Cahaba GBA and CMS Web Sites](#)
- [Step 3: Learn About and Enroll in Electronic Billing](#)
- [Step 4: Get Acquainted with Medicare](#)
- [Step 5: Enroll in Cahaba University](#)
- [Step 6: Claim Submission](#)

www.cahabagba.com/part_a/education_and_outreach/resource_center.htm

Cahaba University



Watch our listserv for the latest updates

Educating Providers

- March 31- Ask the Contractor Teleconference
- April 08- IVR Webinar
- April 13- Part A Medicare Overview Webinar
- April 20- IVR Webinar
- April 22- Checking Eligibility Webinar
- April 27- 935 Adjustment Teleconference

www.cahabagba.com/apps/course_registration/al/calendar.jsp

Email Notification Service

- Register for Cahaba GBA listserv
- Advantages of enrolling
 - Free Service!!!
 - Receive timely important Medicare updates
 - No limit to number of people who can subscribe from your organization
- Only a valid email address required
- Your email address will not be shared

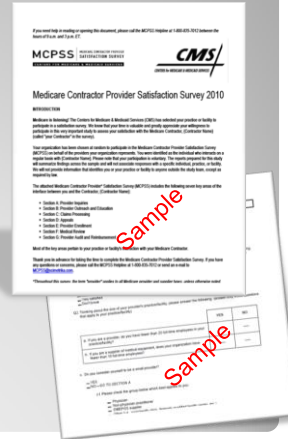


www.cahabagba.com/part_a/whats_new/email_service.htm

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MCPSS Survey

- Medicare Contractor Provider Satisfaction Survey (MCPSS)
- 2010 survey distributed to more than 30,000 randomly selected providers, including RHCs
- New CMS contractor, SciMetrika, LLC
- Survey questions focus on seven business functions
- Participation is simple and confidential



www.cms.hhs.gov/MCPSS

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Recovery Audit Contractor

- Effective January 1, 2010
- Identify improper payments, including overpayment and underpayments
- RAC contractor for Jurisdiction 10 is **Connolly Consulting Associates, Inc. of Wilton, CT**
- The appeal process for RAC denials is the same as the appeal process for Carrier/FI/MAC denials
 - www.connollyhealthcare.com/RAC
 - RACinfo@connollyhealthcare.com
 - 1-866-360-2507

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Zone Program Integrity Contractor (ZPIC)

- Formerly referred to as Program Safeguard Contractors
- AdvanceMed awarded ZPIC contract for Zone 5
 - Includes **Alabama**, Arkansas, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia and West Virginia
- Handles fraud, waste or abuse issues
- Complaints and allegations are sent to the MAC for initial screening
- Additional details posted on the Cahaba GBA website

www.cahabagba.com/part_a/whats_new/news_archive_2009.htm

Quick Reference Charts

The image shows two screenshots of CMS Quick Reference charts. The left chart is titled 'Quick Reference CMS Website for Medicare Fee-for-Service (FFS) Providers' and lists various services with their corresponding URLs. The right chart is titled 'Quick Reference New Medicare Fee-for-Service (FFS) Provider' and provides information on getting started, including steps for obtaining a National Provider Identifier (NPI) and meeting eligibility requirements.

WHAT IS IT?	HOW DO I FIND IT?
Emergency Services	http://www.cms.hhs.gov/apps/certification
Advance Beneficiary Notice (ABN)	http://www.cms.hhs.gov/ABN
Ambulance Services Center	http://www.cms.hhs.gov/center/ambulance.asp
Ambulatory Surgical Centers (ASC) Center	http://www.cms.hhs.gov/center/asc.asp
American Indian/Alaska Native Center	http://www.cms.hhs.gov/center/ai.asp
Area/Physiology Center	http://www.cms.hhs.gov/center/areaphys.asp
Approved Facilities	http://www.cms.hhs.gov/HealthcareApprovedFacilities
Claims Processing Manual	http://www.cms.hhs.gov/Manuals/CPM/1st.asp
Clinical Lab Center	http://www.cms.hhs.gov/center/clinical.asp
Clinical Laboratory Fee Schedule	http://www.cms.hhs.gov/CLFS/abf/abf.html
Clinical Trial Policies	http://www.cms.hhs.gov/CenterOffTriaPolicies
Comprehensive Error Rate Testing (CERT)	http://www.cms.hhs.gov/CERT
Contracting Reform	http://www.cms.hhs.gov/MedicareContractingReform
Coordination of Benefits (COB)	http://www.cms.hhs.gov/cobgovernanceinformation
Coverage Center	http://www.cms.hhs.gov/center/coverage.asp
Coverage Database	http://www.cms.hhs.gov/ocd/search.asp
Critical Access Hospitals (CAH) Center	http://www.cms.hhs.gov/center/cah.asp
Durable Medical Equipment (DME) Center	http://www.cms.hhs.gov/center/dme.asp
Durable Medical Equipment (DME) Fee Schedule	http://www.cms.hhs.gov/DMEPOSFeeSchedule
EDS Documentation Guidelines	http://www.cms.hhs.gov/MLN004666/25_EDS.asp
E-Procurement	http://www.cms.hhs.gov/EDS/eProcurement
Electronic Billing & EDI Transactions	http://www.cms.hhs.gov/EDS/EDS/EDI/EDIForms
Email Updates List	http://www.cms.hhs.gov/AboutWebcenter/EmailUpdates/1st.asp
Fast Track Rural Health (FRH) Resource Center	http://www.cms.hhs.gov/center/frh.asp
Enrollment (Provider-Supplier)	http://www.cms.hhs.gov/MedicareProviderSupplier
Event Calendar	http://www.cms.hhs.gov/center/eventcalendar
Federally Qualified Health Centers (FQHC) Center	http://www.cms.hhs.gov/center/fqhc.asp
Fee Schedule - General Information	http://www.cms.hhs.gov/FeeScheduleCenterInfo

www.cms.hhs.gov/MLNProducts/MPUB/list.asp

HIPAA 5010 Standardization

- Change Request 6589
 - www.cms.hhs.gov/MLNMattersArticles/downloads/MM6589.pdf
- Implementation effective January 1, 2012
- Medicare will begin January 1, 2011
- Information found in MLN Matters SE0904
 - www.cms.hhs.gov/MLNMattersArticles/downloads/SE0904.pdf
- CMS has launched its website for information and education
 - www.cms.hhs.gov/versions5010andDO

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ICD-10 (CM) (PCS)

- Replaces ICD-9-CM volumes 1 and 2, Volume 3 for diagnosis and procedure codes
- Contains more than 155,000 codes and accommodates a host of new diagnoses and procedures
- Compliance date for implementation is October 1, 2013
- Consists of two parts:
 - ICD-10-CM: developed by the Centers for Disease Control and Prevention for use in all health care treatment settings
 - ICD-10-PCS: developed by CMS for inpatient hospital settings only

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THANK YOU!

Cahaba Government Benefit Administrators®, LLC
J10 A/B Medicare Administrative Contractor

PROVIDER CONTACT CENTER 877-567-7271

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