

**Moderator: Yolanda Maye**  
**December 17, 2009**  
**1:00 p.m. CT**

Operator: Good afternoon, my name is Jason and I will be your conference operator today. At this time I would like to welcome everyone to the Missouri Rural Health Clinic Open Door Forum. All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key, thank you. I will now turn the call over to Ms. Yolanda Maye, ma'am you may begin.

Yolanda Maye: Thank you Jason and good afternoon everyone and thank you for joining us today. Again, my name is Yolanda May and co-presenting with me is Kathy Ramsey. We are both Medicare Part A provider Outreach and Education Consultants and we just want to welcome each of you to this open door forum for the Missouri Rural Health Clinic providers submitting claims to Cahaba GBA. The purpose of today's event is to provide you with some recent Medicare updates and also address pre-solicited questions that we received from your association, the Missouri Association of Rural Health Clinic. At the end of today's presentation, we will open a telephone line for our question and answer period and finally a wrap up portion will conclude today's call. As a reminder this call is limited to one hour.

We have several subject matter experts with us today from Cahaba GBA and at this time our panel will introduce themselves to you. So here in our Birmingham Office we have Phyllis Butler, Provider Outreach and Education, ((inaudible)) Provider Outreach and Education, Craig Mateer Provider Audit and Reimbursement, Larry Parton Provider Enrollment and Certification, Greg Hess, Medicare Support Services, John Florence, Provider Outreach and

Education, (Louise Duryea) Medicare Review Manager Part A, Sandra Bradley Reimbursement Manager, Tracy Donegan Provider Outreach and Education, Brandon Ward Operations. Okay, and in our Savannah, Georgia office this is Kathy Ramsey, I'm with Provider Outreach and Education. This is Kathy Brown I'm Professional Relations Research Specialist, Linda Curl, Manager at Claims, Catherine Stevens Manager Claims Suspense Processing, ((inaudible)) Manager Provider Outreach and Education, Juanita Brewer, EDI Coordinator, (Kathy Ackelson) Claims Specialist and that's everyone here in Savannah, Yolanda.

Okay thank you and in our Chattanooga, Tennessee office, Karen McGrath, Provider Outreach and Education, (Michael Guess), Provider Outreach and Education, Diana Johnson Provider Audit and that's it for Chattanooga. Well, thanks everyone, we're glad to have you here with us today to assist us on this teleconference and as every time, we want to provide the Missouri Association a real help in clinic members as I stated with Medicare changes that are coming down the pipe in 2010 and the first change that will affect you as a RHC provider relates to change request 6605. The signage for Medicare and Medicaid services of CMS is increasing the calendar year payment rate for rural health clinic and federally qualified health center effective for services on or after January 1, 2010 through December 31, 2010. So for Rural Health Clinic the upper payment limit per visit will be increased from \$76.84 to \$77.76. Now please note to avoid any unnecessary administrative burden, Medicare contractors will not retroactively adjust individual RHC bills paid at previous upper limit payment. However, contractors retain the discretion to make adjustments to the interim payment rate or a lump sum adjustment to total payment already made to take into account any excess or deficiency in payments to date and you can find additional information about change request 6605 on today's agenda. We have provided a link for you.

Next we want to make sure that all staff is aware of the 2010 Medicare deductibles and co-insurance. The part A deductible will increase to \$1100 and for Medicare Part B services the deductible will increase to \$155 for 2010. Now the co-insurance for Part B will remain the same that co-insurance is 20 percent and if you would like to get additional information on the 2010

Medicare deductible and co-insurance again, we have provided that link for you on today's agenda.

Now moving on, we want to make you aware of the 2010 Medicare contractor provider satisfaction survey, which is also known as the MCPSS. CMS is preparing to launch the fifth national administration of the MCPSS so if you're familiar with the survey, you'll know that it does focus on seven business functions of the provider contractor relationship and those functions include provider enquiries, provider outreach education, claims processing, the appeals area, also provider enrolment, medical review and provider audit and reimbursement. The MCPSS will be administered by new contractors starting in 2010 and that contractor is (Simetrica). (Simetrica) is a public health consulting firm. So if you're selected to participate in this survey CMS does encourage you to do so and also return those forms to (Simetrica) in a timely manner. By August of 2010 CMS will present the survey results to each contractor.

And next we have an update regarding the comprehensive error rate testing program also known as CERT. The CERT program was created by CMS to protect the Medicare trust fund, measure the contractor's ability to process and pay claims correctly as well as evaluate the provider's behavior. The release of the November improper payment report will be delayed and CMS will send more information regarding its release to contractors and to the public via LISTSERV as soon as that information is available so just be on the lookout for receiving a LISTSERV about the November improper payments report.

Now next we want to provide you with two updates from Cahaba GBA. The first update Cahaba is participating in a CMS ((inaudible)) involving a customer service representative or the interactive voice response unit survey. Currently providers who call 1877-567-7271, which is the number you would call as a Tennessee provider you may be selected to participate in one of these surveys. The survey questions are available on our website under the contact us section.

Next is a very important update from Cahaba in regards to Medicare secondary Payer Claims. Cahaba continues to review claims in status location

RB7516 and RB7555. Claims that are indicated as unrelated in the comment or that contained diagnosis codes unrelated to the open MFC file on the common work and file are currently being finalized and adjusted. Claims that could potentially be related to the open MFC file on CWF will continue to remain in status location RB7516 or RB7555. Claims identified as being incorrectly denied, which is status location RB9997, which is the finalized claim, those claims for those unrelated diagnosis dated back to July 1, 2009 will also be adjusted after the completion of adjustments for claims that are currently in status location RB7516 or RB7555. We receive several pre-solicited questions regarding RB7516 so hopefully that addresses your issue.

Now this conclude the update portion of today's teleconference and as stated earlier, we received several pre-solicited questions for today's event so at this time I am going to turn the call over to Kathy Ramsey and she is going to go over those pre-solicited questions with you, Kathy.

Kathy Ramsey: Thank you Yolanda. Our first question regards well woman exam. The question was, please clarify the correct way to build the Medicare well woman exam. The GO101 is for the well woman pelvic and breast exam. It is built as a revenue 521 with a 711 bill type under the clinic RHC number. The Q0091 is for collection of the Pap Smear. Riverbend directed the Q0091 to be billed to the Medicare Part B carrier, however, the Q0091 is listed as a professional service with no technical component. Should it be billed as a Q0091 with revenue 521 with a 711 bill type. Will Cahaba allow for two line items on a specific data service or should the charges be collapsed. Cahaba's response is: Providers should bundle the charges and bill with one 521 revenue code.

Our second question involves independent sole proprietors. When billing Medicare through Cahaba why does it have to be through the owner's social security number rather than the tax ID number? This process cancels the cross over to largest secondary of Medicaid and requires hand crossover this slows down payment by one whole billing cycle. Cahaba's response: The IRS requires that sole proprietorship enrolling as a Part A provider must enroll with the social security number of the sole proprietorship and the type one individuals NPI number. This combination is entered into PECOS the national enrolment

database and is then automatically loaded into CIS the payment system. The 855a enrolment application clearly states that sole proprietorships are to use the social security number type 1 NPI combination. This is an IRS CMS requirement and CMS has confirmed that Cahaba is following the CMS guidelines correctly.

The next question is regarding the frequency of billing provider visits. What is the allowed frequency billing provider visit to patients who are in a skilled nursing facility bed or a swing bed. What is the allowed frequency of billing provider visits to patients who are residents in a nursing home or intermediate care facility for the purposes of patient review. Visits to patients in a skilled nursing facility or a nursing home occur if the visit is medically necessary.

Next question regarding cost reporting: What is the contact information within Cahaba for questions relating to cost reports? Cahaba's reply: Cahaba contact information for calls reports is located under the contact us section on the Cahaba GBA website at [www.cahabagba.com](http://www.cahabagba.com).

Question: Will Win-LASH current approved intermediary software support company be acceptable for the upcoming 2009 college report preparation.

Cahaba's response: Win-LASH is the trade name for the software that is marketed by Optimizer System. They have been approved for several years so there is no reason to believe at this point that it will not be available in the future.

Question: Will there be a point of contact within Cahaba with regards to EDI and/or generalized questions regarding billing, eligibility and/or any other questions.

Cahaba's reply: Questions specific to EDI should be addressed to the EDI Department at 866-582-3253. General Claims questions are questions regarding billing and eligibility should be addressed to the provider contact center at 877-567-7271.

Question: Will Cahaba mail blank forms are our way to use the internet intermediary forms as done in 2007 and 2008.

Response: Cahaba will not mail blank forms. Providers can continue to use past forms.

Question: Billing and payment of groups regarding group psychotherapy by a licensed clinical social worker. Is it a billable service when conducted by a licensed clinical social worker, it is covered service by WPS for Medicare Part B, it is also covered service by Missouri Medicaid. The services at the license clinical social worker maybe covered in an RHC if they are the type of service that would otherwise be covered if furnished by a physician or incident to the physicians service performed by a person who meets the definition of a clinical social worker and not otherwise excluded from coverage.

The next question regards credit balance report. Can quarterly credit balance reports be faxed and not mailed. Credit balance reports can be faxed to Cahaba GBA at 205-733-7022. If the credit balance report is faxed providers will not be required to mail a hard copy report. Providers can either fax or mail the credit balance report, however, if they chose to fax and mail the report that is also acceptable. Will there be a confirmation of receipt of a credit balance report on Cahaba's website like Riverbend did. At this time providers should contact 205-220-1313 to confirm receipt of their cost report.

Question: Why can't we get return to provider and ADR reports through the daily download? If Riverbend can do this, why can't Cahaba. We have taken a step backwards. Things that used to be automated now requires substantially more manpower for follow-up in resolution.

The response: Return to provider reports will not be on your daily downloads. Providers would need to access (CIS) to get their claims that are in a return to provider status. You can access your return to provider claims in (CIS) by going to ((inaudible)) correction option. We have step by step instruction of how to locate your return to provider claims in the claims correction section of the (CIS) Reference Guide on Cahaba's website. As far as the ADR letters for Tennessee providers those are mailed to you from Cahaba so you should be receiving hard copy ADR requests.

Question: Is there any plan to update the (CIS) system to be more user friendly and how can we get training for (CIS).

Response: ((Inaudible)) is a CMS standard system used to process Medicare Part A claims. Cahaba GBA does not make updates to (CIS).

Question: We never had to use this as the 201, the ADR and the return to provider reports were automatically included in our daily report download. We were able to submit paper claims to Medicare as secondary to Riverbend, however, the majority of claims mailed to Cahaba have never been received.

Response: Please make sure you are submitting claims to the correct address that is located under the contact us section of our website. The address for all Part A claims to Tennessee is Tennessee Medicare Part A Claims. P.O. Box 11465, Birmingham, Alabama - 35202-1465.

Question: We just got our (FIS) access last month. How do we find and print all past reports in full.

Response: To access reports go into (FIS) and chose R1 for summary of report and press enter. This will allow you to view the 201 daily, weekly, monthly and the 702 daily reports.

Question: Again, how do we get adequate training on (CIS).

Reply: Cahaba GBA conducts (CIS) training yearly for all Part A providers. The provider outreach and education department is in the process of planning our 2010 educational events. We encourage providers to continue watching our calendar events page for upcoming educational opportunity. In the mean time the (CIS) reference guide is a valuable resource that provides instructions on how to use the system. This guide is located on Cahaba's website under the educational material section. Please note, due to the ((inaudible)) AB mat transition, Cahaba GBA is in the process of updating this guide to remove references related to our former (FI) workload. However, this is still a useful tool to assist you when using (CIS).

Question: When a claim is being incorrectly denied for third party liability issues, what happens to the claim. We've called on a few different claims and have been told various scenarios. The claim may be sent to a return to provider status but how long does it take to be transferred to the return to provider status. On

some claims we've been told it can take up to 75 days. Is this for all return to provider claims or only those put into the Rb7516 status? Can you explain in more detail what places a claim in the RB7516 status and what our options to resolve these in a more timely manner?

Reply: Generally providers receive RB7516 on a claim when an MSD claim is submitted to Medicare's primary and the common working file shows another payer as primary. Provider should always check the ELGA insists to verify primary versus secondary payer before submitting MSD claims to Medicare. CMS has advised contractors to place claim in RB7516 to track cost savings avoidance. Cahaba is aware of MSD clients for auto liability and workers comp that are sitting in an RB7516 for unrelated diagnosis. As stated during the update portion of this teleconference, claims identifier is being denied incorrectly for unrelated diagnosis will be adjusted.

Question: Cahaba's message for accepting adjusted claims or canceled claims varies greatly from Riverbend, are their training materials available.

Reply: Please refer to the online computer based training courses and (CIS) reference guide on Cahaba's website.

Question: We have been told we can apply for (PCAs) access but again this is an area we would need training on once we get our access and sign on codes.

Reply: Cahaba GBA has a PCA-AP pro32 user guide on our website, which provides instructions on how to sign onto the system and field by field instructions that will assist you when submitting your claims. In addition, you can also contact our EDI department for assistance, and Yolanda that concludes all of the pre-solicited questions.

Yolanda Maye: Okay, thanks, Kathy. Well, at this time we are ready to open the phone lines for additional questions. We ask that you limit your question to the information that we covered today with you. Again, this call is limited to one hour and we would like all participants to have the ability to ask their question so please limit your questions to two per office and remember to keep HIPPA, the health insurance portability and accountability act in mind. At this time I will ask Jason to please open the phone lines.

Operator: Ladies and gentlemen, at this time if you would like to ask a question, please press star one on your telephone keypad. Again, that is star then the number one to ask a question. We will pause for just a moment to comply the Q&A roster. Your first question comes from (Tom Warner).

Yolanda Maye: Hi, (Tom), go ahead with your question.

(Phyllis Davis): Hi, this is (Phyllis Davis), I'm here with (Tom). We were just wondering if there's going to be a transcript of the Q&A available.

Yolanda Maye: Yes, we can have a transcript made available to you all that's with the MARAC and I can send that information out to David Winston and ((inaudible)) Hancock to have it forwarded onto the members.

(Phyllis Davis): Okay great.

(Tom Warner): Thank you.

Yolanda Maye: Okay, thanks (Phyllis).

Operator: Your next question comes from (Joy) ((inaudible)).

(Joy): When you say you're going to be reviewing and adjusting the claims that are out in RB7516 status what is the anticipated turnaround time on that?

Kathy Ramsey: They are currently being worked now.

(Joy): When can we anticipate payment?

Kathy Ramsey: I don't know, we have quite a few out there so it's going to take a little while but we have started the process.

(Joy): Are we talking a few weeks, a few months or --

Kathy Ramsey: At this time I'm not able to give you a date.

(Joy): Is there anything we can do in the meantime to expedite payment.

Kathy Ramsey: Not that I'm aware of.

(Joy): Alright, thank you.

Operator: Your next question comes from (Deb Skwarlo).

Yolanda Maye: Hi, (Deb).

(Deb Skwarlo): Hello. I've been on the last three days with the conference calls of Cahaba and I'm -- this maybe a totally stupid question so if it is you can just ((inaudible)). What are you doing about PECOS and what does it mean to a Part A ((inaudible)) provider.

Yolanda Maye: At this time Deb, Rural Health Clinic providers -- you cannot actually update or add any information into PECOS.

(Deb Skwarlo): But we are billed Part B as well.

Yolanda Maye: Okay, we actually don't have any Part B representatives on the line.

(Deb Skwarlo): Okay.

Yolanda Maye: Have you actually visited the PECOS section or the website.

(Deb Skwarlo): Well, after listening I don't know if you were privileged to listen to the teleconference yesterday, but from what I gathered from what was going on yesterday with Cahaba Part B people is that there's a great deal of concern, a great deal of confusion and a lot of I believe not to my knowledge I've not heard anything from WPA, who is our Part B carrier and I wasn't certain if it was going to affect Part A in any way. So, I'm assuming that we're good to go, we continue through and don't do anything with you as far as PECOS.

Yolanda Maye: Yes, as far as Part A did, there's not anything for you to do again on the Part A; RHCs are not using PECOS yet. PMS is still working on that part.

(Deb Skwarlo): Then the second part of my question is, we have not been successful at all in getting claims to you when Medicare is secondary payer and we've understood that we could send claims paper and that you would be able to help us. We

sent, I'm guessing that the number may be 10 to 15 and they have disappeared off the face of the earth. We do not have the software, we're trying to work with our practice management system to get our claims through you for secondary payment, the problem is our particular situation is we are submitting the primary claims on a 1500 format and when it goes to roll to you then it has to be put on a UBL4 format and for us that's not a very doable thing so we attempted the paperwork and we didn't -- when the younger man in our office who physically does the work checked to see if the claims had made it to you there was not a single claim that had managed to make its way through to you for payment so we're sending the claims since August that we can't get processed so we need somebody's help.

Yolanda Maye: (Deb), let me ask you. Why are you submitting Part A claims on a 1500 and not on a UBL4 initially?

(Deb Skwarlo): Well if the person has a commercial insurance primary to Medicare that's the Medicare with secondary payroll status then the primary insurance wants the claim on a standard 1500.

Yolanda Maye: Is it a Part A claim that you're submitting?

(Deb Skwarlo): It's a Rural Health Clinic claim.

Yolanda Maye: Okay and I'll understand Rural Health Clinic billed for part A services and for Part B services, are these Part A services that you're submitting the claim for.

(Deb Skwarlo): Here's an example, the patient comes in to our office and they have Blue Cross and Blue Shield of Kansas City. So they are a commercial patient who may work for Wal-Mart and they or their spouse is working for Wal-Mart so that's a commercial plan, goes in on a 1500 to the Blue Cross Blue Shield of Arkansas through Kansas City. When it pays we're looking to Medicare as the secondary payer and we cannot get that claim to transfer from the 1500 format that they require for professional services over to a UB04 format that you require for professional services. And if we provide you with additional information it doesn't make it because it's apples talking to grape fruits so that's why we tried to send it in on UB format to you and paper and it's

disappeared. There is not a single claim that we mailed in that made it through.

Yolanda Maye: Okay. Deb let me make sure I'm understanding because generally all Part A services even if they're -- I mean all Part A services should be submitted to Medicare on a UB04, part B services was submitted on a 1500, you shouldn't be crossing service from a 1500 over to a UB04. Does that make sense?

(Deb Skwarlo): No because we didn't have this problem with Riverbend because these are professional services that are being rendered in a rural health clinic but we've never submitted a primary carrier on a UB04 because they don't recognize that this rural health clinic providers, they recognize us as commercial providers. The only people who recognize us as rural health clinic provider is Medicare and Medicaid.

Yolanda Maye: Deb, let me do this. Can I get your contact information and call you back. We need to look at some examples if that's okay.

(Deb Skwarlo): Well, I don't think we have any because we've not been able to get into you but I'll be more than happy to talk to someone and since the rural health clinic community ((inaudible)) Missouri is on this phone call, if there's something that we've been doing wrong since 1995 I'd sure like to know it. So my first name is (Deb), it's spelt (Deb). My last name is Skwarlo and you can give me a call at 660-747-5239.

Yolanda Maye: Okay, (Deb), thank you so much. I'll contact you back after this call.

(Deb Skwarlo): Okay, thanks for your help.

Yolanda Maye: Okay.

Operator: And once again ladies and gentlemen, press star one to ask a question. Your next question comes from (Marilyn) ((inaudible)).

Yolanda Maye: Hi (Marilyn).

(Marilyn): Is there a way to print the RTP list from the (FIS) system?

Yolanda Maye: Just a moment. Hi Marilyn, this is Yolanda and you should be able to print that from (FIS) or you can also do ((inaudible)).

(Marilyn): Okay.

Yolanda Maye: Okay.

(Marilyn): Thank you.

Operator: And there are no further questions.

Yolanda Maye: Okay. Well again, we would like to just thank you all for participating on today's teleconference an encore of this teleconference will be available two hours after this call has ended and available for the next 48 hours. To access the encore dial 1800-642-1687 and the access code is 46401776. The provider outreach and Education staff would like to strongly encourage you to provide feedback on today's teleconference so please take a moment and complete the evaluation form that was sent along with the agenda and the fax number is listed on that form.

And to stay informed about news from Cahaba GBA and CMS we want to encourage each of you to please sign up for our LISTSERV, enrolling in our LISTSERV, it's free. The only thing you need is a valid email address. The LISTSERV is located on the home page. Click the email service button and it will take you to the section where you can't subscribe. This concludes today's teleconference. We hope you all had a good holiday and again thank you.

Operator: Ladies and gentlemen this concludes today's conference call, you may now disconnect.

END