



Cahaba Government Benefit Administrators[®], LLC




IDAHO RURAL HEALTH CLINIC WORKSHOP

NOVEMBER 4, 2009

PRESENTED BY:
PROVIDER OUTREACH AND EDUCATION



Who is Cahaba GBA?

- Cahaba Government Benefit Administrators[®], LLC
- J10 A/B MAC - AL, GA & TN
- 600+ employees
- Four (4) office locations:
 - Birmingham, AL; Savannah, GA; Des Moines, IA; Chattanooga, TN
- Corporate office located in Birmingham, Alabama



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Cahaba GBA Homepage



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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.

Customer First

Teamwork

Continuous Improvement

Innovation

Integrity

Hot Topics

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, 2013. For more information, access the Centers for Medicare & Medicaid Services (CMS) ICD-10-CM/PCS Web page.

H1N1 Flu Info

U.S. Info • Things You Can Do • Plan & Prepare • International Info •


HHS.gov CDC.gov

Información Influenza H1N1

Información de los EEUU •

www.cahabagba.com/

Cahaba GBA Part A Homepage



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Medicare A Resources

As a **Medicare Part A Intermediary** for Alabama, we process claims for services provided by hospitals, critical access hospitals, skilled nursing facilities, rural health clinics, renal dialysis facilities, federally-qualified health centers, community mental health center, comprehensive outpatient rehabilitation facility, and outpatient physical therapy providers.

• Indicates an external link.

What's News Archive allows you to access news previously listed under the "What's New from CMS" and "What's New from Cahaba GBA".

What's New

07/01/09

- [Widespread Probe Notification – AL – Part A – Notice to Providers of Upcoming Widespread Review of TOB 74X, Outpatient Rehabilitation Facilities](#)

06/29/09

- [The July 2009 Medicare A Newsletter is Now Available](#)

06/25/09

- [Correction to Fiscal Year \(FY\) 2009 Medicare Severity Long-Term Care Diagnosis-Related Group \(MS-LTC-DRG\) Weights \(MM6552\)](#)
- [Implementation of the Redesignated Provider Statistical and Reimbursement \(PS&R\) System \(MM6519\)](#)

[View All News](#)

Popular Links

- [What's New?](#)
- [Claims Processing Issues](#)
- [Education Materials](#)
- [Active Local Coverage Determinations \(LCDs\)](#)
- [Medical Review Articles](#)
- [Rates and Fee Schedules](#)
- [EDI New Submitter Info](#)
- [Calendar of Events](#)
- [Top Claims Submission Errors](#)

H1N1 Flu Info

U.S. Info • Things You Can Do • Plan & Prepare • International Info •

HHS.gov CDC.gov

Información Influenza H1N1

Información de los EEUU • Cosas que puede hacer • Prepárese y haga un plan • Información internacional •

HHS.gov CDC.gov

www.cahabagba.com/part_a/edi/downloads.htm

Electronic Data Interchange (EDI)

- Advantages of submitting claims electronically
 - Paperless claim
 - Most cost-effective method of claim submission
 - Quicker payment
 - Cleaner claims
- Paper claim exceptions - CMS Pub. 100-04, Ch. 24 Section 90 www.cms.hhs.gov/manuals/downloads/clm104c24.pdf

EDI Help Desk
Toll Free Line: 866-582-3253

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Claims Processing Issues Log





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Part A > Claims > Fiscal Intermediary Standard System Claims Processing Issues

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 (FISB) 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
All Providers	Claims with paid dates of 5/15/09 and 5/19/09 are stuck in location PB9996.	Claims are not moving from the payment floor.	We discovered that we have a significant volume of claims showing on FISB Claim Summary in status location PB9996. The claims in most cases have not the payment floor and should have moved to PB9997 and out to a remittance. The data center and the system maintainer have been notified of the issue. We will work with both the data center and the system maintainer to resolve the issue as quickly as possible.	06/20/2009
All Providers	U5600 Claims submitted within the first two weeks of May 2009.	Claims are suspending in the standard system	Cahaba has dedicated resources to working these suspended claims and move them along in the processing system. No further action is required on the provider's behalf. We anticipate timely payment of the	

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

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Idaho RHC Claim Submission Errors

Denial Description	Total Claims Denied	Reason Code
Exact duplicate transaction submitted	357	38200 (Rejected)
For all bill types except 21x and 83x line item date of service must be a valid day and within the from and thru date	93	32907 (Returned to Provider)
The total number of units for revenue codes 521, 522 and 91x exceed the number of days in the statement covers through period	66	31577 (Returned to Provider)
Claim overlaps a hospice election period	57	C7010 (Rejected)
Beneficiary elected Medicare Advantage Plan (MA)	43	U5233 (Rejected)

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Medicare Secondary Payer

- Change Request 6426
www.cms.hhs.gov/transmittals/downloads/R70MSP.pdf
- MSP claims cannot be submitted via Direct Data Entry (DDE)
- MSP claims and adjustments in RTP S/LOC T B9997 must be resubmitted electronically using the 837 format on the CMS-1450 (UB-04) form
- Verify all required information is complete and correct prior to submitting claim

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Provider Customer Service Program

The PCSP includes the following 3 principal components:

- Provider self-service technology
- Provider contact center (PCC)
 - Telephone calls
 - Letters
 - Faxes
 - E-mails
- Provider outreach and education (POE)
 - Training tailored for small providers
 - Training to reduce the claims error rate
 - Enhanced use of the Internet
 - Local "Ask-the-Contractor" events

Provider Contact Center

Inquiry Triage Process



Influenza A (H1N1) Flu Vaccine

- Medicare will pay for administration
- Part B deductible and coinsurance do not apply
- Payment for administration based on HCPCS code G0008
- Visit the Centers for Disease Control and Prevention (CDC) website at: www.cdc.gov/swineflu

HCPCS Code	Description
G9141	Immunization administration
G9142	Influenza vaccine*
Diagnosis Code	
V04.81 - Influenza	

**No payment Made by Medicare, providers may use at their discretion*

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Provider Statistical and Reimbursement

- CMS has redesigned the PS&R system and the new system is a web-based, centralized system, housed at CMS
- PS&R redesign shall be used for all cost reports ending January 31, 2009 and later
- User ID and password in CMS' Individuals Authorized Access to CMS Computer Systems (IACS) required to access system

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Provider Reimbursement: Process Timeliness

- Cost Report Acceptance/Rejection within 30 days of receipt
- Tentative Settlement within 60 days of acceptance
- Cost to Charge Ratio is adjusted within 30 days of tentative settlement
- Final Settlement within 12 months of acceptance unless an audit is performed

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Provider Reimbursement

Reimbursement Financial

- **Ronnie Conn, Manager**
 - Part A Overpayment Recoupment
 - Extended Repayment Requests
 - Voluntary Refunds
 - Part A Underpayments
 - PIP and Pass Through Payment Confirmations

Desk Review and Settlement

- **Royce O'Donnell, Manager**
 - Cost Report Receipt and Acceptance
 - Tentative Settlement
 - Final Settlement
 - Freedom of Information Requests
 - Cost to Charge Ratio

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Reimbursement/Provider Enrollment

Reimbursement	Provider Enrollment
<ul style="list-style-type: none">▪ Larry Parton/Craig Mateer<ul style="list-style-type: none">▪ Interim Rate Setting▪ PPS Rate Updates▪ PS&R▪ TEFRA Limits▪ GME Limits	<ul style="list-style-type: none">▪ Larry Parton, Manager<ul style="list-style-type: none">▪ Processing 855A for New Providers and Changes of Information▪ CMS Reporting

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Provider Audit

Birmingham, AL Office	Chattanooga, TN Office
<ul style="list-style-type: none">▪ William Dean, Audit Manager▪ Daniel Oliver, Audit Manager▪ Keith Redman, Audit Manager▪ Paula Durrett,<ul style="list-style-type: none">▪ Senior Auditor – Wage Index▪ Hosea Hampton,<ul style="list-style-type: none">▪ Senior Appeals Specialist and Reopenings	<ul style="list-style-type: none">▪ Debbie Scott, Audit Site Manager▪ Michael Shaver, Audit Manager<ul style="list-style-type: none">▪ 20 Audit Staff Associates are located in our Chattanooga Office

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CMS UPDATES

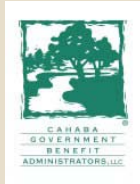


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MCPSS Survey Results

- National Part A Benchmark is 4.67
- Cahaba GBA Part A scored an average of 4.64
 - Scored below **Medicare Contractor** benchmark average
 - Cahaba works on continuous improvement for 2010

Cahaba is dedicated to reviewing results and making changes where we can!



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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
- ICD-10 codes not accepted with 5010 project
- Information found in MLN matters SE0904
www.cms.hhs.gov/MLNMattersArticles/downloads/SE0904.pdf

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Annual Update of ICD-9 CM

- MLN Matters® Number: MM6520
www.cms.hhs.gov/MLNMattersArticles/downloads/MM6520.pdf
- Effective Dates:
 - **October 1, 2009**
- The ICD-9-CM codes are updated annually in June
- View new, revised, and discontinued ICD-9-CM diagnosis codes at
www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage or at www.cdc.gov/nchs/icd9.htm

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ICD-10 (CM) (PCS)

- Replaces ICD-9-CM Volumes 1 and 2, Volume 3 for diagnosis and procedure codes
- Health plans, health care clearinghouses, and health care providers who transmit any health information in electronic form
- ICD-10-CM code set is maintained by the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC)
- ICD-10-PCS code set is maintained by CMS.

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Recovery Audit Contractor

- Effective January 1, 2010
- Identify improper payments
- Four Contractors:
 - Diversified Collection Services, Inc. of Livermore, CA
 - CGI Technologies and Solutions, Inc. of Fairfax, VA
 - **Connolly Consulting Associates, Inc. of Wilton, CT**
 - HealthDataInsights, Inc. of Las Vegas, Nevada

www.connollyhealthcare.com/RAC RACinfo@connollyhealthcare.com

1-866-360-2507

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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

- Documentation can be submitted by mail, fax or via electronic means

For more information, visit these websites:

- www.cms.hhs.gov/CERT/
- www.certcdc.com/certproviderportal/

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Signature Requirements

- Medicare requires a legible identifier for services provided/ordered. The method used shall be hand written or an electronic signature (**stamp signatures are not acceptable**)

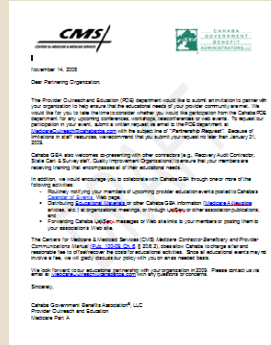
- Program Integrity Manual Pub. 100-08- Chapter: 3.4.1.1 – B: Documentation Specifications for Areas Selected for Prepayment or Post payment MR
www.cms.hhs.gov/transittal/downloads/R248PI.pdf

- MLN Matters Number: SE0829 - CR 5971 Clarification - Signature Requirements
www.cms.hhs.gov/MLNMattersArticles/downloads/SE0829.pdf

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Partnering with External Entities

- Partnering entities may be medical, professional and associations
- Help disseminate Medicare provider information
 - Printing information in your publications
 - Reprinting and distributing education material
 - Posting provider information on your organizational website
 - Scheduling presentations to or for members
- Cahaba will send a partnership request letter



Educating Providers

- November 10 – Audit Trail teleconference
- November 17 – MSP webinar
- November 18 – Medical Review webinar
- Information posted on Calendar of Events page at 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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QUESTIONS

PROVIDER CONTACT CENTER
877-567-7271



www.cahabagba.com/contact.htm

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Thank You!

CAHABA GOVERNMENT BENEFIT ADMINISTRATORS®, LLC
J10 A/B MEDICARE ADMINISTRATIVE CONTRACTOR



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