

Hospice Workgroup: 3-18-10 Meeting Notes

Item #	Hospice Issues Being tracked	Comments/Status	Action Taken/Planned
1	<p>Large number of Hospice claims in suspense for retro rate adjustments.</p> <p>Patient responsibility prorating incorrectly on released retro payments.</p>	<p>Internal ID 3828 opened to address overpayment of retro rate adjusted claims.</p> <p>Status: Remaining retro rate adjusted batches were released for payment the week of Feb. 19, 2010. Providers that report patient responsibility prorating incorrectly are being advised to contact their billing software vendor – there seems to be a problem with the “covered days” field populating with incorrect # of days, which results in incorrect amt. of pt. responsibility being deducted.</p>	<p>Two Provider Alerts were posted on web portal on 3-30-10 and 3-31-10, and memo sent to FHPC and Area Offices advising providers to bill according to the instructions in the UB-04 handbook and enter full amount of patient responsibility, and possible software problem with # of covered days.</p> <p>This issue is resolved and can be closed.</p>
2	<p>Hospice Bed Holds denying for Edit 495 - invalid revenue code combination</p> <p>Revenue code 0656 (General Inpatient Care) and revenue code 0659 (Nursing Home room and board) should be allowed to bill together on the same claim for the same date of service when billing for nursing home bed hold. Currently the system is posting error 495 (invalid Hospice revenue code combo) when these revenue codes bill together. This needs to be fixed to allow these two codes to bill together for up to 8 days of bed hold.</p>	<p>Known issue – Barbara reviewed research with other states and proposed the use of a new revenue code for reporting Bed Hold days (revenue code 0185). The group concurred with this approach and the Agency will move forward with the necessary rule change and CSR processes to facilitate this change.</p>	<p>CSR #1482 submitted to MCM. Meeting was held with MCM and HP to discuss CSR 1482 on 3-30-10. Implementations tentatively scheduled for 10-01-10.</p> <p>Question: What is the workaround for to get bed hold claims paid until CSR 1482 is implemented? Barbara will contact Area Office to see what is working.</p>
3	<p>Vitas experiencing denials when billing for rev code 659 or rev codes 659/651.</p>	<p>Review of claim examples provided by Vitas and Discussion with Tony clarified that his NH room and board claims are denying because the Nursing Facility is also trying to bill for the same dates of service. If he “splits” his claims and bills by the 15th of the month his claims go in before the nursing home’s and pay. This needs to be worked out between the two providers – this is not a “systems” issue.</p>	<p>CSR is in progress to prevent nursing homes from billing unless the recipient has been approved by DCF for ICP. This will prevent NF’s from billing for hospice recipients.</p>
4	<p>PIC claims for s9125UB TD respite services by RN being denied.</p> <p>Tidewell Hospice reported claims for respite services by RN being denied for 4070 - invalid procedure code modifier. Both modifiers are valid for this procedure.</p>	<p>PIC issue 1 of 3. PICC providers consider this issue to be a priority</p> <p>Status: This is being tracked internally under Issue # 3791 and task 14741. This appears to be a system problem with the reimbursement rules for PIC contract.</p>	<p>File maintenance to add UB TD modifier to reimbursement rules submitted 3-8-10 and completed 3-24-10.</p> <p>This problem is resolved and can be closed.</p>

Hospice Workgroup: 3-18-10 Meeting Notes

5	<p>Hospice claims are showing a status of "paid" but the payment amount is zero. There is no patient responsibility and no TPL showing on the claim which would explain this. Also, some of the detail lines are showing denied for EOB code 0165 -invalid hospice units for revenue code 657 and 3322 - invalid units of service for revenue codes 652, 655-657 and 659. According to hospice handbook the provider can bill for rev. code 657 with hospice physician procedure codes.</p>	<p>This is being tracked/researched under internal ID 3478 and task 16928 (opened on 12/3). ICN examples showed incorrect procedure codes were used with 0657 (the procedure codes used are not valid for Hospice) The error code is correct but the claims paid at "0" -- they should have denied, so this is still an issue, but different than originally presented.</p>	<p>Ongoing issue pending system correction.</p>
6	<p>PICC claims for procedure 99510 UB (counseling) denying for eob 4801: these services cannot be billed on this claim form or the provider type listed for this provider number cannot file this type of claim; and eob code 4259: invalid procedure code modifier. This procedure is valid for PIC and modifier is valid. Originally reported under issue 1989.</p>	<p>PIC issue 3 of 3. This is known issue # 2958 task # 12684 originally reported under issue # 1989 task # 10229</p>	<p>Status: ICN examples provided indicated that recipients were ineligible on DOS. This issue is resolved and can be closed.</p>
7	<p>Hospice Claims are denying for eob code 1086 and 1085: claim must be processed through PSN. Recipient is in a PSN however PSN authorization is not required per policy</p>	<p>This issue only applies to Community Hospice due to "Reform".</p>	<p>Request submitted 4-15-10 to change Community's status to "direct biller" for PIC services which will be effective 5-1-10 and retroactive to 1-1-10 This issue is resolved and can be closed.</p>
8	<p>Process for issue reporting and resolution</p>	<p>Barbara reviewed the high-level "should work" version of the process Hospice providers should use for identifying, reporting, tracking and resolving billing/claims/ system problems. She then reviewed the current spider web of potential routes and duplication that the current process presents.</p>	<p>Process to be presented at 5-6-10 meeting. The first meeting to address issue reporting held on Tuesday, February 2nd.</p>
<p>New items discussed at the 1-28-10 meeting:</p>			
9	<p>Difficulty with claims requiring override sent through the Area Office, claims deny for 12 month filing limit. Additional comments/feedback related to concerns with:</p> <ul style="list-style-type: none"> * Adjustments * Keying errors * Submissions with no response 	<p>Jeff reviewed that region 91 claims are automatically set to override the timeliness edit - that should not be the problem. Another issue is likely impacting the claim, need to review examples.</p> <p>Adjustments essentially represent a reprocessing of the claim. An adjusted claim can result in the recoupment of the original payment if the newly adjusted claim denies.</p> <p>Keying errors should be reported and EDS can have the</p>	<p>Henry Williams with HP is working on this – Please send ICN examples to Henry.</p> <p>Beth with Tidewell will send example of new-day claim which cannot be pulled up on the portal, if suggestions from other providers during the meeting did not resolve access issue.</p>

Hospice Workgroup: 3-18-10 Meeting Notes

		claims corrected/resubmitted. This includes claims that were sent through the AO and were not processed correctly.	
10	Suncoast reviewed an issue where the gross adjustment/repayment of claims by a hospital is causing problems because the claims involved are not being adjusted/voided.	Discussed a research approach that will involve all required parties: HP field rep, AO staff, Suncoast and HCA. First, to identify the specific circumstances and understand why the individual claims are not being addressed.	HP to engage Cheryl Rizzo, who will work with Suncoast and Linda Thompson at the Area Office. Discussed at 3-18 meeting – this is an ongoing problem. HP and Cheryl Rizzo to work with the Hospital to void the claims.
New items discussed at 3-18-10 meeting			
11	Suncoast reported that some of their retros are under their Home Health provider number – approx. 30-40 claims.		HP will work with Cheryl Rizzo to resolve
12	Gloria Mullett from HPC raised issue of Date of Death Audits and other audit requests from ACS	Jennifer Barrett with AHCA's TPL Unit is in charge of this.	Barbara will give Jennifer Gloria's contact info and ask her to call. Barbara will invite Jennifer Barrett to next Workgroup meeting to explain the audit process.
13	Gloria raised the issue of retroactive Medicare eligibility. Medicare policy is that election statements can't be back dated. HPC being audited by MPI – don't feel they should have to pay Medicaid back. Suncoast and Vitas have same issue.	Barbara has a copy of a Palmetto GPA policy clarification on this issue. Paul Ledford has the opportunity to submit questions to Palmetto GBA which they answer during their quarterly meetings.	Barbara will email the Palmetto GBA policy clarification on retroactive Medicare to workgroup members. Will invite Debbie Lynn from MPI to future workgroup meeting to discuss. Paul will submit additional questions to Palmetto GBA for next quarterly meeting.
14	Gloria raised issue of large overpayments that appear one day then go into suspense the next day and then unable to adjust.		Gloria will work with Kara on these
15	Cindy with Suncoast asked the status of web portal attachments – claims submitted with attachments are denying	Jeff reported that there are still some intermittent issues with attachments	Cindy will send examples to Cheryl Rizzo – Kara and Henry will review
16	Next meeting will be scheduled for May 6, 2010 at 10:00am.		An outlook meeting notice will be sent to confirm the meeting and notify members. Agenda and other handouts will be provided to workgroup members in advance of the meeting.