

WELCOME

Department of Public Welfare

**PROMISe™ Provider
Association Meeting**

May 6, 2004

Today's Presenters

- ❖ **Terry Shuchart, Director, Bureau of Data and Claims Management, OMAP**
- ❖ **Izanne Leonard-Haak, Medicaid Director's Office, OMAP**
- ❖ **Kathy Willis, Director, Bureau of Fee for Service Programs, OMAP**
- ❖ **Pat Jacobs, Director, Bureau of Managed Care Operations**
- ❖ **Robin Connor, Account Manager, EDS**
- ❖ **Karen Gage, Deputy Account Manager, EDS**

Today's Topics of Discussion

- ❖ **Where Are We Today?**
- ❖ **Upcoming Provider Training Plans**
- ❖ **What's New on the Internet?**
- ❖ **Common Issues and Actions**
- ❖ **National Procedure Code Update**
- ❖ **Need Your Input**
- ❖ **Next Steps for This Meeting**
- ❖ **Open Communication**

Where We are Today

Claims	2/19 - 3/28	3/29 - 5/4	Total
Processed	3,481,372	5,195,032	8,676,404
Dollars Paid	\$345,687,748	\$666,618,057	\$1,012,305,805
EVS Transaction			
BBS	953,281	2,058,893	3,012,174
VAN	1,159,171	1,142,237	2,301,408
Voice	535,836	359,368	895,024
Web	289,152	584,724	873,876

Upcoming Provider Training Plans

- ❖ **A Series of Conference Calls**
 - ❖ **Dental - Wednesday, May 19, 2004 at 1:00 pm**
 - ❖ **Home Health - Tuesday, May 25, 2004 at 1:00 pm**
 - ❖ **Medical Suppliers - Wednesday, May 26, 2004 at 1:00 pm**
- ❖ **Maximum of 90 minutes/100 lines**
- ❖ **Other topics being scheduled**
- ❖ **Web and Fax based registration – watch the OMAP web site for updates**
- ❖ **Written materials at the web site**

What's New on the Internet

- ❖ **Can now submit claim adjustments**
- ❖ **Can now submit Medicare/Medicaid crossover claims**
- ❖ **Updated Issue/Action reports by claim type**
- ❖ **Updated Provider Handbooks/Billing Guides**
- ❖ **Updated Companion Guides**
- ❖ **CMS 1500 eLearning course (others to follow)**

What Do You Need to Know

- ❖ **Prudent pay being phased back in**
 - ❖ Pharmacy fully restored as of 5/3/04 (Cycle 47)
 - ❖ Hospitals started 7 day hold as of 5/3/04 (Cycle 47)
 - ❖ Remaining provider types start back in May

- ❖ **Daily updates at the OMAP web site can occur – please check often**

Common Issues and Actions

Hospitals

Issue Reported	Action Taken
<p>PROMISE is processing old claims and returning an Edit 5050 (Outpatient claim billed during inpatient stay) even when not true</p>	<p>This issue was resolved on 5/3/04. Claims that suspended for this ESC are being reprocessed.</p>
<p>We have received edit 270 (total billed amount missing) on our claims. Why is this posting?</p>	<p>This edit has been changed to pay and list and as a result should not effect your payment being received.</p>
<p>We are receiving an Edit 4209 (No pricing segment for procedure/modifier combination) on our claims and are unsure why these claims are rejecting.</p>	<p>This edit sets when a pricing modifier is included on the claim but there is no rate for that pricing modifier/procedure code combination. The DPW reference files have been updated to reflect pricing modifiers so if this ESC is now received, verify that the correct modifier is being used or that one is required. Please refer to Type of Service to Modifier Crosswalk for Hospital Billing on the OMAP website. Claims that were denied between 3/1/04 and 3/31/04 were reprocessed in Cycle 47. Please check on future RA's for updates on these claims.</p>
<p>ESC 3002 – Prior authorization required caused outpatient services to reject from 4/8 – 4/10.</p>	<p>The system was modified and the issue corrected. Rejected claims were reprocessed in Cycle 47 the week of 4/26/04. Please check on future RAs for updates. 8</p>

Common Issues and Actions

Long Term Care

Issue Reported	Action Taken
We have been receiving Medicare payment information rejections on our billings. How can this be corrected?	We have now corrected validations for Medicare rejection indicators and dates.
Medicare payment information rejections	Validations for Medicare rejection indicators and dates have been corrected.
Why are we seeing ESC 9000 edit messages on all paid claims?	DPW is in the process of modifying the Remittance Advices to not include this informational message. Please note that this is information only and it does not impact the paid or denied status of your claim.
Edit 2533 and 2534 (Claim suspended to verify other insurance) are showing on my claim forms These edits should only set when there is Medicare information on the claim. There is no Medicare information on our claim so why are these edits setting?	This issue is currently being researched and a resolution will be posted shortly.

Common Issues and Actions

Professional

Issue Reported	Action Taken
<p><i>Place of service (POS) codes not valid, error code 1036 – Continued #1 Error</i></p>	<p>Added POS crosswalk to the OMAP web site and sent to associations.</p>
<p>We are receiving an edit 5504 (related procedures have been billed on the same date of service) Why is this happening?</p>	<p>This is setting due to the relationships built in PROMISE tables. DPW is working diligently to resolve this billing issue. The Department will need several weeks to review and provide a resolution to this edit.</p>
<p>We received an Edit 3002 on our RA's. (NDC/Procedure code requires prior authorization which is not found, missing or invalid). Why is this occurring?</p>	<p>There were varying reasons that this occurred, however, the issue has been resolved. Claims that rejected for this ESC from 3/1 – 4/19 were reprocessed in Cycle 47, the week of 4/26/04. Please check on future RAs for updates.</p>
<p>PROMISE is pulling up old claims data and returning an Edit 5050 (Outpatient claim billed during inpatient stay) even though the patient was hospitalized many years earlier?</p>	<p>This issue was resolved on 5/3/04. Claims that suspended for this ESC are being recycled and rejected claims will be reprocessed over the next few weeks .</p>
<p>Anesthesia pricing is changing in July</p>	<p>DPW is implementing new pricing method for this service in July.</p>

Common Issues and Actions

Professional (cont)

Issue Reported	Action Taken
<p>We are receiving Edit 4036 (the procedure code billed is not allowed to be performed at this place of service.) Why is this occurring?</p>	<p>This issue has been resolved. This ESC sets when an invalid place of service code is used (please refer to the Place of Service Crosswalk on the OMAP website for valid values) and even though the system issues are resolved, this continues to be the highest hitting ESC for professional claims. Please verify you are using a valid POS code and it is appropriate for your provider type and the procedure code being submitted on the claim. Claims that suspended for this ESC are being recycled and rejected claims will be reprocessed over the next few weeks.</p>
<p>ESC 3037 (The Recipient's ID number does not match the recipient's ID on the prior authorization record) is setting frequently on Professional claims. Why?</p>	<p>During the first part of March, PROMISE incorrectly set this ESC in certain instances. The issue is resolved and all claims that rejected incorrectly for this ESC will be reprocessed over the next few weeks. Watch your Remittance Advice banner page for details.</p>
<p>My claim denied for ESC 545 (the claims is past the filing limit) but it wasn't over 180 days old.</p>	<p>There was a problem initially where the system did not read the 12 digit CRN or ICN correctly and was incorrectly setting this ESC. Claims that rejected for this ESC from 3/1 – 4/5 were reprocessed in Cycle 47, the week of 4/26/04. Check future RAs for status.</p>

Common Issues and Actions

Pharmacy

Issue Reported	Action Taken
Some claims being submitted had only the dispensing fee paid and some are also paying at lower rates?	Pricing file changes were made on 3/16/04. These claims can now be resubmitted for proper payment. A list of the 129 impacted NDCs has been made available to the pharmacy associations and OMAP website. Look under What's New for Brand Name Drugs That May be Reversed and Resubmitted.
835 Transactions availability is slow on the system?	Several modifications have already been made and we are continuing to work on improving availability.
There has been a high rejection rate in compound drugs prior to 03/17/04. Is this issue being looked at as a possible problem?	Non-compensable NDCs have been added to drug file for compounds. The errors have been corrected and the compound drugs are now paying. Any previously rejected claims can now be resubmitted for payment.
Why are we seeing ESC 9000 edit messages on all paid claims?	DPW is in the process of modifying the Remittance Advices to not include this informational message. Please note that this is only provided as information and does not impact the paid or denied status of your claim.

Common Issues and Actions

Pharmacy (Cont)

Issue Reported	Action Taken
<p>ESC 871 is setting when I try to override a DUR alert.</p>	<p>ESC 871 sets when DUR override information is submitted on the initial claim prior to the DUR alert setting. Do not submit DUR override information on a claim until you have received a DUR alert rejection of 88. Also, when you submit an override, if you modify the Provider Number, Recipient Number, Prescription Number, NDC, Days Supply, Quantity, Date of Service or Refill Number, the system will treat the claim as a new claim and reprocess it. Therefore, it will edit it again and either set the same alerts or other ESCs based on the changes you made. So if you are changing any of these fields as a result of the initial alert(s) you received, do not submit override information until the claim processes again. Otherwise, you will receive this ESC.</p>

Common Issues and Actions

Pharmacy (Cont)

Issue Reported	Action Taken
<p>Our early Remittance Advices did not reflect a prescription number and were not sorted correctly. Additionally, they were very large and included rejections as well as paid claims.</p>	<p>Early Remittance Advices had missing or incorrect information on them – missing Rx numbers, incorrect quantity, blank begin and end dates of service – these have all been corrected and rerun and remailed to providers if appropriate. They are now sorted by patient name and ICN to help in the reconciliation process. Please note that this was only a reporting issue and did not impact your claims processing or payments. Additionally, with PROMISE the Department decided to provide pharmacies with not only information on paid claims, but also information on all rejections. This decision is being reviewed as initial feedback from pharmacy associations and members is that rejections are not helpful for the pharmacy reconciliation process due to the interactive nature of claims processing.</p>

National Procedure Code Update

- ❖ **DPW has finalized the local to national code crosswalk**
 - ❖ **All local medical codes have been crosswalked to a national code**
 - ❖ **Retained some local non-medical codes that are exclusive to waivers**
- ❖ **The Department has established pricing and informational modifiers for specific national codes in order to pay appropriate rates and identify services**
- ❖ **The Department is preparing Medical Assistance Bulletins (MAB) with the intent to issue near June 1, 2004. The MABs will contain attachments of the local to national code crosswalk for provider reference.**
- ❖ **The Department is preparing a Public Notice related to the local to national code crosswalk with the intent to publish as soon as possible**

Need Your Input

❖ **Provider Handbooks and Bulletins**

❖ **What is the best distribution method for your members?**

❖ **Options to consider:**

❖ **Hardcopy Only (ensures access to everyone/do they want more paper/updates may be less frequent)**

❖ **CD Copy Only (updated quarterly/searchable features aid in research)**

❖ **Internet Only (updates are immediate and frequent/not everyone has internet access/searchable features aid in research)**

❖ **Choice of the provider (would require a system change and a provider survey to gather and update option)**

❖ **Ideas on topics for conference call training sessions?**

❖ **What more would help you?**

Next Steps for This Meeting

- ❖ **Add PROMISe to the MAAC Fee-for-Service Delivery System Subcommittee Meeting Agenda**
 - ❖ **Same attendees as this meeting**
 - ❖ **Keeps forum for PROMISe discussion but does not have to be a separate meeting**

- ❖ **Next MAAC FFS Subcommittee Meeting Dates**
 - ❖ **June 9, 2004**
 - ❖ **August 11, 2004**
 - ❖ **October 13, 2004**
 - ❖ **December 7, 2004**

As We Move this Meeting . . .

- ❖ **DPW and EDS both offer many, many thanks to each of you for your excellent input, exceptional patience, calm in the storm approach, and continued support**
- ❖ **Your participation here has made a difference and we sincerely appreciate it!!**



Open Communications

Where can you find answers?

- The OMAP Website: www.dpw.state.pa.us/omap

Frequently Asked Questions Document

PROMIS^e™ Mailbox – promise@state.pa.us

e-Learning

PA Medicaid Mailbox – PAMEDICAID@state.pa.us

- Provider Inquiry Lines:

Practitioner Unit 1-800-537-8862

Pharmacy Unit 1-800-932-0938

Ancillary Unit 1-800-537-8861

Inpatient Unit 1-800-822-2901

Long Term Care 1-800-932-0939

- Provider Assistance Center (PAC): 1-800-248-2152

For PES software and electronic billing submission questions only!

Communication Change

Associations Only!!!!

**Contact Sherry Sweger at ssweger@state.pa.us or
717-772-7767, with urgent, widespread issues
related to PROMISe™**

**And SPECIAL THANKS to Melissa Moreno for
all the help and assistance during the transition to
PROMISe™!!**



Questions and Answers

Thanks for coming!

