Medtrade Vendor Meeting
April 26, 2007
Presentation Overview

Speakers
Melinda Semerena, NHIC Corp. Jurisdiction A DME MAC
Lisa Hare, National Government Services, Jurisdiction B DME MAC
Kim Campbell, Palmetto GBA, Jurisdiction C DME MAC EDI
Malinda Whitlock, CIGNA Government Service, Jurisdiction D DME MAC EDI

Agenda
A. All DME MAC Topics
   Ability to submit via the Internet
   NPI
   CMN/DIF reminders
   ICD10 and 5010 Version
B. DME MAC update from each Jurisdiction
   Jurisdiction A: NHIC – Melinda Semerena
   Jurisdiction B: National Government Services – Lisa Hare
   Jurisdiction C: Palmetto GBA – Kim Campbell
   Jurisdiction D: CIGNA Government Services – Malinda Whitlock

Topics that apply to all DME MACs:

Ability to submit via the Internet:
A question was received about the ability for Medicare contractors to submit electronic
transactions via the Internet. This is still not allowed for Medicare contractors. We have not
received any updates from CMS.

NPI:

Medicare is accepting the NPI on claims; however, providers/suppliers should also submit their Medicare legacy identifiers on their claims until May 23, 2007.

Change Request 5595, dated April 20, 2007, announced the NPI Contingency Plan for Medicare contractors. The Medicare NPI Contingency plan states that for some period after May 23, 2007, Medicare will:

- Allow legacy supplier numbers
- Accept only the NPI
- Accept both the legacy and NPI
For some period after May 23, 2007, Medicare FFS will:

- Allow continued use of legacy numbers on transactions;
- Accept transactions with only NPIs; and
- Accept transactions with both legacy numbers and NPIs.

**After May 23, 2008, legacy numbers will NOT be permitted on ANY inbound or outbound transactions.**

As part of this plan, Medicare FFS has been assessing health care provider submission of NPIs on claims. As soon as the number of claims submitted with an NPI for primary providers (Billing, pay-to and rendering providers) is determined sufficient (and following appropriate notice to providers), Medicare will begin rejecting claims that do not contain an NPI for primary providers following appropriate notification. (*See Important Information below.*)

In May 2007, Medicare FFS will evaluate the number of submitted claims containing a NPI. If this analysis demonstrates a sufficient number of submitted claims contain a NPI, Medicare will begin to reject claims without NPIs on July 1, 2007. If, however, there are not sufficient claims containing NPIs in the May analysis, Medicare FFS will assess compliance in June 2007 and determine whether to begin rejecting claims in August 2007.

CMS also recognizes that the National Council of Prescription Drug Programs (NCPDP) format only allows for reporting of one identifier. Thus, NCPDP claims can contain either the NPI or the legacy number, but not both, until May 23, 2008.

In addition, in regards to the 835 remittance advice transactions and 837 Coordination of Benefits (COB) transactions, Medicare FFS will do the following until May 23, 2008:

- If a claim is submitted with an NPI, the NPI will be sent on the associated 835 remittance advice; otherwise, the legacy number will be sent on the associated 835.
- If a claim is submitted with an NPI, the associated 837 COB transaction will be sent with both the NPI and the legacy number; otherwise, only the legacy number will be sent.

**Sharing your NPI**

Health care providers should share their NPIs with other providers with whom they do business, and with health plans that request their NPIs. All health care providers who conduct standard transactions as adopted under HIPAA are covered health care
providers. These providers must share their NPI with other providers, health plans, clearinghouses, and any entity that may need those NPIs for use in standard transactions. Providers should also consider letting health plans or institutions for whom they work, share their NPIs for them. Through careful planning and coordination with trading partners and business associates, providers should be able to both protect their NPI and share it appropriately to conduct standard transactions.

How do I share my NPI with Medicare

Medicare providers may share their NPIs with Medicare in three different ways:

1. For new Medicare providers, an NPI must be included on CMS-855 enrollment application
2. Existing Medicare providers must provide their NPIs when making any changes to their Medicare enrollment information. No separate or specific notification is necessary.
3. Medicare providers should use their NPI, along with appropriate legacy identifiers, on their Medicare claims

Will the NPI change?

The NPI is meant to be a lasting identifier, and is expected to remain unchanged even if a health care provider changes his or her name, address, provider taxonomy, or other information that was furnished as part of the original NPI application process. There are some situations, however, in which an NPI may change such as when health care provider organizations determine they may need a new NPI due to, for example, certain changes of ownership, the conditions of a purchase, or a new owner’s subpart strategies. There also may be situations where a new NPI is necessary because the current NPI was used for fraudulent purposes.

The Format of the NPI:

The NPI is all numeric and is 10 positions in length: the first 9 positions are the identifier and the last position is a check digit. The check digit helps detect invalid NPIs. There is no embedded intelligence in the NPI with respect to the health care provider that it identifies.

CMNs and NPI:

All CMS Certificate of Medical Necessity forms have been updated to accept the NPI. You can find these forms on the CMS Forms page at http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp#TopOfPage on the CMS website.
CMN/DIF reminder – Malinda Whitlock

Per CMS instruction, the DME Contractors will allow a transition period for the new CMN/DIF forms. The old or new versions of the CMN/DIFs will be processed between October 01, 2006 through June 30, 2007. Claims tied to a CMN/DIF will be accepted and processed based on the format of the CMN/DIF. Claims requiring a CMN/DIF processed on or after July 01, 2007 will require the new CMN/DIF. For more information on these changes please refer to CR 5571, Revised - MLN Matters Article 4296, future MLN Matters Article 5571, or Appendix A in the Supplemental Guide.

Home Oxygen Therapy (Oxygen)
Previous Form: CMS-484, version 484.2 New Form: CMS-484, version 484.03

Differences:
- CMN name changed from Home Oxygen Therapy to Oxygen.
- Send the new CMN form and version number in the LQ Segment in the 2440 loop
- Question 2 has been revised. Response will populate in the FRM Segment in the 2440 Loop.
- Question 4 (Facility) is no longer required.
- Questions 5 - 10 were renumbered to become Questions 4 - 9. The questions have the same verbiage and map to the same location in the 4010A1 format.

Enteral Nutrition & Parenteral Nutrition
Previous Forms: CMS-852, version 10.02A (Parenteral) & CMS-853, version 10.02B (Enteral)
New Form: CMS-10126, version 10.03

Differences: Combines the Enteral Nutrition CMN and Parenteral Nutrition CMN into a DIF. When multiple products are billed, you must continue to submit a separate DIF for each line item. The response to questions 3A (HCPCS) and 4A (calories per day) should correspond to that specific line item on the claim.

Hospital Bed
Previous Form: CMS-841, version 01.02A
No longer required for dates of service on or after October 1, 2006.

Support Surfaces
Previous Form: CMS-841, version 01.02B
No longer required for dates of service on or after October 1, 2006.

Length of Need on DIFs
When submitting an electronic claim that includes a DIF {Immunosuppressive Drugs (08.02), External Infusion Pumps (09.03), or Enteral and Parenteral Nutrition (10.03)}, it
must include a CR3 segment to report the length of need. Failure to submit this information will result with front-end rejections.

**ICD10-5010 Version – Melinda Semerena**

Background on ICD-10: ICD-10 was finalized by the World Health Organization in 1992. It was quickly adopted around the world, the US lagged behind.

1. The analysis and implementation of the 5010 transaction and the ICD-10 will occur over various quarterly releases and several years.
2. Full implementation of the ICD-10, as well as the 5010 transactions will more than likely be mandated after January 1, 2010. The final notice will be published in the Federal Register.
3. A prerequisite of the ICD-10 implementation may be that the 5010 transaction will be fully implemented.
4. The ICD-10 for all diagnosis and procedures (inpatient) must be supported.
5. Policy decisions will be required in order to address issues, such as how many diagnosis codes to process.
6. Each entity shall acquire their own copies of the ASC X12, and NCPDP D0 standard implementation document. This material is copyrighted and can be purchased from http://www.wpc-edi.com
7. Everyone involved need to understand the “breath” of the ICD-10 changes; e.g. coding edits, coverage implications, etc
8. There may be overlap of both ICD-9 and ICD-10 on a single claim based upon service date.
9. Paper claim formats will be updated to comply with the ICD-10/5010 implementation for items such as OCR and Key Shop activities.

**EDI Impacts for 5010 and ICD10:**

1. Billing software will need to be updated
2. Billing software may need to be tested.
3. Existing companion guides will be updated
4. Outreach and Education will occur
5. Training of EDI staff on ANSI 5010/ICD-10
6. Outreach and Education will occur
7. Increase in testing by submitters moving to the 5010/ICD-10

**NOTE:** ICD-11 is planned for 2014.
Jurisdiction A Update/NHIC – Melinda Semerena

- 96% of all claims are being sent electronically
- 40% of providers are receiving their remittance electronically
- 43% of providers are receiving their Medicare funds electronically
- Effective immediately any new submitter will be required to submit with an NPI.
- EDI Technical Support number is: 866 563-0049
- BBS upgrade may be on the horizon… stay tuned

Jurisdiction B Update/NGS – Lisa Hare

Name Change:
- Effective January 1, 2007 – AdminaStar Federal became National Government Services
- The name change was a result of the merger of Wellpoint’s Medicare businesses, which include:
  - AdminaStar Federal
  - Anthem Health Plans of New Hampshire
  - Associated Hospital Service
  - Empire Medicare Services
  - United Government Services
- We service nearly 22,525,000 Medicare beneficiaries in 26 states and 5 U.S. territories
- Our Medicare business includes Part A, B and DME MAC
- Our new Web site is www.NGSMedicare.com
**CBT’s Available:**
- Electronic Front End Reports – Great CBT for all DME MAC suppliers that bill electronically. We strongly suggest you have your customers complete this CBT.
- New DMEPOS CMNs and DIFs CBT
- Changes to the CMS 1500 CBT
- Web site Navigation CBT

All CBTs are on our Web site ([www.NGSMedicare.com](http://www.NGSMedicare.com)) under Jurisdiction B DME MAC/Training

**Open House – May 9th and 10th in Indianapolis**
- Vendors were invited to attend via our EDI list serve. Please make sure you are signed up on our EDI list serve for future invitations. Also check the box that states you are a software vendor, billing service or clearinghouse in your EDI list serve subscription. We do target list serves specifically to those groups when inviting to vendor specific meetings and looking for exhibitors at our events.

**EDI Helpdesk Hours of Operation Changes:**
- The continue to be open 8:00 – 4:00 (Mon – Wed & Fri) and closed daily for lunch from 11:30 – 12:00
- Their hours changed on Thursday. They are now open from 8:00 – 3:00 (Eastern Time).

**New Supplier Manual**
- New supplier manual was released in March 2007
- Available in both HTML and PDF versions
- Located on our Web site under [www.NGSMedicare.com](http://www.NGSMedicare.com), AdminaStar Federal, Jurisdiction B DME MAC, Manuals.
- Survey coming soon

**E-Commerce Connection:**
- Latest publication dated April 2007
- Available on our Web site as html or PDF
- Written for EDI Submitters, Software vendors, billing services and clearinghouses
- Feedback survey included in each publication
- Be sure to read the latest copy at [www.NGSMedicare.com/AdminaStar Federal, Jurisdiction C DME MAC, EDI, E-Commerce Connection](http://www.NGSMedicare.com/AdminaStar Federal, Jurisdiction C DME MAC, EDI, E-Commerce Connection).

**ASCA Enforcement:**
- We continue to enforce the ASCA provision
- Includes suppliers sending all paper claims as well as Electronic Submitters sending paper claims.
- If an exception is met and a valid waiver is on file: Paper claims will be accepted
• If an exception is not met or an exception is met but a valid waiver is not on file: Paper claims will be denied
• Detail on our website (www.NGSMedicare.com) under ASCA

ERA promotion:
• We request your assistance in promoting the use of ERA’s
• If you have software that allows printing and/or posting of ERA data, please notify your customers that this is available on a regular basis.
• Currently over 58% of the NGS remittances are sent electronically

Jurisdiction C Update/Palmetto GBA – Kim Campbell

On January 16, 2007, the Centers for Medicare & Medicaid Services (CMS) awarded the Jurisdiction C specialty region of the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) to CIGNA Government Services. CIGNA Government Services will assume full responsibilities for the work on June 1, 2007, at which time you must begin submitting your claims to Jurisdiction C. On behalf of CIGNA Government Services, the Jurisdiction C DME MAC EDI services will continue to be provided by Palmetto GBA.

A new Web site is fully functional for Jurisdiction C EDI. The Web site address is www.PalmettoGBA.com/JCEDI. Please register on the JCEDI Web site to receive EDI news about Jurisdiction C. If you have already registered, please ensure your profile has been updated for all new applicable EDI categories, including the JCEDI topic.

With the transition effective June 1, 2007, the following will not change:

Re-enrollment not required
Supplier numbers
Submitter Ids and passwords
Phone number to submit and retrieve files – GPNet
Medicare Remit Easy Print (MREP) software
Hours of operation for EDI support - 8:00 – 5:00 (EST)

The following information will become effective June 1, 2007:

EDI Support Phone Number - 888-613-9271
JCEDI mailing address – Palmetto GBA, Jurisdiction C EDI AG-420, PO Box 100170, Columbia, SC 29202-3170
JCEDI Email address – JCEDI@PalmettoGBA.com
Receiver Identification Number (Payor ID) – 18003
Virginia and West Virginia submitters may enroll and begin submitting to Jurisdiction C now. They do not have to wait until June 1. Claims will be misdirected to Jurisdiction B for processing and payment. All reports will be distributed by Jurisdiction C.

The cutover schedule is currently being approved by CMS. The exact dates were not finalized at the time this meeting took place. Please visit the JCEDI Web site at www.PalmettoGBA.com/JCEDI or CIGNA Web site at www.cignagovernmentservices.com/transition/ for cutover schedule information.

**Jurisdiction D Update/CIGNA Government Services – Malinda Whitlock**

1. CGS is still doing front end EDI for Jurisdiction D. Our Contract is currently through Sept 07. An extension to that contract will be considered closer to end of the current contract.

2. Carrier Code for Jurisdiction D is 19003 - This carrier code was effective for any submissions on or after 9/29/06.

3. The NAS website (noridianmedicare.com) links you to our website (cignagovernment.services.com/edi/dmerc/index.html) for EDI.

4. Our website has several EDI resources:
   - Main page shows EDI responsibilities & lists what EDI will/will not do
   - Forms/Applications
   - EDI article archives
   - Approved Vendor List

5. CGS is not taking on any new/additional responsibilities for EDI; therefore, no upgrades to the Stratus Bulletin Board System (BBS) are expected.

6. Internet, DSL/Cable is not valid methods of connection. Per CMS requirements, we require connection via a dial up modem or NDM connection.

7. Currently attachments cannot be sent electronically. The NTE segment can be used to report additional information in a free form text format. You can send a NTE segment at claim level and line level. Each NTE segment is only 80 characters.

8. EDI Contacts – Helpdesk 866.224.3094 & CSC (password resets) 800.810.3388
**Question and Answer Session**

**Question 1:** How long is an ASCA waiver approval good?  
**Answer 1:** Once a supplier is reviewed to determine if they meet an ASCA exception, they cannot be reviewed again for 2 years.

**Question 2:** When will the ICD10 and Version 5010 be available?  
**Answer 2:** Please monitor the http://www.wpc-edi.com site for the latest information.

**Question 3:** Are you all monitoring the readiness of Medigap or Secondary Insurances for NPI?  
**Answer 3:** We are still researching this question.

**Question 4:** Has there been changes to the REF segment 6R?  
**Answer 4:** There have not been changes to the way we echo back the REF*6R (patient account information) on the 835 files. If you have specific examples that appear problematic, please submit specific examples for research.

**Question 5:** Will the NTE segment be increased in Version 5010?  
**Answer 5:** Not sure at this time.

**Closing – Lisa Hare, National Government Services**

- We will forward minutes, including the Q and A to those that signed in and attended today’s meeting.  
- Our Booth Number is 648.  
- DME MAC Update Meeting scheduled for today from 11:00 – 12:00 in Room N253.  
- Thank you for your participation – We hope you are all having a great show!