

PALMETTO GBA ISSUES AND ANSWERS – as of October 9, 2008

Many of the calls being received now fall into several general categories. Asking probing questions to the caller will help identify the category.

Call Center /IVR

Issue: I can't get through to Palmetto GBA's call center. When I do get through, I'm on hold for a long time.

Answer: Palmetto has received an exceptionally large volume of calls, far above what they anticipated the increase would be. They have essentially doubled the staff and CMS has added the lines necessary to handle the volume. They have seen improvement in busy signals and hold times, but cannot say when they will be at normal levels (1 minute average speed of answer, no more than 20% busy, per CMS contactor requirements)

A large volume of calls are related to provider enrollment issues. They have added additional staff and lines for that issue, but anticipate busy signals and long hold times for those lines.

Issue: Palmetto now has a message that allows us to go to voice mail and leave a request for a return call. It says we will get a call back within 24 to 48 hours. It has been two days, and I have not yet received a call.

Answer: This message should have indicated this was working days. Their goal is to complete call-backs within three working days. They are going to change the wording to reflect working days. For the first week following initiation of this call back process, they completed 75% of the call-backs within the 3 days. They are requesting that, if your inquiry is something that can wait three days for a call-back, do not continue to call their Provider Contact Center on the same issue.

Issue: I am trying to get a status of my enrollment application. Who do I call?

Answer: If you submitted your application since Palmetto took over, they ask that you not call before 45 days. If it is not completed within that time, then contact the Provider Call Center at 866-931-3901. (See Provider Enrollment topic for more details).

If you are trying to get a status of applications submitted to the prior contractor (NHIC), call 866-895-1520. They will provide a current status. Expect busy signals and long wait times on this line. Although they have increased their staff considerably, provider enrolment questions are a high volume due to the backlog of applications received from NHIC.

Issue: How do I get the status of my claims?

Answer: You must use the IVR line at 866-931-3903 to get the status of individual claims. All claims from the outgoing contractor have been transitioned to Palmetto. This is a touch tone system. Guides to assist in using the system are available on the Palmetto GBA website at www.palmettogba.com/J1B. Look for IVR Information on the left navigation bar under "Resources".

Issue: How do I know if checks have been issued, and how much is approved to pay once the payment floors have been reached?

Answer: The IVR will provide the last three checks which have been issued. If you need information on the number of claims that have been approved to pay, you must call the Provider Contact Center.

Palmetto is working on the ability to provide this information in other formats, but doesn't expect it to be available until early 2009.

Provider Enrollment

The first two questions apply only to physicians submitting claims for Northern California, which include San Bernardino and Riverside Counties.

Issue: I submitted my application to NHIC, and it still has not been completed. I am getting paid, but I want to know the status. Answer: Many physicians submitted applications as a result of the Option Code letters that were mailed by NHIC. The edits that would have caused denials of services have NOT been implemented, and are not likely to be in the near future. After the first of the year, Palmetto GBA will work one-on-one with organizations that still have some physicians who need to be linked. Therefore, the applications that are pending just for this purpose will be worked as they get to them.

Issue: I submitted my application to NHIC, and it still has not been completed. I am not submitting claims, so I am not getting paid. I need to get this worked so I can submit claims.

Answer: If the only reason you submitted an enrollment application was due to the option code letter you received, try submitting claims. Chances are your claims will be paid. (see previous question).

Issue: I submitted my application to NHIC, and it still has not been completed. I am not getting paid.

Answer: Many of the physicians who submitted their applications to NHIC because they were not getting paid had NPI issues. CMA will be happy to assist them in getting their application processed to completion. To assist physicians, we need as much information as possible (required):

- their name (individual and group, if applicable)
- their PTAN (old Provider Identification Number or PIN)
- the NPI associated with each
- the reason for the enrollment application (address change, NPI cross-walk problem, changed from solo physician to solo incorporated, etc.)
- the reference number from NHIC for their application, if available
- the date they submitted the application
- if submitting claims to Palmetto and receiving rejects from their transmissions
- the message number of that reject

Issue: How long will it take my enrollment application to be completed once I submit it to Palmetto?

Answer: CMS requires contractors to screen applications within 15 days of receipt. At the time an application is assigned to an analyst, Palmetto will send a letter acknowledging receipt, and providing a correspondence control number (CCN) that can be used to track the application. If you do not receive an acknowledgement within 21 days (allow mail time of 5 days), contact the Provider Contact Center to determine if your application had been received.

Once you get that acknowledgement letter, you know it is being worked. If additional information is needed, you will receive a request (either written or by phone) within three weeks of that letter. If you don't receive a request for more information, that is good news. 95% of all applications are completed within 60 days.

EDI Applications / Rejects

Note: There is some confusion about the two different forms needed for EDI. Most issues

- The **EDI Application** is completed by direct submitters. If you use a clearing house, they complete the application. If you transmit from your office, you complete the application. The purpose is to establish connectivity with Palmetto's front-end claims processing system. When you complete this application, Palmetto will assign a password that can be used with the existing submitter ID (used with NHIC). First time applicants are assigned both a new ID and password.
- The **EDI Enrollment** is completed by each practice (one per tax ID) that submits claims electronically, either directly or through a clearinghouse, billing service, etc. The EDI Enrollment is a confirmation that the practice will be submitting claims electronically and that they understand Medicare's billing rules, agree not to commit fraud, etc.

Issue: I still have not received my submitter password. I was previously submitting claims electronically to NHIC, so I am not new.

Answer: All submitters must complete an EDI Application with Palmetto GBA. Information on the EDI Application is available on their website at www.palmettogba.com/J1B under the EDI Enrollment link on the left navigation bar. All passwords for early boarders were sent prior to transition. If you submitted your application after September 2, please allow 20 days for it to be completed.

All passwords are emailed to submitters at the email address on the enrollment. They will come from medicare.edi@palmettogba.com . Make sure your spam filters allow you to receive mail from this email address. Periodically check your spam or junk mail folders to make sure it does not go into these folders. If you do not receive a response *after 20 days*, send an email to the address previously indicated with the subject line "**Password**". They will get back to you as quickly as possible. You can also contact them by phone at 866-749-4301.

Issue: I am a new submitter to EDI. How long will it take for me to get my submitter number and password?

Answer: Palmetto GBA expects EDI Applications to be processed in about 20 days. All new submitter numbers and passwords are emailed to submitters at the email address on the enrollment. They will come from medicare.edi@palmettogba.com . Make sure your spam filters allow you to receive mail from this email address. Periodically check your spam or junk mail folders to make sure it does not go into these folders. If you do not receive a response *after 20 days*, send an email to the address previously indicated with the subject line "**Password**". They will get back to you as quickly as possible. You can also contact them by phone at 866-749-4301.

Issue: All of a sudden my claims are rejecting under message Y1C. Why?

Answer: CMS announced changes to the ANSI formats in Change Request (CR) 6024 several months ago. The change indicated only four acceptable values for Coordination of Benefits Claims. Submitters who did not make those changes to their software will experience rejects. The CR outlining the changes can be found at <http://www.cms.hhs.gov/transmittals/downloads/R1507CP.pdf>

Claims Issues

Issue: How can I find out what issues Palmetto has had with the transition?

Answer: Palmetto has posted a partial list of claims issues they encountered following transition. This list identifies the Local Coverage Determinations (LCDs) that were set up incorrectly, edits that were not working as expected, and what action has been or will be taken to correct the problem. Most of these issues will be mass adjusted, so physicians do not need to take any actions. When the adjustments are done, the issues are marked "Closed".

You can find this list on the home page www.palmettogba.com/J1B on the left navigation bar under Resources, then Alerts. These alerts are updated as new issues are discovered.

Issue: I haven't been paid since Palmetto took over.

Answer: There could be several reasons.

- Medicare cannot pay an electronic claim any sooner than 14 days from receipt.
- Paper claims must be held for 29 days before payments can be released.
- EFT checks are posted shortly after the 14th day for claims that have settled. Paper checks take 5 to 7 days mail time.
- Some claims may have suspended for manual review by Palmetto due to some edit issues they experienced following transition. These have taken longer than 14 days to settle. CMS allows contractors 30 days to settle a claim before they have to pay interest. Palmetto indicated that all the initial claims issues have been identified and the edits corrected. Claims suspended for those issues have all been released.

Issue: I am getting denial or rejects for services (procedure codes/modifier invalid) that NHIC used to pay. Why?

Answer: Palmetto GBA may have different billing instructions for services than NHIC did. They also deny or reject combinations that NHIC may have ignored. You need to become aware of the differences. Tools that will assist you in this process are on the Palmetto GBA website at www.palmettogba.com/J1B. Most can be found from the left navigation bar:

- Articles – specialty specific information, general articles on topics that have arisen since transition, modifier look up, and more
- Coverage – links to the active and pending Local Coverage Determinations (LCD)
- Publications –
- Resources – Alerts, Denial Finder, Provider Enrollment and more.

Another good source of information is the Transition Manual, which includes about 60 pages of claims billing information. This manual is currently located on the pre-transition website at www.palmettoGBA.com/J1. This is a very large document and takes time to download. All of the information is available in one of the resource areas of their website, but CMA has asked that they put the claims portion of the manual on their post transition website. They are working on it.

Issue: My claims were going through with my NPI and PTAN before transition, and now they are not. Why?

Answer: Palmetto has identified several issues which may be impacting your ability to get the claims into their system.

1. You are billing with the incorrect payer ID for your electronic claims. If you are in Northern California (including San Bernardino and Riverside Counties), you need to set the payer ID at 01102. If you are in Southern California, set it to 01192.

2. If you are a solo physician, and are using your Type 1 NPI to bill Medicare, you must select the "SY" (for SSN) indicator in the appropriate segment for loop 2010AA (item 25 on the CMS 1500 claim form) and bill with your social security number (even if you have an employee identification/tax number you use for other purposes).

Check with your clearing house or software vendor to ensure you are billing properly. If you are still having issues, CMA will be happy to assist you with resolving them.