

Medicare Part B Chiropractic Provider Education and Training (PET)

Advisory Group Minutes

9:00 a.m. – 12 noon (CST)
10:00 a.m. – 1:00 p.m. (EST)
Thursday, March 30, 2006
Marion, IL

Co-Chairpersons: Kim Slater/David Vaughn

Members: (11)

Agenda Item	Discussion	Outcome/Action
Opening	<p><u>Welcome and Introductions / Roll Call / Approval of Minutes</u></p> <p>Committee members were welcomed to the meeting by the chairpersons. The event was conducted as a teleconference, which was the preference of the majority of respondents from a poll conducted following the August 2005 meeting. Roll call was next and it was determined that ten participants were present via the toll-free phone lines. The group was asked if there were any additions/corrections to the minutes from the last meeting and there were none.</p> <p>WPS staff joining the call included: Lisa Frese, Customer Service, Tandra Geary and Lisa Cuocci, EDI, and Linda Lundin, Medical Review.</p> <p><i>Please note the order of today's conference agenda has been altered somewhat to accommodate the schedules of our guest speakers.</i></p>	<p>Handouts previously emailed to members for this meeting included: Agenda, Comprehensive Error Rate Testing (CERT), National Provider Identifier (NPI), Medicare Remit Easy Print (MREP), Appeals Process Changes, Revised Requirements for Chiro Billing (Medlearn Matters), Suppression of Standard Paper Remittance (SPR) Advice, Survey</p>

<p>Medicare Changes (Part I)</p>	<p><u>Changes to the Appeals Process (effective 1-1-06)</u></p> <p>For this segment, a supervisor from our Customer Service department presented information on important changes to the appeals process effective on January 1, 2006. The following changes are now in effect:</p> <ul style="list-style-type: none"> • For claim determinations dated January 1, 2006 and after, redetermination requests must be in writing and only a written redetermination will be rendered. • Telephone redeterminations will be allowed for a period of 120 days for claims processed prior to January 1, 2006. • Providers may call the carrier to request a claim reopening due to provider minor errors, clerical errors and omissions. <p>Additionally, the second level of appeals, formerly known as Fair Hearings, is now called Reconsideration. Changes to the second level include:</p> <ul style="list-style-type: none"> • A written request must be submitted within 180 days of receipt of the redetermination for second level appeal requests. • A Qualified Independent Contractor (QIC) will perform reconsiderations. • Amount in Controversy (AIC) – January 1 through December 31, 2005, is \$100.00. Effective January 1, 2006, there is no AIC. 	<p>QIC contact information (all states in WPS jurisdiction): Q2 Administrators, LLC, Part B/DME QIC West Operations, P.O. Box 100213, Columbia, SC 29202-0213 Phone: 803-264-5830 Fax: 803-264-9484</p>
<p>Electronic Data Interchange (EDI)</p>	<p><u>Medicare Remit Easy Print (MREP)</u></p> <p>We were pleased to feature a guest speaker from EDI for this portion of the program. She spoke on the various paper reduction initiatives resulting from the Administrative Simplification Compliance Act (ASCA). The key provisions include:</p> <ul style="list-style-type: none"> • Increase Electronic Funds Transfer (EFT) • Eliminate paper remittance • Medicare Remit Easy Print (MREP) 	<p>A member inquired as to whether or not an escrow account can be set up whereby funds could be automatically withdrawn to satisfy overpayments and in turn, save on postage and other administrative costs.</p>

EDI (cont.)

The latest innovation from the above list is MREP. Some of the noteworthy advantages of MREP include:

- Will enable physicians and suppliers to view and locally print a Medicare Part B / Durable Medical Equipment Regional Carrier (DMERC) Health Insurance Portability and Accountability Act (HIPAA) compliant 835 file in a format that mirrors the Medicare Standard Paper Remittance Advice (SPR)
- Eliminates physical filing and storage space
- Print SPR same day as 835 is available
- Print and forward claims for other payers
- Quick and easy access to claim information
- No waiting for mail
- Several useful reports
- Saves time and money
- It's free

Members were encouraged to take advantage of this resource. Instructions on how to obtain MREP:

- Go to www.wpsmedicare/provider.com; there will be a link allowing you to download the application.
- Download instructions and the Medicare Remit Easy Print User Manual. This documentation is important to understanding how to download, install and utilize the application.
- To obtain a free copy of MREP and the associated documentation you must have the following: access to the Internet, WinZip or a compatible decompression application to extract files. If you do not have a decompression application then you can go to a number of websites to acquire one (for example: <http://www.winzip.com/downwzeval.htm>).
- Difficulties downloading the software through the WPS Medicare Website? Contact the EDI Hotline for assistance (877) 567-7261.

Our guest from EDI will look into this, respond to chairs and the information will be shared with the committee.

A participant stated that their office had MREP and EFT. She asked if funds are deposited the same day as listed on the remit, or is there an indication of the deposit? It takes approximately two days once the claim has paid to reach the account and the date listed as paid on the remit is the same day the funds are deposited.

A listener commented that the Users' Guide for MREP is intimidating. Would it be possible to have someone help their office with the set up? Absolutely, just call the EDI Hotline at (877) 567-7261.

EDI (cont.)

National Provider Identifier (NPI)

A brief background summary of the NPI was provided. Highlights include:

- Department of Health and Human Services (DHHS) adopted a standard unique provider identifier
- Once implemented, covered entities will use only the NPI to identify health care providers in all standard transactions
- Final Rule published on January 23, 2004
- May 23, 2005, applications accepted
- Unique 10 digit identifier with no embedded intelligence
- NPI will not expire
- Medicare will begin allowing NPI in October 2006
- Compliance date is May 23, 2007
- For more information, see:

<http://www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/>
<http://www.cms.hhs.gov/media/press/release.asp>

At the present time, only about 15% of our provider population has applied for the NPI on a national level. Please assess your business needs, apply for your NPI and allow yourself sufficient time to effectively test your system. Also, if you employ a vendor or clearinghouse for claim submission, encourage them to prepare for the transition to NPI.

The NPI Toll-Free Hotline is (800) 465-3203.

EDI Q & A

(Please see Outcome/Action column at right)

A member stated that in conversations with other chiropractors, several have applied for an NPI and discovered they need two numbers. If you have a practice and belong to a group with a separate Tax ID, will you need a separate NPI? Physicians will need to make a business decision how they wish to enumerate. True solo practitioners that do not belong to a group generally need only one NPI.

An attendee asked which field in the Centers for Medicare and Medicaid Services (CMS) 1500 form, or the electronic equivalent, does the NPI go? CMS is currently redesigning the form and electronic formats will need to be remapped. No release date for implementation has been announced to date.

Medicare Changes (Part II)

Provider Enrollment Changes (effective 2/10/06)

As of February 10, 2006, CMS and Medicare contractors implemented new policies and procedures to process provider applications for enrollment into the Medicare program. Within 15 days of receipt of the application, we may return incomplete applications. Those missing information or supporting documentation are returned with a letter detailing the missing required information. Subsequently, all applications resubmitted must include new signatures and dates, in addition to the information requested in the letter.

Fee Schedule Update

During the month of February, CMS announced a 0% average decrease for reimbursement of services (this is only an average). Loosely translated, this means that some fees are being reimbursed at a higher rate than in 2005, some at a lower rate and some remain unchanged. Physicians do not have to make any change to receive the accurate reimbursement for claims with 2006 dates of service.

We are re-processing claims with dates of service January 1, 2006, and after, received prior to February 2, 2006, as mass adjustments; no action is required by providers to receive the proper reimbursement. The process is expected to finalize by July 2006, which means providers may see adjustments on remits through June of this year.

Integrated Voice Response (IVR) Changes

During this segment, members were solicited for their input in terms of likes/dislikes and suggestions for improvement of our IVR. Please forward all comments to the chairs at your earliest convenience.

CMS-Secure Network Access Pilot (C-SNAP) Change

There is a new toll-free number for C-SNAP inquiries: (877) 476-8116. Hours of operation are Monday-Friday from 8:00 AM – 4:00 PM CT.

Approximately 50% of all first-time enrollment applications are returned. If you have questions about the application process, please call (877) 908-8476 in Wisconsin, Illinois and Michigan, (866) 564-0315 in Minnesota.

One of the members stated that they have seen some adjustments come through, but there were no names connected with them. Several members confirmed that they have received adjustments with patient information. The chairpersons will investigate and respond to the inquirer.

Other Issues

Common Comprehensive Error Rate Testing (CERT) Errors –
Chiropractic

In recent WPS Medicare provider publications, there has been a focus on CERT errors received by specific provider specialties, allowing us to identify documentation needs, inadequacies and the impact these specialties have on the CERT error rate. Chiropractic services are a current focus for Medical Review and Outreach. Analysis of the current CERT error findings indicates the most common errors involve insufficient documentation and medically unnecessary services. Samples of the services involved and the corresponding CERT reviewer’s comments from an accompanying handout for the PET meeting were shared with the committee.

Chiropractic Demonstration Project

A committee member, who also is a member of the Chiro Demo PET and practices within the Demo area, relayed that participation among Illinois doctors is nearing the 50% level. This is a substantial gain from the inception of the program when participation levels were rather low. Additionally, the Chiro Demo area in the WPS Medicare jurisdiction is leading the nation with the lowest error rate per volume of claims submission.

Finally

If you have not done so, please forward evaluations to Kim Slater at kimberly.slater@wpsic.com or fax to 618/998-5249.

Our next meeting is tentatively scheduled for late September 2006. We will keep you apprised.

One of our members commented that typically, if providers receive a request for information from CERT, the majority of them respond. However, if the CERT analysis reveals no billing deficiencies, there is no feedback from the reviewer. Practitioners would appreciate positive feedback from the CERT contractor, instead of wondering if improvement is in order.

PET members will be emailed an electronic copy of a handout entitled “Comprehensive Error Rate Testing (CERT) Chiropractic Documentation Components,” which provides basic guidelines for documentation requirements.