

Medicare Part B Chiropractic Provider Education and Training (PET)

Advisory Group Minutes

9:00 a.m. – 12 noon (CDT)

10:00 a.m. – 1:00 p.m. (EDT)

Thursday, August 25, 2005

Champaign, IL

Co-Chairpersons: Kim Slater/David Vaughn

Members: (18)

Agenda Item	Discussion	Outcome/Action
Opening	<p><u>Welcome and Introductions</u></p> <p>Charter members of the new Chiropractic PET Advisory Group were welcomed to the inaugural meeting by Lydia Bean, Assistant Manager, Provider Outreach/Beneficiary Services, Kim Slater and David Vaughn, Senior Analysts. Teleconference protocol guidelines were reviewed with the group, along with handouts for the meeting.</p> <p><u>Purpose/Charter for the Small Provider PET</u></p> <p>Next, the charter was reviewed with the committee. Additionally, several purposes/goals were outlined including:</p> <ul style="list-style-type: none"> • The need for assistance to develop educational materials and disseminating these to provider communities • Meetings will be held bi-annually, rotating among the states within the jurisdiction • The proposed agenda will be forwarded one week prior to the meeting, encouraging participants to respond with comments/suggestions* • The role of educational strategies was discussed, with the goal 	<p>Handouts included: CD ROM, Charter, ERA/EFT, Survey, NPI, Teleconference Instructions, Chiro Policy (CHIRO-001) and HIPAA Contingency</p> <p>Based on suggestions from attendees, changes have been implemented in the charter and the new document is attached.</p> <p>The question was raised from a member as to how we would</p>

Opening (cont.)

- being to reduce the error rate
- We stressed the importance of communication and our desire to promote professional diversity among providers
 - Finally, we asked that if members cannot attend, they designate a representative and that guests are welcome

CAC, PCOM and PET

CAC - The Carrier Advisory Committee (CAC) provides a forum for exchange of information between key individuals and the WPS Medicare. The CAC is composed of physicians, beneficiary representative, a Quality Improvement Organization (QIO) representative, and representatives and members of other medical organizations and agencies. These meetings occur on a quarterly basis.

PCOM - The Provider Communication Advisory Group (PCOM) is a professionally and geographically diverse group of providers (representing state and local trade and professional organizations, practicing providers or staff members, and representatives of billing organizations) that meet quarterly to advise WPS in the creation, implementation and review of provider education efforts and strategies.

This includes making recommendations concerning training topics, educational materials, dates and locations of workshops and events, and effective means of disseminating information to providers. Members assist in developing a strategy that will result in provider satisfaction, reduced claims filing errors and reduced provider inquiries.

***PET* – For a complete description of the PET, please see the previous text and the revised charter attached.**

PET Membership List

Committee members were advised of our proposal to share the membership list with the rest of the group via email, pending their approval.

like them to disseminate information. Possible methods include through representation on various committees and through associational newsletters, ListServes and educational offerings.

*Based on a suggestion from a participant, the time frame to review the proposed agenda was increased to three weeks, which is noted in the revised charter.

All members attending agreed to have their information shared with the group.

Billing Information

Chiropractic Services Medical Policy (CHIRO-001)

Highlights from the medical policy were presented, emphasizing the importance for practitioners to consult CMS' Website regularly since additions are implemented and policies are retired periodically.

Specific items from the policy referenced included:

- The Medicare definition of a physician with regards to chiropractic care
- Coverage of manual manipulation
- Documentation requirements
- The addition of the AT modifier

Most Common Denials

This segment of the program was designed to allow participants the opportunity to voice their concerns/issues in regards to common Medicare denials they have experienced in an open forum. Issues submitted and corresponding responses include:

- A request for clarification of billing guidelines - (***NOTE: Please see the attached file containing Coding and Billing Article CHIRO-001.***)
- Problems with crossover to a supplemental policy – *If the provider is designated a “network provider” the information should be crossed over automatically. Generally speaking, if Medicare is paying correctly, the issue is with the supplemental company and therefore, it may be necessary to contact that entity. Also, you may wish to verify that it is an actual Crossover policy as opposed to a Medigap type. This information is regularly published in our newsletter and available on the WPS Website.*

HIPAA Contingency

Please see the attached file containing the Medlearn Matters Article #3440 clarification of HIPAA Contingency for small providers.

NOTE: Please see the attached file containing Coding and Billing Article CHIRO-001.

<p>Billing Information (cont.)</p>	<p><u>NPI</u></p> <p>The Health Insurance Portability & Accountability Act of 1996 (HIPAA) mandated that the Secretary of Health & Human Services adopt a standard unique health identifier for health care providers. This standard unique health identifier is the National Provider Identifier (NPI). Once implemented, covered entities will only use the NPI to identify health providers in all standard transactions. The Department of Health & Human Services (DHHS) Office of HIPAA Compliance (OCH) is the lead on the project management, assessment and remediation of this new identifier.</p> <p>In addition, requirements for NPI, expected benefits and resource contacts were discussed with the group. Additional information on NPI was provided to participants in a conference handout.</p>	
<p>Electronic Data Interchange (EDI)</p>	<p><u>Electronic Remittance Advice</u></p> <p>Members were offered the following excerpt from the accompanying ERA handout:</p> <p>If you are currently receiving the Standard Paper Remittance Advice (SPR), consider utilizing the technology available to increase productivity by switching to the Electronic Remittance Advice (ERA). Take advantage of faster communication, payment information and reduction of paperwork by receiving the ERA. If you are receiving both a SPR and ERA, consider canceling the SPR.</p> <p><u>Electronic Funds Transfer (EFT)</u></p> <p>You can have your Medicare Part B payments deposited electronically into your bank account with Electronic Funds Transfer (EFT). This is the preferred method of payment by the Centers for Medicare & Medicaid Services (CMS).</p> <p>You are not required to receive ERAs in order to take advantage of EFT. Each transaction is handled separately.</p>	<p>A member stated they prefer a hard copy SPR for their files.</p>

<p>EDI (cont.)</p>	<p>Benefits include –</p> <ul style="list-style-type: none"> ✓ Faster communication and payment notification/receipt ✓ Faster account reconciliation through electronic posting ✓ Automation of follow-up action ✓ Paperwork Reduction ✓ Detailed information ✓ No waiting on the mail ✓ Elimination of lost checks and Standard Paper Remittances <p>Please contact our EDI department at 877-567-7261 for Wisconsin, Illinois, and Michigan or 866-380-4742 for Minnesota (ask for EDI) and ask to receive the ERA and/or cancel the SPR today!</p> <p>You may download the authorization agreement for EFT at http://www.wpsic.com/edi/pdf/edi_medb_eft.pdf</p> <p>The preceding information was furnished in the accompanying EFT handout.</p>	<p>A participant commented that to transition to EFT meant having to notify Provider Enrollment, thereby requiring a substantial amount of paperwork.</p> <p>A member offered that the transactions automatically post, which is a tremendous time savings for staff.</p>
<p>Provider Resources</p>	<p>Next, attendees were advised of the various resources available to them via the WPS Website and encouraged to take advantage of these on a regular basis. The list includes, but is not limited to the following:</p> <ul style="list-style-type: none"> • Communiqué – <i>The monthly on-line newsletter</i> • Chiropractic Frequently Asked Questions (FAQs) - <i>Updated monthly, an insightful guide for billing resolutions</i> • ListServ – <i>Allows you to receive e-News messages delivered to you free of charge</i> • CD ROM – <i>Containing a variety of information in addition to Fee Schedules and will be available this November</i> • Computer Based Training (CBT) and iLinc – <i>Innovative tools allowing you the convenience of learning at the office or home</i> • Internet Demo – <i>Provides detailed instruction on navigating Medicare’s Website for optimal effectiveness</i> • Technology Packet – <i>Available now, even without computer access</i> 	

<p>Open Discussion</p>	<p><u>Specific Issues</u></p> <p>Items of personal interest from members included:</p> <ul style="list-style-type: none"> • Maintenance versus acute care. • Documentation requirements – it is absolutely essential that physician’s are specific in relation to history, exam and treatment given on that day. Medicare requirements are no more stringent than what is required legally. • Exacerbation – can be documented by the exam portion. Practitioners are asked to “paint the picture” in terms of accurate scripting. <p><u>Future Meetings – Membership Survey</u></p> <p>The next meeting is to be held in late February or early March 2006. Details concerning the location and other specifics are forthcoming.</p> <p>A survey requesting feedback on member preferences for which day of the week, time and whether to hold face-to-face meetings or teleconferences was distributed. Results will be tabulated and members will be notified.</p>	<p>A participant commented that additional documentation is a burden on both the patient and provider.</p>
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