

Provider Communication (PCOM) Advisory Group Minutes
September 25, 2003 - 9:00 A.M. – 12:00 P.M.

Agenda Item	Discussion	Outcome/Action
<p>Welcome and Introductions</p> <p>Outstanding Issues</p>	<p>Those present were:</p> <ul style="list-style-type: none"> AIM Systems, Inc Associated Anesthesiologists Center for Health Aging Dreyer Medical Clinic, S.C Edward Hospital First Care Ambulance Services Foot & Ankle Clinic of America Health One Midwest Illinois Chiropractic Society Little Company of Mary Hospital Medical Business Bureau Medi-Data Services, LTD Midwest Heart Specialists Mount Sinai Hospital Northwestern Medical Faculty Foundation (NMFF) Professional Medical Business Systems Quest Diagnostics Senior Health Insurance Program (SHIP) The Centers for Medicare & Medicaid Services (CMS) University Of Chicago Hospitals & Physicians Group 	<ul style="list-style-type: none"> • Roll Call • There were no outstanding issues from the last meeting
<p>Introduction of New PCOM Committee Chairperson</p>	<p>J. David Bozarth, Assistant Manager, Provider Education, followed up on a previous e-mail (sent to all committee members) with an announcement that Barbara Kahler, former PCOM chairperson, had been appointed to the position of Medical Director’s Assistant, reporting to Dr. Stephen Boren, Carrier Medical Director (CMD).</p> <p>David introduced <u>new</u> PCOM Advisory Group chairperson: Ellen Berra</p> <ul style="list-style-type: none"> • Ellen is from the Marion office (Provider Education) • Ellen has almost 20 years of Medicare experience, the last several years as Senior Analyst, Provider Education. 	<p>Ellen Berra spoke to the group with a warm welcome, expressing excitement about being chairperson.</p>

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<p>New pricing</p>	<p><i>Immunizations / Vaccinations</i></p> <ul style="list-style-type: none"> • A question surfaced regarding Medicare’s coverage of a flu vaccine “inhaler” <p><i>Mass Adjustment</i></p>	<p><i>Pnemococcal:</i></p> <ul style="list-style-type: none"> • Payment increase – effective Oct 1, 2003: \$18.62 <p><i>Flu vaccine:</i></p> <ul style="list-style-type: none"> • Codes 90658 & 90659 – effective Sept 1, 2003: \$9.95 <p>Deductible and coinsurance amounts do not apply</p> <ul style="list-style-type: none"> • Medicare does not cover inhalants; we will advise if there are any changes <p>Medicare will not be assessing overpayments for January and February 2003 services paid at incorrect fee schedule amounts.</p> <p style="text-align: center;">-</p>
<p>Healthcare Integrated General Ledger Accounting System (HIGLAS)</p> <p>Guest Speakers:</p> <p><i>Patrick Hotowski</i> and <i>Dino Gosai</i></p> <p>Centers for Medicare and Medicaid Services (CMS) Central Office</p>	<p><i>HIGLAS: Healthcare Integrated General Ledger Accounting System:</i></p> <p>Medicare constitutes the third largest budget (\$250B) in the world, yet most accounting practices performed in conjunction with it are still done manually. In an effort to automate, improve efficiency and save costs, the HIGLAS program (designed five years ago) was developed. The accounting firm of Price, Waterhouse, Coopers designed the program, which was then developed by the Oracle Software Company. HIGLAS</p> <ul style="list-style-type: none"> • is an accounting system internal to CMS and its contractors • is to be reviewed annually by the Office of the Inspector General <p>It will:</p> <ul style="list-style-type: none"> • automate what we now do manually, offering accurate information quicker than is possible with current systems • not effect reimbursement • maintain all financial data in one system • operate similarly to the Common Working File (CFW), in that it will run query before a contractor is authorized to cut checks <p style="text-align: right;">(con't)</p>	<p><i>HIGLAS</i></p> <ul style="list-style-type: none"> • Is a Web Base System – Customer Service staff will be able to go online immediately, look up claims, and explain what amounts may have been offset, or went into payment, and give an immediate answer to inquiries • The HIGLAS function will replace local contractors’ current, outdated financial accounting systems. As such, current Accounts Payable and Accounts Receivable functions will be replaced. <p>HIGLAS is not meant to handle fraud and abuse cases or a number of other issues and/or transactions; those are to be handled separately.</p>

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Healthcare Integrated General Ledger Accounting System (HIGLAS)	<ul style="list-style-type: none"> • Palmetto (Medicare Part A) and Empire Blue Cross and Blue Shield of New York (Medicare Part B) will begin testing in October 2003, with production scheduled for October 2004. Full implementation is not expected until 2007. 	<p>Initial contractors are to receive workloads sometime during the 2004 calendar year. A transition schedule will be announced by CMS at a later date.</p> <p>The PCOM Advisory Group may be asked to serve as a focus group to assess the needs of the program prior to, during and following implementation.</p>

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<p>Medical Director's Corner</p> <p><i>Dr. Stephen Boren,</i> CMD</p>	<p><i>Carrier Error Rate Testing (CERT):</i></p> <ul style="list-style-type: none"> • Advance Med is conducting testing through a random sampling of 200 claims per month for each contractor • As a result of the process, Advance Med may assess errors and assess overpayments should providers not respond to requests for documentation <p><i>Policies:</i></p> <ul style="list-style-type: none"> • WPS is working to standardize Medical policies throughout its jurisdiction. As a result, we have retired a number of policies, and will continue this process for the coming months <p><i>Reimbursement</i></p> <p><i>Benefit Integrity:</i></p> <ul style="list-style-type: none"> • Cahaba now does the benefit integrity work for Illinois <p><i>Advisory Process Meeting</i></p> <ul style="list-style-type: none"> • CMS is sponsoring a meeting October 7 and 8, 2003 in Chicago, IL to discuss the Local Medical Review Policy process. The meeting will be held at the Marriott Chicago O'Hare, 	<ul style="list-style-type: none"> • Physicians and billing services need to understand that if they receive a CERT letter, they need to reply, otherwise we will ask for money back. • Hopefully, by the January 2004 CAC meeting, WPS will have consistent local medical review policies for all four states. • Unless the current law changes, Medicare reimbursement will decrease 4% January 1. • Some of Cahaba's employees were previous Medicare (WPS) employees. • Ellen Berra will attach information about this meeting to the e-mail sending the notes to the members.
<p>CD-ROM Initiative</p>	<ul style="list-style-type: none"> • The 2004 Medicare Physician Fee Schedule will be available via CD-ROM. This initiative should prove to be a provider-friendly, cost saving approach to what is known as the annual disclosure process. <p>Anticipation of the CD-ROM and its possibilities was positive.</p>	<p>In addition to fee schedule and enrollment information, the CD-ROM will feature information such as:</p> <ul style="list-style-type: none"> • <i>Communiqués</i> from the past year • Handbooks from workshops and seminars • Links to important web sites • A listing of Medicare acronyms and their meanings • Frequently Asked Questions • Helpful Hints for using the CD-ROM

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Provider Education	<p><i>Chicago Office</i> With the move of Barbara Kahler to the Medical Director's area, there is only one person in Provider Education in the Chicago office</p> <p><i>Marion Office</i> The Marion Provider Education and Outreach team is fully staffed.</p> <p><i>Provider Open House</i></p> <ul style="list-style-type: none"> • Madison, Wisconsin – Oct 7 and 8 <p><i>Thank you for feedback.</i></p> <p>In a previous PCOM meeting, members were asked to provide input and suggestions for the <i>Beyond the Basics Workbook</i>.</p>	<ul style="list-style-type: none"> • We will accommodate requests for seminars, workshops and on-sites as resources allow, and will assign presenters based upon geographic considerations, areas of specialization and availability. Providers / committee members interested in Educational activities should e-mail or write J. David with specifics as to the nature of the request. • A number of programs will be offered throughout the two-day event, including: Web site demo, software demo, correct billing of E&M services (presented by the Wisconsin CMD, Dr. Bussan), Medical Review Process, understanding provider remittance, sensitivity training • The feedback has been received and the suggested changes will be made in a future update of the book.
Customer Service	<p><i>Top claim denials:</i></p> <ul style="list-style-type: none"> • Invalid procedure Codes • Provider # difficulties • Purchased diagnostic testing information • Item 11 of 1500 form must be completed <p><i>Top Phone Calls:</i></p> <ul style="list-style-type: none"> • Eligibility Information • Claim Status • Provider Summary Status 	<ul style="list-style-type: none"> • WPS is denying a lot of claims based on these 4 items. Providers are encouraged to look at internal processing to verify this is not an issue and to provide information to the provider community. • The HIPAA 276 / 277 transaction will provide the information. The June 2003, <i>Communiqué</i>, page 33, has information on the status codes

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	<p><i>E&M Information</i> Large volume of phone calls, based on denials because of modifiers, inclusion in services, overpayments of other services being allowed</p> <p><i>Consolidated Billing</i> Providers have been contacting our Customer Service department to dispute overpayment letters received. The service provided is part of the Consolidated Billing program and the overpayments are for services that should have been provided either directly or under arrangement by the SNF.</p> <p><i>Correct Coding Initiative (CCI)</i> The CCI Edits Manual no longer has to be purchased by providers; it is available on the CMS Web site.</p> <p><i>Web-Based Manuals</i> CMS is moving from a paper manual system to a web-based manual system. The process includes streamlining, updating and consolidating CMS' various program instructions. The new on-line system will be organized by functional area and be effective October 1, 2003.</p> <p><i>Remarks Codes</i> We appreciate the feedback we have received on the remarks codes and this information has been forwarded to CMS.</p>	<p>that will apply</p> <ul style="list-style-type: none"> • Providers are encouraged to look at any denials received on E&M to determine the reasons. • Providers are also encouraged to share best practices during the PCOM meetings to prompt the sharing of that information with the larger provider community through other members • The overpayments related to Consolidated Billing issues are valid and will be recouped. • This should be more user friendly and provide considerable cost savings to the provider community.
<p>EDI / HIPAA: HIPAA Seminars</p> <p>HIPAA Contingency</p>	<p>The committee viewed the CMS video <i>HIPAA 101</i>. The following items regarding EDI/HIPAA were discussed:</p> <p><i>CMS Contingency Plan.</i> The contingency plan regarding the HIPAA implementation was announced Tuesday, September 23, and advised that CMS will continue to accept legacy formats as long as provider and</p>	<ul style="list-style-type: none"> • Two committee members requested a copy of the CMS video HIPAA 101, and have been given this. The combined provider base the two members represent is more than 1,500. <p>Committee members were advised to watch WPS</p>

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	trading partners continue their efforts to become HIPAA compliant.	and CMS web sites for future updates.
The meeting was adjourned at approximately 12:20 P.M. The next PCOM Advisory Group meeting will be held on December 11, 2003.		