

# Provider Communication Advisory Committee Minutes (PCOM)

8:30 a.m. - 12:00 noon

September 15, 2005

Chicago, Illinois

Members: Total 34 members

Agenda Item	Discussion	Outcome/Action
1. Welcome and Introductions	<p><i>Roll Call</i></p> <p>Chairperson: Ellen Berra, ellen.berra@wpsic.com Assistant Manager: J. David Bozarth jdavid.bozarth@wpsic.com</p>	19 PCOM Advisory Group members and 4 WPS staff attended this meeting.
2. Provider Educational Activities	<p><i>Approval of previous minutes:</i></p> <ul style="list-style-type: none"> <li>▪ Minutes for meeting on June 16, 2005</li> <li>▪ Table of Contents General Medicare Booklet</li> </ul> <p><i>Medlearn Matters # 3953 – Chronic Care Improvement (CCI):</i></p> <ul style="list-style-type: none"> <li>▪ CMS is starting a pilot project to look at improving the quality of patient’s health</li> <li>▪ AETNA, Inc will be the Chronic Care Improvement organization for the Chicagoland counties</li> <li>▪ The implementation date is October 20, 2005 and will serve Medicare beneficiaries who have congestive heart failure &amp; complex diabetes among their chronic conditions</li> <li>▪ This program will offer self-care guidance and support and will help participants manage all their health care problems. There will be no cost to the beneficiary</li> </ul>	<ul style="list-style-type: none"> <li>▪ Members approved the minutes</li> <li>▪ Members provided several suggestions concerning POS articles and Modifier 26 that will be incorporated it into the book</li>   <li>▪ Eligible beneficiaries do not have to change plans and participation is totally voluntary</li> <li>▪ Members had several concerns about this project. WPS will share these with CMS</li> <li>▪ Members were referred to the CMS website for addition information: <a href="http://www.cms.hhs.gov/medicarereform/ccip/">http://www.cms.hhs.gov/medicarereform/ccip/</a></li> </ul>

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	<p><i>Ask-the-Contractor Teleconferences (ACTs):</i></p> <ul style="list-style-type: none"> <li>▪ Next ACT will be Wednesday, September 21, 2005 on “Modifiers”</li> <li>▪ After overview and Q&amp;A on topic, we open it up to all questions related to Medicare</li> <li>▪ Teleconferences are free of charge with multiple lines available</li> <li>▪ Phone number and access code are published for the call on the website one week prior to call</li> <li>▪ The replay of the call is available for one week following the call</li> </ul> <p><i>Small Provider PET Advisory:</i></p> <ul style="list-style-type: none"> <li>▪ Medicare wants to increase education to smaller providers offices</li> <li>▪ WPS will hold meeting twice a year</li> <li>▪ Specialty specific PET Advisory – similar to the PCOM meetings</li> <li>▪ WPS is looking at several specialties: Chiropractic, Foot Care, PT/OT, General Practitioners, and Chiropractic Demonstration</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ WPS is asking for members to support these calls. Please share the information within your community</li> <li>▪ Toll-free 800-721-2046</li>   <li>▪ Dr. Zange provided several comments concerning the Chiropractic and Ellen will share with the management staff.</li> <li>▪ Please encourage participation in your community.</li> </ul>
<p>3. Medicare Publications</p>	<p><i>Medlearn Matters # 3638 – Initial Preventive Physical Examination:</i></p> <ul style="list-style-type: none"> <li>▪ Medicare provides coverage for an initial preventive physical examination (IPPE), including a screening electrocardiogram (EKG) for new beneficiaries within six months after the effective date of the beneficiary’s first Part B coverage</li> <li>▪ Members were reminded that this is a once-in-a-lifetime benefit during the first 6 months of beneficiary eligibility</li> </ul> <p><i>Medlearn Matters # 3902 – Low Osmolar Contrast Media (LOCM):</i></p> <ul style="list-style-type: none"> <li>▪ CMS has eliminated the restrictive criteria for the payment of LOCM for non-hospital patients</li> <li>▪ New codes are Q9945 – Q9951 instead of A4644 – A4646</li> </ul> <p><i>Medlearn Matters # 3883 – Beneficiary Eligibility Inquiries/Replies (HIPAA 270/271 Transactions):</i></p> <ul style="list-style-type: none"> <li>▪ Clearinghouses, certain providers and trading partners will be permitted to send 270 transactions via the Extranet, a secure closed and private network use to transmit data between Medicare carriers and intermediaries and CMS</li> </ul>	<ul style="list-style-type: none"> <li>▪ Members are concerned over benefits to patient</li> <li>▪ Members are concerned over determining whether the service is a Welcome to Medicare visit when the patient calls for an appointment</li>   <li>▪ Clearinghouses and Providers can complete an access form located at <a href="http://www.cms.hhs.gov.it">http://www.cms.hhs.gov.it</a> to</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Plan in the future looking to support national provider telephone interactive voice response system</li> </ul> <p><i>Medlearn Matters # 3956 – End of HIPAA Contingency Plan for Claims Submissions:</i></p> <ul style="list-style-type: none"> <li>▪ CMS is ending the contingency plan that allowed providers to submit non-HIPAA claim formats electronically</li> <li>▪ Non-complaint claims submitted to Medicare on or after October 1, 2005, will be rejected and returned to the provider</li> <li>▪ Providers who are submitting paper claims – Medicare will be contacting those providers to make sure their eligible to continue to submit paper claims</li> </ul> <p><i>Medlearn Matters # 3935 – New Health Professional Shortage Area (HPSA) Modifier:</i></p> <ul style="list-style-type: none"> <li>▪ A new modifier, AQ, replaces the two existing modifiers, QB and QU, for physicians services provided in HPSAs</li> <li>▪ The new modifier is effective for services 1/1/06 and after.</li> </ul> <p><i>Medlearn Matters # 3648 – Regarding Therapy Services:</i></p> <ul style="list-style-type: none"> <li>▪ Re-organizes sections 220 and 230 in Chapter 15, it adds reference information and clarifies current policy concerning physician visits and certification. It defines the qualifications of therapists</li> <li>▪ To ensure payments for therapy services you must meet the conditions and standards for therapy services. The qualified therapy service must be furnished by qualified professionals/personnel as defined in the Medicare Benefit Policy Manual</li> </ul>	<p>participate</p> <ul style="list-style-type: none"> <li>• Members expressed concerns with secondary insurances not accepting the transmissions</li> </ul> <ul style="list-style-type: none"> <li>▪ Effective immediately</li> <li>▪ Instruction for CR 3648 can be found at: <a href="http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp">http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp</a></li> </ul>
4. Other Issues	<p><i>National Provider Identifier (NPI):</i></p> <ul style="list-style-type: none"> <li>▪ NPI is a 10 digit identifier consisting of 9 numbers plus a check-digit in the 10<sup>th</sup> place and does not expire</li> <li>▪ NPI does not have any embedded intelligence</li> <li>▪ All covered health care providers that submit claims or conduct other transactions specified by HIPAA must request an NPI</li> <li>▪ Individual providers will have an NPI number and group practices will have a separate NPI number</li> <li>▪ From now through October 2, 2006 the existing provider number must be</li> </ul>	<ul style="list-style-type: none"> <li>▪ Members were referred to NPI information: <a href="https://nppes.cms.hhs.gov">https://nppes.cms.hhs.gov</a> or call 1-800-465-3203</li> <li>▪ Members questioned where the NPI would go on the claim. When the NPI replaces the legacy provider number in May 23, 2007 it will go in</li> </ul>

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	<p>submitted. October 2, 2006 through 5/22/07 Medicare can accept either the NPI or the legacy number. After May 23, 2007 Medicare will only accept the NPI number.</p> <p><i>Electronic Remittance Advice (ERA):</i></p> <ul style="list-style-type: none"> <li>▪ Take advantage of faster communication, payment information and reduction of paperwork by receiving the ERA</li> <li>▪ Medicare is looking at software right now where you can print off ERA</li> </ul> <p><i>Electronic Funds Transfer (EFT):</i></p> <ul style="list-style-type: none"> <li>▪ You can have your Medicare Part B payments deposited electronically into your bank account with EFT</li> </ul> <p><i>Toll-Free Numbers for the New Administrative Law Judge (ALJ) Offices:</i></p> <ul style="list-style-type: none"> <li>▪ Providers in the WPS four-state jurisdiction should contact the Cleveland/Ohio number</li> </ul>	<p>the same field as the legacy number. Watch our publications for more information</p> <ul style="list-style-type: none"> <li>▪ Members also had questions on practitioners that had more than 10 payees</li> <li>▪ For more information watch for the Communiqué</li> <li>▪ For WI, IL, and MI contact EDI at: 1-877-567-7261, MN 1-866-380-4742</li> <li>▪ Toll free #1-866-236-5089</li> </ul>
5. Beneficiary Information	<p><i>Medicare Part D:</i></p> <ul style="list-style-type: none"> <li>▪ All Medicare beneficiaries are eligible regardless of income</li> <li>▪ Based on income, some beneficiaries will get extra help to pay premiums and deductibles and won't have as much out-of-pocket expense</li> <li>▪ Beneficiaries who don't enroll when eligible will pay a 1% higher premium for every month they could have been enrolled and were not</li> <li>▪ November 15 2005 to May 15 2006, Beneficiaries can enroll in the Medicare Drug Plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Effective date January 1, 2006</li> <li>▪ Beneficiaries with questions call: 1-800-Medicare</li> </ul>
6. Open Discussion	<p><i>2006 Fee Schedule CD-ROM:</i></p> <ul style="list-style-type: none"> <li>▪ Additional information will be put on the CD-ROM including Communiqué archives, workbooks, and other type of education</li> </ul> <p><i>2006 PCOM Calendar</i></p> <ul style="list-style-type: none"> <li>▪ We discussed the meeting dates and if the meeting location was acceptable</li> </ul>	<ul style="list-style-type: none"> <li>▪ Members agreed on the meeting location and date</li> </ul>

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	<p><i>CD-ROMs:</i></p> <ul style="list-style-type: none"> <li>▪ WPS provided the General Medicare workbook on CD-ROM for use in the office.</li> <li>▪ CMS provided a CD-ROM on Preventive Service.</li> </ul> <p><i>Denials:</i></p> <ul style="list-style-type: none"> <li>▪ WPS discussed the need to reduce the denial rate. We are looking for the members help and assistance. WPS will use information brought by members to provide education through the Communiqué and ListServ</li> </ul>	<ul style="list-style-type: none"> <li>▪ CD-ROMs were passed out to the members</li> <li>▪ Members were asked to bring the top 2 denials that their office receives</li> <li>▪ Ellen will put on agenda in <b>bold</b></li> </ul>

The next meeting will be

December 8, 2005  
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