

Provider Communication Advisory Committee Minutes (PCOM)

9:00 am – 12:00 noon
Thursday, June 15, 2006
Springfield, IL

Attending Members: Prairie Cardiovascular, Springfield Clinic, Quincy Medical Group, Southern Illinois University (SIU) Physicians & Surgeons, IL Dept. of Financial & Professional Regulation/Dept. of Insurance/Senior Health Insurance Program (SHIP), Rehberger Chiropractic Office, Central Illinois Kidney & Dialysis, Blessing Physician Services, MedStar Ambulance Inc.

Conferenced in by Phone: St. Mary's Good Samaritan Hospital, Christie Clinic

WPS Staff: Kim Slater, David Vaughn, Thom Ryan, WPS Medicare Provider Outreach and Education (hereafter referred to as POE), Lisa Cuocci, WPS Medicare Electronic Data Interchange (EDI),

Agenda Item	Discussion	Suggestions	Outcome/Action
Welcome and Introductions	Members were welcomed to the June Springfield PCOM meeting and guest speakers Lisa Cuocci and Thom Ryan were introduced. Roll call was taken; 12 members were present in person and 2 organizations participated by teleconference.		

<p>National Provider Identifier (NPI)</p>	<p>Thom Ryan, Provider Outreach and Education, joined the meeting via teleconference and spoke on the latest information concerning the NPI initiative. In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the NPI has been mandated to act as a standard unique health identifier for health care providers. Once it is implemented, Medicare will recognize only the NPI to identify transactions by providers nationwide. With the exception of small health plans, the compliance date is set for May 23, 2007; small health plans have until May 23, 2008 to comply. Once implemented, benefits of the NPI include lower costs and improved efficiency for physicians since they will no longer be required to use multiple numbers for the various health plans they bill.</p> <hr/> <p>A member asked if the NPI will replace the Unique Physician Identification Number (UPIN).</p>		<p>Yes, the UPIN is one of the identifiers that the NPI will eliminate, according to the directive.</p>
<p>Medicare Remit Easy Print (MREP) and NPI – the Electronic Billing Aspect</p>	<p><u>MREP</u></p> <p>Lisa Cuocci of EDI attended in person and presented information on MREP and the NPI as it applies to electronic billing. The MREP software allows physicians and suppliers to view and print a Medicare remit that mirrors the Standard Paper Remittance (SPR) Advice. Some of the advantages of MREP include:</p> <ul style="list-style-type: none"> • Eliminates physical filing and storage space needs • Print and forward claims for other payers • Quick and easy access to claim information • No mail time • Several useful reports capability • Saves time and money • Available at no cost to customers 		

	<p>MREP assistance is available through the EDI Hotline at (877) 567-7261.</p> <p><u>NPI and EDI</u></p> <p>If you conduct transactions electronically, HIPAA and NPI apply to you. CMS intends to fully implement NPI in electronic transactions in May 2007. If you do not prepare, you may not be able to send electronic claims or receive electronic remittances or conduct any of the other HIPAA transactions, which will significantly impact your business and cash flow. If you have a vendor who maintains your billing system, you should ask your vendor about plans for NPI.</p> <p>For additional information, to complete an NPI application, and to access educational tools, visit https://nppes.cms.hhs.gov</p> <ol style="list-style-type: none"> 1. The question was raised at what point in a physician's career does he/she get an NPI. 2. A member inquired what they should do if they cannot send both an NPI and legacy number in the current claim submission process. 		<p>Responses by Lisa Cuocci:</p> <ol style="list-style-type: none"> 1. It would be in the best interest of the physician to obtain an NPI in the earliest stage of his/her career. 2. Monitor your system to ensure correct number is being paid. We currently have a crosswalk in place to all provider submitter numbers, which means you should not experience difficulties if you cannot send both.
Review and Approval of Minutes	There were no additions/corrections to the last meeting's minutes.		
Review Suggestions/Actions/ Outcomes from Previous Meeting	At the previous meeting in March, a member inquired as to whether or not there will be a provision needed to expedite the issuance of UPINs.		<p>Response by Lisa Cucocci:</p> <p>There are no plans to alter the current process, particularly in light of the NPI directive, which will virtually eliminate</p>

			the need for UPINs from a Medicare billing standpoint in the near future.
Topics for Education – Discussion and Feedback	A document comprised of the comments received from all jurisdictional PCOMs concerning the <i>New Provider/General Medicare</i> workbook was reviewed with the committee. Overall, the suggestions/comments were constructive and helped to improve the newly-revised publication.		
Education Methods – Initiatives	<p>This segment was introduced by highlighting one of the training opportunities in the development stage, the Enrollment Computer Based Training (CBT) course. When completed, this class will afford participants the option of testing their ability to complete a provider enrollment application before actually undertaking the process.</p> <p>The group was solicited for feedback in terms of what they would like the contractor to offer for educational interventions.</p>	<ol style="list-style-type: none"> 1. A member suggested that WPS continue to offer various alternatives to face-to-face programs, such as teleconferences and electronic media learning tools. 2. There was a suggestion to offer a program on Mental Health issues as the billing of this specialty has been problematic in the past. 3. One of the participants inquired as to the possibility of recording the Ask the Contractor Teleconferences (ACTs) for rebroadcast. 4. A suggestion was made to consider offering another <i>A Day With Medicare</i> program. 	<ol style="list-style-type: none"> 1. We appreciate the support of alternative educational measures and plan to continue and expand these instructional events. 2. A teleconference was conducted earlier this year on Mental Health. We will submit this suggestion through the proper channels for consideration. 3. These are available on our Website for replay, generally no more than a few days after the teleconference. 4. This suggestion will be shared with Outreach management.
Medicare Learning Network (MLN) Articles	<p>The committee was given the opportunity to voice questions/concerns over the MLN article handouts submitted to them in electronic file format prior to the meeting.</p> <p>The single discussion in this segment concerned the</p>		

	<p>articles on the Medicare Competitive Acquisition Program (CAP) for Part B Drugs and Biologicals. In an effort to provide physicians with a greater opportunity to evaluate the program and determine if it is right for them, CMS has extended the election period from June 3 to June 30, 2006. Carriers have been instructed to send out a listserv message alerting physicians about the extended CAP election period and update physician election information on their Website.</p> <p>No other issues were presented at this time.</p>		
<p>Updates</p>	<p><u>The 2006 Oncology Demonstration and Nurse Practitioners</u></p> <p>At the suggestion of a member prior to the meeting, an issue was raised concerning the 2006 Oncology Demonstration Project as it relates to Nurse Practitioners (NPs) billing under their own provider number. For the demonstration, if an NP bills using their provider number, the claim will not be paid. These services can be billed “incident to” following the normal guidelines/regulations.</p> <p><u>New Technology Intraocular Lenses (NTIOLs) Furnished in Ambulatory Surgical Centers (ASCs)</u></p> <p>We received a suggestion from a PCOM member prior to the meeting to discuss a recent newsletter article on the additional \$50 payment for NTIOLs furnished in ASCs. Effective for dates of service on and after February 27, 2006 through February 26, 2011, Medicare will pay providers an additional \$50 for the insertion of NTIOL Category 3 (subject to a specific range of model numbers). Additionally, subsequent IOLs will receive the same payment adjustment using HCPCS code Q1003 with procedure codes 66982 through 66986.</p>		

	The question raised was whether or not IOLs are payable in a surgical suite.		If the billing provider's specialty is not 49, the IOLs are not payable. The \$50 charge in this instance would be considered part of the Facility Fee, not part of the physician's fee.
Other Issues – Membership	There were no other issues offered by the PCOM membership at this time.		
Next Meeting	The next PCOM meeting is scheduled for Thursday, September 14, 2006.		