

Provider Communication Advisory Committee Minutes (PCOM)

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

June 9, 2005

Springfield, Illinois

Members: (16)

Agenda Item	Discussion	Outcome/Action
1. Welcome and Introductions	<ul style="list-style-type: none"> • Roll Call • There were no outstanding issues from the last meeting. • In addition to the sign-in sheet, the current membership address list was circulated for any possible corrections. • Members were also asked to complete a survey offering suggestions for an Illinois location for a future “A Day with Medicare and Partners” event. 	For those wishing to fax the survey, the number is 618/998-5249.
2. Customer Service Updates	<p><u>New Medicare Redetermination Request Form</u></p> <p>Effective immediately, Customer Service has implemented a new redetermination request form. In accordance with the passage of the term “review” to “redetermination,” providers are asked to replace Form CMS-1964 with Form CMS-20027. Presently, Customer Service is accepting either form and will fax the new form to providers upon request.</p> <p><u>Upcoming Dates of Importance</u></p> <p>Members were advised that, effective October 1, hearings will no longer be conducted by the contractor. The new second level of appeal, which will be termed “reconsideration,” will be performed by an independent contractor, yet to be named. Furthermore, beginning January 1, 2006, requests for redeterminations at the Medicare contractor level must be submitted in writing.</p>	

	<p><i>For more information, please consult the Handouts Packet for today's meeting.</i></p>	
<p>3. Provider Educational Activities</p>	<p><u>Ask the Contractor Teleconferences (ACTs)</u></p> <p>WPS held its first Ask the Contractor Teleconference (ACT) on March 29, focusing primarily on Place of Service (POS) issues. WPS is planning a series of articles on choosing the correct POS, based on recent OIG audit assessments. Feedback, including questions and comments, from the first ACT will be incorporated in a future newsletter article. Upcoming dates for ACTs include Wednesday, July 20 and Wednesday, September 21.</p> <p><u>Small Provider Education</u></p> <p>Attendees were informally solicited for suggestions on how to provide information to small offices. Due to reduced staff levels, time constraints and limited funding, these offices often find travel to seminars a challenge. While we believe our classes have effectively reached several specialty provider groups, such as Chiropractic, Foot Care and New Provider Basics, we hope to reach a wider scope in the coming months.</p> <p>Toward that goal, a survey was developed requesting input on how to increase education to small provider populations. Currently, the survey is available on our website, on Listserv and in many of our educational forums. Although response to date has been somewhat limited, the information has been captured and is presently under consideration. Survey respondents were recently invited to participate in a teleconference and offer suggestions for small provider education. Ideas included "Lunchtime Learning," Passive Education via the website and partnering efforts with related organizations. Additionally, plans for the near future include the establishment of a multi-state PCOM advisory board consisting of small provider offices.</p>	

	<p><u><i>Practical Solutions to Your Medicare Claim Denials – Table of Contents</i></u></p> <p>One of the classes featured in the upcoming seminar schedule is <i>Practical Solutions to Your Medicare Claim Denials</i>, revised for 2005. As a preview guide to the session, members were given copies of the table of contents outlining the various topics covered in the program.</p> <p><u><i>General Medicare – Table of Contents</i></u></p> <p>Typically in the past, workbooks that accompanied each Provider Education seminar contained a section devoted to billing essentials or basic principles of Medicare. This information has been carved out of seminar workbooks and is now published as a separate manual, which means that future educational sessions will include two workbooks; one for the theme topic and one for general Medicare.</p> <p><u><i>Complete Seminar Schedule</i></u></p> <p>The Provider Education curriculum has been finalized through the end of the current fiscal year (September). Featured seminars include <i>E & M Documentation, Internet Demonstration, SNF Consolidated Billing and Practical Solutions to Your Medicare Claim Denials</i> at locations throughout northern, central and southern Illinois.</p> <p><i>For more information, please consult the Handouts Packet for today’s meeting.</i></p>	
4. MedPub	<p><u><i>MEDLEARN MATTERS – Revised Coding Guidelines for Drug Administration Codes</i></u></p> <p>This article was revised on April 28 to clarify language regarding the effective date and to advise that Medicare contractors will not implement the changes until May 16. It affects physicians and providers that bill Medicare for drug administration procedures. The article highlight is a table outlining five changes in coding guidelines, including the subsequent definition/redefinition of the procedures.</p>	

MEDLEARN MATTERS – Modified Edits for Matching Claims Data to Beneficiary Records

Revised on April 22, this article provides that in the case of a claim failing matching edits, it will be returned as unprocessable, rather than denied. It also stipulates that the name reported on a claim should always be the name shown on the patient's Medicare card, even if the patient indicates the name on the Medicare card is incorrect.

MEDLEARN MATTERS – Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA)

Basically, this article clarifies the documentation necessary to bill for CPAP. It also maintains that unattended home sleep testing for the diagnosis of OSA is not considered reasonable and necessary. Polysomnography must be performed in a facility-based sleep study lab, not in the home or a mobile unit.

MEDLEARN MATTERS – Revisions to the Medicare Benefit Policy Manual (Pub 100-02), Chapter 15, Sections 220 and 230 Regarding Therapy Services

In addition to the directive suggested by the title, the article adds reference information and clarifies current policy concerning physician visits and certification. It also defines the qualifications of therapists.

New Web Site Address – www.wpsmedicare.com

The above address became effective May 1 and will take customers directly to the WPS Medicare Web Site. The group was advised that the old address will stay in effect indefinitely, which should keep them from losing bookmarks.

A member suggested an index guide for the newsletter would be a welcome addition to the web site. They have encountered numerous difficulties with the current search engine.

List-Serv

Members were once again encouraged to join thousands of other providers already receiving e-News messages via the WPS Medicare List-Serv. There is no charge for this service and providers can unsubscribe at any time. Additionally, subscribers can specify the state and specialty for which they would like information.

C-SNAP

Effective 6/6/05 there is enhanced eligibility functions of C-SNAP. This means C-SNAP now provides users with more detailed eligibility information including Part A, Part B, deductible, and MSP data. These enhancements will be quite beneficial to providers, as this information is now updated on a daily basis. Prior to this we updated weekly.

When a C-SNAP user enters patient information into the respective eligibility fields, they retrieve an eligibility summary page with the detailed eligibility information. From this page, the user can click on a link to access patient Part A, Part B, deductible or MSP data. For example when clicking on the MSP function the user will receive the primary insurers name and address.

Additional HMO and Hospice, as well as ESRD and Home Health information will be available with the “second phase” of enhancements planned for later this summer. The C-SNAP “User Guide” does not reflect recent changes, as it still need to be updated. We will be updating the “User Guide” to include these enhancements.

iLinc

iLinc is WPS’ new Web conferencing software and works similar to other Web-based conferencing software, such as WebEx and Microsoft Live Meeting. Participants must have Internet access; there are no other software requirements. Telephone lines are used for the audio portion of iLinc webinars. Recorded sessions will be available on our Website,

	<p>which will require the viewer to have both a sound card and to either have Windows Media Player or the iLinc Player. The first presentation planned is the Internet Demo seminar.</p> <p><i>For more information, please consult the Handouts Packet for today's meeting.</i></p>	
<p>5. Beneficiary Educational Activities</p>	<p><u>Medicare Part D Update (Social Security "Extra Help" Applications and Key Medicare Dates – 2005)</u></p> <p>From the end of May through August, the Social Security Administration (SSA) will mail applications to beneficiaries who may be eligible for extra help to pay for Medicare Prescription Drug Benefit Plan costs. CMS began mailing notices to beneficiaries who automatically qualify for this assistance, beginning in June. In July, the SSA will begin processing the applications. Medicare recipients can apply online at www.socialsecurity.gov. From September through November, those with drug coverage through retiree health benefits, employer group health plans, supplemental plans, etc. will receive letters informing them whether or not their coverage is credible. The initial enrollment period for the Medicare Prescription Drug Benefit runs from November 15 through May 15, 2006.</p> <p><i>For more information, please consult the Handouts Packet for today's meeting.</i></p>	
<p>6. Other Issues</p>	<p><u>HPSA / PSA Information</u></p> <p>Medicare is changing the way it processes global services billed in a HPSA/PSA area, effective for services received October 1 and after. Currently, Medicare returns claims for global services in a HPSA/PSA as unprocessable, requiring the provider to resubmit the charges splitting the professional and technical components. Beginning October 1, the bonus payment will be allowed (on the professional component only) when the claim is submitted as global. If providers prefer to be excluded from the bonus payment, they should notify the carrier.</p>	

	<p><u>NPI</u></p> <p>A recent Medlearn Matters article (SE0528) entitled <i>CMS Announces the National Provider Identifier (NPI) Enumerator Contractor and Information on Obtaining NPIs</i> was presented to members. The enumerator contract was awarded to Fox Systems, Inc., who will be responsible for performing support operations of the NPI project. Providers were allowed to apply for an NPI beginning May 23; the compliance date is currently May 2007.</p> <p><u>Billing for Syringes for the Treatment of ESRD Patients</u></p> <p>Providers billing HCPCS code A4657 for ESRD patients are advised of the proper use of the code when billing for syringes, according to Medlearn Matters article SE0527. In the case where a pre-filled syringe is used in the administration of the drug contained in the syringe and no other syringe is used, the supply charge cannot be billed to Medicare.</p> <p><i>For more information, please consult the Handouts Packet for today's meeting.</i></p>	
7. Open Discussion	<p><u>Miscellaneous Breaking News Items</u></p> <p>As of October 1, Medicare contractors will no longer print a patient's Medicare number on beneficiaries' reimbursement checks, in accordance with the Privacy Act of 1974 and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The change will not influence the use of the Medicare number by Medicare contractors.</p> <p>As outlined in Medlearn Matters Number SE0519, CMS has begun a Medicare Disease Management Demonstration to improve care for chronically ill Fee-For-Service Medicare beneficiaries who suffer from advanced stage heart disease or diabetes in Florida. Up to 30,000</p>	

	<p>eligible Medicare beneficiaries will be enrolled in the treatment arm of the study during the three-year project. Projected goals include: to find better ways to improve the quality of life for people with diabetes and chronic heart disease; to determine the benefits of disease management programs for chronically ill persons; and to find ways to make these services available to people with Medicare.</p>	
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The next meeting is scheduled for Thursday, September 8, 2005.