

Provider Outreach and Education Advisory Group (POE-AG)

Committee Meeting Minutes

9am – 11am (CST)

September 13, 2007

Hosted by: Illinois

Attending Members:

MI - Bronson Healthcare Corporation; Michigan Medical PC; Mid-Michigan Physicians, PC; Northern Billing Specialists; Professional Practice Resources (PPR) Michigan; Sturgis Hospital; University of Michigan Health Systems

IL - Carle Clinic Association; Christie Clinic; Illinois Chiropractic Society; Little Company of Mary Hospital; McKesson Information Solutions; Midwest Heart Specialists; Office of Dr. James Rehberger; SIU School of Medicine; Springfield Clinic; First Care Ambulance; Practice Management; Professional Medical Billing; Dr. Linda Zange

WPS Staff: Provider Outreach staff: Ellen Berra, J. David Bozarth, Mark Kirchberg, Kim Slater, David Vaughn, and Becky Rolape
 Medicare Publications staff: Holly O’Neal, Kathy Earnheart

Agenda Item	Discussion	Suggestions/Questions	Outcome/Action
Welcome and Introductions	Members were welcomed to the meeting hosted in Champaign, Illinois.		
Approval of Minutes from June 2007	Members approved the minutes from the June 2007 POE AG meeting as written.		
Action/Outcome List from March meetings	<p>Action/Outcome List:</p> <ul style="list-style-type: none"> ▪ Open - members received a handout with the agenda of the Suggestions/Comments and the Action/Outcomes from the last meeting: <ul style="list-style-type: none"> - WPS’ goal is to reduce the Comprehensive Error Rate Testing (CERT) error rate. To accomplish this goal Provider Outreach and Education (POE) has created several educational avenues for providers. POE asked members to view these educational avenues and provide feedback regarding the education with emphasis on Evaluation and Management (E/M), and suggestions for alternative educational means. Members should also include the name of the 	<p>Several members stated that physicians are responsible for E/M coding. They have audit/compliance units to monitor the physician’s documentation to ensure correct coding addressing issues as they arise. Some facilities provide templates for physicians to follow.</p> <p>One member educates all new providers to ensure proper coding in addition to auditing. They have a program called “Shadow Day” where they follow the provider through the day checking documentation and coding.</p>	Co-chairpersons asked member to review the WPS educational information/ programs and provide suggestions to decrease the CERT error rate.

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	<p>person(s) in their office who handle CERT.</p> <ul style="list-style-type: none"> ▪ Closed – POE has acted upon several of the suggestions/comments received from members. <ul style="list-style-type: none"> - POE has a team working on the suggestion to target providers who bill modifiers 24, 25 and 59 incorrectly. POE identified providers requesting inquiries or appeals to add modifiers through data reports. WPS will send educational materials on these modifiers. - POE is working on several of the suggested Computer Based Training (CBT) Programs that members suggested including Revised 1500 claim forms, Physical Therapy and PHYS MED 009. POE will create a CBT program and a fact sheet on the new ABN when completed. - POE incorporated the suggestions sent by members regarding ASCA into a resource document for providers. - Medicare will not change incorrect diagnosis codes unless it involves a change in payment. Providers should make a notation within their office documentation. 	<p>A member stated that their physicians are required to attend an audit and <i>act</i> as an auditor at least once per year. This has increased awareness and understanding of the importance of documentation.</p> <p>One member stated some providers/ provider offices would not change the way they code unless Medicare audited them.</p> <p>Another member stated that, to his knowledge, the comment period on ABNs is closed, but is not complete because of the high volume of comments received.</p> <p>Members asked if WPS could create a list of those things that do not require correction with the carrier. Member asked when providers should use the Medicare Reopening Request form. Reopening Requests are small, technical errors that providers need to correct to receive the correct payment, such as, modifier use or units.</p>	<p>We will share the suggestion of additional education on Reopening with Customer Service and with our management.</p>

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	<ul style="list-style-type: none"> - Members suggested making hardcopies of presentation material available for providers who do not have internet access. We shared this with management. WPS will provide this information in a Listserv message is this becomes available. 		
Provider Education	<p>A. CERT WPS provided a document listing the suggestions/comments on the Computer Based Training (CBT) program on CERT. Some of the items:</p> <ul style="list-style-type: none"> - Changing slides to emphasize different denial reasons - Provided instructions on submitting claims for denial purposes - Included examples and Website resources <p>B. Consultations WPS provided a document listing the suggestions/comments on the Consultation CBT.</p> <ul style="list-style-type: none"> - The car repair analogy received both positive and negative comments. POE kept the example as everyone can relate to this example - We included definitions of the provider specialties that could perform consultations. - Dark background colors were changed. <p>WPS will sponsor a teleconference on Wednesday, September 18, 2007 from 9am – 10:30am (CST). The phone number is 1-877-290-9695, pass code 5946709.</p> <p>C. Physicians Quality Reporting Initiative (PQRI) Members received a handout with their agendas identifying three different issues with PQRI:</p> <ul style="list-style-type: none"> ▪ Incorrect denial messages – WPS is 	<p>The Consultation CBT is currently on the WPS Website under: Provider Education/educational materials/ guidebook. Members did not think this was the best location.</p> <p>Members asked if WPS could attach this CBT as well as others a link in the Policy section.</p> <p>Members asked how many providers are participating.</p>	<p>We will look at moving this to another location.</p> <p>Co-chairs will discuss this suggestion with their department and the Policy department.</p> <p>PQRI is a CMS initiative, but co-chairpersons will try to obtain the number of providers participating.</p>

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	<p>taking all the steps possible to correct the messages. This does not affect the PQRI reporting processes.</p> <ul style="list-style-type: none"> ▪ Incorrect claim submissions – WPS rejected claims as Unprocessable. Providers need to correct errors and resubmit claims. ▪ Incorrect modifiers – WPS rejected claims as Unprocessable. WPS separated the quality codes from the original claim. Providers cannot resubmit these claims. <p>D. JW Modifier WPS has received a large number of calls asking the JW modifier applies only to drugs included in the Competitive Acquisition Program (CAP), or also drugs priced through the Average Sales Price (ASP). The modifier applies equally to both. Medicare does not require the JW modifier for discarded drugs reimbursed under the ASP. The handout also includes billing instructions and CMS Website links.</p> <p>E. Mediasite WPS obtained new technology, Mediasite, last year that allows WPS to broadcast over the WPS Website. Mediasite has audio and video capability. WPS used Mediasite to record several “Quick Tips,” which are generally between five and ten minutes long on a variety of educational topics and is working on recording live educational seminars that will be available on the WPS Website.</p>	<p>Providers feel reconciliation process is going to be cumbersome. CMS has created several tools, but the process requires additional time for offices. This may hinder whether providers participate. Providers are also hesitant about participating because of concerns with crossover companies denying these claims.</p>	<p>POE is in the initial phase of using the new technology, Mediasite, and would like members’ comments/suggestions regarding programs available, topics for new programs and the ease of use for the technology.</p>
Member Issues	<p>A. Medicare Advantage Plans Members received a document regarding contact information for Medicare Advantage Plans and a CMS Website that provides a current listing of contact information.</p> <p>B. Vaccines and payment for administration</p>		

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	<p>CMS issued a Medicare Learning Network (MLN) article, SE0727, which discusses the upcoming changes for reimbursement for vaccines and vaccine administration under Medicare Part D. The Tax Relief and Healthcare Act effective January 1, 2007 provides for reimbursement of the administration associated with Part D covered vaccines. Pharmacies and physicians can use a newly instituted G code, G0377, to bill for the Part D vaccine administration for calendar years 2007. Beginning January 2008 Medicare will cover the administration of Part D covered vaccines within the vaccine billing itself.</p>		
Medicare Publications	<p>Medicare Publications requested volunteers to complete Usability Testing for the new WPS Website design at the end of September. Testers will receive a list of scenarios to locate on the redesigned Website. These scenarios would take approximately one hour.</p>		<p>Members who would like to volunteer to do Usability Testing can send their respective co-chairperson an email.</p>
Updates	<p>A. Healthcare Integrated General Ledger Accounting system (HIGLAS) WPS Medicare is in the process of transitioning to a new Standardized Accounting system. CMS implemented a standardized accounting system for use by all Medicare contractors. This standard system will replace the many Medicare accounting systems with a single unified standard system.</p> <p>HIGLAS will have little impact on the provider community. Providers may see a change in the format of their financial letters. We will publish further information as it becomes available.</p> <p>B. Listing of National Provider Identifier (NPI) Crosswalk Bypass Logic Edits</p> <p>Since October 2, 2006, WPS has encouraged</p>		

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	<p>providers to submit both their NPI and legacy numbers on their claims. Effective August 27, 2007, for Minnesota and Wisconsin and September 4, 2007, for Illinois and Michigan, WPS Medicare will begin editing the NPI/legacy ID combinations for validity against the NPI crosswalk file. Where a match cannot be located on the crosswalk, WPS will reject the claim. WPS will activate the NPI prepass edits on September 24, 2007. It is important that providers act now. Providers who are having issues should contact the EDI department. A complete list of prepass edits is available through the WPS bulletin board in the EDI file library under file name 4010_401.doc.</p> <p>WPS recommends providers submit a small number of claims with NPI numbers only and track the claims through to the Remittance Notice. If claims processing is correct, begin submitting the NPI only. Pay particular notices for important NPI billing messages in the Billing provider level (loop 2010AA), Pay to provider level (loop 2010AB), and Rendering provider level (loop 2310B, 2420A).</p> <p>Medicare will discontinue the UPIN Website lookup function on September 27, 2007.</p> <p>NPI Data Dissemination Dissemination of Data from the National Plan and Provider Enumeration System (NPPES) began on September 4, 2007. Data is available in two forms:</p> <ul style="list-style-type: none"> ▪ A query-only database, known as the NPI Registry ▪ A downloadable file. <p>Members received a spreadsheet with NPI</p>	<p>Member questioned if WPS still accepts the generic UPIN.</p>	<p>The generic UPIN (OTH000) is still in effect and we will publish any data on its discontinuation.</p>

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	<p>stats data for claims submitted for billing and pay to providers.</p> <p>WPS will host a NPI ACT teleconference on Tuesday, September 25, 2007 from 10am – 11:30am (CST). No registration is required. Providers wishing to participate can call 1-877-290-9695, passcode 15854817.</p> <p>C. C-SNAP Providers may request Redeterminations and Reopenings using C-SNAP beginning Monday, September 10, 2007. Beneficiaries will continue to receive a letter regarding decisions, but providers will not. Providers will be able print this information off the C-SNAP system. Providers can take questions/concerns to the C-SNAP Hotline (1-877-476-8116).</p> <p>D. Local Coverage Determinations (LCD) WPS prepared a document listing the LCDs and asked members to provide suggestions/ideas on educational programs.</p> <p>E. POE AG meetings for FY 2008 WPS will hold the POE AG meetings quarterly - December, March, June, and September. The December and June meetings are teleconference only for all sites. The March meeting is in-person in Michigan. The September meeting is in-person in Illinois.</p> <p>WPS is making a change to the Chairpersons for FY 2008. Effective with the December</p>	<p>Members questioned if WPS has considered issuing certifications for training that providers have taken.</p>	<p>Members should send suggestions/comments/questions to their respective co-chairpersons regarding this enhancement or further suggestions/ideas for future enhancements.</p> <p>WPS asked members to look over the list of LCDs and bring suggestions/ideas back to the December meeting on the most appropriate LCDs for education and the most appropriate methods.</p> <p>WPS will take this suggestion back to management.</p>

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	<p>meeting, Ellen Berra, Kim Slater, and David Vaughn are no longer co-chairpersons for POE AG. Mark Kirchberg and J. David Bozarth will continue as co-chairs.</p> <p>Mark can be reached at (608) 301-2934; mark.kirchberg@wpsic.com David can be reached at (312) 228-6246; j.david.borzarth@wpsic.com.</p>		
Next meeting	The next scheduled POE AG meeting is Thursday, December 6, 2007 and will be by teleconference only.		