

Provider Outreach & Education Advisory Group (POE AG)

Illinois/Michigan Agenda/Minutes

9 am – 11am (CST)
Thursday, May 4, 2009

Attending Members:

IL: AIM Systems; Central Illinois Kidney & Dialysis; Christie Clinic; Elite Medical Solutions; Illinois Chiropractic Society; Illinois State Medical Society; Little Company of Mary Hospital; McKesson Revenue Management Services; Midwest Heart Specialists; Phoenix Physicians Services, Sinai Medical Group; Practice Management; St. Mary's Good Samaritan; SIU School of Medicine; Springfield Clinic;

MI: CBIZ; Continuum Management Services; Henry Ford Health Systems; Michigan State Medical Society (MSMS); Mid-Michigan Physicians, PC; Professional Practice Resources (PPR) Michigan; Rehmann; Thorton Consulting Group, INC.; University of Michigan Health System

WPS Medicare Staff: Provider Outreach staff: Thom Ryan
Medicare Publications: Sarah Schroeder
Administration: Emily Drewitz

Agenda Item	Discussion	Suggestions	Outcome/Action
Welcome and Introductions	<p>Provider Outreach and Education (POE) staff welcomed members to the Provider Outreach and Education Advisory Group (POE AG) meeting.</p> <p>Thom informed members that J. David Bozarth is no longer co-chairperson for the IL/MI POE AG meeting.</p>		<p>WPS Medicare staff introduced themselves and had participants do the same.</p> <p>All comments/suggestions should be sent to Thom at thom.ryan@wpsic.com.</p>
Medicare Publications Update	<p>WPS Medicare Publications (MedPub) received several comments from providers through the WPS Medicare Website Customer Service Satisfaction Survey regarding issues incurred with the Search feature of the WPS Medicare Website. MedPub will publish additional Search Tips through e-news and the Website when completed.</p>		<p>MedPub requested comments on specific issues POE AG members see with the Search function and suggestions on improvement. E-mail comments/suggestions to medpub@wpsic.com.</p> <p>MedPub encouraged members to complete the survey.</p>

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Approval of Minutes	Minutes from the March 19, 2009 POE AG were reviewed.		Members approved the minutes as written.
Action/Outcome Documents	<ul style="list-style-type: none"> • Thom reviewed items on the list of the Open and Closed Suggestions/Comments and Action/Outcome documents members received with the agenda. <ul style="list-style-type: none"> ○ Open – Members asked that we bring identified trends of claim denials, telephone calls and appeals to the meetings to assist in reducing the numbers. ○ Closed – Member suggested provider training on the National Correct Coding Initiative (NCCI) and how to read and bill correctly. Member suggested a teleconference discussing NCCI and quarterly changes. Members suggested education on Global Surgery Modifiers. Member suggested WPS Medicare post a list of those procedure codes that can be quantity billed on one line of service. 		<p>Suggestions/comments should be submitted to chairperson.</p> <p>POE is discussing this internally to determine the best course of action. Chairpersons will bring this to a future meeting.</p> <p>A Computer-Based Training (CBT) is available at http://www.wpsmedicare.com/part_b/education/cbt.shtml.</p> <p>The POE staff recently conducted a teleconference, but did not include quarterly changes because these are posted on the Website.</p> <p>We shared the members's suggestions for Global Surgery with the POE staff preparing a CBT. We will provide feedback on all the suggestions and actions during a future meeting.</p> <p>This information is on the WPS Medicare Website at http://www.wpsmedicare.com/part_b/business/quantitybilled.shtml and will be updated quarterly. This does not include the Medically Unlikely Edits (MUEs) from Centers for Medicare and Medicaid Services (CMS). Those are published on the</p>

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	<p>Members requested additional education on reading pre-pass edits.</p> <p>Members asked several questions regarding Medicare Secondary Payer (MSP)</p> <p>Members suggested sending weekly e-mails of information posted to the WPS Medicare Website.</p>	<p>Members had the following questions: Is it acceptable to provide primary information at the claim level? Should providers enter the primary information at both the line and claim level.</p> <p>Members suggested that clarification on whether the total approved and total paid amounts should be included for all lines as well as each individual line.</p>	<p>CMS Website at http://www.cms.hhs.gov/NationalCorrectCodInitEd/08_MUE.asp#TopOfPage</p> <p>The Electronic Data Interchange (EDI) published, in the 5/04/09 eNews, an article on pre-pass edits. The article will be published in the June 2009 Communiqué.</p> <p>Education explaining Medicare as “Primary or Secondary” already exists on CMS and WPS Medicare Websites. Members should review this information and send comments/ suggestions for further education to chairperson by 7/3/09.</p> <p>Member was referred to the WPS EDI department</p> <p>Member was referred to the WPS EDI department.</p> <p>The MedPub department currently includes articles about changes to the WPS Medicare Website in the Listserv when requested. MedPub will remind individual departments to consider publishing eNews articles</p>

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		<p>Member suggested sending the <i>Communiqué</i> out to all Listserv members.</p>	<p>when changes are made to their individual pages.</p> <p>The <i>Communiqué</i> is available on the WPS Medicare Website as per requirements.</p>
Provider Education	<ul style="list-style-type: none"> • Anti-Markup Education Members received a copy of Medicare Learning Network (MLN Matters) article MM6371 regarding Claims Processing Instructions for Diagnostic Tests Subject to the Anti-Markup Pricing Limitation. This article pertains to change request (CR) 6371, which clarifies changes finalized in the 2009 Medicare Physician Fee Schedule (MPFS) final rule with comment related to diagnostic tests and the revised anti-markup provisions in section 414.50 of the Medicare regulations. Although this article provides instructions to your carrier or MAC that describe how to apply the anti-markup payment limitation, it also provides instructions for determining when the anti-markup limitation applies and when it does not apply. • Modifier Fact Sheets Members received copies of WPS Medicare Fact Sheets on the GA, GY, and GZ modifiers. POE conducted a teleconference on these modifiers in April 2009 and has added this information to the Beyond the Basics program. 	<p>Members suggested further education on this subject as it is a complicated issue. Members suggested doing a short teleconference or adding this topic to the Beyond the Basic program.</p> <p>Members asked if WPS Medicare knows if providers are aware of the modifier GA, GY, and GZ and if they are using these modifiers.</p>	<p>Chairperson will share these suggestions with the POE department.</p> <p>WPS Medicare is receiving several claims with these modifiers.</p>
Member Suggestions	<ul style="list-style-type: none"> • Evaluation and Management (E/M) services POE conducted Lunch Time Learning Sessions on E/M services. Frequency Asked Questions (FAQs) from these sessions will be posted on the WPS Medicare Website. 		

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	<p>A four-hour program has been posted on the WPS Medicare Website regarding E/M services. Members were reminded that WPS Medicare is unable to offer any type of coding or billing education.</p> <p>POE received several questions regarding Critical Care billing based on time using 99291. Slides regarding these have been grouped together.</p> <ul style="list-style-type: none"> Recovery Audit Contractors (RAC) The Michigan RAC contract began on March 1, 2009. The RAC contractor is CGI Technologies. Providers who have questions should contact CGI Technologies directly at 1-877-316-7222 or http://www.racb.cgi.com or to contact CMS. <p>The Illinois RAC contract should not begin until August 2009.</p> <ul style="list-style-type: none"> Physical Therapy changes and Caps for 2009 The Interactive Voice Response (IVR) and CMS Secure Net Access Portal (C-SNAP) is reporting the correct Therapy Cap Information. CR 6321 was implemented on April 6, 2009 and was not retroactive; therefore, services between January 1, 2009 and April 6, 2009 did not apply to the 2009 Therapy Cap. Provider Enrollment changes Members received a copy of MLN Matters article MM6310 and a handout regarding Incorporation of Physician Fee Schedule Regulatory Changes into Chapter 10 of the 	<p>Member questioned the slide on Incident Too Services.</p>	<p>Chairperson requested member email question to him.</p> <p>Further suggestions/comments should be submitted to chairperson.</p> <p>The information is separate, and should be considered separately.</p> <p>WPS Medicare is not able to respond to questions concerning the RACs. Please take any questions to CGI or CMS.</p> <p>Members were referred to CR 6321 or the related MLN Article MM6321 for more information.</p> <p>Members were encouraged to read CR 6310 and MLN Matters article MM6310 and send suggestions/comments to the chairperson by</p>

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	<p>Program Integrity Manual (PIM).</p> <ul style="list-style-type: none"> The Remittance Notice and overpayments CMS developed a resource, Understanding the Remittance Advice, for providers to promote a better understanding of the provider Remittance Advice Notice. The resource helps providers understand and interpret the reasons for denials. The resource can be found at http://www.cms.hhs.gov/MNLProducts/downloads/RA_guide_full_03-22-06.pdf. Medicare Fee Schedule Update A Medicare Fee Schedule Relative Value File CBT is available on the WPS Medicare Website at http://www.wpsmedicare/education/cbt/medicarefeeschedule.com 		<p>7/3/09.</p> <p>Members were asked to review the CMS Remittance Advice resource and to send any additional educational suggestions/comments to the chairperson by Friday, June 26, 2009.</p> <p>Members were asked to review the CBT and provide feedback regarding the CBT by 7/3/09.</p>
Updates	<ul style="list-style-type: none"> Comprehensive Error Rate Testing (CERT) CMS is not releasing the May 2009 Improper Payments Report. It is unclear at this time whether CMS will release the November 2008 Improper Payments Report. Physician Quality Reporting Initiative (PQRI) Questions regarding the 2007 PQRI Feedback Reports or the amounts paid as incentives can be found at http://www.qualitynet.org. <p>CMS has published a MLN Matters article regarding PQRI, which can be obtained at</p>		<p>Members can request a copy of their CERT reports by following the instructions at: http://www.wpsmedicare.com/part_b/business/certreviewreminder.shtml</p> <p>Members – please share the CERT information with any groups or provider organizations with whom you speak.</p> <p>Members were directed to Websites for information regarding the 2007 PQRI Feedback Report or the amounts paid as incentives.</p>

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	<p>http://www.cms.hhs.gov/MLN MattersArticle/downloads/SE0830.pdf.</p> <ul style="list-style-type: none"> WPS Medicare Fact Sheets Members received copies of the Informational Only Modifiers Fact Sheet and the Pricing or Payment Modifier Fact Sheet. ICD-9-CM to and from ICD-10-CM and ICD-10-CM and ICD-10-PCS Members received a copy of the ICD-9-CM to and from ICD-10-CM and ICD-10-CM and ICD-10-PCS. CMS will be providing all of the education on this subject. 	<p>Member questioned when 5010 would be coming in.</p>	<p>Submit suggestions/comments to the chairperson by 7/3/09.</p> <p>Member was referred to EDI for this information.</p> <p>Members were encouraged to begin looking at the ICD-10 information as it becomes available.</p>
Other Educational Ideas and Suggestions	<ul style="list-style-type: none"> Beyond the Basics Suggestions/Action Members received a copy of the suggestion/comments received from the POE AG members regarding the Beyond the Basics program and the actions taken by POE on each. Written Inquiries The WPS Medicare Written Inquiries Department is receiving several requests for duplicate remittance advices. Members were asked to provide suggestions/comments on how WPS Medicare can decrease the number of requests they receive for duplicate remittance advices; how can WPS Medicare remind providers to update their files; and how can WPS Medicare remind providers of the new requirements to receive information either by telephone or written. 	<p>Member suggested using vendors to educate providers.</p> <p>Members suggested sending flyers with Medicare checks or remittance advice.</p> <p>Member suggested making the providers calling the Call Center to enter the required information before they can proceed further.</p>	<p>Further suggestions/comments should be submitted to chairperson by 7/3/09.</p>
Open Discussion		<p>Member stated that at the end of June 2009, IL providers will be required by Medicaid to use only the NPI number and not the Medicaid one-digit codes.</p>	

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		<p>Coordination issues may arise when providers bill Medicare and Medicaid.</p> <p>Member stated that IL providers who are members of the IL Medical Society may contact the IL Medical Society with questions.</p>	
Next Scheduled Meeting	The next POE AG meeting is scheduled for Tuesday, October 15, 2009 and will be held in-person. Suggestions for agenda topics are welcomed and will be solicited as the meeting date approaches.		Chairperson reminded members that in-person meetings require a minimum of 15 attendees