

Provider Outreach & Education Advisory Group (POE AG) Minutes

(POE AG) IL/MI

10:00 a.m. – 12:00 p.m.

Tuesday, December 5, 2006

Hosted by: Lansing, MI

Attending Members: Bronson Healthcare Corporation, Medtrust LLC, Mercy Family Care, Michigan Medical PC, Mid-Michigan Physicians PC, ProCare Systems Incorporated, TriMed, Young Medical Consulting, Tri-County Urologists, P.C., Professional Practice Resources, Michigan Medical Billers Association, Michigan State Medical Society, Henry Ford Health Systems, Detroit Medical Center, Little Company of Mary Hospital, Practice Management, Metropolitan Chicago Healthcare, Midwest Heart Specialists, Illinois Chiropractic Society, Medi-Data Service, LTD, AIM Systems, Springfield Clinic, SIU School of Medicine,

WPS Medicare Staff: Mark Kirchberg, Matthew Friedrichs, David Vaughn, Ellen Berra, Kim Slater, Amanda Bolger, Lisa Cuocci

Agenda Item	Discussion	Suggestions	Outcome/Action
Welcome and Introductions	Members were welcomed to the December Provider Outreach & Education Advisory Group (POE AG) meeting for Illinois and Michigan. Mark Kirchberg introduced himself as a new Co-Chairperson for the committee. Roll call was taken; 10 members were present in Lansing, and 17 other organizations participated via teleconference. The committee approved the minutes from the September 2006 meetings.		
Review of Changes to Provider Communication Advisory Group/POE AG Structure, Name, Charter & Format	This is the first of the “combined” Illinois and Michigan meetings. This change was discussed in the September 2006 meetings. Currently, WPS Medicare is facilitating two groups, a Wisconsin/Minnesota group and an Illinois/Michigan group. These meetings will continue on a quarterly basis and attendees will be allowed to attend in person or via teleconference. The chairperson announced another change in the title of the committee. This meeting will now be called the Provider Outreach & Education Advisory Group (POE AG) per instruction from CMS.	A committee member suggested that they would like to see more from the contractor in the way of information on current trends. A further suggestion was made that it would be most helpful if the data was arranged by specialty, and was as specific as possible.	There was a survey given to members to capture the responses regarding the member participation, and the potential

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	<p>Members were asked to consider whether they felt that the correct people from their organizations were attending this forum. The chairperson mentioned that WPS Medicare wants to avoid situations where information does not get back to the correct people in the different organizations. There was concern that the WPS Medicare was trying to remove some from the panel based on the name change and the questionnaire regarding member participation. Chairpersons assured the group that is not the case. As peoples' responsibilities grow and change over time, it may be appropriate for other individuals from your organization to take part in this forum. Next, the committee reviewed the charter.</p>		<p>for new members from organizations.</p>
Website Changes	<p>Amanda Bolger, Manager of the Medicare Publications Unit at WPS Medicare presented some of the possibilities for the WPS Medicare Website redesign scheduled for 2007. She also introduced the survey regarding the Website redesign. Early discussion on the redesign centered around concern on the entrance page that asks if the user is a "Provider" or "Beneficiary". There was some concern with the use of "Provider" because some in attendance felt that term equates to "Physician". Amanda and the co-chairs stressed that the term "Provider" is a universal term used to mean everybody other than the beneficiaries.</p>	<p>Committee members suggested that more use could be made of the space available on the entrance page. Another suggestion was to keep the navigation selections along the left hand side of the pages, given how conditioned everybody is to having that information on the left.</p>	<p>Amanda was taking the immediate feedback items back to her team. There was also a survey provided to the members regarding their feelings on the Website redesign.</p>
Provider Education Strategies	<p>News – Preventive Services A Co-Chair presented information on Preventive Services. In recent years, the Centers for Medicare & Medicaid Services (CMS) has expanded Preventive Services for Medicare beneficiaries. The inclusion of these new benefits continues CMS' effort to move Medicare toward a prevention-oriented program. Members and Co-Chairs discussed the CMS publication "The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care</p>	<p>There was a comment that the "Guide" CMS published is too lengthy which dissuades some from looking at it. There are other quick reference charts available on the CMS Website as well.</p>	<p>Chairperson provided the dates of the Webinars for Preventive Services. He also provided a handout regarding the increase in attention given to Preventive Services.</p>

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	<p>Professionals”. Next, the Co-Chair explained that Provider Outreach & Education would be hosting webinars via iLinc covering the preventive benefits, and provide information about helpful Preventive Services educational resources on the WPS Medicare and CMS Websites. There was a question about whether or not CMS would update the guide to include the information regarding the newest preventive benefit, the Abdominal Aortic Aneurysm (AAA) screening. <i>At this time information regarding this screening is only on the Preventive Services Quick Reference chart at: http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf</i></p> <p>Post Education Comments Co-Chair discussed the Post Education Comments Questionnaire that was distributed to the members.</p> <p>Pre-Education Comments – Comprehensive Error Rate Testing (CERT) WPS Medicare is charged with reducing the claims error rate. Member’s suggestions on how we can best do this are welcome.</p> <p>The comment was made that people do not understand bundling or the Correct Coding Initiative (CCI) and do not realize that they are creating problems by billing everything to Medicare. One member commented that they have seen offices with hard coded 25 & 59 modifiers placed in their systems for some procedures. Some bill modifiers because “it works”. Members suggested again that this would be best addressed with targeted education to specific providers.</p>	<p>A checklist was suggested that describes when it is appropriate to use the 59 modifier for example. Further suggestions on this issue continued, including telling the providers with these types of issues that they should attend the specific trainings available from WPS Medicare to learn the appropriate use of modifiers or other specific problem. Another suggestion was to share this education with the actual physician as well. A member commented that billers and physicians need to understand better, that they are both responsible for errors, they both share in the consequences of the errors that are committed. Perhaps more information needs to be shared with the Carrier Advisory Committee. Another suggestion regarding communication with the proper parties was for</p>	<p>WPS Medicare asks for your comments and feedback on the WPS Medicare presentation of EPO, Eye Care, and Mental Health. Responses were asked back by December 8, 2006.</p> <p>All suggestions regarding lowering the claims error rate will be taken under advisement and shared with management for consideration.</p>

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		<p>Medicare to speak with the practice administrator. Also suggested was that Medicare obtain the email address for the practice administrator as some members feel that is a more effective means of communication. There was further discussion regarding potentially making provider specific CERT information available online. Another suggestion was that the carrier send surveys to the provider community to see what their hurdles are and use that information to direct the provider to information on the Website, articles in the Communiqué or Frequently Asked Questions (FAQ).</p>	
<p>Updates/Open Discussion</p>	<p>National Provider Identifier (NPI) Members were reminded that May 23, 2007 is the deadline and legacy numbers will not be payable on or after that date. There are several educational modules available on CMS' Website regarding NPI. Currently, WPS Medicare is asking providers to populate both the NPI and the legacy numbers on claim submissions. There has been a bit of a disconnect with the creation of the crosswalk between the legacy numbers and the new NPI numbers. There was lengthy discussion and debate on how many claims need to be submitted to establish the crosswalk from legacy number to the NPI numbers. Some felt that only 1 claim needed to be submitted with both.</p> <p>Medicare Learning Network (MLN) Matters Articles (Given as handouts)</p> <p>MM 4147 – Re-openings and Revisions of Claim Determinations and Decisions</p>	<p>Members and Chairpersons agreed that it has been difficult to keep up with the information regarding NPI. WPS Medicare is merely one source for information regarding NPI. A handout was given containing other suggested links for important information regarding NPI.</p> <p>Near the end of the meeting, it was suggested that due to the larger meeting size, the time allowed needs to be expanded.</p>	<p>Lisa Cuocci from WPS Medicare EDI in Marion, Illinois joined the meeting and said that claims should be submitted with both numbers until the "Pre-Pass Edit Reports" no longer comeback with codes M340-M352. If a code in this code range continues to show on the report, then the crosswalk did not take and you will need to continue to bill both the legacy and NPI on your claims. When the crosswalk is correctly built for that legacy number then you will not see a code in that code range, and you will no longer need to submit your legacy number.</p> <p>Chairperson will share suggestion for a lengthier meeting with management for their consideration.</p>

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	MM 5205 – Laboratory Competitive Bid Demonstration SE 0648 – Key Medicare News 2007		
Next Meeting	March 8, 2007 in Champaign, Illinois Teleconference capabilities will be available.		