

Provider Communications (PCOM) Advisory Group Minutes

9:00a.m.-12:00 noon
 December 11, 2003
 Comfort Suites
 Southfield, Michigan

Members: (23)

Agenda Item	Discussion	Outcome/Action
Welcome and Introductions	Meeting opened with a note of thanks to individuals that have shown long-term support to the group as well as those attending for the first time.	Group agreed to continue supporting WPS and meet requirements of Transmittal 146.
CD-ROM	<p>This is the first year that Wisconsin Physicians Service (WPS) has provided the Fee Schedule/Disclosure Report Via CD-ROM. To assist members in better understanding how to navigate through the information contained on the CD-ROM a live demonstration was provided. The CD contains information for all four contracted states (Wisconsin, Illinois, Michigan, and Minnesota) by locality. The CD-ROM includes the 2004 “Dear Doctor” letter, Fact Sheet, Medicare Participation (PAR) Announcement, and PAR Agreement. In addition, we have also included supplementary educational Medicare Part B information on the CD-ROM, such as Provider Enrollment materials, guidebooks from WPS-presented seminars, HIPAA materials, the WPS Medicare Part B provider newsletter the “Communique” and links to important Medicare Part B web sites and other important information.</p> <p>WPS is among the few carriers that has provided this information in this format, which has been uniquely designed to have the same look and feel as our redesigned web site. In addition to receiving a copy of the CD-ROM, members were informed that there will be a revised 2004 Physicians Fee Schedule available soon on WPS web-site.</p>	Members were encouraged to review the CD-ROM and provide comments on surveys provided.

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<p>CMS On-Line Manuals</p>	<p>As of October 1, 2003, the Centers for Medicare & Medicaid Services (CMS) began transitioning from a paper-based manual system to a Web-based system. The process includes the streamlining, updating, and consolidating of CMS' various program instructions into an electronic Web-based system for all users. However, provision will be made for those users to receive paper copies if they don't have access to the Internet. The new system is called the online CMS System and is located at http://www.cms.hhs.gov/manuals.</p> <p>As the program manual instructions are updated, CMS will move that material into the new CMS Manual System and eliminate the corresponding material from the outgoing paper-based manuals. CMS will continue this phase-out/phase-in process until all manual instructions are included in the CMS Manual System. In the meantime, you should check both sets of manuals for current policy and procedures.</p> <p>Program Memoranda (PMs) were discontinued on September 30, 2003. And were replaced with one of four new vehicles/templates created to communicate program instructions and update the manual. The new vehicles to communicate program instructions and update the new Internet-only manuals are (1) manual revisions, (2) one-time notification, (3) business requirement, or (4) confidential requirement templates.</p> <p>The new online CMS Manual System is organized by functional area, (e.g., eligibility, entitlement, claims processing, benefit policy, program integrity). The functional orientation of the new manual eliminates significant redundancy within the manuals and streamlines the updating process, thus making CMS program instructions available in a more timely and accessible fashion.</p>	<p>Members commented that they are hopeful this will be a practical and used friendly way to receive information.</p>
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General Updates-Continued New Financial/MSP Telephone Numbers	<u>Provider Customer Service</u> - <i>General questions</i>				Members commented that they are very pleased with the service provided by the Customer Service Representatives since WPS became the Medicare Part B Carrier. Having designated phone lines to service MSP related issues provides faster response on claim reviews. Speaking directly to the financial area increases accuracy and turn around time.
	Wisconsin	8:00-4:30(CST)	Customer Service	(877) 567-7176	
	Illinois	8:00-4:30(CST)	Customer Service	(877) 908-9499	
	Michigan	8:00-4:30(EST)	Customer Service	(877) 567-7201	
	Minnesota	8:00-4:30(CST)	Customer Service	(877) 908-8470	
	<u>Provider Medicare Secondary Payer</u> - <i>Specific MSP only questions</i>				
	Wisconsin	8:00-4:30(CST)	Medicare Secondary Payer	(877) 908-8475	
	Minnesota	8:00-4:30(CST)	Medicare Secondary Payer	(866) 380-4742	
	Illinois/Michigan	8:00-4:30(EST)	Medicare Secondary Payer	(866) 345-0275	
	<u>Provider Financial Specific Inquiries</u> - <i>Financial refund request letter questions</i>				
Minnesota	8:00-4:30(CST)	Financial	(866) 380-4742		
Wisconsin/Illinois/Michigan	8:00-4:30(EST)	Financial	(866) 463-8207		

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<p>General Updates–<i>Cotinued</i> Influenza Virus Vaccine</p>	<p>New Diagnosis Code for Influenza Virus Vaccine Claims</p> <p>All Medicare providers who administer the influenza virus vaccine should begin using the new diagnosis code ICD-9-CM, V04.81 for claims with dates of service on or after October 1, 2003.</p> <p>The new influenza virus vaccine ICD-9 code V04.81 <u>may be used</u> for claims with dates of service on or after October 1, 2003.</p> <p>ICD-9 code V04.81 <u>is required</u> for claims with dates of service on or after January 1, 2004.</p>	
<p>Local Provider Education and Training (LPET)</p>	<p>Evaluation and Management Documentation</p> <p>It is the goal of Wisconsin Physicians Service (WPS) Medicare Part-B to educate providers in the accurate documentation and billing of E&M services. Physicians and ancillary staff are encouraged to use this information in the evaluation of their own billing practices. Detailed E&M guidelines may be found on the CMS web site at: http://www.cms.hhs.gov/physicians</p> <p>Scroll down to the section labeled “Education”, then click the section labeled “Medicare Resident and New Physician Guidelines”.</p>	<p>Some members indicated that they have had an opportunity to be involved in a probe review and found that representatives from the Medical Review area have been very helpful.</p>

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<p>Local Provider Education and Training (LPET) – Continued Medical Review</p>	<p>The guidelines are located in Chapter 6, “Evaluation and Management Documentation”.</p> <p>WPS has constructed a comprehensive Medicare Medical Review Strategy that will encompass two main approaches, with the goal of contributing to the reduction of the National Claims error rate to below 5%.</p> <ol style="list-style-type: none"> 1. Proactive Education 2. Medical Review of claims <p>Proactive Education</p> <p>WPS will enhance the relationship with providers by introducing them to and educating them on the overall goals of the contractor Medical Review Program. We will provide specialty specific policy, documentation, and billing information throughout our 4-state jurisdiction. The widespread training will focus on areas that have been identified as potentially problematic. We will provide continuous information on common and/or increasing billing errors. We will assist and motivate providers in performing self-evaluations of their billing practices. We will conduct internal training as needed to ensure that our providers and beneficiaries receive the most accurate and up-to-date responses to inquiries. We will evaluate a combination of group presentations, targeted mailings, web site information; provider newsletters and remittance notice messaging. It is our belief that most providers will proactively make internal changes to correct problems they find within their billing practices.</p> <p>Medical Review of Claims</p>	<p>Individuals responsible for assigning procedure codes to documentation received by provider look forward to this type of feedback.</p>
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<p>Local Provider Education and Training (LPET) – <i>Continued</i></p>	<p>Members were informed that WPS is working hard to ensure consistency and accuracy in Medical Review decision making. Nurses are utilized for conducting complex medical reviews. In addition, we have physicians and physician consultants with various specialties on retainer to provide additional input and review guidance. WPS will complete all reviews in a timely manner. The results of the review will be shared on a one-on-one basis with the provider under review. Expanded reviews will be conducted when the initial review identifies a major level of concern, as defined in Progressive Corrective Action (PCA). Medical Review professional nursing staff will ensure jurisdictional consistency in review determinations by conducting monthly CMD/Nurse meetings, Inter-Reviewer Reliability process, and ongoing open communications between sites and utilizing outside consultants when indicated.</p> <p>Current Topics of Review</p> <p>Medicare Medical Review continues to evaluate Physical Therapy, Foot Care, and Mental Health services, in addition to monitoring new providers. Focus areas for FY 2004 include Diagnostic Testing, Clinical Pathology, and Evaluation and Management Services. Medicare begins the review process by taking a broad look at the category of specialty services. As the data and information are gathered and evaluated, the review begins to focus on more specific situations and procedure codes. Medicare has published a total of four articles on Evaluation and Management services this fall, which proactively educates providers on the appropriate billing of these specific services.</p>	
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<p>EDI/HIPAA How to file an attachment for Medicare</p>	<p>Administrative Simplification Compliance Act (ASCA) requires all claims (with limited exceptions for small providers, dental, roster vaccination and claims with two insurances primary to Medicare) be filed electronically to Medicare. The final rule on attachments has not been written. A rule is expected in the near future from the Secretary.</p>	
<p>Medicare HIPAA Contingency Plan</p>	<p>The Health Insurance Portability and Accountability Act (HIPAA) requires electronic transactions be in the 4010A.1 format by October 16, 2003. On September 23, 2003 the Centers for Medicare & Medicaid Services (CMS) announced that they would invoke a temporary contingency plan (See the announcement at: http://www.askhipaa@cms.hhs.gov/media/press/release.asp?Counter=870):</p> <p>"After careful analysis of Medicare provider, submitter, and other trading partner HIPAA readiness, Medicare will continue to accept and send standard and non- standard versions and/or formats for any electronic transaction for a limited time period beyond October 16, 2003.</p> <p>This is a temporary measure to maintain provider cash flow and minimize operational disruption while trading partners who are not compliant on October 16, 2003, work with Medicare to achieve full compliance.</p> <p>This contingency plan is only for a limited time. Provider who must continue to bill and receive non-compliant formats, should test and move into production on the HIPAA required formats as soon as possible, or risk possible cash flow problems."</p>	<p>The majority of members indicated that the physicians are HIPAA compliant. Some also indicated that they are experiencing problems with the clearinghouse when they bill supplemental payers.</p>

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<p>Medicare Part A</p>	<p>A representative from United Government Services provided members with handouts highlighting the following information and much more. All information provided in the handout can be found at www.ugsmedicare.com web-site.</p> <p>Provider Communication Training Schedule- Providers can now register for seminars that will take place in January, February and March under the Provider Services section of the web-site.</p> <p>Completion of WellPoint Merger- On September 24, 2003, Cobalt Corporation and WellPoint Health Network Inc. completed their merger.</p> <p>New Interactive Voice Response System (IVR) – UGS will implement an IVR System for providers in Service Areas one through five in mid-January, 2004.</p> <p>Accessing UGS Web-site and Downloading Training Material - Manuals are now available for you to download.</p> <p>Hot Topics – Effective October 1, 2003, UGS stopped sending paper copies of Medicare Memos to providers. Providers may read and download the Medicare Memos from the web-site with charge.</p> <p>Please visit the United Government web-site for other Hot topics, billing issues and benefit changes at www.ugsmedicare.com.</p>	
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Happy
Holidays!