

Provider Communications (PCOM) Advisory Group Minutes

9:00a.m.-12:00 noon
 December 9, 2004
 Comfort Suites
 Southfield, Michigan

Members Present: (16)

Agenda Item	Discussion	Outcome/Action
<p>Welcome and Introductions</p>	<ul style="list-style-type: none"> • Roll Call • Minutes from the September 2004 meeting were approved as written. 	
<p>Customer Service Updates</p>	<p>In summary of our discussion on the Top Ten Claim Submissions Errors for the period of July 1- September 30, members provided feedback on three of the top ten errors identified for this three-month period. Several members commented that providers are submitting claims older than one year from the date of service as a safeguard to ensure all claims are paid. This practice is typically seen in offices that have new office staff in charge of the billing function. To ensure that claims have been submitted and paid by the Medicare Part B Program they resubmit claims as a means to identify services that Medicare has not previously processed.</p> <p>Providers acknowledged that they are not necessarily surprised at the volume of claim denials due to unidentifiable zip codes submitted on claim form. This denial is common for claims they submit on behalf of beneficiaries that reside in the state of Illinois that receive services in Canada. Providers that are aware of these situations were encouraged to inform the beneficiary to call the Medicare Part B carrier so appropriate measures can be taken to ensure these claims are processed correctly.</p> <p>The third area of concern, were those claims denied as not “separately payable,” this denial category is the result of the correct coding initiative.</p>	<p>Membership will take necessary actions required to ensure that staff in their office does not routinely resubmit claims.</p>

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Customer Service Updates	<p>The Medicare Modernization Act of 2003 requires providers and patients to receive the Medicare Redetermination Notice (MRN) for any partially favorable or unfavorable decision made on a redetermination request made on or after October 1, 2004. This new notice is the first level of the appeals process. Both the provider of service and the beneficiary will receive this notice. Contractors that process appeals are required to make their decision within 60 days, after they receive the request for appeal. The intent of this new notice is to provide timely notification to both parties that is complete and accurate, in addition to information explaining the process of further appeals. The official instruction issued to WPS, including a copy of a model MRN can be found at:</p> <p>http://www.cms.hhs.gov/manuals/pm_trans/R97CP.pdf</p>	To date, members have not seen the MRN.
Provider Educational Activities	<p>A representative of Wisconsin Physicians Services (WPS) gave a report on the proposed Winter/Spring educational seminar series. One of the highlights for next years events is titled "A Day with Medicare." This event is similar to the "Open House" conferences held in Madison, WI., Champaign, IL., and Bloomington, MN.. This event is scheduled for May 12, 2005 at the Holiday Inn South, located on South Cedar Street in Lansing, Michigan.</p>	

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Provider Educational Activities	Members discussed a handout titled “Calendar of Events” and discussed how to better inform the community of future events. Educational events that will be conducted during the winter and early spring will be added to the web site in the immediate future. Providers are encouraged to subscribe to both the CMS and WPS email list serve for time and date of upcoming events.	
MedPub	<p>MEDLEARN MATTERS- Medicare Physician Fee Schedule (MPFS) National Abstract File for Purchased Diagnostic Test and Interpretations.</p> <p>Effective April 1, 2005 regardless of the service location, physicians, suppliers, laboratories and independent diagnostic testing facilities are required to submit services to their local Medicare Part B Carrier for purchased diagnostic tests and interpretations. Suppliers may request additional HCPC codes be added to this abstract file providing that the services are billable as purchased services.</p> <p>Providers were encouraged to verify that the physician or supplier that furnished the purchased test/interpretation is in good standing with the program and not sanctioned or barred from the Medicare program.</p>	<p>Membership continually seeks to indentify and communicate safeguards their office staff take to ensure that all business partners are in good standing with Medicare.</p>

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<p><i>MedPub-continued</i></p>	<p>To assist providers of service in making this verification the Office of Inspector General (OIG) maintains a database of information that identifies individuals that are excluded from any participation in the program. Supplies may access this database at: http://www.oig.hhs.gov/fraud/exclusions.html</p> <p>MEDLEARN MATTERS – Physician Education for the Revisions to the HPSA Bonus Payment Processes and Implementation of the Physician Scarcity Area (PSA) Bonus Payments.</p> <p>This article highlights proposed billing and claims processing guidelines for providers seeking additional reimbursement for services furnished in designated Health Professional Shortage and Physician Scarcity Areas. Providers eligible for these incentive bonuses are indentified in the article. Providers of service may be eligible for both HPSA bonus payments and the new physician scarcity bonus. This article may be referenced at: http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0449.pdf</p>	<p>Although only a few members provide services in either of these two designated areas, they are pleased to see these incentive bonuses being offered.</p>

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<p><i>MedPub-continued</i></p>	<p>2005 Medicare Fee Schedule CD-ROM</p> <p>Wisconsin Physicians Service (WPS) distributed the 2005 Fee Schedules and Disclosure information via CD-ROM to the address of each billing group this year. In addition to the Fee Schedule information, the CD contains more than 200 educational documents such as: provider enrollment disclosure materials, Communiqué articles from the last three years, WPS Medicare Seminar Guides, and much, much, more. Providers without equipment to use the CD may purchase a hard copy of the fee schedule information for \$13.89. Copies of the CD were also distributed to members of the group that had not received a copy to date.</p> <p>MEDLEARN MATTERS – 2005 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment.</p> <p>This article confirms that the annual update for clinical lab fees for 2005 is zero percent, and no patient deductible or coinsurance for these services would apply. 2005 clinical laboratory fees are available via the internet and made available by the Centers for Medicare and Medicaid Services (CMS). http://www.cms.hhs.gov/paymentsystems</p>	<p>Members were pleased to hear that the fees are correct, with an exception of the Clinical Social Worker and Medical Nutritional Therapist quick reference guides, which are 2004 fees.</p>

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Other Issues-Updates	<p>Medicare will initiate a one-year demonstration project during CY 2005. The intent of the project is to provide new support for the quality of care cancer patients receive, that are undergoing chemotherapy. Providers of service will be paid \$130.00 per patient encounter providing they submit services under specific procedure codes identified in the article. According to a recent CMS Physician Open Door Forum (POD), further instructions should be published soon.</p> <p>Staff also announced that under Section 651 (b) of the Medicare Modernization Act, Medicare will also initiate a demonstration project to evaluate the feasibility of covering additional chiropractic services under Medicare. This two year program will focus on the quality of care and satisfaction of participating beneficiaries. Providers can find additional information on the CMS web site at: http://www.cms.hhs.gov/researchers/demos/MMAdemolist.asp http://www.cms.hhs.gov/researchers/demos/eccs/default.asp</p> <p>MEDLEARN MATTERS – Important News about Flu shots for Medicare Beneficiaries.</p> <p>This article provides important information to physicians and other providers regarding flu vaccinations for Medicare beneficiaries for 2004.</p>	<p>Two of our members commented that this demonstration project appeared to be well focused, and provided an easy way for the provider of service to participate.</p>

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Other Issues-Updates- <i>continued</i>	<p>Providers that are not enrolled in the Medicare Part B Program are not required to submit a claim on behalf of the beneficiary, however the beneficiary is entitled to reimbursement by the program for the flu vaccine, providing they submit a claim to the program.</p> <p>Beneficiaries may obtain a CMS 1490S claim form by contacting Medicare at 1-800-MEDICARE, or they may access and download the form at: http://www.cms.hhs.gov/providers/edi/CMS1490-S-(eng).pdf</p>	
<p>Medicare Part A</p> <p>Meeting Schedule</p>	<p>A representative from United Government Services distributed a handout on Provider Training Schedule and brief updates for this quarter.</p> <p>Meeting dates for next year are as follows, please mark your calendar. March 10, 2005 June 09, 2005 September 8, 2005 December 8, 2005</p> <p>Hope to see you there!</p>	