

## Provider Communications (PCOM) Advisory Group Minutes

9:00a.m.-12:00 noon  
September 08, 2005  
Comfort Suites  
Southfield, Michigan

Members Present: (9)

Agenda Item	Discussion	Outcome/Action
<p>Welcome and Introductions</p>	<ul style="list-style-type: none"> <li>• Roll Call</li> <li>• Review of minutes from the June 2005 meeting.</li> <li>• One new member was welcomed to the group.</li> </ul>	<p>Minutes were approved as written</p>
<p>Medicare Prescription Drug Program</p>	<p>A representative from the Social Security Administration provided a comprehensive powerpoint presentation on the new Prescription Drug Program that begins January 1, 2006. The theme of the presentation was “Medicine has changed and so must Medicare.” The presenter commented that Medicare paid over 300 billion dollars in 2004 on health care services to nearly 42 million persons receiving Medicare benefit coverage. Recognizing that the Medicare population is expected to double in the next thirty years, prescription drug coverage makes good sense.</p> <p>The prescription drug benefit is one of many new benefits that is a result of the Medicare Modernization Act (MMA) of 2003. The MMA legislation provides Medicare beneficiaries with more coverage of preventative services, reimbursement for medications, disease management and an overall focus on patient care. Noting that beneficiaries typically receive information from their physicians, it is imperative that the provider community is familiar with the new benefits.</p> <p>This benefit is available to all beneficiaries receiving Medicare benefits providing they are enrolled in both Medicare Part A and/or B programs. Individuals may enroll between 11/15/05 thru 05/15/06 to receive the new benefits. Medicare beneficiaries that currently have prescription coverage will receive a letter from their insurance plan explaining their options. The information contained in this letter will help them make an informed decision as to whether they should keep their current coverage or enroll with Medicare for the new benefit coverage.</p>	<p>Members shared the following comments throughout the presentation:</p> <p>“We are grateful to you for coming and sharing information on the new program.”</p> <p>“Thank you for explaining the financial assistance that is available to individuals that have limited income.”</p> <p>“It is a good thing that beneficiaries will receive a letter explaining what their options are so they can make the proper decision.”</p>

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<p>Medicare Prescription Drug Program - <i>continued</i></p>	<p>The premium for the standard prescription drug benefit is expected to be an average of \$37.00 monthly. This fee is an additional fee to the monthly premium paid for Medicare Part B benefits, and has an annual deductible of \$250.00. Once the annual deductible has been met, Medicare will pay 75% of prescription costs up to \$2,250. The beneficiary will be responsible for the remaining 25%. Beneficiaries will then be required to pay 100% of prescription costs between \$2,250 and \$5,100. Once the beneficiary has an out-of-pocket cost of \$3,600 annually, the Medicare program will reimburse approximately 95% of the total costs.</p> <p>Individuals currently enrolled in the Medicare program that do not have prescription coverage are expected to save \$1,100 annually, which is approximately 50% annually. Other savings are available to those that qualify as well. The Social Security Administration is currently in the process of mailing 20 million applications to individuals that may be eligible to receive financial assistance for prescriptions.</p> <p>Dually eligible beneficiaries that are enrolled in Medicare and Medicaid will not have premiums or deductibles, and only minimal co-pays. Individuals that are living in a long term care facility, will have no cost-sharing. Others with higher incomes will receive some financial assistance toward paying deductibles and co-pays.</p> <p>To date, there are 43 major drug categories and 138 pharmacologic drug classes offered by 26 plans.</p> <p>In summary, Medicare beneficiaries are encouraged to complete an application for financial assistance. Training and materials are available on the drug benefit to those that are interested. Help is available through the State Health Insurance Assistance/Information Programs (SHIP), known as the</p>	<p>“This benefit sounds a lot better than I originally thought it was.”</p> <p>“I know a lot of beneficiaries that can really benefit from this new plan.”</p> <p>“We will feel more comfortable referring beneficiaries to the State Health Insurance Program now that we understand how the new benefit is intended to work.”</p> <p>“We will make sure that the information shared today is shared within our office.”</p>

<p>Medicare Prescription Drug Program - <i>continued</i></p>	<p>Medicare/Medicaid Assistance Program (MMA) in Michigan. SHIP provides free counseling and assistance via telephone and face-to-face interactive sessions, education presentations and media activities. Individuals may also contact Medicare at 1-800-Medicare (1-800-633-4227).</p> <p>For additional information the following resources are available:  <a href="http://www.mymmap.org">www.mymmap.org</a>  <a href="http://www.medicare.gov">www.medicare.gov</a>  <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>  Social Security 1-800-772-1213  SHIP/MMA 1-800-803-7174</p>	<p>The speaker offered to forward educational materials to anyone present that is interested in receiving them. "They make wonderful handouts for the lobby."</p>
<p>Medicare Part A Update</p>	<p>A brief presentation was provided by a representative from United Government Services, LLC. (UGS). The representative encouraged providers to register for the free listserv email service and all future educational sessions on line at: <a href="http://www.ugsmedicare.com">www.ugsmedicare.com</a>. A few of the educational topics mentioned were as follows: Direct Data Entry, Medicare Secondary Payer, Skilled Nursing Facility (SNF), Coordination of Benefits, End Stage Renal Disease and Acute Care. Providers may also obtain up to date information on a variety of other topics such as Contractor Error Rate Testing (CERT), updated medical policies, the appeals process, National Provider Identifier (NPI), electronic remittance advice and updates to current billing issues.</p> <p>For additional information please reference: Fiscal Intermediary Standard System (FISS) Tutorial at: <a href="http://www.cms.hhs.gov/medlearn/fiss-tutor.asp">www.cms.hhs.gov/medlearn/fiss-tutor.asp</a>.</p>	<p>Two individuals expressed concern that they are interested in receiving more information on Medicare Part A, and will reference the Web site to register for upcoming seminars.</p>
<p>Ask the Contractor Teleconferences (ACTs)</p>	<p>The next Ask the Contractor Teleconference (ACT) will be held at 9:00 a.m. – 10:30 a.m. (CDT) Wednesday, September 21, 2005. The topic for that day will be Modifiers; this session will also include an update on the National Provider Identifier (NPI), which applies to all providers and medical billers. These sessions provide unique educational opportunities for participants to interact with staff and to receive up-to-date information on benefits and claims processing procedures. WPS is sponsoring a series of Ask-the-Contractor Teleconferences (ACTs) in response to requirements of the Medicare Modernization ACT</p>	<p>No one in the group has had an opportunity to participate in any of the ACT calls. However, a few of the members mentioned that they would try to make time for the next ACT scheduled for September 21, 2005.</p>

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<p>Ask the Contractor Teleconferences (ACTs) - <i>continued</i></p>	<p>(MMA). We are modeling these teleconferences after the CMS Open Door Forums, and will offer teleconferences of both general and specialty topics throughout the year. The format of the ACT promotes valuable interaction between the Medicare contractor (WPS) and providers interested in the delivery of quality healthcare for our nation’s seniors and beneficiaries with disabilities. During each ACT, we hope to clarify your understanding of the regulations and provide an overview of some of the key elements contained within them. We will discuss each topic, and then allow ample time for questions or comments. Participation is free and made available by a toll-free number: 1-888-791-6044. When prompted, enter passcode: MODIFIERS.</p> <p style="padding-left: 40px;">The Modifiers ACT replay will be available one hour after the call ends, and will be available through September 28, 2005 The toll-free call-in number to listen is: 800-721-2046</p>	
<p>Small Provider Offices- Provider Education and Training (PET)</p>	<p>There are four Provider Education and Training (PET) forums that are being developed by the Provider Outreach and Education staff within the WPS Medicare four-state jurisdiction. Each forum is designed to address the unique challenges of the small provider office in the following four areas: Podiatric, Physical Therapy, Chiropractic and General Practice.</p> <p>Agenda topics will be developed in collaboration with PET Advisory Group members and the committee chairpersons. The group will develop and implement effective provider communication materials and strategies designed to meet the needs of small provider offices. Each forum will meet on a semi-annual</p>	<p>Two individuals volunteered to assist staff in participating in one of the Provider Education and Training (PET) forums.</p>

<p>Medicare Physician Fee Schedule (MPFS)</p>	<p>basis and may rotate meeting locations. This will allow face-to-face interaction and teleconference capability with members and WPS staff. A small provider office is any office with less than ten full-time equivalent employees.</p> <p>WPS will again provide the Medicare Physician Fee Schedules on CD-ROM for 2006. In addition to the fee schedules being provided, the CD-ROM will include educational materials as in years past such as Communique publications, seminar handbooks, speciality information and much more. Members were encouraged to make suggestions regarding any information they would like to see contained on the MPFS CD-ROM. Providers that do not have access to a CD-ROM drive may obtain a paper copy of the CY 2006 disclosure materials.</p>	<p>There were no suggestions received.</p>
<p>MedPub</p>	<p>The following MEDLEARN MATTER articles were distributed prior to the meeting to allow members more time for review and provide them with an opportunity to determine how the changes might impact provider offices.</p> <p>Staff provided a brief overview of each article allowing ample time for discussion. There were no concerns shared by members regarding the information contained in the articles with an exception to the last article on Low Osmolar Contract Media (LOCM).</p> <p><b>MEDLEARN MATTERS (MM3638) – Initial Preventive Physical Examination:</b> The Medicare Modernization Act (MMA) provides for an Initial Preventive Physical Examination (IPPE) for beneficiaries new to the Medicare program, providing the beneficiary’s eligibility began on or after January 1, 2005.</p> <p><b>MEDLEARN MATTERS (MM3883) – Access Process for Beneficiary Eligibility/Replies (HIPAA 270/271 Transactions) (Extranet Only):</b> This article addresses standards for transmitting Medicare beneficiary eligibility inquiries electronically via the Extranet, a secure, closed, and private network used to transmit data between Medicare Carriers, Intermediaries and CMS.</p>	<p>Two of the members mentioned that they might be interested in obtaining this system access and will contact the Electronic Data Interchange (EDI) department directly for information on the testing process for this real-time</p>



<p>Electronic Funds Transfer (EFT)</p>	<p>benefits for utilizing ERA.</p> <p>Electronic Funds Transfer (EFT) provides benefits such as electronic deposit of Medicare reimbursements, account reconciliation, and less paper received in mail. Providers interested in ERA and EFT may contact the EDI department at 1-877-567-7261.</p>	<p>A few of the members expressed interest in both ERA and EFT. They will contact the Electronic Data Interchange department directly.</p>
<p>Administrative Law Judge (ALJ)</p>	<p>Members received a handout that informed them of the toll-free telephone numbers for the Administrative Law Judge (ALJ) offices of the Health and Human Services (HHS)/Office of Medicare Hearings and Appeals. Effective Friday, July 1, 2005 providers in the WPS four-state jurisdiction should contact the Cleveland, Ohio number at: 1-866-236-5089.</p>	
<p>IVR</p>	<p>System enhancements are expected in the near future to include voice activation.</p>	
<p>Listserv</p>	<p>Members are committed to reaching out to offices in the community that are not aware of the free Listserv offer by WPS.</p>	<p>There were two members that signed up for the Listserv.</p>

Next meeting is scheduled for December 8, 2005.