

# Provider Communications (PCOM) Advisory Group Minutes

9:30a.m.-12:00 noon

March 17, 2005

SpringHill Suites

Walker, Michigan

Members Present: (12)

Agenda Item	Discussion	Outcome/Action
<p>Welcome and Introductions</p>	<ul style="list-style-type: none"> <li>• Roll Call</li> <li>• Minutes from the December 2004 meeting were approved as written.</li> </ul>	
<p>Provider Education Activities</p> <p>Expanded Use of Internet</p> <p>Ask-the-Contractor Teleconferences (ACTs)</p>	<p>Medicare contractors will focus on specialized training programs for small providers. A small provider is defined by law as a provider with fewer than 25 full time employees or suppliers with fewer than 10 full time equivalents. Educational programs and events may include however are not limited to interactive communication through face-to-face trainings, web-based seminars and teleconferences. In addition to training seminars, providers are encouraged to use the Center for Medicare &amp; Medicaid Services (CMS) and contractor Websites and listservs to access educational information and updates. Each site will offer a section on frequently asked questions. This area of the Website is an ongoing development, as questions are presented to the Medicare Part B carrier and addressed.</p> <p>Contractors will offer “Ask-the-Contractor,” Open Door Forums similar to those offered by CMS. Registration is based on a first come, first served basis. Please check the Websites for date and time for each session offered. To date, three teleconferences are scheduled for the following topics, Carve Outs/Modifier 25, Critical Care/Emergency Room Services and Consultations. Handouts for the teleconferences are available on the Internet two weeks prior to the teleconference date. These teleconferences are a unique avenue to share information, identify problems and hear first hand concerns from the provider community.</p>	<p>Several members volunteered to share this information at meetings they will be attending in the near future. They also thought that they could assist WPS in reaching new members for the WPS Listserv. Each member present asked for Listserv registration forms so they can have fellow employees sign up. Members will email staff with suggestions for future teleconference topics. Members were interested in attending the teleconference on Critical Care/Emergency Room Services.</p>

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Training Tailored to Reduce the Claims Error Rate	Educational programs will include information on claim rejections and line item errors. This is accomplished through data analysis. As a result of this data analysis, educational programs will include a methodology to assist providers in reducing claim error rate.	
Marketing of Self Service Technology	Providers are encouraged to use the self-service technology such as the CMS and contractor Internet Websites, Listserv, Interactive Voice Response System (IVR) and Secure Net Access Pilot (SNAP) programs offered by the Medicare Part B carrier.	SNAP was of particular importance to many of the members that attended this meeting. They commented that they will contact staff following the meeting for system access.
2005 Seminar Series	Providers are encouraged to routinely view our training seminar schedule for this year on the WPS Website. The WPS Website is updated weekly.	
Updates	<p>The following handouts were distributed to members:                      CR 3670 Chemotherapy Demonstration</p> <p>This document is intended to provide information to physicians and non-physician practitioners on the proper G-codes used when participating in the Chemotherapy Demonstration Project. This project is scheduled for one-year. Individuals participating in the project are required to document specified services related to pain control management, minimization of nausea and vomiting, and the reduction of fatigue typically associated with chemotherapy. You may obtain more information on this benefit at the following Website.  <a href="http://www.cms.hhs.gov/manuals/transmittal/comm_date_dsc.asp">http://www.cms.hhs.gov/manuals/transmittal/comm_date_dsc.asp</a></p>	

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<p>Updates - <i>Continued</i></p>	<p><b>CR 3440 ASCA Mandatory Electronic Claims Submission</b>                      This article highlights requirements of the Administrative Simplification Compliance Act (ASCA) which enforces mandatory electronic submission of Medicare claims. It also identifies exceptions to this requirement. The Medicare contractor will review paper claims submitted to ensure that these requirements are met. Providers may receive a “Request for Documentation” by the Medicare program asking for the specific reasons that the claims are being submitted on paper. If a response is not received within 45 days to this request or the response does not meet established eligibility criteria for paper claims the contractor will notify submitter by mail that they are not eligible to submit paper claims to the program. If you would like more information please reference this document online at:  <a href="http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp">http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp</a></p> <p><b>CR 3637 Diabetes Screening Tests</b>                      This article outlines specific conditions that must be met to satisfy the eligibility requirements for reimbursement of diabetes screening tests by the Medicare program. This document contains requirements for providers billing either the Medicare Part B program or those billing the fiscal intermediaries. If you would like more information please reference this document online at:  <a href="http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp">http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp</a></p>	<p>All members are currently submitting claims electronically and have no concerns with this update.</p> <p>Members thought that the additional handouts on preventive services would serve as practical reference tools.</p>

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<p>Updates - <i>Continued</i></p>	<p><b>CR 3694 Purchased Diagnostic Tests</b>            This handout instructs the physicians that they will be reimbursed at the local reimbursement rate for services purchased outside of the carrier's jurisdiction when submitted by a physician enrolled in the carrier's jurisdiction. Physicians are further instructed to use their own PIN to bill for both the purchased portion of the test and the portion of test that they performed. Suppliers such as laboratories and IDTFs are to bill local carriers regardless of where the tests are performed. If you would like more information please reference this document online at:  <a href="http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp">http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp</a></p> <p><b>Place of Service</b>            WPS Medicare has scheduled "Ask the Contractor" Teleconferences (ACTs) to assist providers in determining the appropriate place of service for services performed when submitting claims to the carrier for reimbursement. Services must be submitted with the appropriate place of service to ensure that the corresponding companion CPT code is also utilized. This will ensure reimbursement rates are accurate.            Members were asked to assist staff in identifying problematic situations that providers are faced with in determining the correct place of service and CPT code. To assist staff in the development of educational articles they were asked the following questions:</p>	<p>Members will forward situations to us that are viewed as problematic when determining place of service.</p>



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<p>Welcome to Medicare Presentation</p>	<p>A member of our forum presented a power point presentation on Preventive Medicine Under MMA. The presentation highlighted key elements of the one-time “Welcome to Medicare” physical, cardiovascular screenings, diabetes screening, supplies, and self-management training. For conversational purposes, a copy of the CMS publication “The Guide to Medicare Preventive Services” for Physicians, Providers, Suppliers, and Other Health Care Professionals was distributed to members. This publication is valued as a resource for preventive services reimbursed by the program.</p>	<p>Members believe that many physicians will not promote this new benefit due to the billing requirements and financial responsibilities placed on beneficiary.</p>
<p>New Benefits</p>	<p><b>Medicare Prescription Drug Plan</b>                      Two articles highlighting benefits of the new Medicare Prescription Drug Plan were distributed to members. Effective January 1, 2006 physicians may either submit claims for drugs administered in a physician’s office as they traditionally have or they may opt to participate in this program and obtain drugs from a vendor. Physicians that receive drugs from a vendor would not bill Medicare for the drugs; they would however still have the option of billing Medicare from the administration service. The vendor would bill Medicare for the drugs and would be responsible for collecting any deductibles and coinsurance from the beneficiary.</p>	

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Miscellaneous	Follow-up to Medlearn Matters article SE0449 that was distributed at the last meeting, members were advised that if they are receiving unprocessable claim denials, with a message CO-16 they should reference this article for billing instructions on how to submit claims for services furnished in a Health Professional Shortage Area (HPSA).	No member indicated receiving any denials for this reason.
CD-ROM Survey Results	Results from the WPS/CMS 2005 Fee Schedule and Disclosure Information CD-ROM Survey were shared with the committee. Results indicate that the provider community finds the CD-ROM's useful and look forward to receiving future updates to the fee schedule and educational information in this format.	
Next Meeting	Just a reminder, June 16, 2005 is our next meeting. To date, we have not heard of any volunteers that are interested in providing a short presentation to the group.	Members are asked to either email me or give me a call if they are interested in making a presentation at the next meeting.