

Provider Communications (PCOM) Advisory Group Minutes
 9:30a.m. – 12:00 noon
 SpringHill Suites
 Walker, Michigan
 September 16, 2004

Members Present : (15)

Agenda Item	Discussion	Outcome/Action
Welcome and Introductions	Roll Call Minutes from the June 2004 meeting were approved as written.	
Data Analysis • Top Claim Submission Errors/Appeals	<p>The top four errors for the last quarter are as follows.</p> <ul style="list-style-type: none"> • Services filed more than 1 year after date of service • Facility provider not billed • Individual provider required • Performing provider not equal to billing provider <p>Provider Outreach continues to conduct seminars that are specifically designed to provide information to “Medical Billers,” in an attempt to reduce these type of errors. “Practical Solutions to Your Medicare Denials” is one of the newest programs offered by the Provider Outreach staff. This educational program is designed to reduce many of the errors detected on the claims submitted to the program. In addition to this program, Outreach staff is conducting a series of seminars focused on appropriate modifier usage to ensure that the correct modifier is initially submitted with the service performed to avoid the appeals process. Representatives from the Medicare Extended Services Unit at WPS are also providing educational contacts to providers that have been identified as submitting a high volume of errors, to assist in reducing the error rate.</p>	<p>Members were pleased to hear that each suggestion they had made a year ago resulted in training programs developed and conducted by the Medicare Part B Carrier.</p>

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<p>Updates</p> <ul style="list-style-type: none"> • HIPAA • Monthly Capitation Payments 	<p>Members were pleased to hear that their efforts and hard work through the HIPAA testing process during this last year have paid off. Approximately 94% of the claims submitted to the Medicare Part B Carrier here in the state are HIPAA compliant. A note of “Thanks” goes out to all those individuals that have made this process so successful.</p> <p>Editing of the Wisconsin Physicians Service claims processing system has noted that procedure codes (G0308-G0327) are being submitted inappropriately to the carrier. These codes may only be billed once per month based on the number of face to face visits rendered by the physician. The description of the codes allow the physician to render 1,2,3 or 4 or more visits to an ESRD patient for the month. If the physician made 2-3 visits to a 20-year-old patient for the month of May, G0318 would be billed only once.</p>	
<p>Forwarding Claims to The Medicaid Program</p>	<p>The Medicare Part B carrier has recently completed the initial testing process with the Medicaid program. Medicaid Outreach is informing providers to include a Medicaid Provider ID Number on claims to ensure accurate processing of claims forwarded to Medicaid by the Medicare Part B program.</p>	<p>Based on comments openly shared, reimbursement amounts actually made by Medicaid to a provider are limited, however everyone was glad to hear that their claims were crossing over.</p>

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Portable X-rays	<p>Payment for R0070, portable x-ray transportation and Q0092 portable x-ray set-up are only allowed for portable x-ray suppliers. A mobile Independent Diagnostic Testing Facility (IDTF) that provides x-ray services is not classified as a portable x-ray supplier. Claims for R0070 and Q0092 submitted by an IDTF are denied. Denied services may not be charged to the patient, they are the financial responsibility of the provider. Claims recently processed by WPS have been reviewed and re-processed if necessary, to ensure that messages sent on both the Provider Remittance Notice and the Medicare Summary Notice are correct and within established guidelines.</p>	
Interactive Voice Response System (IVR)	<p>Customer Service Representatives have reported that they are receiving very positive feedback from providers utilizing both the IVR system and the new provider inquiry phone line, which was recently added a few months to enhance our timeliness in responding to provider inquires.</p>	
AdvancedMed	<p>To assist the provider community in identifying correspondence received by AdvanceMed, the Medicare Program Safeguard Contractor (PSC), WPS provided members with a sample letter. This letter is typically what the PSC sends the provider when requesting supportive documentation for services previously submitted to the Medicare Part B carrier. Members were asked by staff to share a copy of this letter with individuals located at the physician's practice address. This is the location letters are actually sent, which may not be the same location the supporting documentation is stored or sent from. It is important that individuals receiving mail at the physician's practice address be familiar with this letter and forward it as soon as possible to the individual handling this type of correspondence.</p>	<p>Everyone was glad to see a sample letter from the PSC. Sharing this letter within their offices will assist them in providing information back to the PSC on a more timely basis.</p>

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AdvanceMed – <i>continued</i>	Providers have 45 days from the date the letter is sent from the PSC to respond. If information is not received within this 45-day period, the claim is finalized based on the information on hand, which could lead to a claim denial or reduction in payment.	
Provider Education Activities <ul style="list-style-type: none"> <li data-bbox="199 678 562 743">• E-Mail List Subscriber Initiative <li data-bbox="199 1045 562 1149">• 2005 Fee Schedule and Disclosure Materials via CD-ROM 	<p>Individuals that currently subscribe to the WPS Listserv Updates via email will soon have opinions on the type of information they will receive from the Medicare Part B Carrier. Subscribers will have the option of selecting general Medicare information, state-specific alerts, and information specific to their specialty or combination of both general and specialty type messages. You may change your e-mailing list choices at any time by clicking on “Update my Account,” you may also elect to no longer subscribe to the service or email us at anytime with your concerns regarding the service.</p> <p>Last year, Wisconsin Physicians Service (WPS) created a CD-ROM which contained the FY 2004 Fee Schedules, Participation (PAR) Agreement, Disclosure materials, educational materials from that year and many other useful reference tools. Based on the positive feedback received both CMS and WPS are pleased to announce for fiscal year 2005 we will again provide this type of information via CD-ROM.</p>	<p>Members commented that although “it is nice to have options, providers should not take the risk of not being informed by limiting the information they receive by the program.”</p> <p>Providers are looking forward to receiving the information on CD-ROM for FY 2005.</p>

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Medlearn Matter Survey	<p>To better assist WPS in meeting the educational needs of the provider community, members received this survey two weeks before the meeting. Each member was asked to complete this the Medlearn Matter survey and provide it to the staff at the meeting, which they did. Below is a sample of questions contained in the survey.</p> <p>Have you read a Medlearn Matter article? Do you find it easy to understand? Do you ever print and distribute these articles? Are you registered for the Medlearn Matters Listserv? Do the titles need to be reflective of the content of the article? Are the articles available on a timely basis?</p> <p>A few members had commented that they had already completed their survey and submitted it online through the WPS web-site.</p>	
Elimination of the 90-Day Grace Periods for ICD-9 CM and HCPCS Codes	<p>To ensure that members will be prepared for this procedural change, information handouts were disseminated explaining the timeframes each change will occur, where related instructions may be found and the web-sites to obtain the updated information. Indicated below are the web-sites:</p> <p>For more information on HCPCS, visit the CMS Web site at: www.cms.hhs.gov/medicare/hcpcs</p> <p>The CMS Web site to view the annual HCPCS update is: www.cms.hhs.gov/providers/pufdownload/anhcpcdl/asp</p>	<p>There were no questions or concerns shared. All members thought that this would not be a problem for their respective offices.</p>

<p>Elimination of the 90-Day Grace Periods for ICD-9 CM and HCPCS Codes-<i>continued</i></p>	<p>For more information on HIPAA and its impact on claims submission, please visit the CMS HIPAA web site at: www.cms.hhs.gov/hipaa/hipaa2/default.asp</p> <p>After the ICD-9-CM codes are published in the Federal Register, CMS places the new, revised, and discontinued codes on the following Web site: http://www.cms.hhs.gov/medlearn/icd9code.asp</p> <p>For more information about the relationship of ICD-9-CM diagnosis codes and dates of service, go to Chapter 23, available at: http://www.cms.hhs.gov/manuals/104_claims/clm104c23.pdf</p> <p>To view the actual instruction issued by CMS to WPS, please go to: http://www.cms.hhs.gov/manuals/pm_trans/R95CP.pdf</p> <p>For more information on HIPAA's rules that relate to claims submission, other transactions, and code sets, please visit: http://www.cms.hhs.gov/hipaa/hipaa2/default.asp</p>	
<p>Medicare Drug Demonstration Project</p>	<p>Handouts were provided during the meeting that listed enrollment requirements and drugs available for treatment in this program. WPS is asking providers to encourage beneficiaries who may qualify for this benefit to enroll in this program.</p>	
<p>Future Educational Seminars</p>	<p>Members discussed topics for future educational needs of the provider community, and agreed that we would look closer at these suggests during the next few meetings. The following topics are open for future discussion: incident to services, rural health and screening services.</p>	