

Provider Communication Advisory Committee Minutes (PCOM)

1:30pm – 3:30pm
Tuesday, March 16, 2004
Bloomington, Minnesota

Agenda Item	Discussion		Outcome/Action
Welcome and Introduction	<ul style="list-style-type: none"> Rita welcomed members and asked everyone to introduce him or herself. 		
1. Review Minutes – December 9, 2003	<ul style="list-style-type: none"> Minutes were approved. 		
2. Action items from December 9 meeting	<p>Action:</p> <ul style="list-style-type: none"> Members had asked to have correspondence sent to business address rather than the office address. Members had requested when educational materials are sent to a specific provider within their organizations that a copy also be sent to the educational department at that facility. 	<p>Answer:</p> <ul style="list-style-type: none"> Rita stated that after researching this issue with WPS staff, it was determined that the current MCS system is hard coded to allow only the pay address and the practice address. It is a concern that in sending correspondence to a different address those billing agents could modify the claims. Liz Cepero, CMS, stated that the regional office is currently looking into this situation to see if a 3rd address could be added to the system. She provided the members with a contact name to explain the reasoning behind their request and to express their concerns. Rita stated that she brought this suggestion to co-workers. It was decided that at present it would be extremely difficult to track the address of the educational department associated with each provider. She suggested that members work within their organization to educate their providers that when they receive educational materials they should send a copy to their educational department. 	<ul style="list-style-type: none"> Members can contact Greg McAllister at 312-886-5347 to express their concerns and reasons for requesting the changes.

3. Medicare Approved Prescription Discount Card – Liz Cepero, CMS

- Liz Cepero from the CMS Chicago Regional Office gave a Power Point presentation on the new Medicare Approved Drug Discount Card and distributed handouts for members. She stated that the Medicare Approved Drug Discount Card is a voluntary, temporary transitional program for beneficiaries, which will be in effect from June 2004 through December 2005 and will have an enrollment fee. The new Prescription Drug program, Medicare Part D, will become effective January 2006. Medicare drug cards are available to all Medicare beneficiaries who are enrolled in Part A and/or Part B, but are not receiving any prescription drug coverage through a Federal Medicaid Program. In addition, some beneficiaries will be eligible for up to a \$600 credit annually based on income levels and have no other health insurance with prescription drug coverage (except M+C or Medigap). Final Card Sponsors approval is expected by the end of March with sponsor information and Outreach expected to begin in April or May 2004. Enrollment in Medicare-approved discount cards are expected to begin in May. CMS will have a new database tool on www.medicare.gov for beneficiaries to compare drug prices by drug discount program to determine which card is best suited for them. Beneficiaries will also be able to call 1-800-MEDICARE for assistance in comparing cards. Providers in Region V with general questions about the drug discount card program or other provisions of the Medicare Modernization Act (MMA) may contact Liz Cepero at 312-353-8862 or by email at ecepero@cms.hs.gov or they may contact Greg Chesmore at 312-353-1487 or by email at gchesmore@cms.hhs.gov.

Q: If the beneficiary is a member of a Managed Care Plan and lives in more than one state during the year, does the Manage Care Plan have to offer a National Card.

A: Liz stated that she is researching this issue at present. She stated that if you are a member of a HMO at present, your service area is in one state so you would not have coverage outside the state. Liz did not believe that the HMO would be required to cover more than just their regional plan location.

Q: Is there a penalty if the beneficiary does not join immediately?

A: Liz stated that there is no penalty with the exception of the \$600 credit, as this will be pro-rated quarterly in 2005. It may be beneficial in delaying their enrollment until all card sponsors information is received to determine the best card for their situations.

- Q:** If the card sponsor discontinues participating, will beneficiaries be required to pay another enrollment fee with a new card sponsor? Do you anticipate card sponsors dropping out of the program?
- A:** The beneficiary will be required to pay another enrollment fee, but CMS does not anticipate card sponsors dropping out of the program. and will be monitoring card sponsors to ensure this does not happen.
- Q:** Will each card have a formulary or will they negotiate different rates based on a full range of drugs.
- A:** Liz stated card sponsors will be required to choose 1 drug in each therapeutic class of classable categories. CMS will also provide them a list of 135 most commonly prescribed drugs and they will have to indicate to CMS which drugs they will offer discounts on.
- Q:** Will the comparison on the Medicare website apply to the M+C plans?
- A:** Liz stated M+C plan information will not be posted on the website. Managed Care beneficiaries will have to go through the Managed Care companies to receive information on the program.
- Q:** In addition to the website and 1-800-MEDICARE, will beneficiaries receive information in the mail.
- A:** Letters will be mailed in March to the beneficiaries explaining the basics of the program and will include the website and phone numbers to call. CMS will also be providing brochures and handbooks in May.
- Q:** Will the drug sponsors be interacting in any way with the providers? Won't the Medicare-approved seal cause the beneficiaries to believe the drugs are Medicare approved and request their physicians change their medications?
- A:** Liz stated that this may cause confusion for the beneficiaries and CMS is aware this may create difficulties for providers. Liz also stated that it has not been decided if drug card sponsors will be allowed to advertise their cards with providers.
- Q:** If the beneficiaries do not use the full \$600 credit will it roll over to the next year?
- A:** Liz stated that it would roll over; however, if they disenroll from the program, they can lose that credit.

	<p>Q: If beneficiaries want to remain with the same discount card, will they need to re-enroll in 2005?</p> <p>A: Liz stated beneficiaries will automatically be enrolled with the same discount card unless they chose to make a change.</p> <p>Q: Approximately how many beneficiaries are expected to qualify for the \$600 credit?</p> <p>A: CMS estimates approximately 2 million people to qualify for the \$600 credit.</p> <p>Q: Will there be any discounts for medications purchased in Canada or Mexico?</p> <p>A: Liz stated that to her knowledge none of the card sponsors will be doing any negotiations with Canada or Mexico.</p> <p>Q: How will beneficiaries know if the co-payment requested by the pharmacist is the correct amount and will CMS know if the pharmacist charges more than allowed?</p> <p>A: Liz stated that CMS would only know of these situations through beneficiaries complaints and that is why it is important to educate the beneficiaries to ensure this does not happen.</p>	
<p>4. Updates</p>	<ul style="list-style-type: none"> • Customer Service – WPS’ new Customer Service hours are 7am – 5pm (CST). The provider service call number and IVR number will be changing mid-Spring. There will 2 new numbers, 1 for provider customer service and 1 for the IVR. This should extend time for providers with customer service and the IVR. Customer Service reps will not be able to transfer providers to the IVR, they will be instructing providers to call the new number. The Beneficiary Call Center telephone number may be transferring mid-Summer to the 1-800 national number, which is a speech automated line. • Financial/MSP – The financial department has requested providers include a copy of the overpayment letter with their refunds to assist Financial in expediting the transactions. WPS encourages all providers participate in the Electronic Funds transfer. Forms are available and contact information is included on the forms. <p>MSP has noticed MSP claims where the primary payor amount is larger than the billed amount. Rita and Amanda requested members inquiry within their facilities to see if they have an explanation for this issue. These claims are being denied for secondary payments.</p>	<p>Members were asked to inquiry within their facilities to determine if this is an issue and if there is an explanation for it and to contact Provider Outreach.</p>

	<ul style="list-style-type: none"> Local Coverage Determination (LCDs) will be replacing the current Local Medical Review Policy (LMRP) in the next 2 years. The LCDs will consist of only the reasonable and necessary information. It will delete some of the coding and reasons for denials in the policies. The deleted information will be moved to a companion article with a live link to the LCD, which will be indicated in the Notes section on the last page of the LCD. <p>Q: Will the articles always be available on line? A: The current plan is to do a live link between the article and the LCD and it is hoped to keep these on the website permanently.</p> <p>Q: Will you continue to use the same symbols, such as the asterisk to indicate revisions. A: Asterisks will continue to indicate revisions.</p> <p>Q: Will the LCDs give actual diagnosis and word descriptions for CPT codes rather than just the CPT codes? A: Bonnie stated that they currently use a 30% rule. If the LCD contains a large number of codes, they will not contain descriptions, but with smaller number of codes, they will contain a short description.</p>	<p>Bonnie will check to see if short descriptions will be used on all policies or if the 30% rule would still apply.</p>
	<ul style="list-style-type: none"> Podiatry comparative billing report – this report is a pilot project that Outreach is working on just for Podiatry and must be requested by the provider. The report contains the individual providers billing statistics compared to their state for each procedure code. This is a self-assessment report for educational purposes only. Medical review postpay does not see this report. Each provider in the facility must sign a release to obtain this report. If members are interested in obtaining this report, they should contact Teri Weiland, Provider Outreach, Madison, at 608-301-2793. EDI/HIPAA – CMS has modified the HIPAA contingency plan. Any non-compliant electronic format that is received in our office after July 1 will be paid by the paper payment floor and not the electronic floor. Concerns or questions should be directed to the EDI department. C-SNAP (CMS Secure net Access Pilot) – if members would like information regarding this pilot program or have questions regarding the program, please contact Cari Dykstra at 608-301-2818. 	

<p>5. One Time Notification</p>	<ul style="list-style-type: none"> • 90-day Grace Period – HCPCS, ICD-9 – Effective October 1, 2004 the Grace Period for ICD-9 codes will be eliminated and effective January 1, 2005 the 90-day Grace Period for HCPCS will be eliminated. • Medlearn Matters – In the past CMS has issued a Change Requests (CR) to the carriers and the FI and it was then up to the carriers and the FIs to educate the providers through newsletters and their websites regarding these changes. CMS has now designed Medlearn Matters articles as an informative tool for providers on important changes to the Medicare system or a special topic of interest to providers through easy to understand articles. 	<p>Members will be notified of important articles in the Medlearn Matters through ListServe.</p>
<p>6. Provider Education</p>	<ul style="list-style-type: none"> • Amanda thanked members for their response to the surveys and distributed a handout with the results. Members overwhelmingly liked the CD-ROM disclosures and Fee Schedule Project and would like to see it created again next year. This was a pilot project and WPS is awaiting a decision from CMS regarding future plans. An estimated \$126,000 was saved by WPS by using the CD-ROM verses mailing out paper copies. Amanda informed members that an informational CD on Ambulance, which contains every Program Memorandum, Change Request, manual, power point presentation and information that was valid as of January 15, 2004. • Provider Outreach received positive response from the Teleconference feedback. Teleconferences are beneficial to providers as well as the presenters as they allow a larger group of providers to participate without having to leave their offices. • Provider’s number one request for educational seminars was Documentation. Amanda stated that Documentation education is an extremely difficult subject as it is more claim specific. Provider Outreach is teaming with Medical Review Postpay to do seminars of this nature. Providers also requested New Physician training, Top 10 denials, Mental Health, Modifiers Program, Understanding Medical Policy, Beyond the Basics, Introduction to Basic and Medicare Physician Fee Schedule Database. Provider Outreach has several seminars scheduled on these topics. 	<p>Members may request a copy of the new Ambulance CD or have a CD created on a particular topic by contacting Provider Outreach.</p>

	<ul style="list-style-type: none"> • Amanda stated that she is currently working on a computer based training on Distance learning. She will be sending a draft out to all PCOM members in the next month and asked members to respond with their honest opinion and suggestions. • Amanda stated that providers with dial-up access had an extremely lengthy wait in opening last months issue of the Communiqué because of the new HIPAA Crosswalk. The current electronic Communiqué is in the same format as the printed version, which allows providers to print copies. However, because of this formatting, it required a long time to open for providers with dial-up access. Amanda proposed putting a table of contents on the Communiqué page, providers would click on the article they wished to read, but each article would have to be opened separately to print and would not allow the entire Communiqué to be printed at once. She asked members for their opinion on this new format. Members stated that they would not like this new format because it would retire more time to print and they like the current format. <p>Q: Could both formats be offered? A: Provider Outreach is currently researching this as a possibility.</p> <ul style="list-style-type: none"> • The Spring, 2004 seminar schedule has been posted on the website. There are currently 105 seminars scheduled, but more may be added. Rita stated that next Tuesday, March 23 and Wednesday, March 24, Medicare Part A and Part B will be doing a combined WEBEX training on SNF Consolidated Billing. Providers interested in participating should sign up on the Noridian's website. Power Point presentation will be sent out shortly. 	
7. Data Inquiry Analysis	<ul style="list-style-type: none"> • Rita provided handouts for the members to review and discuss with their staff. She would like to do a Round Robin on these issues and issues that members have in their offices at the next meeting. 	
8. Beneficiary Outreach Activities/Education	<ul style="list-style-type: none"> • Rita stated Medicare Part A, Part B and the Congressional offices will be doing town meetings on the new drug cards. These meeting are open to the public and should be advertised in the newspapers. Rita stated that the beneficiary website is currently being updated. On April 28 there will be a CMS event for beneficiaries at the Urban League and is open to the public. There will be several vendors present. 	

9. Round Robin	<ul style="list-style-type: none">Rita stated that she would like to begin this at the next meeting. She requested members discuss the materials they were given with their staff and to bring back any issues that were identified in their office.	Members should share materials received at PCOM meeting with their peers and to identify issues that need to be discussed at the next meeting.
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