

**PROVIDER COMMUNICATION ADVISORY COMMITTEE MINUTES  
(PCOM)**

1:30pm – 3:30pm  
Tuesday, March 28, 2006  
Bloomington, Minnesota

**Attending Members:** Allina Medical Clinic, CentraCare Clinic, HealthPartners, Hennepin facility Associates, Institute for Athletic Medicine, Mankato Clinic, Mayo Clinic, MultiCenter Physical Therapy, North Clinic, Park Nicollet Clinic, Quello Clinic, Rapid Return Medical Billing, St Mary's Duluth Clinic, Therapy Partners Inc/OSI Physical Therapy, University of MN Physicians

**WPS Staff:** Rita Hobot, MN Provider Education and Outreach; Mary Muchow, WI Provider Education and Outreach; Bonnie LaPanta, RN, MN Policy Development; Emily Drewitz, Administration

Agenda Item	Discussion	Outcome/Action
I. Welcome and Introductions	Members were welcomed to the meeting at the Holiday Inn, Bloomington and were asked to update their information as needed on the Members' List. Two members joined the meeting via conference call.	
II. Review of Minutes – December 13, 2005, Action Items/Responses	<p>Minutes from June 14, 2005 meeting were approved.</p> <p><b><u>ACTION:</u></b></p> <ol style="list-style-type: none"> <li>1. Member requested a link be added from C-SNAP to the HMO page on CMS' website.</li> <li>2. Member questioned if there is a way to by-pass the introductory portion on the IVR system.</li> <li>3. Member asked if the system could be changed to allow more than one treatment start date for patients who have orders from</li> </ol>	<ol style="list-style-type: none"> <li>1. WPS is working with CMS on this issue.</li> <li>2. To by-pass the introduction, providers should say main menu. This will bring you to beginning of the call flow.</li> <li>3. Members were asked to send examples to Mary and Rita to</li> </ol>

	<p>the same physician and are being seen by the same therapists, but for two different body parts with two different treatment start dates.</p>	<p>research.</p>
<p>III. PCOM Advisory Group Focus</p>	<p>Members received an excerpt from CMC Publication 100-9, Chapter 4, Section 30.1.4 A, Medicare Contractor Beneficiary and Provider Communications Manual which states the primary functions of the PCOM Advisory Group are:</p> <ul style="list-style-type: none"> <li>▪ To assist the carrier in the creation, implementation and review of provider/supplier education strategies and efforts</li> <li>▪ To provide the carrier with input and feedback on training topics, educational materials, and dates and locations of educational workshops and events.</li> <li>▪ To identify salient educational issues and recommend effective means of information dissemination to all appropriate providers/suppliers and their staff.</li> </ul> <p>While it remains allowable for the carrier to use the PCOM Advisory Group to provide updates and facilitate discussion on current issues, the focus of the group meetings will center on the development and implementation of effective provider/supplier communication materials and strategies.</p> <p>M: Member stated that members usually attend the PCOM meeting for two reasons - Physicians/Clinicians who want to know what is covered and how is it covered. Billers who want more claims driven information - denials, electronic issues, etc.</p>	<p>Members will review focus of PCOM meeting and assign appropriate staff from their respective groups to attend PCOM meeting in order to provide feedback to WPS on educational initiatives.</p>
<p>IV. Provider Education</p>	<p>A. Educational Opportunities</p> <p>Members were provided an overview of WPS educational venues as follows:</p> <ul style="list-style-type: none"> <li>▪ Face-to-Face Seminars</li> <li>▪ Teleconferences</li> </ul>	<p>Members were encouraged to check WPS' website frequently for information on educational opportunities.</p>

	<ul style="list-style-type: none"> <li>▪ ACT (Ask-the-Contractor) teleconferences</li> <li>▪ iLink Presentations which allows providers to view a presentation on their PCs as they listen to the presenter by phone</li> <li>▪ Lunch-and-Learn teleconferences which was created for smaller providers who do not have the staff or resources available to send their employee during working hours.</li> </ul> <p>B. General Medicare Workbook  Rita stated Outreach is currently working on updating the General Medicare workbook. The PCOM members received a copy of the workbook's table of contents to begin reviewing and provide feedback and comments. This workbook/seminar was created for new providers and staff that are new to Medicare</p> <p>M: Members questioned if the WPS General Medicare workbook contained the same information as CMS' information for new residents.</p> <p>R: CMS' Resident &amp; New Physician Guide is more focused on the providers;  WPS' workbook is more general information that focuses On billing guidelines</p> <p><u>Medicare – Who are the Players</u> (General Medicare_Workbook)  This section discusses the different agencies involved with Medicare and what their roles are in the Medicare Program.</p> <p>M: Member questioned if WPS offered seminars for new residents.</p> <p>R: At present there are no seminars or teleconferences, but member's suggestion will be given reviewed.</p> <p><u>Choices in Medicare</u> (General Medicare Workbook)  This section discusses the different choices beneficiaries have</p>	<p>Members can email suggestions for General Medicare handbook to Rita Hobot or Mary Muchow.</p> <p>Members should suggest best location and time of seminars/teleconferences.</p> <p>Rita will research if seminars can be held for new residency students on Medicare requirements before students begin their residency.</p>
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	<p>for their Medicare benefits.</p> <p>Suggestions:</p> <p>M: This section is very confusing to staff even if they have been working with Medicare for a long time. Would like to see better definitions of each.</p> <p>M: Members would like to see resource information (websites, agencies, manuals, etc.) for beneficiaries who have questions on which Medicare product is best for them, what is a Medicare HMO, and what to do if you are sold a product you don't want or like.</p> <p>M: Would like to see information on Medicare Part D added to this section.</p>	<p>We will consider incorporating suggestions in updates for manual.</p> <p>We will consider incorporating suggestions in updates for manual.</p> <p>We will consider incorporating suggestions in updates for manual.</p>
<p>V. Updates/Other Issues</p>	<p>A. Provider Enrollment Effective February 10, 2006 Provider Enrollment applications will be returned for incomplete/missing information.</p> <p>B. Appeal Process Changes October 2005, the first level (Review) is changed to Redetermination. After January 1, 2006, there will no longer be telephone appeals. However, carriers can do telephone reopenings on clerical errors or omission. The second level, Hearings, has been changed to Reconsideration. Members were encouraged to use the Redetermination / Reconsideration form or incorporate all required information in their own forms.</p> <p>Suggestion: M: Member suggested providing a seminar on the new Appeals Process.</p>	<p>Providers should review Provider Enrollment form for completeness before submitting to Medicare. See complete information on 855 requirements on <a href="http://www.wpsmedicare.com">www.wpsmedicare.com</a>.</p> <p>Rita stated that a teleconference on the new Appeals process was held on 2/22/06. Members can access audio of</p>

	<p>C. Medicare Remit Easy Print (MREP)  Brochures on the new Medicare Remit Easy Print software were made available to providers. Members were also directed to a MedLearn Matters article, SE0611, which gives more detail on the software.</p> <p>D. National Provider Identifier (NPI).  NPI implementation continues to move forward. WPS is currently accepting the new NPI number from providers along with the legacy provider number. CMS is encouraging providers to include all of the providers' legacy identifiers (PIN numbers) for Medicare as well as all other payers. Providers should also list the associated state name when submitting Medicaid numbers. This will enable correct crosswalks to be created.</p> <p>E. Financial Limitation Therapy Services Exception  MedLearn Matters article, MLN4364, is available regarding this issue. WPS is in the process of testing their system to ensure that the KX modifier process can be implemented. Members should monitor WPS' website and Listserv messages for updates.</p> <p>Feedback:  M: A member stated that many patients are refusing treatment because providers are unable to assure them</p>	<p>the 2/22/06 Appeals teleconference on WPS' website. An ACT teleconference was held on 03/15/06. Members were also referred to recent Communiqué articles and CMS' MedLearn Matters articles.</p> <p><b><i>MREP software is available to providers Free. Members are encouraged to review brochures and advance toward an electronic environment.</i></b></p> <p>Members are encouraged to include all of the providers' legacy identifiers (PIN numbers) for Medicare as well as all other payers. Providers should also list the associated state name when submitting Medicaid numbers to ensure proper crosswalks.</p> <p>The WPS website and Listserv will give updated information regarding the testing process for the use of the KX modifier and will announce when the system is ready to process these claims. Members should monitor the website and Listserv.</p> <p>WPS will be holding a teleconference on this issue. No date has been established. Members are encouraged</p>
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	<p>that their Medicare will cover treatments.</p> <p>M: Member stated that she has found the IVR to be helpful in determining approximately what has been paid on the cap. Need to remember that there may be additional claims that have been submitted, but not paid which will not be listed in the IVR amounts.</p> <p>M: Can WPS accept claims with the KX modifier?  R: Mary stated that WPS is in the testing process. She will check with the systems staff as to how best to handle those claims with the KX modifier.</p> <p>Comment:  M: A member stated that the MedLearn Matters article, MM4364 has been re-released on February 28 due to an error. On page 5, the sentence discussing Manual Exceptions read “if your Medicare contractor does make a decision .....” It should read “if your Medicare contractor does not make a decision.”</p> <p>F. 2006 Fee Schedule Adjustments  Mass adjustments are being done on claims with dates of services January 1, 2006 and after that were submitted prior to February 2, 2006. It is anticipated that all adjustments will be completed by the end of July 2006. Providers must make an attempt to collect the appropriate amounts from their patients. In regards to automatic crossovers, Medicare will submit the adjusted claims directly to the crossover companies who accept Medicare adjustments. Providers should contact their Crossover companies to determine if they do accept Medicare adjustments. If they do not, the provider will have to send</p>	<p>to watch the website for details.</p> <p>Mary will check with the systems staff as to whether providers should submit KX modifier claims prior to the system being able to process them.</p> <p>Mary will clarify if providers must do</p>
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	<p>copies of their remits to the Crossover company.</p> <p>M: Member stated staff from her office attended the “A Day with Medicare” and was informed that providers do not have to make adjustments with the crossovers.</p>	<p>adjustments with their Crossover companies in regards to the 2006 Fee Schedule adjustments.</p>
VI. Round Robin	<p>A. Determine why high volume of duplicate denials are occurring</p> <p>M: Member stated that she investigated the issue in her office. They determined that staff was not always following the appropriate procedure when transmitting claims.</p> <p>Ansi/Remarks codes that do not contain enough information to determine why a claim was denied. (examples)</p>	<p>Members should continue to review reasons for duplicate denials</p> <p>Tabled for future meeting.</p>
VII. MEDPUB – Medlearn Matters Articles	<p>Members were informed that CMS has changed the name of Medlearn Matters to Medicare Learning Network (MLN).</p> <p><b>Members were provided a copy of the following articles. Comments or questions regarding these articles can be sent to Rita or Mary.</b></p> <p>A. MM4215 – Consultation services CPT Codes (99241-99255) B. MM4177 – Eliminate Use of Surrogate UPIN – this has been rescinded by CMS, so Medicare will accept the UPIN numbers. C. MM4246 – Nursing Facility Services Codes (99304-99318) D. MM4364 – Therapy Caps Exception Process</p>	<p>Comments or questions regarding these Articles should be sent to Rita or Mary.</p>
Next PCOM meeting	<p>The next PCOM meeting is scheduled for June 13, 2006 at the Holiday Inn.</p>	