

Provider Communication Advisory Committee Minutes (PCOM)

9:30am-12:00 noon
Monday, December 6, 2004
Madison, Wisconsin

Members: Advanced Healthcare; Cvikota Company; Dean St. Mary's, EBIX Billing Services; General Medical Laboratories, Marshfield Clinic; Medical Billing Professionals, Inc.; Medical College of Wisconsin; Mercy Health Systems; UW Health; Wisconsin Medical Society

Agenda Item	Discussion	Outcome/Action
Welcome and Introductions	<ul style="list-style-type: none"> • Amanda Bolger introduced herself and Sharon Fletcher as co-chairs. • Roll call (two groups were participating by phone) • The current membership address list was circulated and distributed for any possible corrections and for member reference. The members' names will NOT be publicized. 	
Customer Service Updates	<p><u>Top Claim Submission Errors</u></p> <ul style="list-style-type: none"> • The Top Claim Submission Errors were discussed. There was a focus on duplicate denials. Group members discussed whether these were isolated incidents or a particular provider or truly duplicate claims. Members also discussed billing multiple-like services and quantity billing. 	<ul style="list-style-type: none"> • PCOM members were given a Duplicate Claims informational handout to distribute to new staff.
Provider Educational Activities	<p><u>A Day with Medicare and Partners</u></p> <ul style="list-style-type: none"> • 170 participants attended <i>A Day with Medicare and Partners</i> on October 13, in Bloomington, MN. • Partners included the QIO, DMERC, Social Security, TrustSolutions, SHIP, and Area Agencies on Aging. • Our fourth open house will be held in Michigan in May 2005. <p><u>Winter/Spring 2005 Schedule</u></p> <ul style="list-style-type: none"> • Chiro seminars will be offered in all four states. • Medical Review will be hosting several teleconferences including Carve Outs, Critical Care, Home Visits, and Consultations. • WPS will be conducting six Open Door Forum-like sessions called Ask the Carrier Teleconferences (ACTs) in the fiscal year. There will be two specifically for small providers. We will be sending an e-mail with more information. 	<ul style="list-style-type: none"> • PCOM members should e-mail the PCOM chairs with ideas on what time to have the call, the day of the week, limit of lines, etc.
Beneficiary Educational Activities	<p><u>Medicare-Approved Drug Discount Card Update</u></p> <ul style="list-style-type: none"> • As of November 2004, 5.7 million beneficiaries enrolled in the drug card, 1.4 million enrolled in the transitional assistance program and the drug card, and 1.1 million beneficiaries were sent facilitated enrollment letters. • Beneficiaries who apply for the \$600 credit by 12/31/04 will receive \$600 for 2004 and 2005, if they wait to enroll amount of assistance will decrease \$150 per quarter. • Two special Medicare-Approved Drug Cards approved for use at pharmacies operated by an Indian health program. 	

	<p><u>Medicare & You 2005</u></p> <ul style="list-style-type: none"> Members were given <i>Medicare & You 2005</i> handbooks. New preventive services were discussed. <p><u>2005 Premiums and Deductibles</u></p> <ul style="list-style-type: none"> The 2005 premiums, deductibles and coinsurance were discussed. <p><u>Other Activities</u></p> <ul style="list-style-type: none"> WPS Beneficiary Outreach continued to focus on reaching beneficiaries through the media, face-to-face contact, and partnered events. Significant issues identified by beneficiaries were confusion over the Medicare-Approved Drug Discount Card and Medicare Part D. 	<ul style="list-style-type: none"> PCOM members were instructed to direct beneficiaries to 1-800-MEDICARE with questions regarding frequency of preventive services. PCOM Members were asked to share the information regarding the 2005 financial amounts.
MedPub	<p><u>MEDLEARN MATTERS</u></p> <ul style="list-style-type: none"> <i>Implementation of the Medicare Physician Fee Schedule (MPFS) National Abstract File for Purchased Diagnostic Tests and Interpretations</i> - Effective April 1, 2005, suppliers including labs, physicians and independent testing facilities, must bill their local carrier for purchased tests and interpretations, regardless of where the service was furnished. This does not apply to providers purchasing services from another provider within the same jurisdiction. They would bill as they have in the past. Providers purchasing services out of the jurisdiction would bill as though they performed the services. Instructions as to whether or not they can bill globally are forthcoming. They also need to bill using the zip code for their location, rather than the location where the service was actually performed. <i>MMA - Physician Education for the Revisions to the Health Professional Shortage Area (HPSA) Bonus Payment Processes and Implementation of the Physician Scarcity Area (PSA) Bonus Payments</i> – Effective January 1, 2005, changes will affect HPSA and PSA bonus payments. Medicare will pay a five-percent PSA bonus on a quarterly basis, and the bonus will be based on what Medicare actually paid not on the Medicare-approved payment amount. Medicare carriers will continue to base your bonus on the amount you are actually paid (not the Medicare approved payment amount for each service) and will pay you the ten-percent bonus on a quarterly basis. Some services are eligible for both incentives. The PSA will run from January 1, 2005 through December 31, 2007. Some specialties are excluded from the scarcity bonus. <p><u>2005 Medicare Physician Fee Schedule CD-ROM</u></p> <ul style="list-style-type: none"> All members were given a fee schedule CD-ROM. The fees on the CD-ROM fee schedule listings are correct. The quick reference tools for CSWs and MNTs are incorrect on the CD. The new CD-ROMS contain twice as much educational material as last year's CD-ROM. Tutorials are available on the CD-ROM explaining how to use and print from ADOBE Acrobat, how to use the website, etc. Hard copies of a locality fee schedule may be purchased for \$13.89. Handed out surveys for members to fill out regarding the CD-ROM. 	<ul style="list-style-type: none"> PCOM members questioned the use of a modifier and whether it would affect payment. PCOM members asked if they could wait and respond to the survey early next year, as they will have had more time to use CD-ROM. The survey will be put on the agenda for

		the March PCOM meeting.
HIPAA	<p><u>Latest Compliance Percentages</u></p> <ul style="list-style-type: none"> • HIPAA is still a part of all WPS programs. • All four of our states have a high percentage of providers submitting HIPAA-compliant claims (very high 90's) • Discussion revolved around "additional documentation available upon request" and the narrative field. This was a topic brought up at the last meeting. <p><u>National Provider Identifier (NPI)</u></p> <ul style="list-style-type: none"> • Providers should be aware that NPI is coming. • All providers will still have to fill out an enrollment form. 	<ul style="list-style-type: none"> • Volunteers are needed for a pilot program for electronic attachments. • PCOM members were asked to send examples of NOC descriptions to chairs to assist in establishing standards for claims processing.
Other Issues	<p><u>Demonstration of Improved Quality of Care for Cancer Patients Undergoing Chemotherapy</u></p> <ul style="list-style-type: none"> • Members had questions regarding the demonstration codes. WPS will keep members informed and will send out an emergency list-serv when any new information is received. <p><u>Flu Vaccine Shortage/Administration by Non-Enrolled Members</u></p> <ul style="list-style-type: none"> • Beneficiaries may be reimbursed for flu shots administered by non-enrolled providers by sending in 1490 forms with a receipt. If beneficiaries send in receipt only we will call and educate them on how to correctly get reimbursed. <p><u>Demonstration of Coverage of Chiropractic Services Under Medicare</u></p> <ul style="list-style-type: none"> • There is little information available on this demonstration project. <p><u>New E-Mail System/Address Changes</u></p> <ul style="list-style-type: none"> • WPS has changed over to a new e-mail system but PCOM members can still use old e-mail addresses. 	
Open Discussion	<p><u>Signature on File (Federal Register p. 66360)</u></p> <ul style="list-style-type: none"> • Members discussed signature on file and the requirements for signature on file. Questions were raised whether the instructions for SOF would change and if the system would be ready for changes. We will review this again at the March PCOM. <p><u>Hospice</u></p> <ul style="list-style-type: none"> • The discussion on hospice revolved around getting access to the Common Working File (CWF) SNAP will have hospice and MSP information available as a result of an upcoming enhancement. <p><u>EPO</u></p> <ul style="list-style-type: none"> • One member brought up questions regarding redeterminations past the 120-day time limit. This also brought up discussion regarding the Erythropoietin policy and changes that may be made to the policy. PCOM members were asked if a teleconference would be beneficial when all changes to the policy were made. <p><u>"Welcome to Medicare" Physical</u></p> <ul style="list-style-type: none"> • There was little new information discussed on the physical. PCOM members will be informed when we learn more. 	<ul style="list-style-type: none"> • WPS will send a list-serv as soon as we learn more information on the "Welcome to

	<i>The next meeting will be in March 2005 at the Wisconsin Medical Society.</i>	Medicare” physical.
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