

Provider Outreach and Education Advisory Committee Minutes  
**(POEAG)**

1:30pm – 3:30pm (CST)  
 Tuesday, September 11, 2007  
 Hosted by: Bloomington, MN

**Attending Members:**

**WI -** Fond du Lac Regional Medical Center; Marshfield Clinic; Mercy Health Systems

**MN -** Allina Hospitals and Clinics; CentraCare Clinic; Hennepin Facility Associates; Mayo Clinic; Park Nicollet Clinic; University of MN Physicians

**WPS Staff:** Provider Outreach staff: Peter Scheller, Mary Muchow, Rita Hobot, and Holly O’Neal, Medicare Publications  
 Bonnie LaPanta, RN, MN Policy Development; Emily Drewitz, Administration

Agenda Item	Discussion	Suggestions	Outcome/Action
Welcome and Introductions	Members were welcomed to the meeting hosted in Bloomington, MN		3 members attended in person, 9 members attended by teleconference.
Review of Minutes from June, 2007  Action/Outcome List from the June meetings	Members approved the minutes from the June 5, 2007 POE AG meeting as written.  <b>Action/Outcome List:</b> <ul style="list-style-type: none"> <li>▪ Closed – members received a document showing all of the Suggestions/Comments and the Action/Outcomes from the last meeting. Two of the suggestions were highlighted during the meeting:                             <ul style="list-style-type: none"> <li>- Members requested Communiqué articles and Medicare Learning Network Matters (MLN) article references for Administrative Simplification Compliance Act (ASCA). Provider Outreach and Education. (POE) developed and sent a resource document to all members.</li> <li>- Members suggested a playback function for the Ask the Contractor Teleconferences</li> </ul> </li> </ul>	Member asked if handouts could have page numbers listed on documents.	Co-chairs will relay member’s suggestion to their department.

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	<p>(ACT). WPS Medicare offers this feature on the WPS Medicare Website:  <a href="http://www.wpsmedicare.com/provider/provider_ed_online.shtml#07_tele">http://www.wpsmedicare.com/provider/provider_ed_online.shtml#07_tele</a></p> <ul style="list-style-type: none"> <li>▪ Open – handouts included with the Suggestions/Comments and the Action/Outcomes from the last meeting: <ul style="list-style-type: none"> <li>- No responses received from members for requests for education on Comprehensive Error Rate Test (CERT) issues and the name of the person who should receive CERT information in their office.</li> </ul> </li> </ul>		<p>Members can send their responses to their respective co-chairperson</p>
Medicare Publications	<p>Medicare Publications asked for volunteers to do Usability Testing for the new WPS Medicare Website design. The testing will begin the end of September.</p>	<p>Member asked what testing would entail and how much time it would require.</p>	<p>Members who want to volunteer for Usability Testing can send an e-mail to their respective co-chairperson.</p> <p>Testers receive a list of scenarios to locate on the redesigned Website. Scenarios take approximately one hour or less.</p>
Provider Education	<p>A. CERT (Comprehensive Error Rate Testing)  CERT is a measure of how effectively providers prepare and submit Medicare claims and how effectively Contractors review and pay claims. Reducing the CERT error rate is WPS Medicare’s primary goal. Members received a draft Computer Based Training (CBT) on the Top Ten Provider Compliance Error Rate denial reasons.</p> <p>Members received a handout listing the Suggestions/Comments received from members on our CERT program and our actions. Members were also given a survey regarding Evaluation and Management (E/M) Services, which continues to be a high CERT error.</p>		<p>Respond to E/M Services survey by September 14.</p>

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	<p>B. Consultations</p> <p>Members received a draft Consultation PowerPoint asking for suggestions/comments.</p> <p>Members received the Actions taken on these suggestions/ comments and the status of the Actions as one of their handouts.</p> <p>Consultations are a high CERT error. Providers should review the educational materials found on the WPS Medicare Website under Education/Guidebook. Providers are asked to perform self-audits to determine if a consultation procedure is appropriate. The presentation includes a Website where providers can request a report showing the number of Consultations vs. Visits that the provider performed and a comparison with the Jurisdictional levels.</p> <p>A question and answer teleconference on consultations is scheduled for September 18<sup>th</sup>. Information for the teleconference is available on the WPS Medicare Website.</p> <p>C. Physicians Quality Reporting Initiative (PQRI)</p> <p>Members received a handout identifying three different issues with PQRI:</p> <ul style="list-style-type: none"> <li>▪ Incorrect denial messages – WPS Medicare is taking all the steps possible to correct the messages. This does not affect the PQRI reporting processes.</li> <li>▪ Incorrect claim submissions – these unprocessable denials need to be corrected and the provider can resubmit claims.</li> <li>▪ Incorrect modifiers – denying as Unprocessable. With the submission of an</li> </ul>		

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	<p>incorrect modifier the processing system separates the PQRI quality codes from the original claim. Providers cannot resubmit these claims and these will not be part of the analysis process.</p> <p>D. JW Modifier WPS receives a large number of calls regarding how the JW modifier applies to drugs included in the Competitive Acquisition Program (CAP) and how it applies to drugs priced through the Average Sales Price (ASP). Members received a document explaining that the modifier applies equally to both. JW modifiers not required by Medicare for discarded drugs reimbursed under the ASP. Billing instructions and links to the Centers for Medicare and Medicaid (CMS) Website are included in the handout.</p> <p>E. Local Coverage Determinations (LCD) Members received a handout listing the WPS Medicare LCD?</p> <p>F. CMS Secure Net Access Pilot (C-SNAP) Effective 9/10/07 WPS made an enhancement to C-SNAP allowing C-SNAP users to request Redeterminations and Reopenings. Send suggestions/ comments/questions on enhancement or further suggestions to co-chairpersons.</p>	<p>Member questioned if claims requiring CPT change is a Redetermination or a Reopening.</p> <p>Member asked what would happen with claims that required documentation.</p> <p>Member stated that she has found this under Appeals on C-SNAP as well under Claims Status. She questioned which area is correct?</p>	<p>Members can review the list and bring suggestions/ideas to the December meeting. Which LCDs require education and the method(s) of education?</p> <p>Member can e-mail question to their co-chairperson to research.</p> <p>Providers will receive a message back with a fax number for providers to submit the documentation.</p> <p>Providers can use either route to request a Redetermination or Reopenings.</p>

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	<p>G. Mediasite  WPS Medicare obtained new technology called Mediasite. Mediasite allows WPS Medicare to broadcast over the Internet, with audio and video capability and the ability to see a PowerPoint presentation. Mediasite also allows for the recording of "Quick Tips." Quick Tips are generally between five and ten minutes long on a variety of educational topics.  Providers who have difficulty using Mediasite can contact the POE department</p>	<p>Member stated that there is no area for the ICN number.</p> <p>Member stated the User Guide under C-SNAP needs an update. Last update shows 2003.</p> <p>Member stated they viewed the last POE AG meeting through Mediasite. It is difficult to hear the questions asked. Suggested the moderator repeat questions.</p>	<p>The system will automatically enter the ICN number under the Claims Status.</p> <p>WPS Medicare is updating the User Guide. Call the hot-line for assistance until the update is completed.</p> <p>Co-chairs will share comments with the POE department.</p>
Member Issues	<p>A. Medicare Advantage Plans  Providers requested contact information for Medicare Advantage Plans. Members received a handout with the following CMS Website:  <a href="http://www.cms.hhs.gov/MCRAAdvPartDENrolData/MACPC/list.asp#TopOfPage">www.cms.hhs.gov/MCRAAdvPartDENrolData/MACPC/list.asp#TopOfPage</a>  This Website has current listing of contact information, including phone numbers for all Medicare Advantage plans.  C-SNAP user can obtain Medicare Advantage Plan contract ID number when they query beneficiary eligibility. Use this contract ID number to identify the name of the Medicare Advantage Plan and information regarding the Plan on the CMS Website.</p> <p>B. National Provider Identifier (NPI)  Effective August 27, 2007, for Minnesota and Wisconsin and September 4, 2007, for Illinois</p>	<p>Member has contacted CMS regarding whether Medicare Advantage Plans have to follow Medicare rules and regulations and if so what protection is there for providers when the Medicare Advantage Plan does not follow these rules and regulations. The member stated that she has not received a response from CMS.</p> <p>Member questioned if Communiqué articles could instruct providers of exceptions when providers should bill Fee-For-Service Medicare instead of the Medicare Advantage Plan.</p>	<p>Member can e-mail Pete Scheller regarding this issue.</p> <p>Member can e-mail Pete Scheller regarding this issue.</p>

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	<p>and Michigan, WPS Medicare will begin editing the NPI/legacy ID combinations for validity against the NPI crosswalk file. WPS will reject a claim when a match cannot be located on the crosswalk. NPI prepass edits are effective September 24, 2007. It is important that providers act now. Members received a handout with their agendas regarding this issue.</p> <p>There is an NPI Ask the Contractor (ACT) teleconference scheduled for Tuesday, September 25, 2007 from 10am – 11:30am (CST). No registration is required. Providers can call 1-877-290-9695, passcode 15854817.</p> <p>C. Vaccines and payment for administration Medicare Learning Network (MLN) article, SE0727, discusses upcoming changes for reimbursement for vaccines and vaccine administration under Medicare Part D. Effective January 1, 2007 The Tax Relief and Healthcare Act provides reimbursement of the administration associated with Part D covered vaccines. Pharmacies and physicians use newly instituted G code (G0377) to bill for Part D vaccine administration to the Medicare Part B contractors. Reimbursement for this code is effective for calendar year 2007 only. Coverage available in 2007 under Part B will cease and reimbursement is available solely under Part D effective January 1, 2008. Members received a copy of this MLN article with the agenda.</p>		
Updates	<p>A. Healthcare Integrated General Ledger Accounting system (HIGLAS) WPS Medicare will transition to a new Standardized Accounting system. This standard system replaces the many Medicare</p>		

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	<p>accounting systems with a single unified standard system.</p> <p>HIGLAS has little impact on the provider community. Providers may see a change in the format of their financial letters. Look for upcoming changes published in future Communiqué articles and on the WPS Medicare Website as implementation progresses.</p> <p>B. NPI Data Dissemination Dissemination of Data from the National Plan and Provider Enumeration System (NPPES) began on September 4, 2007. Data is available in two forms:</p> <ul style="list-style-type: none"> <li>▪ A query-only database, known as the NPI Registry</li> <li>▪ A downloadable file.</li> </ul> <p>Members were given NPI data for claims submitted between 8/06/07 – 8/10/07 for billing and pay to providers.</p> <ul style="list-style-type: none"> <li>▪ Previous Percent of claims with NPI – WI – 80.66% MN – 86.68% National rate – 79.36%</li> <li>▪ Percentage of claims with only NPI – WI – 2.8% MN – 17.03% National rate – 1.51%</li> </ul> <p>C. POE AG meetings for FY 2008 December, March, June, and September remain the months for the 2008 quarterly POE AG meeting. The December meeting is telephone only for all sites. The March meeting is a face-to-face meeting hosted in the Madison office. The June meeting is a</p>		

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	<p>telephone only meeting for all sites. The September meeting is a face to face meeting hosted in the Minnesota office.</p> <p>Co-chairperson will change in 2008. Effective with the December meeting, Rita Hobot and Julie Christensen will chair the Minnesota and Wisconsin POE AG. Mary Muchow and Pete Scheller are stepping down as co-chairs due to other responsibilities within the Provider Education department.</p>		
Open Discussion		<p>Member questioned if WPS Medicare now covers Conscious Sedation. The CMS Relative Value File Fee Schedule has Conscious Sedation as carrier priced. A transmittal now states that they would go back to January 1, 2006 for this service. There is an amount in the Fee Schedule for the three codes in question.</p> <p>Member stated WPS Medicare denied claims with place of service, Office, for x-rays on inpatient beneficiaries. The denial code used is 109, which states that this service not paid by this carrier. Could a new denial code be used stating claim denied because inpatient.</p>	<p>Co-chairs will check on this and will send members the answer by email.</p> <p>Denial code message is a CMS remark code that carriers cannot change. However, CMS came out with change, MedLearn Matters Change request 5675. Effective October 1, 2007 these places of service will be covered for admit date. Providers need to send in an Appeal for these services for dates of service on or after April 1, 2007.</p>
Next Scheduled Meeting	The next scheduled meeting is December 4, 2007; 1:30pm – 3:30pm (CST). This meeting is telephone only for all sites.		