

Provider Communication Advisory Committee Minutes (PCOM)

Monday, March 7, 2005

9:30 a.m. – 12:00 p.m.

WPS Medicare, Nordby Building, LL2

Attending Members: Advanced Healthcare; Cvikota Company; Dean St. Mary’s; General Medical Laboratories; Medical College of Wisconsin; UW Health; Wisconsin Medical Society; Dean Health Systems; Affinity Health Systems; SVA Healthcare Services; Marshfield Clinic; Agnesian Healthcare.

Agenda Item	Discussion	Outcome/Action
Welcome and Introductions	<ul style="list-style-type: none"> • Sharon Fletcher, Co-Chairperson, welcomed attendees and introduced new WPS Medicare Provider Outreach & Education (POE) staff. • Three groups were participating by telephone. 	
Approval of Minutes	<ul style="list-style-type: none"> • Minutes were posted on the WPS Website and there were no changes necessary. • Sharon Fletcher reminded PCOM members that WPS needs their input. From the December 2004 meeting, PCOM members still need to respond to: <ul style="list-style-type: none"> ✓ How they educate about duplicate claims. <ul style="list-style-type: none"> • One PCOM member mentioned that they educated at staff meetings. ✓ What ideas they have about the Ask-the-Contractor Teleconferences (ACTs). <ul style="list-style-type: none"> • One PCOM member said they held teleconferences at lunchtime, which contributed toward increased participation. ✓ If they have heard any input from the beneficiary community regarding their experiences with 1-800-MEDICARE. <ul style="list-style-type: none"> • A PCOM participant said that it beneficiaries appear to be having problems using the automated system, especially because the system is so sensitive to sound. ✓ If they have heard any input from the beneficiary community regarding the increase in the beneficiary deductible for 2005. <ul style="list-style-type: none"> • One PCOM member mentioned that for the “Welcome to 	<p>PCOM members need to communicate to WPS:</p> <ul style="list-style-type: none"> ✓ How they educate about duplicate claims ✓ What ideas they have about the Ask-the-Contractor Teleconferences (ACTs) ✓ If they have heard any input from the beneficiary community regarding their experiences with 1-800-MEDICARE ✓ If they have heard any input from the beneficiary community regarding the increase in the beneficiary deductible for 2005 ✓ PCOM members need to respond to the 2005 Medicare Physician Fee Schedule CD-ROM Survey ✓ PCOM members are to provide examples of NOC descriptions

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	<p>Medicare” Physical, beneficiaries anticipated that Medicare would pay for this benefit, but because it is the beginning of the year, often the beneficiaries are paying for it because they have not met the deductible.</p> <ul style="list-style-type: none"> ✓ PCOM members need to respond to the 2005 Medicare Physician Fee Schedule CD-ROM Survey. <ul style="list-style-type: none"> • PCOM members mentioned in Dec. ‘04 PCOM meeting that they wanted to wait until beginning of 2005 to respond so they had more time to use it. WPS Medicare POE will resend the survey to PCOM members. ✓ PCOM members are to provide examples of NOC descriptions • Follow-up information from the December 2004 meeting regarding Signature on File (SOF) was discussed: <ul style="list-style-type: none"> • A PCOM member informed that she has been in communication with multiple people regarding this, including CMS, and that two primary questions remain: <ol style="list-style-type: none"> 1. How does the final rule impact SOF? 2. If HIPAA says you don’t need a SOF, then why must providers get it? <p>At the Open Door Forum, this issue was discussed, and no straight answer was given. It is complex, and the final rule and HIPAA need to be looked at. Providers are to continue to get SOF until they hear otherwise. She will e-mail the PCOM group as soon as she finds out anything.</p> • Handouts for today's meeting were distributed via email 	<p>WPS Medicare POE will:</p> <ul style="list-style-type: none"> ✓ Send the 2005 Fee Schedule CD-ROM survey to PCOM members <p>✓ Providers are to continue to get SOF until they hear otherwise.</p>
<p>Provider Outreach & Education Updates</p>	<ul style="list-style-type: none"> • Change Request (CR) 3376 <ul style="list-style-type: none"> • There are a lot of new initiatives as a result of CR3376. • Ask-the-Contractor Teleconference (ACT) <ul style="list-style-type: none"> • WPS Medicare Provider Outreach & Education (POE) would like to utilize the PCOM to assist in establishing ACTs, specifically recommending topics, size, location, time, etc. • Ideal topics are those tailored to reduce claim error rate • The first ACT (scheduled for 3/29/05) is on the topic of Place of Service (POS). The topic was chosen because of an Office of Inspector General (OIG) audit. Providers appear to be confused 	<ul style="list-style-type: none"> ✓ PCOM members provide input to WPS Medicare POE on how best to set up ACTs.

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	<p>about POS, and there is a need for education.</p> <ul style="list-style-type: none"> • One PCOM member mentioned that leasing of facilities might be an issue with correct reporting of POS. WPS Medicare POE will look into this. • Small Provider Training <ul style="list-style-type: none"> • CMS defines a small provider as a provider of services with fewer than 25 full-time equivalent (FTE) employees. • WPS Medicare will be creating a small provider PCOM, and needs PCOM members' help. • WPS Medicare POE is looking for suggestions of who may be a small provider. If any PCOM members know a small provider, please encourage them to contact WPS. • WPS Medicare POE has a small provider survey available on their Website, and it will be sent out via Listserv as well. • PCOM members can use the articles/survey available on the WPS Medicare Website to share with their contacts. • Provider Relations Research Specialists (PRRS) <ul style="list-style-type: none"> • There is a change in how WPS Medicare handles inquiries. • When a provider calls in, if the Customer Service Representative (CSR) cannot answer his/her question immediately, the CSR then refers the question to a 'Tier' 2 representative. If the Tier 2 representative cannot answer the question, they then refer the question to a PRRS specialist. • PRRS specialists also answer 'Contact Us' questions. • The call-back time frame for Tier 2 calls is five days. • PCOM Question: How does WPS decide what is a Tier 1 or Tier 2 question? WPS Answer: It is difficult to determine what defines a Tier 1 vs. Tier 2 question. Primarily it is the CSR's individual decision, based mostly on the CSRs experience. • PCOM Question: How can we directly contact a Tier 2 representative? WPS Answer: Providers cannot request a Tier 2 CSR. • PCOM Question: What if I do not get the answer I want? 	<ul style="list-style-type: none"> ✓ WPS Medicare POE will look into the issue of facilities that lease, and the impact this might have on correct POS reporting. ✓ PCOM members will refer small providers for our new PCOM.

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	<p>WPS Answer: If you are not satisfied with the response you get from Customer Service, please e-mail us through our ‘Contact Us’ feature on our Website.</p> <ul style="list-style-type: none"> • IVR <ul style="list-style-type: none"> • There is a high call volume for eligibility information. • There is a myth that providers need to call on eligibility before they send a claim in. • C-SNAP (CMS Secure Net Access Pilot) <ul style="list-style-type: none"> • WPS Medicare was approved to continue pilot for 2 more years. • Any provider can sign up to C-SNAP. • WPS Medicare is currently working on making MSP information available on C-SNAP. • Provider Education Seminar Schedule <ul style="list-style-type: none"> • Upcoming seminars include: <ul style="list-style-type: none"> • New Provider (used to be Medicare Basics) • Internet Demonstration • Skilled Nursing Facility (SNF) Consolidated Billing • Foot Care • Evaluation and Management (E&M) • Chiropractic Care • Chiropractic Demonstration 	<p>✓ PCOM members should continue to send co-chairs any suggestions for the development and improvement of these programs.</p>
<p>Preventive Services</p>	<ul style="list-style-type: none"> • Handouts regarding the “Welcome to Medicare” Physical, Diabetes Screening Test, and Cardiovascular Screening Tests were distributed via e-mail. • Providers should use Advance Beneficiary Notices for “Welcome to Medicare” physicals that any beneficiary receives after their first 6 months of Medicare eligibility. • PCOM Question: How long should providers use the “Welcome to Medicare” physical procedure code vs. a preventive care code? WPS Answer: There are specific services that providers must do in order to bill a “Welcome to Medicare” physical. Providers should only use the “Welcome to Medicare” physical procedure code if they are performing all required services under that code. • PCOM Question: Is there a way to find out when a beneficiary 	<p>✓ PCOM members should educate providers, appointment schedulers, etc. on the “Welcome to Medicare” physical benefit.</p>

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	<p>became eligible for Medicare? WPS Answer: C-SNAP or Customer Service.</p> <ul style="list-style-type: none"> • PCOM Question: Will WPS Medicare ever provide information online that a beneficiary already had the “Welcome to Medicare” physical? WPS Answer: We are working towards that, but have no timeframes yet. • Influenza Treatment Demonstration <ul style="list-style-type: none"> • Effective December 1, 2004 – May 31, 2005 • There are 4 covered drugs. • Handout distributed via e-mail has more information on demo. • New Resources <ul style="list-style-type: none"> • Five brochures are available on the CMS Website. • PCOM Question: The resources CMS has are not patient oriented. Is there somewhere to find beneficiary-focused brochures? WPS Answer: Yes, you can find those at www.medicare.gov • PCOM Question: Do the brochures have frequency information? WPS Answer: Yes. 	
Publications	<ul style="list-style-type: none"> • 2005 Medicare Physician Fee Schedule CD-ROM Survey <ul style="list-style-type: none"> • WPS Medicare Publications (MedPub) created a CD-ROM survey that queried providers regarding ease of use, value of the supplementary information, effect on Website frequency of use, method of information distribution, favored formats, and overall satisfaction with the CD-ROM pilot. • We received 135 surveys, compared to 92 last year. • We received 16% via mail, 33% via email, and interestingly 50% via FAX. 29% of FAX responders were responding to the survey they received via the Listserv. Based on this response, Provider Outreach & Education is investigating doing more FAX-based education. <ul style="list-style-type: none"> • MedPub asked PCOM members if FAX is a good way to communicate information, and PCOM members said no. • The response from those returning the survey was again overwhelmingly positive. • Sixty-four percent of responders rated their satisfaction with the CD- 	<ul style="list-style-type: none"> ✓ WPS Medicare POE will send PCOM members the survey. ✓ PCOM members will fill out the survey and return to WPS Medicare POE.

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	<p>ROM as “Great” or “Pretty Good,” and 90% responded that the CD-ROM was “Easy to use.”</p> <ul style="list-style-type: none"> • Providers who indicated that their satisfaction with the CD-ROM was “Not so good” (6%) mainly commented that their dissatisfaction with the CD-ROM was in regards to the concerns they had about the confusion over whether or not the fees were correct on the CD-ROM. • We compared the 2005 Fee Schedule and Disclosure Information CD-ROM survey to the 2004 survey, and found that overall the user response remained consistent. • Survey responders indicated on the 2005 survey that they found the Web links to be more useful this year than last year. This may indicate that more providers are on-line. • In association with this finding, 88% of survey responders indicated that they are connected to the Internet at this time. • Based on the provider and PCOM survey results, the provider community does want us to continue sending the fee schedules and disclosure information via CD-ROM. • Medicare Publications submitted findings to CMS in mid-February and are waiting for a response back from CMS. • WPS Medicare Listserv <ul style="list-style-type: none"> • MedPub is working on getting 40% of our entire provider community (44,000 providers) signed up to the Listserv by September 30, 2005. Currently approximately 10,000 providers are signed up. • MedPub asked PCOM members to encourage providers, billing staff, etc. to sign up to the Listserv. • PCOM members expressed some concerns: <ul style="list-style-type: none"> • There are a lot of restrictions on staff allowed to have e-mail, so many cannot receive the Listserv. • Not all info shared in Listservs applies to their office, and managers are concerned that staff will spend too much time reading Listservs that don’t apply to their office. So they have only one person sign up to receive the Listserv, and that person shares the pertinent information. • WPS response: We do have specialty lists available, so providers can receive the information that only applies to 	<ul style="list-style-type: none"> ✓ PCOM members are to encourage providers, billing staff, etc. to sign up to the WPS Medicare Listserv.

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	<p>them.</p> <ul style="list-style-type: none"> • PCOM members estimate that 10-20% of physicians don't have computers. <ul style="list-style-type: none"> • WPS response: We are working on identifying those providers, and encouraging them to get online/have e-mail. • PCOM members believe CMS's expectations are unrealistic.. 	
Beneficiary Information	<ul style="list-style-type: none"> • Medicare Prescription Drug Benefit <ul style="list-style-type: none"> • Beginning January 2006, the Medicare Prescription Drug Benefit will be available. • Initial enrollment for the Prescription Drug Benefit is November 15, 2005 through May 15, 2006. • The premium for beneficiaries for the Prescription Drug Benefit is \$37.00 per month. • Those who are dual-eligible (both Medicare and Medicaid) won't have prescription benefits through Medicaid. They will receive prescription drug benefits through Medicare Part D. • A low-income subsidy for the Prescription Drug Benefit will be available. • Beginning in May 2005, SSA will mail out notices and enrollment forms to low-income beneficiaries, informing them about the available subsidies. • In May 2005, low-income beneficiaries may apply for the subsidy, and in November 2005, they can enroll in the drug plan. • In June 2005, CMS notifies dual-eligible beneficiaries about the change in their prescription drug benefits. • The Prescription Drug Benefit may impact SeniorCare in WI (approximately 365,000 beneficiaries). • PCOM Question: Are pharmacies aware of this information? WPS Answer: Pharmacists appear to be attending the Open Door Forums on the benefit, and are educating themselves. • PCOM Question: When will information on the particular drug plans be available to beneficiaries? WPS Answer: In Fall 2005. 	

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	<ul style="list-style-type: none"> • Medicare Advantage (MA) <ul style="list-style-type: none"> • There are a lot of new MAs, some with drug plans, and many that target special populations and those in rural areas. 	
New Issues	<ul style="list-style-type: none"> • Change Request (CR) 3440 ASCA Mandatory Electronic Claims Submission & CR 3457 Psychotherapy Notes <ul style="list-style-type: none"> • Brief information was presented and the enforcement of HIPAA, effective July 1, 2005, was discussed. • Brief information was presented and PCOM members were informed that providers are not expected to send in complete psychotherapy notes. • Place of Service (POS) <ul style="list-style-type: none"> • WPS is producing a series of articles on POS and PCOM should watch for articles in the <i>Communiqué</i> and on the WPS Medicare Website. • Medicare Contractor Provider Satisfaction Survey (MCPSS) <ul style="list-style-type: none"> • The MCPSS is a CMS survey, measuring provider satisfaction with their Medicare Part B carrier (WPS). • PCOM members should read and share the articles available on the WPS Medicare Website regarding the survey. • PCOM members/providers watch for survey in mail soon, and make sure to respond to the survey if they receive it. • Medicare Affiliated Contractor (MAC) <ul style="list-style-type: none"> • This applies to contractor reform, which was part of the MMA legislation. • There will be 15 contractors, and the carrier will be both Part A and B. • CMS has information available on their Website. 	<ul style="list-style-type: none"> ✓ PCOM members should encourage their provider contacts to participate in the March 29, 2005 ACT on the topic of POS. PCOM members are also encouraged to send co-chairs questions and discussion points for the upcoming ACT. ✓ PCOM members should read and share the articles available on the WPS Medicare Website regarding the survey. PCOM members/providers watch for survey in mail soon, and make sure to respond to survey if they receive it.
Updates	<ul style="list-style-type: none"> • HIPAA <ul style="list-style-type: none"> • 99.77% are billing 837a • Only 12 to convert • MN is at 100% • Chiropractic Demonstration <ul style="list-style-type: none"> • The Chiropractic Demonstration was only briefly discussed because there are no demonstration areas in Wisconsin. • Chemotherapy Demonstration (CR3670) 	<ul style="list-style-type: none"> ✓ PCOM members should go out to the CMS and WPS Medicare Websites and look at the information available.

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	<ul style="list-style-type: none"> • An issue is that the supplemental insurance may not pay for this, so if anyone decides to participate in this demo, make sure to educate beneficiaries. • Purchased Diagnostic Tests (CR3694) <ul style="list-style-type: none"> • Make sure that if purchased, bill as if performed. • A Day With Medicare (ADWM) <ul style="list-style-type: none"> • Will be held May 12, 2005 in Lansing, MI. • There are 200 slots, and PCOM members are encouraged to attend. • CMS will speak at the event. • The next ADWM will be in Wisconsin. 	<p>✓ PCOM members should forward any ideas for ADWM to co-chairs.</p>
Open Discussion	<ul style="list-style-type: none"> • One PCOM member mentioned that it would be good if WPS could provide a service that allows providers to verify if a patient is under the care of a Skilled Nursing Facility (SNF). <ul style="list-style-type: none"> • WPS Response: We will look into this. In the meantime, CMS has a SNF transmittal page, and PCOM members are encouraged to look at this information. 	
Next Meeting	<ul style="list-style-type: none"> • The next meeting is June 6, 2005 at Wisconsin Physicians Service. 	