

Provider Outreach and Education Advisory Committee Minutes (POEAG)

1:30pm – 3:30pm

Tuesday, March 04, 2008

Hosted by: Madison, WI

Attending Members:

WI - Affinity Health System, Kolb and Company Medical Billing, Marshfield Clinic, Medical College of Wisconsin, Mercy Health Systems, Wisconsin Medical Society

MN - Allina Medical Clinic, CentraCare Clinic, Mayo Clinic

WPS Staff: Julie Christensen and Thom Ryan, Provider Outreach and Education

Holly O’Neal, Medicare Publications; Bonnie LaPanta, RN, MN Policy Development; Emily Drewitz, Administration

Agenda Item	Discussion	Suggestions	Outcome/Action
Welcome and Introductions	Julie Christensen welcomed the members to the meeting hosted in Madison, WI.		
Review of Minutes from December 4, 2007 Action/Outcome List from the December meetings	Members approved the minutes from the December 4, 2007 POE AG meeting as written. Action/Outcome List: <ul style="list-style-type: none"> • Members requested information of a situation where billing Part B is appropriate even when the patient is enrolled in a Medicare Advantage Plan. 		<ul style="list-style-type: none"> • Providers may only bill the Medicare Advantage Plan if the HMO is a risk/restricted HMO. However, if the HMO is a cost-type HMO the provider may bill either bill HMO or the Medicare Part B Carrier depending on the situation. Providers can find more information on this subject within Publication 100-04 in Chapter 1 of the IOM.
	<ul style="list-style-type: none"> • Members suggested WPS Medicare includes a 	Member questioned under what circumstances the HMO could bill Medicare Part B.	Co-chairperson will research this issue and email member with information. <ul style="list-style-type: none"> • The red/white/blue WPS Medicare

Agenda Item	Discussion	Suggestions	Outcome/Action
	<p>“HOME” key or link on our Website.</p> <ul style="list-style-type: none"> • Providers are receiving requests for repayment from the original primary payor indicating that Medicare should pay as primary. These requests are received after the Medicare timely-filing limit date. What should providers do? • Members want to know whom they should bill when a patient has a Medicare Advantage plan and the patient is enrolled in hospice. • Member questioned what actions are necessary when a provider dies. 	<p>Members stated that they filed claims but received a remark code of N211, which states that there are no appeal rights.</p>	<p>banner at the top of the each page serves as a “HOME” key. In addition, WPS Medicare added “breadcrumbs” to the WPS Medicare Website. Breadcrumbs are navigation guides found on every page. These breadcrumbs will navigate the user to where they would like to go.</p> <ul style="list-style-type: none"> • The only recourse with Medicare is to submit the claim and appeal the timely-filing denial. It may also be helpful for the provider to discuss this issue with the original payor. <p>Co-chairperson will research this issue further.</p> <ul style="list-style-type: none"> • Medicare B services are billed through the Advantage Plan. Services provided within the hospice facility itself are billed to Medicare Part A. • Providers should submit an 855I form to report a provider’s death.
WPS Medicare Publications Update	<p>A. Usability Testing WPS Medicare Publications is looking for volunteers to do usability testing on the new WPS Medicare Website. Volunteers would come on-site to WPS, be given a script and asked to navigate through the WPS Website. These testers would then provide feedback to the publications department.</p>		<p>Members who are interested in volunteering should contact Julie Christensen.</p>

Agenda Item	Discussion	Suggestions	Outcome/Action
Provider Education	<p>A. Hard Copy Educational Material - CMS allows Carriers to provide hard copy internet educational material to providers and allows carriers to charge for this service.</p> <p>B. How to Reduce Calls to Medicare - WPS Medicare receives a high volume of calls from providers asking for claim information that is available through the Interactive Voice Response (IVR) or through the Remittance Advice (RA). Providers can find a complete listing of the Remarks codes and their descriptions on the following website: http://www.wpc-edi.com/hipaa/. CMS does not fund providers for these calls so WPS Medicare is asking for providers' assistance to reduce calls.</p> <p>C. IVR Satisfies Non-complex Requests - The IVR can provide patient eligibility, claims status, provider summary, checks, deductibles, and pricing. The IVR is available 24 hours a day, 7 days a week. Complete instructions on the use of the IVR system are available on the WPS Website at: http://www.wpsmedicare.com/part_b/selfservice/ivr.pdf. Members received a handout with information regarding the IVR.</p> <p>D. How to get the most out of your Customer Service Contact - Members received a handout detailing the information a provider should have available when they call the Provider Inquiry telephone line. WPS Medicare's CSRs have the knowledge and expertise to respond to provider questions; however, if they determine your issue is complex, they may escalate your call to a specialist. In the event that the specialist cannot respond to your</p>	<p>Members suggested researching the calls they receive to see if they are coming from the larger providers or the smaller providers who may not have access to the internet.</p>	<p>WPS Medicare is currently looking into the possibility of providing hard copy educational material to providers for a fee.</p> <p>Co-chairperson will bring suggestion back to Provider Outreach and Education (POE) department.</p>

Agenda Item	Discussion	Suggestions	Outcome/Action
	<p>request during the call, WPS Medicare will research the issue and respond to the provider within 10 days.</p> <p>E. WPS Medicare Website - The WPS Medicare Website has multiple articles and educational tools to help provider offices understand the Medicare program and submit claims appropriately. Providers can access the Website 24 hours a day, 7 days a week. Providers can also access a Computer Based Training (CBT) on Navigating the Website at the following Website: http://www.wpsmedicare.com/tutorial_help.shtml</p> <p>F. Education Schedule - Members received a 2008 Education schedule; however, some of these events are not finalized. Most programs will be posted to the WPS Website approximately 6-8 weeks prior to the date for each event. Providers should refer to the Education Schedule on the WPS Medicare Website for up-to-date listings and registration at: http://www.wpsmedicare.com/part_b/education/education_schedule.shtml</p> <p>G. Remark Codes - CMS recently issued the Medicare Learning Network (MLN) Matters Article MM5800. This MLN provides updates to the Reason/Remarks codes used on the Remittance Advice. The additions and changes are effective January 1, 2008. WPS Medicare is looking for educational programs they can do on Remark/Reason codes, such as the reasons for denials or denial or rejections and what action a provider should take next, if any. WPS Medicare hopes</p>		<p>WPS Medicare's Publications department asked members to take the survey on the WPS Website even if they have completed one in the past and to encourage others to do the same. The information provided on these surveys is extremely helpful in deciding what changes or enhancements to make.</p> <p>Co-chairperson asked members to send suggestions for the Remark/Reason Codes that they would like further education. In addition, members should send in their top five Reason/Remark codes causing someone in their office to</p>

Agenda Item	Discussion	Suggestions	Outcome/Action
	<p>that this will reduce the time spent by providers researching the denial or rejection.</p> <p>H. A Review of the Change Request Process - CMS communicates new or changed policies and/or procedures in the CMS Program Manual to the Carriers through Change Requests. The cover page or transmittal page summarizes the new/changed material and instructions. The Change Request gives both the effective date and the implementation date of change. These dates may not always be the same to allow Carriers time to adjust the claims processing system in order to carry out the changes.</p> <p>I. Ask-the-Contractor (ACT) Survey - The Medicare Modernization Act (MMA) requires Medicare contractors to hold ACT Teleconferences. WPS Medicare hosts ACT Teleconferences throughout the year. The next scheduled ACT teleconferences is Wednesday, March 12, 2008. WPS Medicare no longer publishes a topic for these ACTs. Instead, WPS Medicare encourages providers and billing staff to call with any Medicare questions they deem appropriate. WPS Medicare staff is available during the call to provide education, program updates, answer questions, and take feedback.</p> <p>J. Responses on Purchased Diagnostic Testing - Members received a handout with the Suggestions/Actions on the Purchased</p>	<p>Member suggested having an agenda with 3-4 topics that come up frequently as well as time allowed for Open discussion.</p> <p>Member suggested having an ACT teleconference on NPI.</p> <p>Member suggested posting answers to the questions asked during the teleconferences, but required further research before answering.</p> <p>Member suggested doing an ACT teleconference on the Revalidation Process.</p> <p>Member suggested improving marketing including defining what the ACT teleconferences are.</p>	<p>contact Medicare.</p> <p>Providers can obtain copies of Change Requests on the CMS Website: www.cms.hhs.gov.</p> <p>WPS Medicare provided a series of NPI ACT teleconferences last year. WPS Medicare discontinued these calls due to lack of participation.</p> <p>Co-chair person will take suggestions back to the POE department.</p> <p>POE is currently working on educational program regarding Revalidation Process.</p> <p>Co-chair person will take suggestions back to the POE department.</p>

Agenda Item	Discussion	Suggestions	Outcome/Action
	<p>Diagnostic Testing that POE received from POE AG members.</p> <p>K. Hospice - Members received a handout entitled Patients Enrolled in Hospice, which provides several resources and Websites to help providers determine the correct billing procedures for hospice.</p>	<p>Member stated she had additional resources that may be useful to members. She will send the links to those resources to co-chairperson.</p>	
Member Issues	<ul style="list-style-type: none"> Authorized Access to CMS Computer Services (AACCS) CMS will be announcing new on-line enterprise applications. This will allow Medicare fee-for-service providers to access, update, and submit information over the internet. These applications include Provider Enrollment Chain and Ownership System (PECOS) and Provider Statical and Reimbursement Reports (PS&R). CMS is recommending that providers set up their on-line account now even though these applications are not available. Providers should register for access through a new CMS security system, Individual Authorized Access to CMS Computer Services – Provider Community (IACS-PC) now because it may take weeks to process the applications. Members received a handout regarding this system. 		<p>Members should register for access to IACS-PC now if they have not already signed up.</p>
Updates	<p>A. National Provider Identifier Updates As of March 1, 2008 NPI numbers are required on all claims. CMS did not grant any waivers for the WPS Medicare jurisdiction. Providers may continue to include their legacy numbers as well on claims. Providers who have not already tested should begin testing immediately by submitting a small number of claims with only their NPI numbers.</p>		<p>Members should begin testing by submitting claims with only the NPI on them.</p>

Agenda Item	Discussion	Suggestions	Outcome/Action
	<p>As of May 23, 2008, all covered entities are expected to use NPI numbers only on all claims submitted. Providers will need to enter name and address in Box 32, but do not need to enter an NPI or a legacy identifier in this field.</p> <p>The NPI Enumerator is responsible for assisting health care providers in applying for their NPIs and updating their information in the National Plan and Provider Enumeration System (NPPES). MLN Matters SE0751 gives clarification on the NPI Enumerator's responsibilities.</p> <p>B. Revalidation Process – Carriers and providers were given minimal notification regarding the revalidation process. CMS hoped that the revalidation process would help to eliminate NPI issues. Revalidations will be handled on a first come basis by the Provider Enrollment (PE). However, if there is an issue with NPI and claims are being pended or rejected, providers should contact the Provider Enrollment department immediately. These applications will be moved to a priority basis and will be completed as quickly as possible. Providers with revalidation questions or NPI issues should contact the Provider Enrollment department.</p> <p>C. Erythropoieses Stimulating Agents (ESA) CR 5699 – effective January 1, 2008 CMS is implementing expanded reporting requirements for all claims for administrations of an ESA. Effective with the implementation of CR5699, the most recent Hematocrit or</p>	<p>Member suggested putting a message on the Listserv regarding the revalidation process.</p> <p>Member questioned when the 60-day timeframe begins.</p>	<p>POE is working with Provider Enrollment to create educational information.</p> <p>The timeframe may be extended to 90 days if the application requires development (PE receives an additional 30 days when development is necessary). Providers with questions should contact the Provider Enrollment department.</p>

Agenda Item	Discussion	Suggestions	Outcome/Action
	<p>Hemoglobin reading along with one of the three new modifiers will be required effective January 1, 2008. For claims that include codes J0881, J0882, J0885, and J0886 and Q0481 the Hematocrit or Hemoglobin readings are required in item 19 in the narrative field of the CMS-1500 paper form or Loop 2400 in the A segment for electronic claims. Providers will use a two position numeric element when reporting test results, with a decimal implied. Claims that do not contain this information will be deemed unprocessable and returned to the provider.</p> <p>The implementation date for CR5699 is April 7, 2008. Providers are not required to use the new modifiers until the actual implementation date.</p> <p>In addition to the test result, CR5699 also establishes three new modifiers to report when billing J0881 and J0885 for all non-ESRD claims. Modifier EA is used to report ESAs for chemo-induced anemia, EB is used to report ESAs for radio-induced anemia and EC is used to report ESAs for non-chemo/radio anemia. If more than one modifier is used, the claim will be returned with Reason code 125 and Remark code N63.</p> <p>D. Comprehensive Error Rate Testing (CERT) – The CERT program measures the error rate for improper Medicare Fee-for-Service (FFS) payment. An improper payment is any payment made by the Medicare Claims Processing Contractor that should not have been made or was made for the wrong amount. The November 2007 Improper Medicare FFS Payments Report includes claims submitted between April 1, 2006 –</p>	<p>Member stated the article in the February Communiqué states that other drugs used for anemia in patients receiving chemo are required to report as well, not just ESAs.</p>	<p>Co-chairperson stated that CMS issued a National Coverage Determination (NCD) regarding this and WPS Medicare’s Policy department is currently working on a Local Coverage Determination (LCD) for those not covered in the NCD.</p>

Agenda Item	Discussion	Suggestions	Outcome/Action
	<p>March 31, 2007. This also includes some MAC contractors. There were several small improvements from 2006 to 2007 in the areas of incorrect coding and medically unnecessary services. A larger reduction in the CERT rate was the improvement of insufficient documentation errors. A copy of this report can be obtained on the CMS Website as well as the WPS Website for Legacy providers at www.wpsmedicare/part_b/business/all_error.pdf</p>		
Open Discussion	<p>A. There will be a dark day for Minnesota beginning Thursday, March 20, 2008 starting at 12 noon continuing through Friday, March 21. The Minnesota system will be unavailable.</p>	<p>Member asked for a clarification on how the NPI Crosswalk was created.</p>	<p>The Co-chairperson explained the process used to create the NPI crosswalk.</p> <p>Members were encouraged to view the Live Media presentation available on the WPS Medicare Website. There is a 30-60 second lag time between when a participant asks a question and it is received by the speaker. Providers can also receive their questions answered by email if they include their email address.</p>
Next scheduled meeting	<p>The next POE AG meeting is scheduled for June 3, 2008. This will be a teleconference only meeting.</p>		