

**Provider Outreach & Education (POE) Advisory Group/Provider Education Training
(PET) Advisory Group
Kansas/Western Missouri**

Agenda/Minutes

1:00 – 3:00 p.m. CT

March 11, 2008

Teleconference

Attending Members: McPherson Medical & Surgical Associates., Center for Same Day Surgery, Mowery Clinic, Hays Medical Group, Jolene E. Yoder, DC, WPM Path, Lawrence Surgery Associates, Lawrence Cancer Center, Lawrence Orthopaedic Surgery, Wichita Clinic, Lawrence Internal Medicine, Cotton-O’Neil Cancer Center, Kansas Medical Society, Reynolds & Anliker, Medical Center, PA, Heartland Hematology and Oncology, Therapeutic Radiologists Inc., University Physician Associates, Kansas University Physicians Incorporated, Olathe Medical Services, Inc., Missouri State Medical Association, Midwest Nephrology Consultants, PC, Meritas Health Corporation, Oncology Reimbursement Solutions, Heartland Health, KAMMCO

WPS Medicare Staff: Mary Muchow, Ellen Berra, Holly O’Neal

Agenda Item	Discussion	Suggestions	Outcome/Action
Welcome and Introductions	Mary Muchow and Ellen Berra are the Wisconsin Physicians Services (WPS) Medicare chairpersons for the meeting. Mary & Ellen provided a copy of the Charter for the POE AG. This charter gives the expectations for both the chairpersons and the members.		
Approval of Minutes of Previous Meetings	WPS will send the minutes to the members in approximately two weeks. We will also send a copy of the membership listing. Providers should look at their information and respond back to Mary & Ellen within 5 days with any corrections. We will then publish this information on our Website with the member contact information.		

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Medicare Publications Update	<p>Holly O’Neal from our Medicare Publications (MedPub) department discussed our Website. We encourage providers to complete the survey that appears periodically. This is a satisfaction survey on the ease of use with the Survey and the information.</p>	<p>A member wanted to know the use of the survey. MedPub evaluates the responses from the survey to make determinations on any changes or updates to make to the Website. WPS Medicare sends the results to the Centers for Medicare & Medicaid Services (CMS). One member questioned which CMS office is overseeing the MAC J5 contract. This is Denver. We had several suggestions:</p> <ul style="list-style-type: none"> • Formulate a focus group to gather feedback. • We can use the Listserv or Communiqué to encourage providers to take the 15 minute tutorial. We can include a direct link in the article. • Some of the members have used the tutorial in their education meetings. 	
	<p>MedPub is making a change to the format of the April Communiqué. The Communiqué will combine Part A and Part B for the Medicare Administrative Contractor (MAC) Jurisdiction 5. We believe this is more effective. We asked for members suggestions on evaluating the effectiveness of the Website and any information that it contains.</p>		
	<p>We encourage providers to take advantage of the electronic communication. This is an instruction from CMS. We do have paper copies of the Communiqué available on a quarterly basis for a subscription fee of \$60.00. We have received information from the former contractor on those providers receiving the paper newsletters and we</p>	<p>One member reminded us of the large number of rural providers where Internet access is unavailable. Mary & Ellen asked members how we could reach more of the rural providers. Suggestions include:</p> <ul style="list-style-type: none"> • Contacting those providers 	

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	will contact those offices to determine if they want to continue.	submitting on paper <ul style="list-style-type: none"> • Contact those providers that are handwriting claims • Another source is the ASCA files – those providers not required to file electronically. 	
Provider Education	<p>Mary & Ellen discussed four articles sent to members: How to Reduce calls to Medicare, IVR satisfies most non-complex inquiries, How to get the most out of your Customer service contact, and WPS Medicare Website.</p> <p>Most responses were impressed with the Website. Some were having trouble getting used to the differences.</p>	<p>Member suggested we use our internal reports to gather information on why providers are calling Medicare. Member also suggested we use more bullet points in our information on the IVR. She suggested a new document – one page showing the information available. We should also use examples of types of information.</p> <p>Another suggestion was to add a narrative on the telephone line explaining what we could not give over the phone and to call the IVR. We could use this a defined period – possibly 30 days.</p>	
	<p>Education Schedule – WPS Medicare has Computer Based Training (CBT) programs available for providers and we are looking to add more. Our CBTs are on multiple subjects and we have divided the offerings into several time lengths. We also reminded providers about the Consultations teleconference scheduled for April 17, 2008.</p> <p>Members should continue to check back for additional topics and formats.</p>	<p>Members had multiple suggestions on possible educational topics:</p> <ul style="list-style-type: none"> • E&M coding • Virtual Audit • How we look at Medicare Record Documentation • Global Surgery & E&M • CCI and Modifier 59 • Pricing on Lab Panels • Multiple Procedures on the same date – units vs modifier 76 • Non-Physician Practitioners and Incident to services • Global Diagnostic Testing • Appropriate referral sources • A possible Table of Contents 	

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	Remarks Codes – We discussed our thoughts on providing education on Remarks codes. We want to provide information similar to our Modifier Fact Sheets. These are not necessarily the most common, but the ones causing the most phone calls.	for the Website We asked members to determine the top 5 Reason/Remarks codes causing telephone calls into Medicare. We are asking for this information by COB 3/27/08.	
	A review of the Change Request (CR) Process – We went over the differences in the Effective and Implementation dates for a CR. They can be different and Medicare is generally not required to go back and search claims. Providers should watch our Listserv and Website for more information. Providers are also encouraged to look at the MLN Matters articles that accompany the CR as this information is more user friendly.		
	Purchased Diagnostic Testing – We showed a document WPS uses to show the POE AG members how we respond to the suggestions and comments they have on our educational material		
Member Issues	Claims processing issues – Several were mentioned. We are addressing these concerns and we will provide more information as it becomes available.	Providers wanted information a claim denial report. The members suggested they could use the information to share with the wider community to reduce the denials.	
	Appeals & Reopenings – Mary & Ellen went over this briefly. The reopening process is a little different from before. Providers are encouraged to use the telephone reopening when appropriate and the document gave several examples. If a provider has multiple claims, then they can submit a written reopening request.	Members suggested making the Redetermination form, the Reopening form, and the Reconsideration form interactive. Providers could not submit the forms on line, but could complete on line. Providers previously were able to simply send in a copy of the Remittance Advice and explain the problem. They should now use the form or submit a separate document explaining what they want.	
	Local Coverage Decisions – We went over the new		

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	<p>process. CMS must approve all changes to the LCDs prior to September 2008. The normal process for LCD is not available. Providers can submit comments. Depending on the nature of the comment, our Medical Staff make take the issue to CMS or place these in a priority format waiting for September 2008.</p>		
	<p>Provider Enrollment (new)</p>	<p>Members want information on the processing status of Provider Enrollment. Members had information on 2200 applications coming to us from Wheatlands. The member wants to know the days on hand, number of applications etc.</p>	
<p>Updates</p>	<p>National Provider Identifier – We reminded the members of the upcoming dates. After May 23, 2008, claims cannot contain legacy identifiers. Provider should begin now in verifying all crosswalk information is valid. SE0751 clarifies the responsibilities of the NPI enumerator.</p>		
	<p>CERT – We are currently looking at claim information from the previous contractor. We will provide specialty specific information as this becomes available.</p>		
<p>Open Discussion/Conclusion</p>	<p>National Coverage Determinations and WPS Medicare interpretations</p>	<p>Members want information on how WPS Medicare will interpret the Bone Mass Measurement NCD.</p>	<p>This is something we will look into and see what information we can share.</p>
<p>Next Meeting</p>	<p>Our next meeting is on June 10, 2008 in Kansas or Missouri. We are looking for suggestions from members on where to hold the meeting. We are also looking for sponsors to hold the meeting.</p>	<p>There was a conflict with a National meeting. However, due to scheduling conflicts with the chairpersons, we will stay with the June 10, 2008 meeting date.</p>	