

## MEDICARE PART A

### PROVIDER COMMUNICATION (PCOM) ADVISORY COMMITTEE

**ATTENDEES:** Linda Butler, Maryland General Hospital; Jacqueline Powers, Anne Arundel Medical Center; Kim Droboniku, CareFirst of MD; Ella Glover, CareFirst of MD; Janice Austin, R.N., CareFirst of MD; Anita Antkowiak, CareFirst of MD; Rhonda Tucker, Johns Hopkins Health System; Randy Zimmerman, Johns Hopkins Health System; Barbara Cerbone, CMS; Larry Collier, HCR-ManorCare; and Ing-Jye Cheng, Maryland Hospital Association.

Anita Antkowiak, Supervisor of Provider Relations and Training, welcomed all participants to the meeting and explained the purpose of the meeting. An issue was brought up about problems with outpatient claims submitted within 72 hours of an inpatient stay.

- Ella Glover will research and get back to the provider.

***CMS Update:*** Barbara Cerbone, our CMS Representative, explained that the contractor is required to have PCOM meetings at least three times per year. This allows providers to express any problems they are having with the contractor. She explained that members of the committee are the eyes and ears for the provider community. She also expressed that providers invited to attend the meeting should see it as a privilege, because they get a direct contact to address their needs and concerns with the contractor and CMS.

The MedLearn website is a great place to obtain computer based training for your staff. This site also has the Open Door Forum schedule and products that can be ordered by providers such as the web site wheel and prescription drug education materials.

The prescription drug discount card is currently underway; you can get hand out materials on the MedLearn Network web site. Medicare Part D will be effective in 2006. The web site for MedLearn is -

[http://cms.meridianksi.com/kc/login/portal.asp?kc\\_ident=kc0001](http://cms.meridianksi.com/kc/login/portal.asp?kc_ident=kc0001)

CMS is now publishing the Change Requests and Joint Signature Memorandums in a new format called "Medlearn Matters". All information from CMS will be conveyed in a standard format to all providers across the country. The website link is- <http://www.cms.hhs.gov/medlearn/matters/>

**New Workshop-** We have had poor attendance at our workshops this year, we are trying to figure out why, and what we could be doing better. We have decided to introduce a new workshop, since our most popular workshop is Claims Correction. The new workshop is going to be an "Invitation Only" class. We will evaluate reports to see who is having the largest amounts of claims returned to the provider and invite the staff to the workshop to help them understand how to submit clean claims, as well as how to work the claims in their location.

The group decided some topics to be included are:

- MSP issues with Blue Cross
- HIQA having duplicate records on MSP cases
- TriCare issues
- BlueCross taking money back when Medicare was primary.

It was also decided that the invitation would be best sent via e-mail and followed up with a letter. The correspondence should be directed to the director, manager and compliance officer.

It was also discussed that our MSP/ Admissions workshop should include examples of how to problem solve and resolve MSP issues.

It was also suggested that we develop a workshop for the Utilization Review staff of the hospital. Issues to cover would include-

- Coverage Issues and how to look them up
- Navigating our web site
- LCD/NCDs

**Web Site.** What can we do better? Conflicts with overlaps with other facilities. Can we get a listing on our web site of the toll free numbers of other contractors so that we can find out who the providers are?

<http://www.cms.hhs.gov/medlearn/tollnums.asp>

- We will include this link on our website.

A concern was brought up about determining the level of care provided by nursing homes (i.e. custodial, skilled, etc..).

- Barbara will research under the Freedom of Information Act to see if we can share this information with providers. The wish list of items to appear on the web site includes- Provider name, address, phone number and provider number.

**1-800-MEDICARE-** On Thursday, July 29, 2004, beneficiaries will begin calling 1-800-MEDICARE for any question. Claim specific questions, will be sent back to the contractors. We are expecting about a 50% decrease in volume of our beneficiary calls.

**Medical Review-** Janice Austin RN spoke on Additional Development Requests (ADR); she mentioned that providers were responsible for looking at their claims

and making sure that the records were submitted. If you have greater than 10 % of your records not received we will contact your facility to find out the cause. The group suggested a problem with the mailings and where things were being sent.

- The group suggested that we send an updated bulletin reminding providers how to check to see if they have any ADRs generated.
- It was also suggested to send out a mailing list to make sure that medical record mailing labels are accurate. We will look into this; we believe that to correct this, you need to complete the CMS -855A form. We are going to see if this process can be streamlined.

Janice also discussed Advanced Beneficiary Notices and the appropriate usage of the form, as well as condition code 20 & 21, and occurrence code 32.

Physician's orders need a legible signature for service rendered and needs to be either hand written, a signature stamp or an electronic signature.

[http://www.marylandmedicare.com/pages/mdmedicare/medical\\_review/pdf/Signature%20Requirements%2012-2003.pdf](http://www.marylandmedicare.com/pages/mdmedicare/medical_review/pdf/Signature%20Requirements%2012-2003.pdf)

Cardiac rehabilitation services were also discussed. Assessments need to be completed by the physician. Documentation needs to be provided for each service billed. The diagnosis stable angina was also discussed.

- A bulletin is being developed with the details of the information provided by Janice and will be posted to our web site shortly.

**Contractor Error Rate Testing (CERT)** - If you receive a request for records from Advance Med, please send the records. The contractor will be contacting providers that are not in compliance.

**HIPAA-** As of July 14, 2004 any claim not in HIPAA format will be processed, but subject to the 30 day payment floor.

Our next meeting will be held on Wednesday, October 20, 2004 at 10:00 a.m.