
NHIC Provider Outreach and Education Advisory Group

"The right message, at the right time, to the right people"

Minutes from the March 19, 2008 Meeting

Maine:

Absent: Carl Faulstick, Affiliated HealthCare Systems, Inc; Rebecca Murray, Spectrum Medical Group; Cindy Plonowski, Maine Medical Center; Jana Purell, Maine Medical Association & VT-NH Medical Society; Karen Waycott, Primary Care Physicians

Massachusetts:

Attending: Robert DiCredico, UMass Memorial Health Center; William Doyle, Boston Med Flight; and Willie Rosenberg, Ophthalmic Consultants of Boston
Absent: Alexandra Calcagno, Massachusetts Medical Society; Rosa Chiacchierarelli, Health Drive; Tracy Collins, New England Physical Therapy Network; Sarah Hartman, Mental Health & Substance Abuse Corp. of MA; and Andrea Williams, Caritas Christi Health Care System

New Hampshire:

Attending: Kathie Simond, Concord Ophthalmologic
Absent: Laurie Howard, Laboratory Corporation of America

Vermont:

Attending: Jim Finger, VT Ambulance Association
Absent: Gail Ransom, Rutland Regional Medical Center; Toni Mazzariello, Southwestern Vermont Health Care; Christie Hewson, Fletcher Allen Health Care; Karen Mitchell, Associates in Orthopedics

CMS: Absent

Medicare Part A: Gary Weaver, MD

NHIC

Maine: Brenda Bedard, Jaienne Costa, Susan Kimball

Massachusetts: Deanna Batstone, Ken Leary

New Hampshire: Patricia Jones

Vermont: Robin Coletta

Ms. Coletta, POE AG Coordinator called the meeting to order and conducted roll call.

OLD BUSINESS:

Review and Approval of December minutes

December Minutes reviewed and approved.

Follow-up Issues from last meeting

There were no issues needing follow up.

NEW BUSINESS

Outreach & Education Update

March Resource & Preview

Mr. Leary informed the group that the March Resource had been issued. The resource contained a release of our Medical Review E&M coding guidelines along with the template. This is the first time this information has been released and we partnered with the Medical Societies in releasing it. The information was sent to the Societies at the beginning of February and they have posted it on their websites. The article includes the scoring sheet used by Medical Review when looking at cases. This information is based on the 95/97 documentation guidelines. Ms. Coletta added that the E/M Coding Requirements article can be found on Educational Article page of our website..

NPI

Mr. Leary let the group know that the Outreach & Education team has been very busy making calls to groups who continue having problems with crosswalks. The issue is that members of groups are not linked and it is necessary for them to complete the 855R application. The deadline for this is April 7, 2008. The March 2008 deadline for providers to be billing with their NPI had very little impact in New England. NHIC found that only about 2% of the claims submitted had errors.

There is still an ongoing issue with providers who are ineligible to enroll as a Medicare Providers, such as Acupuncturist and Professional Counselors. Claims will not be allowed into the system even for a denial to send to the patients other insurance. However, we can continue to provide denial letters to unenrolled providers. This has been referred to CMS and discussed on a recent Open Door Forum. We are awaiting a response from CMS resolution.

Medicare Fairs

Ms. Jones gave an update on the Medicare Fairs. The first one will be held on April 30th at the Four Points Sheraton in Norwood, MA followed by the second fair at the Wyndham Portland Airport Hotel in So. Portland, ME on June 3rd. We are excited to be partnering with National Government Services (Medicare Part A) along with the Durable Medical Equipment Contractor, MassHealth and MaineCare. We will be provider multiple presentations. In addition, Jana Purrell from The Coding Center will be joining us and presenting on the E&M worksheets. We have a total of 300 registered at this time and we expect them to fill up quickly. They registration deadline for the April fair is April 10th and So. Portland is May 13th. More information along with the registration can be found on our website at www.medicarenhic.com.

Medicare Advantage Plans

Ms. Coletta addressed this issue that one of the members had asked to be added to the agenda. When a beneficiary chooses to enroll in a Medicare Advantage Plan they are giving up their traditional Medicare fee for service coverage. Providers would be required to bill the new plan and not us. You can find a listing of the plans in your area by going to www.medicare.gov.

If the beneficiary disenrolls from a Medicare Advantage plan it may take a while for the system to be updated. If we incorrectly deny a claim stating the patient has a HMO plan, however they have dropped that coverage, contact customer service to have the claim reprocessed.

Ms. Rosenberg indicated that she had a situation like that and when she contacted customer service they inadvertently referred her to the Coordination of Benefits contractor. They could not assist her therefore she contacted us again and was told to call the beneficiary line and ask for a tier two representative. When she called there she found that the beneficiary had indeed disenrolled from the

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HMO. Ms. Coletta explained how updates come from the Common Working File based on claims activity. Ms. Coletta will educate customer service.

Lab Reimbursement

Ms. Coletta indicated that one of the members had asked about the Lab Fee Schedule prior to the meeting. The question was how is 82550 reimbursed? The member had found the answer prior to the meeting and found that 82550 are paid at a 01/02 ATP rate instead of the Lab fee schedule amount. The member also wanted the group to know that 82330 is considered an automated multi-panel test which changes the reimbursement.

Individuals Authorized Access to CMS Computer Services-Provider Community (IACS-PC)

Ms. Coletta was asked by CMS to make sure providers are aware of IACS-PC. In the near future, CMS will be announcing new online enterprise applications that will enable providers to access, update, and submit information over the internet. There have been a series of three MLN Matters articles published on the subject. They are SE0747, SE0753 and SE0754. The articles are included in our March Resource or on the CMS website. The IACS-PC is a new online provider application process. CMS is recommending that providers take the time to set up their online account so they can access these applications as soon as they are available.

Open Forum

Ms. Chiacchierarelli asked if IACS-PC will allow providers to check eligibility and claim status. Ms. Coletta indicated that this new process will relate to enrollment applications only.

Mr. Finger asked if there is a place on the website where you can find instructions on completing the 855B application, specifically in regards to ambulance. Ms. Coletta believes that they are instructions at the beginning of the application, however will research this for Mr. Finger and let him know.

Ms. Simond let us know that she had recently submitted six 855B applications and within a week had heard back on five of them.

The meeting adjourned at 10:35am.

4/10/2008