

## Medicare Jurisdiction A/B PSC and Region A & B Councils

### Meeting Notes

July 11, 2007

8:30 am EST

Teleconference

#### **DISCLAIMER:**

**THE NOTES FROM THE MEETING ARE NOT OFFICIAL FROM THE PSC. THE NOTES ARE ONLY THE REGION A & B COUNCIL'S INTERPRETATION OF THE INFORMATION DISCUSSED AND THE COUNCIL SHALL NOT BE HELD RESPONSIBLE FOR PROVIDERS USE. INTERPRETATIONS CAN NOT BE USED TO PROTECT THE PROVIDER IN THE CASE OF AN AUDIT DISCREPANCY.**

**Present:** Dr. Hughes, Laraine Forry, Georgie Blackburn, Missy Cross, Carol Napierski, Cindy Folk, Karen Estrella, Kelly Brussell, Kimberlie Rogers-Bowers, Paula Koenig, Terri Maggio and Rose Schafhauser.

Meeting started at 8:34 EST.

Meeting notes typed by Rose Schafhauser.

The following were updates from Dr. Hughes and questions from the council members:

1. Dr Hughes reported that next week policies will be going up. Most are just maintenance changes and mixed in are a couple of changes that you will want to take a look at such as KX modifier. He suggests reading the article that summarizes the changes and questions can be discussed in August.
2. Shifting Medical Directors and Medical Review back to DME MACs: It is not official, however, Dr. Oleck did indicate that he will be going back to Jurisdiction B; Dr. Hughes is in discussion with both NHIC and TriC, who would like him to stay, so he is up in the air; For Jurisdiction C, Dr. Hughes does not have an idea; For Jurisdiction D, Noridian, will be using their internal Medical Director, Dr. Stitch, who is based in Denver. The transition will start the beginning August and will be finished by October 31, 2007.
  - a. Questions:
    - i. Does this affect speaking engagements for scheduled through October? No – Dr. Hughes is the Medical Director until the end of October. Those after the end of October may be an issue.
    - ii. The Medical Review department moves over, do the program integrity and audit activities stay with the PSC? The Fraud department (benefit integrity) will stay with the PSC. Audits to come out of both the DME MAC and PSC. Almost all audits are medical review based audits that will be moving over to the DME MACs. It will be very specific as to who the audit letter is from to know if it is from the Fraud or Medical Review. If it is from TriC, you will know that it is from the fraud department. If NHIC or NGS is on the letterhead, then it will be from DME MAC. A fraud audit can be done both on pre-pay and post-pay claims.
  - b. Dr Hughes does not have any further details on Medical Review and what they are going to be doing. They will be trying to wrap up the outstanding audit work that they have going within the next 3 months to minimize the number of projects to be transferred over. Should get most all of the audits done. He expects the transition to be fairly smooth.
  - c. Next year CMS will begin to shuffle PSC regions around with both Part A & B. CMS will regionalize the Part A and Part B Contractors and have one single PSC who will do all the Part A and Part B work. Will be a decrease of the number of contractors from around 70 down to about 20-25. This will happen 2009-2010.
3. Pre-pay audits on K0823 update: They are being told that they have gathered claims and the development letters have gone out for each Jurisdiction A & B. They have 250 claims for each Jurisdiction that has been collected. They are “waiting for information to come in” stage.

Meeting concluded at 8:51am. EST.