
Provider Outreach & Education Advisory Group Meeting Minutes

Attendees: **NHIC, Corp. DME MAC Jurisdiction A:**

Manager Outreach & Education: Amy Capece
Outreach Specialists: Liz Daniels, Jim Hardiman, Judie Roan, Mindy Schuler, Denise Winsock
Medical Policy/ HCPCS Coordinator: Debbie Bach
Medical Director: Dr. Paul Hughes MD

Centers for Medicare & Medicaid Services (CMS):

Marybeth Jason, Project Officer, DME MAC Jurisdictions A & B, Central Office
Emily Davis, Central Office
Barbara Cerbone, Philadelphia Regional Office

POE Advisory Group Members:

Registered & Attended via Teleconference:

Cheryl Beckwith (American Homecare Supply Company); Kathleen Belmont (Neighborhood Diabetes, Inc.); Kelly Brussell (HomeCare Concepts); Dawn Cetti (Blackburn's); James Clark (Clark Home Respiratory Supply, Inc.); Lynda Clay (NHIA); Natalie Coniglio (Sterling Medical Services, LLC) Mia Cotter (Stonebridge Medical); Nancie Cummings RMC (Cummins Professional Services LLC); Darlene Karyn Estrella (NEMED); Darlene Fears (Ancillary Services Management); Joy Ferrone (Upstate Homecare); Lesley Fetter (MP TotalCare Services, CCS Medical); Paula Finamore-Gallucci (Vanguard Home Medical Equipment & NEMED); Laraine Forry (Air Products Healthcare & Jurisdiction A Council); Pamela Fritz (American Association of Dispensing Ophthalmologists, Inc.); Donna Haburjak (Delatorre O & P); Lisa Harmon (American Academy of Dispensing Ophthalmologists); Tom Heinrich (Mckesson Medical-Surgical); Tom Hood (The Scooter Store); Dr. Paul Kesselman (New York State Podiatric Medical Association); Herb Langsam (American Society of Consultant Pharmacists); David Lefkowitz (Stonebridge Medical); Eileen Levis (Orthologix/POPS); Michael Madden (Advance O & P, LLC); Carol Napierski (NYMEP); Elena Navarro (eRxNetwork, LLC); Tim Ohman (Fanaras Enterprises); Rick Power (Centralized Medical Equipment LLC); Duane Ridenour (Universal Software Solutions); Debbie Roberts (eRxNetwork, LLC); Mary Beth Rogers (Pittsburgh Dental Sleep Medicine); Karen Sedenov (Omnicare); John Shirvinsky (PAMS); Lori Jean Smith (Pawtuxet Valley Infusion); Robin Smith (Lincare); Andrew Stuart (Klingensmith Healthcare); Dwayne Thomas (Healthcare Management Solutions); Lori Tubia (Med Care Administrators, PLLC); Martin Voda (Medstar Surgical & Breathing Equipment Inc.); Peggy Walker (US Rehab/VGM); Marvette Wallace (National Seating and Mobility); Margo Wasielewski (Ancillary Services Management); Michael Watson (American Medical Technologies); Tammy Zelenko (Advacare Home Services)

Facilitator: Amy Capece

NHIC, Corp.

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Hingham, MA 02043
A CMS CONTRACTOR

Date/Time: August 13, 2008, 9:00 a.m. to 12:00 p.m.

POE Advisory Group Package Contents:

- Agenda
- Data Packet
- Evaluation

Welcome/Introduction/Updates (Amy Capece):

- Amy welcomed the group and introduced those present from the Provider Outreach & Education (POE) Team, the DME MAC A Medical Director – Dr. Paul Hughes and representatives from CMS.
- Roll call of member attendees was taken with special mention of 2 new members.
- House-keeping items, teleconference & Webinar features and meeting structure were reviewed.
- The agenda, meeting materials and evaluation forms were reviewed.
- Amy made note of the issues that were submitted by members prior to the meeting that would be addressed throughout the meeting discussion and incorporated into upcoming education – e.g., PDAC and Competitive Bidding updates, Accreditation and policy (PAP) updates.

General Outreach & Education Updates

- POE continues to focus on education/outreach to decrease telephone/written inquiries, to improve the claims payment error rate and decrease denials/errors versus handling of individual supplier claims issues, customer service issues, etc. Suppliers should be using the customer service avenues available and if dissatisfied, ask for the supervisor/manager.
- As discussed at the May meeting, the IVR has been enhanced with the addition of a direct CSR line; this enhancement has helped to reduce calls to POE that should go to Customer Service.
- POE continues to develop/provide more technology-based education, educational articles/materials/guides, provide small provider training, promote use of self-service technology, educate based on CERT findings, handle MR referrals (both on a broad basis and one-on-one education), expand upon LCD education, conduct more data driven and customer survey driven education initiatives, continue with Web site enhancements, address supplier issues in collaboration with other operational areas via internal work-groups, handle education related issues/inquiries (approx. 165 per month), etc.
- **New POE initiatives currently in progress:** POE is working with operational areas on improving denials, inquiry & call volumes and workload through education; some of those initiatives include: **a) Duplicate Denial Initiative** – presentation today; **b) Appeals** – provides POE with recommendations for education supported by data to reduce appeals workload and educate the supplier to submit what is necessary with the first submission; recent data showed education was effective in decreasing the appeals submissions among four of the top identified suppliers; **c) Cash Accounting** – POE is working with this area to develop education to assist with the incorrect submission of voluntary refunds and

overpayment requests, thus reducing contractor and supplier workload; **d)** Call Volume Reduction Initiative – the Call Center, Operations and POE are working together on a call volume reduction initiative; Call Center data provides information on the top callers to a CSR and reasons they call; IVR calls are excluded from this data; currently in a pilot phase working with Apria as a test case to determine what steps can be taken to reduce their call volume, thus improving workload for both the contractor and supplier; **e)** On-line supplier quiz initiative – presentation today.

- **Future POE Initiatives:**
 - CEUs for POE seminars
 - Spring Symposiums versus individual seminars
 - Utilization of STARS for enhanced data driven education
 - Annual direct mailings to all Jurisdiction A suppliers
 - On-line supplier reporting tool

Web/Publications

- June bulletin:
 - Posted 6/13 – 9 POE articles included with numerous LCD/policy billing clarifications – many of which we will review today
 - September bulletin in progress
- Supplier Manual – completely revised – posted 7/31/08
- FAQs – new top ten quarterly FAQs posted on 7/18/08 with complete review of and updates to the previous 98 FAQs.

Web site Enhancements:

- Updated EDI section to reflect all of the changes due to CEDI; archived prior EDI information; added CEDI info, etc.
- What's New page/articles re-structured – article links in “What's New” now link directly to the article without going through another step to another index before getting to the article, thus reducing steps for the user.
- Most significant Web site enhancement was the implementation on 7/1/08 of the “Google” search capability to improve the search function allowing for more accurate, in-depth search capabilities. POE has already received great verbal feedback and survey results are improving.
- ForeSee Web site survey results have been good with a steady increase; most recent of 73% overall satisfaction; POE continues to make enhancements based on the survey and other forms of feedback.
- Listserve count currently at approximately 40% of our active supplier count.
- Several other Web site enhancements are also underway - e.g. – the re-structure of archived LCDs to list them by LCD title versus archived date.

POE Advisory Group Reminders:

- Amy encouraged members, especially new members, to review information on the POE Advisory Group page of the Web site; understand the focus/purpose, mission statement and membership

criteria, disseminate information received via this forum to assist CMS and NHIC in keeping the supplier community informed.

- These meetings will continue with focus on educational issues, not individual issues/operational complaints, etc.; questions and answers and open discussion will continue; operational or customer service issues may not receive a response.
- Recommendations from this group have been reviewed and incorporated into outreach events / publications; will hear about some of these initiatives during the presentations today and an updated chart of recommendations and actions taken will be included with these minutes.

November 2007 Recommendations	
External Infusion Pump Billing	Outreach scheduled/conducted four External Infusion Pump Billing webinars between 02/19/08-03/20/08** CLOSED
Repairs Billing Tutorial	Pending
Oxygen Conversion to Purchase Webinars	Three oxygen webinars were conducted during February – March 2008. Many questions were addressed regarding the conversion to purchase. ** CLOSED
Upgrade billing education	Included in Essentials II Webinars/Seminars. Included in Hospital Bed Billing Webinars between 02/19/08-03/19/08. Upgrade education was included in the Spring Seminars 2008. Essentials, CPAP/RAD Billing, and Power Mobility Device Billing included information on upgrades. ** CLOSED
Oral Anti-emetic billing education	Educational article published 12/07/07. Second article published 04/17/08** CLOSED
Seminar Location Recommendations; Atlantic City, NJ; Providence, RI; Hartford, CT	Providence, RI and Atlantic City, NJ chosen as locations for Spring 2008 Seminars. ** CLOSED
February 2008 Recommendations	
Speaker Recommendations for Medicare Symposium – CBIC & NSC	Pending
Vision Billing session at the Medicare Symposium	Pending
Additional appeals education	Appeals education provided during Spring 2008 Seminars during Essentials and What’s New. Appeals information was also discussed or provided at several other outreach events during Spring 2008. ** CLOSED
K0823 – Power Wheelchair education and analysis on the appeals reversal rate.	Provided power wheelchair education during the Power Mobility Device Spring In-person Seminars. ** CLOSED
Education on Top vision denials via an article and sharing with the Vision providers in the Advisory Group	Article published via Web site and ListServe on 04/24/08. ** CLOSED
May 2008 Recommendations	
Training on remittance advices with new remark	Pending

codes via a tutorial.	
Appeals education regarding the type of documentation necessary for an appeals request.	Included in Essentials I webinar during the Appeals section. The Outreach Team is conducting Essentials I webinars four times during August – October 2008. **CLOSED
Education on the recoupment information on Remittance Advices.	Included in the Overpayment tutorial to be posted early Fall 2008. **CLOSED
Repairs and replacement education on oxygen and capped rentals.	Pending
Infusion Track for next round of seminars.	Pending
Buffalo, NY and Portsmouth, NH Seminars	Pending
Possibly a longer time frame for certain ACT calls.	The June ACT calls were extended to an hour and half to accommodate competitive bidding. This will be kept in mind for future calls. **CLOSED
Proper billing of miscellaneous HCPCS codes including the abbreviations list.	Pending
Hold the Educational Symposium in conjunction with a Medtrade event.	Pending
Attend more Vision Society Meetings.	Outreach Specialists are all researching Vision Events in their states for possible event participation. **CLOSED
Publish an article about the password requirements for VPIQ.	Included in the September 2008 Newsletter. **CLOSED
August 2008 Recommendations	
Education on bariatric equipment billing	Pending
Oxygen equipment education	Pending
Include information on new order requirements in Glucose Webinar	Order requirements have been included for the Fall 2008 Glucose Monitor Webinars. **CLOSED
Education on reason/remark codes used on remittances.	Pending
Create a supplier quiz based on the new ABN	Pending
Create a supplier quiz when a medical policy is revised.	Pending
Have a speaker from the NSC speak at a future Advisory Group meeting about accreditation.	Pending
Provide a list of the top refractive lens denials to the AADO.	Pending

- Will continue for future meetings to coordinate Dr. Hughes' participation based on his availability and agenda.

- 2008 meeting schedule for remainder of year:
 - 11/12 – in-person – Atlantic City; Boston & Atlantic City were running neck and neck, however, POE has another event at the same time in AC (NJAAOP) and having it there allows for all of POE to attend; POE will look at Boston area location for the May 2009 meeting.
- 2009 schedule:
 - 2/11/09 – teleconference only
 - 5/13/09 – TBD (may be Boston area)
 - 8/12/09 – teleconference only
 - 11/11/09 - TBD
- Annual membership review/evaluation will occur in the fall for the rotation of members, generation of fresh ideas, etc.; evaluation will be done on a point system based on attendance, participation, contribution to the purpose of the group, dissemination of info, etc. Association members and new members will remain the same; members will be notified prior to the November meeting on their membership status.

Miscellaneous Updates:

- Issue – allowance of stamped physician signatures on CMNs, DIFs and all medical records; much confusion involving several CRs and recent SE0829; past/current education and instruction indicate allowed for CMNs & DIFs; POE is seeking clarification from CMS and will keep the supplier community posted.
- As mentioned at previous meetings, NHIC has acquired the STARS data system for our Medical Review area which will also serve POE in many ways; much better resource for data analysis toward educational initiatives; will provide POE with more information/tools; expected to be up and running with POE access in late Aug/early September
- CERT – the mid-year report was issued to the contractor’s in mid-May; POE used results to determine upcoming education, topics, etc.
- NHIC DME MAC was awarded ISO 9001:2000 certification in May.
- On 5/22 – NHIC was very proud that CMS awarded Liz Daniels the “ROCSTAR” Award; ROCSTAR stands for “Recognizing Outstanding Customer Service that Achieves Results”; this is a CMS recognition award and this is the first year POE was included in this award program; Liz was one of three awarded among all contractors in our CMS jurisdiction; CMS stated that they “heartily” approved Liz’s nomination and noted the following points: her coordination, organization, planning, innovations and execution of the POE Advisory Group, creativity/innovation solutions to providing education, productive interdepartmental meetings, informative newsletters/articles, training/mentoring of POE staff and other operational areas and Liz’s professionalism and promotion of accomplishments as a reflection of the whole team, not on just herself; I know you will all join us in our congratulations to Liz for this achievement.

Events/Educational Initiatives Completed – Judie Roan:

Seminars:

Judie noted that there were 48 seminars conducted between April and June, there were 6 different topics at 8 locations. Topics were chosen based on the following:

- **Comprehensive Error Rate Testing (CERT)** - the error rate is reviewed and used to design the Appropriate provider education.
- **Recommendations solicited from the Advisory Group** - sought out at each Advisory Group meeting.
- **Fundamental education** - training that is tailored to the needs of the “new” Medicare providers and billing staff.

Topics presented were as follows:

- DME MAC Billing Essentials
- What’s New With the Medicare Program
- Mobility Assistive Equipment Billing
- Power Mobility Device Billing
- Continues Positive Airway Pressure / Respiratory Assist Device Billing
- Nebulizer Billing

Judie also notes that there were 1649 attendees and the overall satisfaction was 97% for all of the seminars.

Revised/New Tutorials

Judie noted that the 12 existing tutorials have been updated as of July, there are also 2 new tutorials.

New tutorials:

- Continues Passive Motion Devices (CPMD)
- Negative Pressure Wound Therapy (NPWT)

Additional new tutorials are under development and will be posted to our Web site as they are finalized. A completed list of tutorials is available in the “Education Online” section of our Web site at:

<http://www.medicarenhic.com/dme/dme-eduonline.shtml>.

Other Events

Judie noted some other events that the Outreach and Education Team participated in or conducted:

Event	Date	Location
PAMS Annual Meeting	May	Harrisburg, PA
NEMED Annual Meeting	June	Hyannis, MA
VGM Annual Conference	June	Waterloo, IA

NYMEP Current Affairs	August	Teleconference
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Upcoming Educational Plans – Liz Daniels:

Webinar Schedule

Liz noted the Outreach & Education Team will be holding 30 Educational sessions from August 26th – October 23rd. The following topics will be included in the webinars:

- Essentials I
- Essentials II
- Suction Pump Billing
- Pressure Reduce Support Surface Billing
- PAP/RAD Billing
- Glucose Monitor Billing
- Enteral Nutrition Billing
- Advance Beneficiary Notice of Non-coverage

These topics were chosen based on CERT findings, Advisory Group recommendations, and findings from the Appeals Department. The members were provided with a handout which included all of the dates and times for the upcoming webinars and registration instructions.

Tutorials

There are currently six tutorials in development by the Outreach Team. The following is a list of tutorials to be posted within the next few weeks:

- TENS Unit Billing
- Mobility Assistive Equipment (MAE) NCD
- Canes & Crutches Billing
- Walkers Billing
- Manual Wheelchair Billing
- Accounting/Overpayments

Upcoming Events:

Liz noted the Outreach Team will be attending the following events throughout the remainder of 2008:

Event	Date	Location
AOPA National Assembly	September	Chicago, IL
MNCHA Annual Meeting	September	Columbia, MD
NE Chapter AAOP Annual Meeting	October	Mount Snow, VT
Fall Medtrade	October	Atlanta, GA

POPS Annual Meeting	November	New Cumberland, PA
NJ Chapter AAOP Annual Symposium	November	Atlantic City, NJ
JAMES Annual Conference	December	Atlantic City, NJ

Ask-the-Contractor Teleconference (ACT):

The next quarterly ACT Call is scheduled for September 25th, 2008. Due to the large volume of questions about the revised ABN, the Outreach Team chose to hold webinars as well as the ACT calls on this subject. There will be two ACT calls for a one hour duration each. (10:00am and 2:00pm) The call-in information is 877-841-8243 access code 1478523. These details are also available on the [ACT Web page](#).

Group Recommendations for Education:

Liz noted that many of the POE members attended past webinars and in-person seminars. Participation/membership feedback is appreciated and valued. The Outreach & Education Team will continue to ask for your feedback at the Advisory Group meetings regarding the various educational forums that we offer. This is the membership's opportunity to assist us in providing effective education.

In an effort to get more educational feedback and discussion, Liz requested group participation on the following topics.

In-Person Seminars

- Liz asked the group to share feedback from the in-person seminars:

No Comments.

- Liz asked the group for topic suggestions?:

Recommendation: Include education on bariatric equipment into seminars and webinars.

Recommendation: Education on the 36 month cap for oxygen equipment.

Recommendation: Include information in the Glucose Monitor webinars on when a new prescription is necessary and also include as an FAQ.

Response: A new script is only necessary when something changes on the order.

Recommendation: Education on reason/remark codes for remits.

ACT Calls

- Feedback about the ACT Calls?

No Comments.

Supplier Quiz

Liz explained the new supplier quiz initiative. These quizzes will test the supplier community knowledge on a variety of topics and will help to identify areas of educational needs.

- How many questions would be appropriate for the supplier quizzes?

Response: Suppliers suggested a low amount of questions to hold the suppliers interest. The group consensus was approximately 10 questions.

Recommendation: Create quizzes based on recently revised policies.

Recommendation: Create a quiz based on the Revised ABN.

DME MAC Educational Symposium

- Topic suggestions?:

No Comments.

Additional Feedback

- Suggestions for future advisory Group meetings?

Recommendation: *Speaker from the NSC about accreditation.*

- Any new partnering events where DME MAC attendance would be beneficial?

No comments.

DATA Packet Review – Jim Hardiman, Outreach Specialist

Data Packet Contents:

- Top Claim Submission Errors
- Top Return/Reject Denials

Note: The Outreach Team publishes a list of top errors on a quarterly basis to assist providers in identifying problem areas and reducing these errors.

Top Claim Submission Errors:

Jim reviewed the top five claim submission errors of the second quarter, April through

June 2008, with the POE Advisory Group.

- The number one error was 20359 – Ordering Provider Secondary ID Invalid. The ordering provider secondary ID is invalid in the 2420E REF01 loop.
- The second highest error is 40014 - Ordering Provider Information Missing. The ordering provider information is missing in the 2420E NM108 loop.
- The third highest error is 40022 – Procedure Code/Modifier Invalid. The procedure code and/or modifier used on this line is invalid.
- The fourth error is 20364 – Rendering Provider Secondary ID Invalid. The rendering provider secondary ID is invalid in the 2310B REF01 loop.
- The fifth error is 40068 – Invalid/Unnecessary CMN Question. The question number entered is not valid for the DME MAC CMN submitted.

Jim informed the Advisory Group because of the implementation of the NPI on May 23, 2008, edits 20359 and 20364 totals have tremendously increased.

Top Return/Reject Denials:

Jim reviewed the following top 5 return/rejects with the advisory group.

- The number one return/reject denial was CO-16 N280. Claim/service lacks information which is needed for adjudication. Missing/incomplete/invalid pay to provider primary identifier. On a paper claim, Item 33 – NPI bypass logic rejection – Invalid NPI/PTAN (National Provider Identifier/Provider Transaction Access Number) pair on the crosswalk file. A valid NPI number must be entered.
- The second rejection was CO-4. The procedure code is inconsistent with the modifier used or a required modifier is missing. On a paper claim, item 24D – Enter the procedures, services or supplies using the Healthcare Common Procedure Coding System (HCPCS). When applicable, show HCPCS modifiers with the HCPCS code.
- CO-16 MA130 was the third highest rejection for missing information. This particular CO-16 denial is due to information lacking in Item 11 on the CMS 1500 form. If Medicare is primary, the word “NONE” must be entered.
- The fourth error is CO-16 N64. This error is received when the billed item requires a date span and it was submitted with the same from and to date.
- The fifth error is CO-16 M51, which is typically caused by an invalid or expired HCPCS code.

Duplicate Denials

Jim informed the group that the Jurisdiction A Outreach and Education Team conducted an analysis of all claims denied in the first and second quarter of 2008 (January - June) to determine the volume of unnecessary duplicate denials. Jim mentioned that claims denied as a duplicate (CO-18) represented approximately 14% of all denied claims during this time frame.

The CO-18 indicates a claim has been submitted for the same beneficiary, service and date of service as a previously adjudicated (processed) claim. The processing of unnecessary duplicate claims causes additional workload and expense for the DME MAC, the provider community and the over-all Medicare Program. To prevent this from occurring, the claim has to be given an adequate amount of time for adjudication before re-submitting the item for processing. An example Jim provided was, billing systems should not be set-up to automatically bill for the same beneficiary, service and date of service on a weekly or bi-weekly basis

until the claim is paid or denied. Claim processing requirements for the DME MAC are to complete claims within 30 days of receipt.

Claims denied in full or individual claim lines denied with a duplicate denial (CO-18) should not be re-submitted. Claims or claim lines should also not be re-submitted when denied with a medical necessity denial (CO-50). This, too, will cause a duplicate denial. Claims denied for medical necessity must be submitted through the appeals process, or through a reopening where appropriate.

The Outreach Team will continue to monitor the submission of duplicate claims to identify submitters (clearinghouses, billing services, providers, etc.) who have a negative impact on the volume of unnecessary duplicate claim denials. The Outreach team is consolidating the report to identify the top suppliers who continue to submit duplicate claims unnecessarily and directly contact them to discuss possibilities of reducing this problem.

Lastly, Jim asked the group to do their part to assist in this mission by ensuring billing systems are set-up appropriately and claims are submitted per Medicare Program and DME MAC instruction.

Medicare Contractor Provider Satisfaction Survey (MCPSS) – Denise Winsock, Outreach Specialist

Denise reviewed background information and results of the Medicare Contractor Provider Satisfaction Survey or MCPSS. This survey is a tool to gather data from suppliers and providers to rate their satisfaction with the performance of each DME MAC. CMS uses these results to improve oversights and increase efficiency of the Medicare program with using the results as a benchmark for monitoring future trends.

Dissemination

Denise reviewed the time frames of the survey:

- Surveys were mailed to approximately 35,000 providers. (This includes Part A, Part B and DME)
- Data collection began November 27, 2007 and closed April 25, 2008.
- Twelve month time frame. (Providers must have had dealings/communication with that contractor for the past 12 month. Ex. Claims, accessing IVR, training, etc.) **Note: This requirement is new for the 2008 survey*
- Operational areas affected by survey: Provider Inquiries, Provider Communications, Claims Processing and Appeals.
- Final score for Jurisdiction A = 4.40

MCPSS Findings

Denise reviewed findings such as comparisons from 2007 results, comments and CMS expectations and comparisons from 2007 results.

Comparison from 2007 results:

- Benchmark score = 6
- National Contractor Average = 4.51 (Slight decrease from 2007 score of 4.56)
- Average DME Contractor score = 4.41 (Increase from 2007 score of 4.34)

- Scores of all DME MAC:

2007	2008
• A = 4.20	A=4.40
• B = 4.50	B=4.42
• C = 4.44	C=4.36
• D = 4.21	D=4.45

Denise noted that Jurisdiction A and C had an increase from last year while Jurisdictions B and D resulted in lower ratings

Denise then reviewed the MCPSS results for how each state rated their satisfaction. The following table was provided for all to review:

States	2007 Results	2008 Results
Connecticut	N/A	N/A
Delaware	N/A	N/A
Massachusetts	3.88	N/A
Maryland	4.23	4.46
Maine	4.32	4.72
New Hampshire	N/A	N/A
New Jersey	4.28	4.22
New York	4.09	4.22
Pennsylvania	4.32	4.59
Rhode Island	N/A	N/A
Vermont	N/A	N/A

Denise noted that most states resulted in an increase from the prior year. Denise advised that if a states result is N/A, that it is due to the number of cases received were below 30.

It was noted that the areas of most prominence indicated in the results with a High Importance/Low Rating survey questions for the DME MAC involved issues with Provider Inquiries, Claims Processing and Appeals, relating to inconsistent/incorrect contractor responses to inquires and technological barriers – such as access to claims information via the Internet, a more simple adjustment process and the mode of exchanging information relating to appeals..

Appeals had the highest scoring of dissatisfaction for the second year with a rating of 4.28. This score has increased from the 2007 survey which was a 3.89.

Comments

Denise advised the group that NHIC has received many good ratings within the categories of the survey such as receiving correct information and the Customer service, appeals and POE representative are professional and courteous, as well as the expertise from the Outreach and Education staff.

Outreach was noted as having tailored training for different levels of experience and up to date topics which are covered in detail

Claims were noted on the accuracy of claims editing, accuracy and clarity of the remittance advice along with timeliness of claims notification.

CMS Expectations

CMS does expect this tool to be used as a resource for improvement and each contractor should set their goal to strive for improvement

The Award Fee Plan Goal is to reach a 4.35 over-all score which NHIC DME MAC has exceeded with a score of 4.40 for 2008

CMS plans to release the survey results for public viewing. As of yet, there has been no press release.

PDAC/ NSC Update

Denise advised that Noridian Administrative Services (NAS) has been named the Pricing, Data Analysis and Coding (PDAC) Contractor by CMS. By August 18, 2008, NAS will perform the activities that Palmetto, as the SADMERC, currently performs.

The website was given to group members for reference, www.dmepdac.com

The following activities that PDAC will be responsible for were reviewed with the group:

- Provide data analysis support to the DME Program Safeguard Contractors (PSCs)
- Guide manufacturers and suppliers on the proper use of the Healthcare Common Procedure Coding System (HCPCS) for Medicare billing purposes through product reviews and decisions
- The DME Coding System (DMECS)
- The HCPCS Helpline
- Conduct national pricing functions for DMEPOS services AND
- Assist CMS with DMEPOS fee schedules

National Supplier Clearinghouse (NSC)

Denise made the group aware that Palmetto will be retaining their contract for the National Supplier Clearinghouse. Palmetto was awarded the continuation of their contract as of July 21, 2008. Denise stated that this is a one-year base contract with four one-year options. It was noted that Palmetto has had this contract since 1993.

Denise reviewed the following responsibilities of the NSC with the group:

- Issuing and recommending revocations of, Medicare billing privileges for medical equipment suppliers to ensure that only accredited, qualified suppliers are enrolled in the Medicare program.
- Required to establish and maintain programs to prevent and detect fraud.

The following website was given as reference to the NSC, www.palmettogba.com/nsc

Miscellaneous Updates/Educational Articles -

Mindy Schuler, Outreach Specialist:

Mindy provided the group with an overview of some of the many educational articles/updates that were posted to the Website, sent out via a List serve message, or scheduled to be published in the September bulletin. The key points intended by each article are outlined below.

ADMC – Resubmission of Negative Determinations

Several inquiries were received regarding the confusion/misconception on the process of resubmitting negative ADMC requests for a second decision.

- Per the CMS Program Integrity Manual, Pub. 100-08, Chapter 5, Section 5.16.5, a beneficiary or a supplier can resubmit an ADMC request if additional medical documentation is obtained that could affect the prior negative ADMC decision.
- The misconception is that you must wait 6 months before a resubmission can occur.
- The fact is that ADMC requests may be resubmitted once during or within the six-month period following a negative determination.
- Outreach & Education has confirmed that the Medical Review Team has been processing resubmissions correctly.
- Additional information can be obtained from [Chapter 10 of the DME MAC A Supplier Manual](#).

Claim Submission for Items Requiring the EY Modifier

- This article was composed to remind the supplier community of the information that was previously published in MM5771 in March 2008.
- CMS instituted modifier “EY” (no physician or other licensed health care provider order for this item or service) to allow DMEPOS suppliers to submit claims to Medicare for items or services that were provided without a dispensing order. In this situation, there is no specific physician or provider information to report on the claim.
- Due to NPI implementation, submission of an NPI for an ordering/referring physician is mandatory. Legacy numbers and surrogate values are no longer acceptable.
- **CMS 1500 Form (08/05)** - The supplier’s name should be reported in Item 17 and the supplier’s NPI in 17b
- **Electronic Claim (ASC X12N 837 Professional Claim Format)** - The supplier’s name and NPI should be reported in both the 2420E (ordering provider name) and 2420F (referring provider name) loops of the ASC X12N 837 professional claim format
- The “EY” modifier must be present on each line item submitted on the claim
- If you have obtained a physician’s order for some, but not all, of the items provided to a particular beneficiary, you must submit a separate claim for the items dispensed without a physician’s order
- Claims submitted incorrectly with a combination of ordered and non-ordered items will be denied as unprocessable. The Remittance Advice message reported on these denied claims is CO-4 (the procedure code is inconsistent with the modifier used or a required modifier is missing).
- In order to receive the appropriate denial for COB purposes, the claim must be corrected and resubmitted

VPIQ Password Requirements

Mindy noted that clarification was recommended by the Advisory Group regarding passwords for the VIPS Provider Inquiry System (VPIQ).

- The password must be six letters and two numbers and is not case sensitive.
- The password should not include any symbols or special characters.
- An acceptable password example is: SUMMER00.
- The password must be changed every 30 days.
- If a password has been revoked, please call 866-563-0049 for a password re-set.
- For additional information on VPIQ, please visit the VPIQ section of the DME MAC A Web site at: <http://www.medicarenhic.com/dme/vpiq.shtml>

Competitive Bidding Update

- Medicare Improvements for Patients and Providers Act of 2008 was enacted on July 15, 2008.
- This new law has delayed the Medicare DMEPOS Competitive Bidding Program.
- Items that had been included in the first round of the DMEPOS Competitive Bidding Program can be furnished by any enrolled DMEPOS supplier in accordance with existing Medicare rules.
- In the 10 areas where competitive bidding was initiated, Medicare will pay for DMEPOS items, retroactive to June 30, 2008.
- To the extent possible, CMS will also automatically reprocess claims that were paid under the Competitive Bidding Program and those claims denied based solely due to DMEPOS Competitive Bidding Program rules.
- Additional guidance regarding this new law will be forthcoming.

Accreditation Reminder

- As a result of the Competitive Bidding Delay, the special accreditation deadlines previously established for the second round of the program have been cancelled.
- Specifically, prior to enactment of this new law, suppliers must have been accredited or have applied for accreditation by July 21, 2008 to be eligible to submit a bid for the second round of competitive bidding and must have obtained accreditation by January 14, 2009 to be eligible for a second round contract. Both of these deadlines have been cancelled and no longer apply.
- The deadline of September 30, 2009 that was previously established by which all DMEPOS suppliers must be accredited is still in effect.
- DMEPOS suppliers who are enrolled for the first time with the NSC between January 1, 2008 and February 29, 2008 must obtain and submit an approved accreditation to the NSC **by January 1, 2009**. The NSC shall revoke a DMEPOS supplier's billing privileges if the DMEPOS supplier fails to obtain and submit supporting documentation that the DMEPOS supplier has been accredited.
- DMEPOS suppliers submitting an enrollment application to the National Supplier Clearinghouse (NSC) on or after **March 1, 2008** must be accredited prior to submitting the application.
- Existing DMEPOS suppliers enrolled in the Medicare program (prior to January 1, 2008) are required to obtain and submit an approved accreditation to the NSC by **September 30, 2009**.
- The NSC shall revoke a DMEPOS supplier's billing privileges if the DMEPOS supplier fails to obtain and submit supporting documentation that the DMEPOS supplier has been accredited.

Question: How are suppliers required to inform the NSC that their accreditation is complete?

Response: **Follow-up answer from the NSC:** suppliers are responsible to report accreditation information to the NSC. The information is reported in Section 2F of the 855S. In addition, suppliers should send a copy of their accreditation certificate to the NSC.

Question: How can suppliers submit feedback on the accreditation process to CMS?

Response: Suppliers can send feedback to the CMS Accreditation mailbox at: dmeposAccreditation@cms.hhs.gov

LCD Policy/Medical Review Updates- Dr. Paul Hughes, Medical Director

Dr. Hughes discussed some of the recent medical policy updates/changes with the group. Dr. Hughes noted only a few policy updates have taken place within the last few months. He noted that the medical directors have spent much of their time the last three years on Power Mobility Device policy updates and changes.

Nebulizer LCD

- The Duoneb least costly alternative has been delayed until November 1st pending some court cases and an injunction. This should be clarified by November and a policy can be issued.

CPAP LCD

- The CPAP policy was revised to reflect the CMS national coverage determination (NCD) on the use of home sleep tests to qualify patients with obstructive sleep apnea (OSA) for Positive Airway Pressure (PAP) devices. The name of the policy has changed to Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea. The change reflects the addition of coverage criteria for respiratory assist devices (E0470 and E0471) when used to treat OSA.
- With the addition of these coverage criteria to the PAP policy, provisions related to the use of codes E0470 and E0471 for OSA were removed from the Respiratory Assist Device (RAD) policy. A revision of the RAD policy reflecting this change will be published in the near future.
- Some additional coverage criteria have been added to the medical policy with different effective dates. The Respiratory Disturbance Index (RDI) has been added to the policy as a way to measure if a beneficiary qualifies for CPAP or RAD. However, the definition of an RDI is essentially the same as the AHI and only includes apneas and hypopneas not the additional respiratory disturbances that some labs include.
- Additional information was added to the LCD to describe how suppliers must document compliance with the device and to require re-evaluation after 3 months of usage.
- The policy also provides a description of what an appropriate home sleep test entails.
- Dr. Hughes advised the group to read the policy revision summary article and review the revised policy.

Questions and Answers with Dr. Hughes

Question: If a beneficiary did not receive a face-to-face prior to the sleep study, must the beneficiary receive another sleep study after the face-to-face is complete and will Medicare pay for it?

Response: The sleep study is not paid for under the DME MAC and therefore we cannot answer the question of whether the test would be reimbursed. However, it's not good medicine to prescribe a sleep study without first doing a face-to-face evaluation.

Question: Are suppliers required to have evidence of the clinical evaluation in their records?

Response: The supplier must have access to the documentation in the event of an audit. It's not required to be in the supplier's file.

Question: Will a diagnosis edit be put in place for the PAP policy and if so how will the suppliers be made aware?

Response: Typically suppliers are not made aware of any specific system edits. Suppliers should report the appropriate diagnosis codes regardless of the edits in place.

Question: Can suppliers obtain an ABN upfront for the possibility of the beneficiary not having a follow-up visit with the physician?

Response: *Follow-up response from the CMS Claims Processing Manual Chapter 30.*
An ABN is not acceptable evidence if: The notice is no more than a statement to the effect that there is a possibility that Medicare may not pay for the items or services.

Open Discussion

Amy asked the members to complete their evaluations and if there were any other issues or questions for the open discussion period.

Recommendation: The AADO is requesting a list of top denials for refractive lens suppliers. It was last done in early 2008?

Response: We will provide at future meetings once the STARS program is available.

Question: Where can suppliers go for information on whether Medicaid accepts signature stamps?

Response: Please refer to the state Medicaid programs. The rules may vary based on the state.

Next Meeting

Date: November 12, 2008

Facilitator: Amy Capece

Time: 9:00am

Location: Atlantic City, NJ