

Centers for Medicare & Medicaid Services
Provider Contact Center User Group (PCUG) Conference Call
September 12, 2007
Facilitator: Paul Zawicki

Welcome / Updates

Paul Zawicki / Shana Olshan

Paul welcomed everyone to the call and reminded everyone to please dial in early, preferably fifteen minutes.

ROCSTAR Award Winners

Shana Olshan

Not all contractors sent in a nomination, but all nominations submitted were spectacular, and Shana congratulated and thanked all of them. The winners, in no particular order, are: Kristen Swearingin from Riverbend GBA, Susan Petersen from NHIC, and Diane Copenhaver from Highmark Medicare Services. The recipients thanked CMS and their supervisors and acknowledged their teams and coworkers.

MLN Resource Guide

Richard Frieman

The MLN Resource Guide is now available. The URL was provided via separate email to the PCUG Listserv as 'MLN Resource Guide Link'.

The URL is: http://www.cms.hhs.gov/MLNProducts/60_ContractorTraining.asp.

Lifting NPI Bypass Crosswalk Logic

Shana Olshan

Shana reviewed JSM/TDL 07508 which was effective August 9 for Carriers. By the end of October, everyone will have lifted the NPI bypass, and Shana is concerned about call volume related to NPI not matching the legacy number in the crosswalk and the claim being rejected. CMS has set up a schedule to monitor call volume for sites as they lift the bypass. Shana asked if sites that had lifted the bypass were seeing greater call volume or calls related to this.

CIGNA: We lifted the bypass in May, and our calls related to the topic doubled in May. By June we had five times the number of calls, and in August we had three times the number of calls. Our EDI call volume increased fifty percent.

First Coast: We just lifted the bypass, and on the EDI side we originally saw a 14.7% reject rate that is now down to 13.5%. We have not seen an increase in call volume yet, but we do expect it to increase. We have drafted an upfront message for our PBX to refer providers on where to go first instead of calling us, and we are also gearing up for enrollment-related questions.

NGS: We have not lifted the bypass yet, but I am concerned about providers going to the NPPES web site to update their ID and that update not showing up in the crosswalk files.

Wheatlands: We lifted the bypass about a week ago, and about 40% of our calls are about NPI and it would help if providers had multiple reasons (reason codes) for their NPI not crossing, so they would know what to do. We also tried to proactively contact providers before the lift. We

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are seeing about a 10% reject rate. Even with the proactive measures, we are seeing a huge volume of calls.

First Coast: Our Connecticut site is not seeing a big increase in call volume, but we are handling things in conjunction with Florida.

Shana asked that if contractors are finding enormous problems, please report it to the Provider Services mailbox and CMS will pass that information forward.

NPI / PTAN Issues

Emily Norment

Emily discussed JSM 07386 and lifting the NPI bypass was not related to the Medicare NPI contingency. Providers must be authenticated on the IVR using the PTAN until the Medicare NPI contingency is lifted.

Emily shared questions she had received related to CR 5597. How should written inquiries for claim status be handled if the information can be found on the IVR? Answer: They should be handled like a telephone inquiry – refer the provider to the IVR. This is an example where it would be appropriate to make response by telephone. You can also refer the provider to MLN article #MM5597. Should a provider be conferenced into the IVR or just referred to it? Answer: This is an excellent opportunity for education, and if you take the time to show the provider, they are more likely to use it the next time. It is up to the contact center – both methods are appropriate.

QCM / QWCM Update

Emily Norment

Enhancements to both systems went live on Monday, September 10. Please send any problems to the QCM or QWCM Scores mailboxes. CMS is asking anyone assigned as a supervisor to archive any inactive or duplicate employees. The contractor will be running a report in the next fiscal year to archive any inactive or duplicate employees, and this will affect your reports. Please tell employees to go to their assigned supervisor if they need an account, and not to email the QCM or QWCM Scores mailboxes.

Error reports were removed from QCM, but will be replaced with a new version to match QWCM. You can still view errors in QCM using the CSR report and drilling down. Also, QCM will no longer allow selecting the category for Nature of Inquiry – a specific subcategory must be selected.

Job Aids

Charlie Riesz

The search will be improved to perform like a Google search, similar to the MLN Matters search. Specific instructions for reviewing the MLN Matters search were sent out to the PCUG Listserv as ‘New Search Function for Job Aids’.

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Telephone Update

Paul Zawicki

There were some issues with the Verizon Customer Center last month. CMS tried to send timely updates, but wanted to make sure the information was accurate, so they were not sent as often as they would have liked. Paul acknowledged Flashpoint's efforts working with CMS telephone staff and Verizon to work through the issues. (Verizon had moved to a new data server during the month, and failed to load all of the data.)

August 2007 call volume was 5.6 million attempts with 4.8 million completions, for a completion rate of 85%. The completion rate was lower than it has been, but on target with standards. Approximate call volume by program was – FI: 400,000 calls, Carrier: 3.5 million, DME: 830,000, and RHHI: 54,000.

Monitoring Update

Lisandra Torres Guzman

CMS received a request to provide national totals to compare and give contractors an idea of how they are doing. Lisandra will be working on this and may send it out through the monthly report or the PCUG Listserv.

Lisandra reviewed the monitoring scores from July and August, provided to the PCUG Listserv with the call agenda. For September, Accuracy was at 40%, and Satisfaction Rate was at 97% with 20% of the calls completed.

Lisandra will be sending a training tool to contractors for their CSRs that will list the most common errors CMS has found through the monitoring process. Contractors were asked to provide any suggestions to Lisandra.

Lisandra asked for feedback about the numbers and the report received through the PCUG Listserv. There were no comments.

Lisandra gave an update on a JSM in clearance related to temporary additions and instructions for the CMS Provider Inquiry Chart. One of the topics will be the addition of the beneficiary categories and subcategories with definitions. There will not be big changes from the last version distributed. There will also be information and instruction regarding use of the General Information category and why the number is so high and reducing that number. The JSM will also review the contractor-specific categories. There seems to be a misunderstanding on the purpose of those categories, so CMS will provide examples. In reviewing training topics submitted by contractors, it looks like contractors are not really training CSRs in the use of the Inquiry Chart, so CMS is asking contractors to schedule training for the CSRs as soon as they can. CMS will be working with the monitoring contractor to be sure the reports provide correct information regarding call categories and subcategories.

First Coast: Can CMS consider having us have one reason code that deals with referring callers back to the IVR?

Lisandra: The Inquiry Chart was created to track the reason of the call. Contractors are required to track the call disposition, and their system should be allowed to track that in a different way. We have seen a lot of contractor-specific categories developed for the disposition of the call, and

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that is not really what it was intended for. Maybe we would create a disposition chart. We can talk separately about that, but so far I do not believe that is something we want to add to the Inquiry Chart.

Shana: To reiterate, the chart is to track the reason, and it is important for us to know that you are getting eligibility calls, and we are not counting whether or not you are referring providers back to the IVR. We are not going to create a disposition chart.

First Coast: In July, you reported more Incorrect than Incomplete, and we had three calls in July for direct monitoring. I understand the CSR was reciting the web address and did not use the 'dot'. Are those calls taped so I could hear that, or managers could hear the calls?

Lisandra: Yes, those calls are taped. When you submit your request, we can go back and check to see if there was an error. I do want to let contractors know that we do not want to encourage you to ask us to review the records. We have a process in place to review the records to make sure we minimize the amount of errors, but there are a lot of records, so I cannot review them all; however, yes, there are occasions where we believe we may have misunderstood and we go back and review. I have your request pending.

Shana: As a reminder, CMS is now scoring "Incorrect" for saying "MedLearn Matters".

Open Forum/Questions, Answers, or Comments

TOPIC: Nature and volume of PQRI inquiries at the contact centers.

NGS: If a customer care representative receives a call from a provider and they give the HIC, last name, and date of birth, and CWF shows a 'Senior' or 'Junior', is it necessary for them to state that?

Emily: Yes. The CSR can prompt them to take a look at the name and give them a hint that there is something missing.

NGS: If the provider uses 'Senior' or 'Junior' and CWF does not show it, is it okay to give that information as well?

Emily: If the provider says 'John Smith Junior' and everything else is the same as what is in CWF, the CSR can release that information.

Shana: One of you last month commented the new guidance that providers must have the remittance advice in front of them was reducing your call volume. In the remote monitoring over the last month, providers seem to be responding okay to it.

First Coast: Our providers seem to be getting on board with it now. It is a little bit better.

Cahaba: Question to First Coast - How are your overseas callers doing with it?

First Coast: It is a lot better. Prior to starting, we put some articles out saying we want you to use the documents that are coming to you.

Cahaba: I believe you and I both were getting calls early in the morning. It took some retraining but it is wonderful having that document.

The next PCUG call is scheduled for October 10, 2007, from 2:00pm - 3:30pm, EST. The conference dial-in number is 800-257-2655. The authorization code is PCUG.

The Provider Services mailbox is: providerservices@cms.hhs.gov.