

Centers for Medicare & Medicaid Services
Provider Contact Center User Group (PCUG) Conference Call
June 11, 2008
Facilitator: Paul Zawicki

Welcome / Updates

Paul Zawicki / Shana Olshan

Shana reminded callers CMS had requested the number of CSRs (Level 1, Level 2, PRRS, and those who answer written inquiries) by physical location, including mailing address. CMS plans to send a token of appreciation to all of the CSRs, and needs a bit more information before they can begin sending out the packages.

PQRI Measures Groups

Dr. Dan Green

Dr. Green reviewed reporting options for providers related to PQRI. Measures groups seem to be causing confusion with the providers. Dr. Green reviewed the PQRI Reporting Measures Groups document distributed via the PCUG listserv on Monday, June 9. When covering Measures Group Applicability, Dr. Green gave an example using Mammography and its applicability only to the female population within a specific age range. Dr. Green also used Diabetes as an example for age related to the 80% measures group and the consecutive patient option.

CMS reviewed information on the PQRI 2007 Claims Program, distributed as a PowerPoint slide via the PCUG listserv on Monday, June 9. CMS will provide a more detailed script for Carriers and MAC contractors when routing callers.

Highmark: Can we assume there will be specific direction with regard to how the payout was calculated, or is that something that will be transferred?

Rachel: You will have access to the high-level information as to how it was calculated, but if someone is disputing the exact calculation, that is something where you will have a referral point.

Shana: We are working to develop a Job Aid for everyone to outline who would answer which questions, and what the language would be.

CIGNA: Will we get something indicating the number of checks mailed to each state, so we can get an idea of the call volume to expect?

Rachel: Carriers and MACs will be issuing the payments, so each will receive a file with how many checks to send out.

Q: How will providers in rural areas without Internet access use the report?

Rachel: They will have to find Internet access.

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DMEPOS Competitive Bidding

Shana Olshan

Shana reminded everyone to please use the three MLN Matters articles and other tip sheets regarding DMEPOS Competitive Bidding. The first set of instructions was released and the second set will be released soon. Shana also reminded everyone to send in their Inquiry Tracking data on DMEPOS Competitive Bidding.

Provider Authentication

Patricia Snyder

Patti told everyone of the new CR #6139 in circulation for comment, titled "Implementation of New Provider Authentication Requirements for Medicare Contractor IVR Systems" also distributed via the PCUG listserv on June 9. The comment period runs from June 4 through June 17. As a review, CMS will be requiring three elements – NPI, PTAN, and the last five digits of the tax ID number, or TIN.

Patti also mentioned the provider practice location name on the letterhead must match the contractor's file for the provider exactly, with the exception of discrepancies such as showing "Inc." where the file listing shows "Incorporated".

Highmark: If the provider does not have a tax ID number, could they use the last five of their SSN?

Patti: Yes. In that case, their SSN would be their tax ID number.

CGS: In the CR, specifically requirement 6139.2.6, we had a situation where the provider gave an NPI and PTAN, and both were linked, but the claim in question was not related to that PTAN, should we have helped the provider?

Shana: The answer is yes, you should still help. As long as there is a relationship, you can help.

Patti: You may find a little more clarification in writing in 80.2.1 in Chapter 6l.

Q: On the name of the facility, if it is 'Walgreen's of North Dayton' do they have to say that?

Emily: They have to give enough of the name so you could identify them. They could not just say 'Walgreen's'.

Palmetto: For the IVR portion, we will have to talk to our technical team about being able to exclude the PTAN because of the way MCS works.

Noridian: For claims status, it is much easier to look up using the PTAN.

First Coast: Our understanding is that we would have to continue to ask for PTAN due to the way MCS works. Regarding the effective date for IVR programming changes (Sept 4) and then

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the mainframe in December, and having changes begin in January 2009 – that does not give us time to test. Is there a reason for that?

Shana: Yes - budget. We are looking at FY08 and FY09 budget and funding for what would be necessary.

Comment (Joyce Jarrell): Any claim filed prior to May 22 with only the PTAN will only be accessible by the PTAN, and not the NPI. It may not be problem going forward, but we do have providers checking claims over a year old.

Comment: The CR title mentions IVR, but there are CSR requirements as well. Will the title be updated?

Shana: Yes, that will be addressed. Are there any DMEMAC contractors on the call who could talk about VMS?

DME Jurisdiction B: We will need the PTAN to go into the provider file and verify the TIN.

Telephone Update

Paul Zawicki

Paul began by noting that May 2008 had almost 400,00 more call attempts than May 2007, with more than 250,000 calls completed when comparing that same period. Paul then reviewed completed call volume by program (all numbers are approximate) – FI: 385,000; Carrier: 3.5 million; AB MAC: 288,000; DME MAC: 820,000; and RHHI: 51,000 – for a total of just over five million completed calls.

Paul discussed the Verizon Enterprise Center (VEC) regarding access issues, such as accounts being on hold and contractors having different access than they had in the past. CMS is working with Verizon internally and will pass it on via the PCUG listserv when they have more information.

Paul notified contractors CMS will soon be moving the PCUG and other contractor listserv to a new contractor. During the transition, CMS will send out a message from both lists so contractors who receive the original but do not receive the new can respond and CMS can resolve the issue. CMS has not identified a date for the transition.

Monitoring Update

Lisandra Torres Guzman

Lisandra reviewed the Medicare PCCs Quality Monitoring Results document distributed via the PCUG listserv on June 10. Lisandra noted the improvements made in the Accuracy Rate after February, but felt it could still be improved to over 70%. Satisfaction Rate has been consistent. In terms of CSR errors, there continue to be situations with CSRs missing key points of the response and not providing information on the contractor web sites; mispronunciations impacting meaning is another area CSRs are making errors.

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Lisandra apologized for telephone issues with the monitoring contractor that did not allow them to perform monitoring or receive calls from the CSRs. It was resolved, but it did cause a bit of confusion. Also, the monitoring contractor has suggested that when CSRs are returning calls, the CSR should identify that they are not the original CSR (such as a Level 2 or PRRS calling on behalf of the initially contacted CSR).

NGS: When we have a CSR return a direct monitoring call on behalf of another CSR, is it okay to give their own name and the name of the person they are calling for?

Lisandra: They must give the name of the person they are calling for, the date of the call, and they should also give their title. It would be nice if they also left their last name.

Open Forum/Questions, Answers, or Comments

Shana opened the forum by mentioning that CR6119 had just been issued, and it had more information regarding DMEPOS Competitive Bidding. Shana also asked for feedback on how authentication with NPI and PTAN had been going since May 23, noting that CMS had been watching daily performance reports, and contractors were performing well, even with the increased call volume.

First Coast: Our call volume has died down in the contact center, and the transition went well.

Palmetto: One thing we did identify with dropping the PTAN, our development rate has gone up due to claims suspending, so our pending count is going up. I think there are other contractors feeling the same thing. We are working aggressively with our major providers to try and get them to collapse and our provider enrollment area is working with them.

Shana: We are hoping that is relatively short-term, and will resolve itself once this is sorted out. How has it affected your actual call volume?

Palmetto: Our major providers who submit a large number of claims are concerned and they are calling in about the number of letters they are receiving.

NGS: Can you clarify what you meant by 'collapse'?

Palmetto: Providers have the option to reduce the number of eligible PTANs their NPI is associated with. For providers receiving numerous letters, we send a notice to our provider enrollment area to contact them and see if they would be willing to collapse and reduce the number on non one-to-one matches.

NGS: When will the Privacy Act Desk Disclosure CBT course on the CMS web site be updated to show that we are now looking for the NPI and the PTAN?

CMS: At this time, we do not have the funding to update the web version, but the Microsoft Word version will be updated, and we will send out a listserv message when that is completed.

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TrailBlazer: Have there been any thoughts about reevaluating completion rates with the addition of a third authentication element?

Shana: Yes, but we have to get a sense of how much additional time that will take. We know initially there is a learning curve, but as you become accustomed to it, we would like to determine how much time it is taking. We would like to not change anything.

Comment: For authentication with a CSR, I do not know why we would need the PTAN. In a claims status function, the system may not know which to look at, but for authentication, that is before you even get to claim status.

Shana: One alternative may be to only ask for the PTAN when checking a claim status. NPI and TIN could always be used to authenticate, and only ask for PTAN regarding claim status. I will discuss this with my staff.

The next PCUG call is scheduled for July 9, 2008, from 2:00pm - 3:30pm, EST. The conference dial-in number is 800-857-2655. The authorization code is PCUG.

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