# Centers for Medicare & Medicaid Services
## Provider Contact Center User Group (PCUG) Conference Call
August 8, 2007

**Facilitator: Paul Zawicki**

**Welcome / Updates** **Debbie Shannon / Shana Olshan**

ROCSTARS nominations are due Monday, August 13. CMS has begun receiving packages. CMS will accept a cassette tape if the contractor does not have the ability to send a CD, but a CD is preferred. Winners will be announced on the September 12 PCUG call. All CSRs nominated will receive a certificate recognizing their nomination.

**PTAN** **Shana Olshan**

Shana only has authorization for using the PTAN for provider identification purposes for the general inquiry line. She does not have authorization to allow contractors to use the PTAN for other things, and has not authorized it for any other use.

Another issue is what to do with providers submitting a claim with the NPI only. In a contingency environment, it is okay to ask for the legacy ID or PTAN for authorization purposes. CR 5061 requires IVRs be set up to find claims using NPI/PTAN and many-many matches. In most cases, the provider should be keying in the PTAN most likely to be associated with the claim, and the IVR should find the claim, but it is okay for CSRs to answer calls that drop down through the IVR.

**PQRI** **Debbie Shannon**

CMS is still getting information about inquiries being received. There will be another national provider call within the next month, and information will be coming out about the call. CMS wanted to get information on the types of inquiries contractors are receiving. The number of inquiries has increased tremendously this month.

We are also interested in hearing if you feel your CSRs have the resources they need to answer the calls, and if not, what is missing. We will forward the information to the PQRI team.

***Discussion***:

**Noridian**: A provider called with questions about the specific use of measures. She is treating a patient for diabetes and monitoring for development of diabetic retinopathy – measure #19. How should she report? She is using diagnosis 25000. If she reports these services with the appropriate PQRI code will that negatively impact the requirement that 80% of the cases meet criteria?

**Shana**: That is an example of a complex inquiry that no one in this room can answer because we do not have the PQRI experts on the call this month. In cases like that, I hope you are taking advantage of the triage system, so the PRRS can send an email to the internal PQR mailbox to get the correct answer to that type of complex inquiry. Did you take advantage of that channel?

**Noridian**: No, because I had just gotten it prior to coming to this meeting and wanted to make sure I had a comprehensive understanding of the issue. The other question I had was who cuts the bonus checks they receive?

**Shana**: I know they are calculated centrally. My guess is the contractors because they have the relationship with the banks. That would make a good FAQ so providers know who they will get their check from. We will check and get the answer out in the minutes and on the PCUG listserv.

**First Coast**: We have been getting questions about the use of modifiers. We were recently told we had gotten some calls regarding the COBC rejecting claims because of modifiers. The CSRs have the resources to answer these calls, and some of the CMS materials are helping. We are encouraging providers to use the tools and the web site.

**Shana**: The FAQs are updated on a regular basis. Please have your team check the FAQs on a regular basis. Please also have people use the inquiry triage service. It does slow down getting the response to the provider, but it increases the chance of getting the right answer to the provider.

**CIGNA**: We are getting very specific questions regarding PQRI. We have found providers are reluctant to use the web site. We have also received questions regarding some clearinghouses stripping the NPI off of the claim. The provider is submitting the claim with the NPI and PTAN but the clearinghouse is stripping the NPI, so it comes in to us and is processed with just the PTAN, and the provider does not get that credit. We are getting a lot of calls about that.

**Shana**: I hope you are telling providers this is something they have to work out with their clearinghouses. I know messages have gone out on the listserv about this. Regarding providers reluctant to use the web site, do you think it is because there is too much information, or you are doing so well answering their questions?

**CIGNA**: Probably a little bit of both. There is a lot of information on the site and it can be overwhelming.

**Shana**: If you have recommendations on what would make the web site more user friendly, send them to the provider services mailbox and we will get them to the PQRI staff.

**Noridian**: If the provider has received the bonus check and has issues with the check, would that type of inquiry be emailed through PQRI, or is there someone they can contact with regard to the check?

**Shana**: There are no appeal rights associated with this. We will get an answer to your question.

## Available Resources — Shana Olshan

Shana reminded everyone of the resources available on the CMS web site, including the Medicare Learning Network. Using these resources will help the consistency of answers across contractors. If necessary resources are not available, please comment now or send suggestions to the provider services mailbox.

Shana later commented that icmi.com was another good resource, with free information on the web site. CMS has received training from ICMI and it was excellent.

## Job Aid Workgroup — Charlie Riesz

The workgroup has made progress, and hopes to disband toward the end of August or beginning of September. The group will be meeting to discuss various technical search and access options

and limitations. The group wants to have CSRs able to look at some combination of program, provider type, topic, keyword and potentially the date the Job Aid was posted. There would be a filter capability where CSRs could pick a subject, have a way to sort, and an easier way to find Job Aids than what is available now. It looks like the group will be able to do something to make the CSRs' jobs easier in terms of finding Job Aids.

The workgroup has also been developing mockups of what the Job Aids would look like, and the response has been overwhelmingly positive, so "live" versions will be rolled out. People will be able to click through and see where the links go and the changes made so we can get their okay. We hope to do that in the next couple of weeks, and we will let you know when that happens.

**Monitoring Update** **Lisandra Torres Guzman**

CMS began monitoring again in July. Some of you will receive a report – it will not include the amount of transactions you normally receive. For July the accuracy rate was 82%. Lisandra also reviewed rates through August. It is important for the managers to check with the CSRs. It looks like they are having difficulty with the questions. I would like to think that incompletes are because they are trying to do callbacks. The RHHI programs seem to be having lower accuracy scores and the most incompletes for August. In July satisfaction was at 96% and is 97% in August so far. Lisandra also highlighted the CMS Standardized Provider Inquiry Chart document sent via the PCUG listserv and asked if there were questions.

***Discussion:***

**NGS**: When we get beneficiary calls we try to direct them almost immediately back to 1-800-Medicare and try not to engage in enough conversation to determine what they want. Do you want us to try and determine what they want?

**Lisandra**: Not really. Different contractors have different procedures. If you are having a discussion and can categorize the call, that is fine. If you do not have any reason to go further, you should not. We know if we get a beneficiary call, it is a misrouted call; however, if there is a situation you need to take care of, and you can categorize the call, it is helpful to us.

**Shana**: The goal is to not get any calls. If the beneficiary says, "I'm a beneficiary calling about my claim status" and you rerouted them, you know it was a claim status and you could mark it.

**Palmetto GBA**: We had the same question, and you have addressed it.

**First Coast**: To clarify, if we are not able to figure out what they are calling about, did you say to put call under claims issues?

**Shana**: No. If you do not know what it is, just use the beneficiary inquiry category, do not use a subcategory.

**First Coast**: How do we report it on the quarterly Inquiry Tracking Report, since we report the subtotals?

**Lisandra**: You will report it under the Beneficiary Inquiry category.

**Shana**: When we add this to the template you will be able to report it.

**TrailBlazer**: We receive telephone calls from beneficiaries saying they have been directed to come to the building as a walk in. What should be our response, and what should be our response to the beneficiary for them receiving help?

**Shana**: We cannot answer that question because we do not have oversight. Please direct that to Neal Denion in the Office of Beneficiary Information Services and have them direct you. Neal is the group director over the area that does this.

**NGS**: I just wanted to touch on what was said about the categories. Unless I am wrong, I thought our reps had to select one of the subcategories in order to get this logged.

**Lisandra**: If you are unable to identify the reason, you can just log the call using the Beneficiary Inquiries category. You do not need to create contractor specific subcategories.

**CIGNA**: Is it possible to add an "issue not identified" subcategory?

**Lisandra**: No, because if you read the instructions, it says to use the main category. You do not need to add those. For example, your Beneficiary Inquiries total may be 500 calls, but the subtotals may be 200. I will know those 300 not in the subcategories are other type of calls.

**HealthNow**: Regarding the walk ins, would it be incorrect to refer the person to the local office for the aging, or an advocacy group?

**Shana**: Again, I cannot answer that. You really have to ask the folks who oversee this area. Send an email to CCUG. We really do not have any authority to tell you how to do the beneficiary walk ins.

**Highmark**: The system has a limitation – you must select a subcategory to log your call. You cannot choose the main category.

**Lisandra**: I was not aware the system was set up like that, but it should not be.

**Shana**: We will make sure you will be able to use it before this is formally sent out.

**Palmetto GBA**: We also must select a subcategory. We also report the subcategory totals in the Inquiry Tracking Report that roll up, so I also recommend we have a subcategory.

**Highmark**: Do we have an implementation date or start date for this?

**Shana**: We are planning for the new fiscal year, but we have to go through the JSM process.

Lisandra later asked the group how they would categorize a claim denial call when they are unable to identify a subcategory. A Trailblazer representative responded they must pick a subcategory and try to pick as close as possible, which can lead to quality problems. A CIGNA representative responded they use "Other Issues" under "General Info" if they cannot match a subcategory, and Lisandra commented that this was an issue they had not intended, and CMS will need to work on it.

**Telephone Update** **Shana Olshan**

At a summary level, we are seeing slightly lower call volume than compared to last year. Last year you answered 55 million calls, and this year we are projecting 54 million. Also, for any sites that use the Take Back and Transfer application, Verizon had some data problems, and the basic reports do not accurately reflect your call volume, so you will need to use your Enhanced Call

Routing reports. We have been working with Verizon, but it does not look like they are able to get the data back.

**Open Forum/Questions, Answers, or Comments**

**NGS**: I was wondering if Medicare Advantage could have a separate subcategory in the Beneficiary Inquiry Chart because of beneficiaries calling in, or even the providers calling in, questioning why they are signed up or they are looking for a termination date that has not happened for a couple of months. Sometimes we get a lot of those calls.

**Lisandra**: I know you do. We do also on the provider side. We do not want to create a lot of subcategories for beneficiary calls, because we really should not be getting those calls.

**Shana**: I want to ask all of you – if this is a major reason you are getting calls, would adding a subcategory help you?

**TrailBlazer**: HMO really is not an MSP issue. Medicare Advantage Plan is a problem because people are enrolling [unintentionally] and need to get out, and it does become a problem. In our Virginia area, we have a lot of that going on.

**Lisandra**: We are going to think more about this and look for more information and we will let you know. Thank you for your feedback.

**Palmetto GBA**: After we implemented the changes for 5597, requiring providers to have their remittance advice, it does seem to have a positive impact in cutting short some of those long, drawn out offshore billing calls we have been getting.

**First Coast**: We are having positive and somewhat negative impacts. Some of our providers are having difficulty accepting the new guidelines. We are pushing self-service technology and helping them with how to understand and read the remittance notices. It is having a very positive impact on our call handling time.

**NGS**: We are getting positive and negative impacts as well. It has forced them to start using the technology, but they are pushing back a lot, sometimes increasing our call volume trying to get them to use the technology.

**Shana**: Do you think it is a short-term problem with a long-term positive impact, or this will be a problem you will have for a while?

**NGS**: It is hard to say, because we go through so many different staff members. We educate one person today, and then get someone different the next day.

**Lisandra**: My suggestion is to walk them through the IVR and show them how easy it is to find the information.

**Shana**: Are you getting positive feedback on the resources that are available, such as how to read the remittance advice on the CMS web site? Have you found that helpful?

**NGS**: I would like to find out more about the CR and intent with RA and the strong-arming stance with whether they have it in front of them? Was the real intent that we know the offshore calls will not have that?

**Shana**: The original intent was offshore calls, but it goes beyond that. There are a lot of providers accustomed to not even looking and just picking up the phone, and the call volume is just too much.

**NGS**: Are we to take a 100% stance that if they do not have that piece of paper in front of them, we are not going to assist them?

**Shana**: We wrote the language in a fuzzy way because of different circumstances, but you should treat all of your providers the same way, whatever stance you take, and not just pick on the overseas callers.

**Highmark**: We are educating the providers that the possibility exists in the near future that they will be required to have or use that documentation.

**PBSI**: We are taking the education stance as well, educating providers on how to read the RA and the CMS web site.

**Shana**: Hopefully in the end, providers will prefer it because they will not have to make the call.

**PBSI**: The first two days we had providers griping, they would laugh at us and hang up – but now they are using the RA a lot more. With written correspondence, it says an RA would have to come in with the request – is that correct?

**Shana**: We did put some language in there. We tried to make it consistent.

**PBSI**: It seems like handling written should have been in a separate section, because if someone asks me for the status of a claim, I cannot respond and have to send it back and tell them to look at the RA, or how would we handle that?

**Shana**: Please send that as an issue to the provider services mailbox and we will get an answer out.

**NGS**: We took the verbiage as referring the individual back to the IVR or their RA however we were here providing them with the answer to their question.

**Shana**: We will look into it. If there are any topics you would like to have us invite experts to speak on, let us know.

The next PCUG call is scheduled for September 12, 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.