

Centers for Medicare & Medicaid Services
Provider Contact Center User Group (PCUG) Conference Call
January 9, 2008
Facilitator: Paul Zawicki

Welcome / Updates

Paul Zawicki / Shana Olshan

Paul welcomed everyone to the call and thanked them for dialing in early, enabling the call to start on time.

Shana mentioned JSM/TDL 08092 was sent out regarding use of the 270/271 for the Provider IVR system. This is a formal request originally made on a prior PCUG call. The JSM contains more information for your review before agreeing to be involved. Amy Abel-Matkins is the POC; her contact information is contained in the JSM.

There are also changes with PQRI. PQRI is in its second year, and the web site is going through a transition, with 2008 information being loaded and 2007 being kept. There are some missing FAQs that will be updated after the web site update is complete. The update is being slowed due to Section 508 compliance efforts. Please let your CSRs know the web site is in transition and expected to be up soon.

CR 5848 regarding updates to Inquiry Tracking should be issued later this week. The implementation date will be thirty days after release.

ROCSTAR Award Winners

Shana Olshan

Not all contractors sent in a nomination. Nominations submitted were spectacular. Two winners were selected - an FI, and a Carrier PRRS. The winners, in no particular order, are: LaShundra Othello from TriSpan (FI) and Judy Zemke from WPS (Carrier, PRRS). Each of the winners had excellent correspondence, with quite a variety of complex responses. In both cases, the responses were very good and included informational material. Shana thanked all of the nominees and acknowledged their efforts and the recognition that comes from being nominated. WPS thanked CMS and congratulated their winner, who also thanked CMS and acknowledged her coworkers.

**2008 Medicare Physician Fee Schedule Rate Change
& Extension of Participation Enrollment Period**

Kathy Kersell

With the passage of the Medicare/Medicaid and CHIP extension act of 2007, there were several changes that affected physicians. One of the changes was a 0.5% increase to the Medicare physician fee schedule for dates of service Jan 1 through Jun 30, 2008 instead of the -10.1% update that was scheduled to take place. However, it is only for the first six months of the year. On July 1, the -10.1% update will go into effect for dates of service July 1 and after. We want to make sure physicians know they do not need to make adjustments, and Medicare contractors were instructed to be ready to process claims beginning January 7, 2008. We have had a lot of concerns from providers over when the new fees will be posted. We have told them most of the carriers should have their fees posted no later than January 11, 2008.

Since there was a change in the 2008 fee schedule, CMS extended the participation decision period an additional 45 days, now ending on February 15, 2008 instead of December 31, 2007. All participation status changes will be effective January 1, 2008. Contractors are to accept all

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changes received or postmarked on or before February 15, 2008. Providers who want to become a participating physician need to complete CMS Form 460. Additionally, contractors are to make the form available by placing it on their web site and mailing it direct on request. For those changes, contractors will not automatically make changes; providers are to begin billing claims according to their status. An MLN Matters will be coming soon, tied to CR 5944.

Two JSMs were sent out with additional information and instructions: JSM/TDL 08096 and JSM/TDL 08108. CMS has been reviewing Carrier web sites to see the types of information that has been loaded for the 2008 fee change and the participation enrollment extension. We are noticing that not every carrier has their address on their web site, so CSRs may be getting calls for the address. Contractors should check their sites to ensure they have the web site available. JSM/TDL 08096 provided some language people could use regarding provider education for phone calls and web sites, and there have been listserv messages as well.

Therapy cap amounts have been increased to \$1,810 for 2008. The amount applies to the cap for physical therapy and speech combined with the cap for occupational therapy. The cap is described in CR 5871. CR 5871 also amended the message for the new cap amount; changes to the message are not necessary every time legislation changes. The exceptions process has been extended for an additional six months. CR 5841 automated the exceptions process in CWF. The automated process does not have a termination set yet. This will be issued in a future CR. CR 5935, which has been canceled, and CR 5945, which updates the Program Integrity Manual (PIM) relate to the cap. Wilfried Gehne is the POC, and can be contacted at (410) 786-6148 or wilfried.gehne@cms.hhs.gov.

Physician scarcity bonuses will still be paid another six months, so there will be more bonuses.

Shana: As you have heard, there are a lot of changes in the law, and they are only good for six months, so if Congress does not act, there will be a lot of changes.

Nancy: The JSM with the therapy caps – the JSM 08108 strictly says FIs and AB MACs. Are they planning to send a JSM out to the Carriers as well?

Kathy: I am not sure. That is one of the questions I will have to take back.

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QCM / QWCM

Patricia Snyder / Emily Norment

QCM has been updated, but you can still enter old scorecards into the old version of QCM database using the old scoring logic. CMS has received the following questions after making changes to QCM, and would like the questions and answers with everyone to clarify similar concerns:

Q1. Under the 'HOLD' part of the scorecard the explanation does not include 'Hold not needed or caller not put on Hold during Call'. If we no longer have the N/A for Hold how should we score Hold?

A1. Score as 'YES'.

Q2. Under Responds Appropriately, for Achieves Expectations and 'Shows Respect', the criteria has two bullets - Uses Sir/Ma'am, name, or title appropriately, and Is polite and respectful throughout the conversation. Does the CSR need to use both bullets?

A2. No.

Q3. What would we mark if the CSR did not use the caller's name or sir or ma'am? Would we mark it 'Unacceptable' and use the bullet that states "Is not polite or respectful."?

A3. No, you would still score as AE assuming the CSR was polite and respectful throughout the conversation.

We need volunteers to update the QCM and QWCM user guides and handbooks. Anyone who would like to volunteer, please send your name, e-mail address, and telephone number to either the QCMScores or QWCMScores mailbox with the subject, "Volunteer."

Telephone Update

Paul Zawicki

FY08 Q1 call volume was approximately 13.2 million completions, for a completion rate of 89.2%, which Paul noted as very good overall. Approximate call volume by program for the quarter was – FI: 1.1 million calls, Carrier: 9.5 million, DME: 2.2 million, and RHHI: 140,000. IVR Handle Rate is not available as of the call, pending CSAMS data.

Paul asked the audience to send in suggestions on how the telephone data could be made more interesting.

Shana: I am noticing more and more each day there are more sites showing up as not meeting completion rate, and I am curious if we are seeing more questions, different sorts of questions, or if it is something else.

Jeff Livers: For us, I believe it is normal January volume, but we are getting a healthy volume of calls related to the January fee schedule change.

Shana: Are these calls typically long calls or are they short? [I imagine they are typically short.]

Jeff Livers: We still have to deal with them.

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Monitoring Update

Lisandra Torres Guzman

Lisandra began by reporting the accuracy rate for December, which was a bit lower than November. For the fourth quarter, the average accuracy rate was 57%. So far in January, the accuracy is lower than 50%, and we are having a lot of incomplete scores. The score so far is very low compared to previous scores.

For remote monitoring in December, the satisfaction rate was 99%, and January is following. Lisandra clarified the average callback rate was 28% in response to direct monitoring questions.

The direct monitoring report for November is already out, and the remote monitoring report will be out very soon. As a result of the direct monitoring from November, we received some feedback and those people will receive responses within the next week. Also, the highest error is in providing incorrect reference, reference out of date. I want to make sure you aware the information needs to be corrected. It looks like we need to focus on providing CSRs the most updated references CMS is sending out. The second error was missing key points in the responses. This is important because for global questions it results in an incomplete score, but for contractor-specific questions it will result in an incorrect score. The third error is incorrect URL provided, or incorrect direction (step-by-step guidance). The fourth is mispronunciation or word meaning. The fifth is administrative close, no callback received. In this case, they ask a question, but the answer was not returned to the monitoring contractor. The sixth error (3%) is answering the wrong question.

Shana: I just want to commend everyone on not hearing “MLN Matters” as being an issue.

Lisandra discussed JSM 5848 and the updated Inquiry Tracking template being posted at the beginning of February. This is intentional to make sure the January submission is done using the current template.

TrailBlazer: Is it possible to get a recording of the inquiries asked for a given month for training purposes for our staff?

Lisandra: I have been looking into it, and I do not see that happening. We have a lot of contractors, and I do not see us as sending recordings to all contractors, but there may be circumstances where we would for an individual contact center.

Palmetto: Do you have a chart or something created, or will that come out in the minutes? It would be good to show them.

Lisandra: Yes, I do have that and I will provide it to Paul for the minutes. [Paul will distribute via the PCUG listserv.]

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Open Forum/Questions, Answers, or Comments

TOPIC: Have your contact centers been receiving fee schedule calls?

Shana: We have noticed there are beneficiaries calling. In fact, that is why we created beneficiary categories. In one case, the beneficiary was calling from the provider's office. We wanted to get your feedback.

Highmark: We get a lot – I can't quantify how many – where beneficiaries are calling the provider line. We refer them back to 1-800-Medicare. If we have a provider on the line, where we have the opportunity to educate them, we will.

Highmark (Provider Outreach): We do educate the providers that they are not to have the beneficiaries calling on the provider line, and they are to use 1-800-Medicare.

Pinnacle: If they do not have a hold, are we using 'Yes'?

Shana: Yes, put 'Yes'.

Palmetto: Is a reference required when answering the direct monitoring question?

Lisandra: No, but we strongly suggest a reference.

Shana: For contractor-specific questions, if there is a reference listed on the web site for an answer, then it is required as part of the answer.

Palmetto: So if in that case it is not given, we will receive an incomplete?

Shana: Yes.

Shana: I would like to ask anyone for ideas on additional authentication elements for provider authentication. If you do not have anything now, please send suggestions to the Provider Services mailbox.

The next PCUG call is scheduled for February 13, 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.