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

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Welcome / Updates	**Paul Zawicki / Shana Olshan**

Paul welcomed everyone to the call and thanked the attendees for dialing in early.

Shana recognized four CSRs for Kudos. The CSRs, in no particular order, are: Liberty Harrison, NHIC, Angela Price, NAS, James Kinion, NGS, and Stephanie Hubbard, NGS. Liberty was recognized for being detailed, thorough and patient on an NPI call. Angela was also recognized for her performance on an NPI call. James and Stephanie were recognized for encouraging callers to use the IVR.

Provider Authentication	**Patricia Snyder**

Patty informed callers CMS has begun to review the provider authentication process for providers who use the IVR. CMS has its first meeting, but they are still considering a solution, so they are looking for input from the group. The original plan was to use NPI and PTAN, but they are both available to the public through the Freedom of Information Act and on NPPES. The main concern is the ability of a caller to get the last three checks. CMS believes the best solution at this time is to ask the provider for their last five digits of their tax identification number.

CMS discussed provider authentication scenarios sent in the PCUG Agenda email, and another issue regarding NPI-only claims submitted in batches, where the IVR could not find the claim because it did not include the legacy number. WPS spoke about this, saying it was a one to two day issue until the match was made in the crosswalk file, and should not be a problem once the shift is to NPI-only.

An NAS representative raised concerns over use of the five digits from the tax identification number.

Cahaba discussed their situation with NPI-only claims and users entering their PTAN in the IVR, and said they must have been fortunate enough to not have the situation WPS mentioned, but they believe the issue is also resolved in the crosswalk, which should update overnight.

The topic closed with discussion on authentication and preferred PINs and MCS User CR 29509. Patty described a hypothetical provider with five PINs being unable to access the IVR after May 23 because he had not selected a preferred PIN. Cahaba responded that yes, this had been discussed and is seen as a big issue. Cahaba also raised the point of a provider calling in to check a claim from the prior year. HealthNow asked about using Medicare number and date of service as further validating elements, but Shana explained that other IVRs provide additional services which would be impacted, such as last three checks. CMS closed the topic with requests for feedback and input to this difficult issue.

Inquiries per Thousand Claims Processed	**Sue Corbiscello**

Shana covered the topic as Sue was unable to join the call. Shana reviewed the spreadsheet provided via the PCUG listserv, noting the variation in number of calls per claims processed. The numbers were computed using call data from CSAMS and workload data from CROWD. CMS believes one of the contributing reasons is the specificity related to the reason and remarks codes and providers needing to clarify general "more information needed" remarks. CMS requested contractors do their own calculations, but they will assist contractors if asked.

Telephone Update	**Paul Zawicki**

AB MAC call volume was still being compiled at the time of the call, so AB MAC and total call volume was not available. Paul reviewed quarterly completed call volume for programs that were available (all numbers are approximate) – FI: 1.2 million, Carrier: 10.6 million, DME MAC: 240,000, and RHHI: 170,000.

Monitoring Update	**Lisandra Torres Guzman**

Lisandra asked contractors to review their reports and see where they could make improvements. She noted the accuracy score was less than 50% which is very low when compared with previous months. Consistency in contractor communication with providers is one of the main things to focus on. The other trend is CSRs making errors in referencing documents and noting that documents are from CMS.

CMS has created a new mailbox for monitoring – PCCMonitoring@cms.hhs.gov for sending questions, reviews, or other concerns related to monitoring. This does not apply to MAC contractors. MAC contractors should continue to reply to their Project Officer.

Lisandra also mentioned the 'CMS Scoring Rules for Direct Monitoring of Medicare PCCs' sent via the PCUG listserv and asked contractors to review the document. Lisandra highlighted major areas of the document and asked contractors to please contact her with any questions.

First Coast asked about the February report and accuracy scores, and if there was a specific question asked that caused accuracy to go down. Lisandra did not have that information available on the call, but reported that there were a lot of errors related to contractor-specific questions, and the questions were more complex in February.

First Coast also asked about a comment Lisandra made on accuracy scores having a bigger impact on MAC contractors. Shana responded that MAC contracts include performance tied to award fee in this area.

TrailBlazer asked if the monitoring volume would be the same on the MAC contract as the Legacy Title XVIII. Shana responded that the specifics would be listed on the award fee plan, covering Part A and Part B for AB MACs.

Inquiry Tracking   **Lisandra Torres Guzman**

Lisandra discussed the inquiry tracking report sent out via the PCUG listserv. She stressed the importance of reducing the number of general inquiries and learning what those calls are about. She reviewed some of the "Trends of the Top 10 Provider Inquiries Subcategories" and noted the spike during the second quarter. Under 'Inquiries v. Workload' she noted that Part A and DME need more effort in this process. The final page covers comments and recommendations, with costs based on national average handling costs of telephone inquiries. Lisandra commented that to her, seeing these costs shows there is an improvement to be made. She closed the review by walking callers through the recommendations.

First Coast commented the PowerPoint reports attached to the email were still too big and they had problems opening the file. Noridian also commented they were unable to open the document. Paul will resend the documents.

Open Forum/Questions, Answers, or Comments
CGS: On page 3 of the Scoring Guidelines for Direct Monitoring document, Example 2 – should the response include 'http'?

Lisandra: We decided if the CSR provides a URL beginning with 'www' instead of 'http' we will accept it. Most of the errors were in that area. If they do start with 'http' they must be correct with the punctuation.

The next PCUG call is scheduled for May 14, 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.