8/12/2015 Jurisdiction B DME MAC POE AG Meeting

Meeting Minutes

Meeting Time: 1:00 p.m.–4:00 p.m. eastern time (ET)


Agenda

1. Roll Call
2. Introduction of New Members
3. ForeSee Satisfaction Survey
4. Feedback: YouTube Videos
5. ICD-10 Education Follow-Up
6. Mobile App Suggestions
7. Feedback: NGSSconnex Audit Dashboard
9. Education Review Request (ERR) Project Update
10. Demo/Feedback of the Website: Personalized Experience
11. Feedback: Medical Review Denial Tool Comparative Billing Reports
12. Feedback: Operational Departments
13. Agenda Topics: Cross Contract Collaboration Team
14. Status of POE AG Suggestions Received
15. Education Suggestions
16. Open Discussion
17. Next Meeting Date

I. Roll Call
(Terri Shoup, National Government Services)

Terri welcomed the group and conducted roll call. She thanked the members who were attending the meeting in-person in Indianapolis as well as those who were attending via teleconference. The attendees are noted at the beginning of the meeting minutes.
II. Introduction of New Members
(Terri Shoup, National Government Services)

Terri advised there were three new members added to the Provider Outreach and Education Advisory Group (POE AG) since our last meeting in April. She welcomed and introduced the new members:

- **Cookie Hart**
  - Vans Medical Equipment of Lakeland
  - Accounts Receivable Coordinator
  - Over one year experience in accounts receivable
- **Terri Warren**
  - Coram Healthcare
  - Billing Manager
  - Previous experience with State Medicaid
- **Maren Fustgaard**
  - Coloplast Corp.
  - Billing/Reimbursement Manager
  - 18 years’ experience

III. ForeSee Satisfaction Survey
(Terri Shoup/Justin McDowell, National Government Services)

Terri stated that POE AG members completed 49 ForeSee Satisfaction surveys in the second quarter of 2015. She thanked everyone for taking the time to complete the survey and encouraged everyone to continue to take the survey as it is presented to them. She advised that the third quarter started July 1 so all POE AG members should complete a minimum of one survey by September 30. She advised the members can complete the survey while on the National Government Services (NGS) website or NGSConnex.com websites and the survey only pops up every ten days from the last time the survey was completed or when the answer “No” was selected to not complete the survey. She reminded the members to include their email address when completing the survey as this is the only way it can be tracked back to them. She also reminded the group that if the POE AG member themselves cannot take the survey; someone from their company may take the survey in their place.

- A POE AG member stated they never receive the option to complete the survey because they have the site bookmarked. Justin McDowell advised he would look further into this issue. Charity Mahurin commented that the site might not be recognizing the survey and perhaps the member will have to create a new session.

Justin reviewed feedback we received from our POE AG members from the second quarter surveys they completed. Below are a few highlights from the feedback:

- I love the Educational Review Request (ERR) services. It is a huge benefit to submit paperwork prior to dispensing our item and to receive timely callbacks from the ERR team with completed information.
- Being able to access benchmark date on American National Standards Institute (ANSI) Code CO-50 denials is a very welcomed feature of NGSConnex.
- The number of claims being displayed in claim status is also very beneficial in NGSConnex.

Justin reviewed the top suggestions we received and noted we are working with IT to see if these changes are possible:
• On the same/similar option, it would be nice if you advised if the item was paid or denied.
• We would like the check number displayed in claim status on NGSConnex.
• The ability to see appeal status from the redetermination/reopening tab instead of having to go into each individual claim via the claims tab on NGSConnex would be beneficial.

Justin asked if there were any questions on how to complete the survey or if there were any further comments or feedback. The group did not have further comments.

IV. Feedback: YouTube Videos

(Justin McDowell, National Government Services)

Justin advised that we have been creating many different YouTube videos since the beginning of 2015. We now have ten videos on the NGS YouTube channel with over 7,200 views. He asked the group if anyone was having problems viewing the videos.

• POE AG members did not advise they were having issues.

Justin stated that most of our videos we created were in the format of a combination of PowerPoint slides and video screen captures. In our latest video, "What’s a Pricing Modifier?" we used live video with two of our POE consultants. He asked the group which format they found more engaging.

• Multiple POE AG members stated they enjoyed the live format better.
• A POE AG member stated she has watched multiple videos and likes both formats. She did prefer the live video though as it was more interactive.
• A POE AG member stated she had her whole team watch the videos and they made it into a team building exercise for the office. They would stop the videos and ask questions and whoever answered first received a candy bar.

Justin thanked everyone for the feedback then asked how everyone felt about the length of the videos

• A POE AG member advised she likes the short clips. Two minutes was ideal as she could pass the videos onto her staff.

Justin advised with the upcoming implementation of International Classification of Diseases, Clinical Modification, 10th Revision (ICD-10), we made a YouTube playlist with educational Centers for Medicare & Medicaid (CMS) videos regarding ICD-10. Justin asked if any members had viewed the videos and if so, did they find them helpful for understanding ICD-10.

• A POE AG member stated she viewed the videos but did not find them very informative.
• A POE AG member stated watched a few of the videos, they were somewhat drab. Her ideal video timeframe would be no more than five–six minutes.
• Multiple POE AG members advised they had watched the videos.

Justin asked the group if there were any video topics they would like to see in the future.

• The members did not have suggestions at this time.
• Ashley Barnett advised that the ERR team is working on a video regarding written order prior to delivery (WOPD) affected by Affordable Care Act (ACA) 6407. It will also highlight how to submit documentation for ERR. Ashley advised the video will be live as well as interactive.
V. ICD-10 Education Follow-Up

(Terri Shoup, National Government Services)

Terri stated that during our last meeting in April, the group suggested for POE to conduct basic, 101 type webinars in regards to ICD-10. She advised that two webinars were completed, one on June 30 in which we had approximately 300 attendees and one on July 23 in which we had approximately 200 attendees. She advised that Jurisdiction B was going to conduct a third webinar in August, but thought it would be more beneficial to the supplier community to have all the DME in August but it was decided that a collaborative webinar with all the DME MACs would be more beneficial so a collaborative ICD-10 webinar has been scheduled for September 2. She advised that not only will all four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) be participating, but Common Electronic Data Interchange (CEDI) will also be present to help address questions. Terri encouraged the members to register if they had not already as there are a limited amount of phone lines available and within the first week of registration, there were already 1000 registrants.

Terri announced that as part of our collaborative effort, the DME MACs are also developing an ICD-10 specific Dear Physician Letter. The letter will focus on the appropriate medical documentation needed from physicians to support the ICD-10 codes billed. We hope to have this completed and approved by the DME Medical Directors (DMDs) and CMS by the end of the month.

Terri asked if anyone had any questions or concerns regarding ICD-10.

- A POE AG member mentioned billing services with clients in multiple states. The member is concerned as no education has been conducted for them. Also, a supplier in the Detroit area has been advised some physicians are not on board and it is extremely scary.
  - Terri advised that physicians can code their medical documentation right now with both ICD-9 and ICD-10 codes to get in the practice of using ICD-10. We verified with Medical Policy that this would not be an issue nor cause a claim to deny.
- A POE AG member stated she has been working with hospitals and they have been doing this as well.
- Ashley Barnett discussed the 12-month grace period CMS has afforded physicians for Part B billing and that they do not have to use an ICD-10 code to the greatest level of specificity, the code only has to be within that particular ICD-10 code family.
  - Charity Mahurin commented that this is a big concern for POE and the supplier community.
  - A POE AG Member commented that physicians should get use to coding to the highest level of specificity now so they will be prepared when the 12-month grace period ends.
  - A POE AG member commented that suppliers are left hanging and there is some confusion on how to move forward if a supplier is only given a family of codes from physicians.
  - Terri advised that if POE AG members would like to submit their concerns, we would compile the information and submit it to CMS.
- A POE AG member stated they had concerns with Medicare/Medicaid splitting dates of service for ICD-10 claims. It’s a concern on the back end for suppliers.
  - Terri advised that Medicare will not split claims for ICD-10 and our systems will also not allow dual coding on a claim submission.
- A POE AG member stated she is working on ICD-10 with a few providers who submit batches with ICD-9 versus ICD-10. They are being told the claims have to be submitted in different batches.

Terri Shoup asked the group their recommendations for further ICD-10 education. She advised that she is working with Justin McDowell on an ICD-10 YouTube video they are hoping to release in the next few weeks. This would be geared toward the main resources provided by CMS, “Roadmap to ICD-10”.

• A POE AG member requested that we continue to repeat the webinars and add new items as they are released to each webinar. She also requested that we advise suppliers of what the updates from the previous webinar are when the webinars are conducted.
  – Terri advised we can elaborate during each webinar what is new, compared to the last webinar conducted.
• A POE AG member asked if they could have updates as to where the community stood IC regarding ICD-10.
  – Terri advised there was a huge jump in ICD-10 testing as well as the claim acceptance rate within the supplier community from the January end-to-end testing week to the April testing week. In January, there were 15,000 testers with an 81 percent acceptance rate. In April, the numbers increased to 23,138 testers with an 88 percent acceptance rate.
• A POE AG member requested ICD-10 education on specific policies. For policies that have changes due to ICD-10, specifically the wheelchair seating policy.
  – Terri advised this was a good suggestion and POE would consider this type of education prior to the October 1 implementation date.

VI. Mobile App Suggestions

(Justin McDowell, National Government Services)

Justin told the group that we are looking to create a new mobile application (app) and want to get their feedback regarding current ideas as well as any new suggestions they might have.

He advised our current ideas are as follows:

1. Conference/Event registration app – this would provide access to register for the event, the schedule of events, location information, speakers, and the ability to connect with other attendees and resources for our events.
2. News app
3. Healthcare Common Procedure Coding System (HCPCS) Manufacture/Model Identification app
4. Medical Policy and Fee Schedule Look-up app
5. Competitive Bid Supplier app – this would allow doctors to see which suppliers can order DME supplies based on a patient’s ZIP Code. It would allow them to locate a competitive bid contract winner for DME supplies.

• A POE AG member advised that unless you have WIFI throughout the conference, the conference would not work.
• A POE AG member advised she has gone to conferences with mobile app access. It can be helpful, but she personally wouldn’t use it.
• A POE AG member stated that when registering for an event, she uses her laptop. Her personal preference is a full, large screen and she does not see much benefit in a conference app. The Medical Policy and Fee Schedule Lookup app might be beneficial for fee schedule information especially in the sales/marketing industry but if she needs to view anything regarding policy, she goes directly to our website.
• A POE AG member advised the fee schedule would be a good app, especially for drivers and technicians. They could quickly look up the fee schedule and single payment amount for competitive bid suppliers.
• A POE AG member commented that she attended a conference that was very complex and she thought it was nice to have the app feature.
• A POE AG member commented that she has used a mobile app for a conference, but prefers her laptop for registration and events. She also prefers her laptop for policy-related issues.
• A POE AG member stated that if the app was available for policies, bullet points and even check off sheets might be helpful. In reference to the fee schedule for competitive bidding, this
could be a problem. She suggested perhaps trying a price out first to see if it works. For sales representatives that go to doctors’ offices, this would be nice to pull it up on their iPad.

Charity Mahurin advised that we are looking to vamp up expanding the platform in the Apple arena.

Justin elaborated to the group that the News app would have the ability to provide all different sources of Medicare news in one application. You can receive all your Medicare news, as well as view YouTube videos. He asked if the group would find this helpful.

- Multiple POE AG members advised that this would be very helpful.

Justin asked the group if they currently receive their information from more than one resource.

- Multiple POE AG members advised yes.

Justin elaborated on the HCPCS Identification app. He provided an example of how the app would work in that if you put in a HCPC for wheelchairs, the app would give you information on the manufacturer/model number, possibly display a picture of the product, and it would immediately inform you if the item is covered by Medicare. He asked the group if they would find this helpful.

- Multiple POE AG members commented that this would require a tremendous amount of programming but that it would be helpful.

Charity Mahurin advised we are considering developing a Proof of Delivery app. She stated that we currently have funding for development which is why we are trying to come up with new concepts and looking for feedback on this and any other ideas.

- A POE AG member suggested an app for same/similar lookup of a product. Perhaps general information.

## VII. Feedback: NGSCconnex Audit Dashboard

(Vicky Combs, National Government Services)

Vicky advised that the NGSConnex Audit Dashboard went live on 6/26/2015 so we are looking for those POE AG members that utilize NGSConnex to provide feedback regarding the dashboard.

- A POE AG member advised that the dashboard has been very beneficial in looking up additional documentation request (ADR) letters.

Charity Mahurin asked the group if they were looking for more details as far as what is being requested through the ADR letter.

- A POE AG member stated she would like more customization of the ADR letter. She liked the MR Denial Tool and the ADR option and perhaps we could link them together.
  - Charity commented that it seems a combination of the Audit Dashboard and the MR Denial Tool would provide all the information needed.

- A POE AG member stated that she preferred the original ADR letter itself.
- A POE AG member stated that there is not a date on the ADR letter within the dashboard and this would be helpful to include.
  - Charity advised that we are not currently providing a PDF format of the actual letter. We are providing the content of the letter without the beneficiary information. We are looking to enhance the letter into a PDF format down the road.
    - Several POE AG members stated this would be very helpful.
Charity Bright informed the group that during the one on one educational events POE conducted, we received feedback in regards to the MR Denial Tool. Suppliers find the tool very helpful but they would like feedback to be clearer in regards to the denial explanation. Charity provided an example for proof of delivery, in that suppliers would like the specific element noted that was incorrect regarding the proof of delivery. Charity advised the group that this request was forwarded to the appropriate department for consideration.

Vicky advised the group that within NGSConnex, a future enhancement will allow you to utilize the MR Denial Tool within the “My Claims Tab”. She also advised that the Entitlement tab was updated to clarify the error messages displayed. Vicky asked the group if they had any additional comments regarding the dashboard or NGSConnex.

- A POE AG member stated that they have not been receiving their ADR letters timely, which in return causes denials for timely documentation. Vicky asked the member if they utilized the dashboard to view the ADR letter. The member stated they attempted to but an operator identification (OPID) number is required and they did not have the actual ADR letter so they did not have the OPID.
  - Charity Mahurin stated that we need to eliminate the requirement for the OPID number since some ADR letters do not have OPIDs and suppliers might not have the original ADR letter.

- A POE AG member mentioned that they have called into the provider contact center to receive a copy of the ADR letter and have been advised they cannot receive a copy through the Provider Contact Center.
  - Charity Bright discussed with the group the process of the ADR letters and that they are generated through a vendor. She also advised the group there was an issue with some dates in May in which a batch of letters were not developed and sent to suppliers. When the issue was identified, we went back to the vendor and had them reprint the letters with a new date. Charity advised that if there is an issue and potentially this is happening again, we can go back to the vendor. Charity reminded the group to make sure their address is up to date with the National Supplier Clearinghouse (NSC). Also, if a lock box is being used; make sure there is a process in place to timely retrieve the mail.

Terri Shoup asked the member to send her claim examples of not receiving their ADR letters and she will forward them to Charity Bright to research.

- A POE AG member asked when ADR letters are generated by the vendor, what is the turnaround time for the letters to be available on NGSConnex?
  - Vicky advised that information is loaded into NGSConnex nightly. The NGS-audited claims information for the NGSConnex Audit Dashboard is extracted and loaded from the database source nightly.

VIII. Feedback: Jurisdiction B Supplier Manual

(Vicky Combs, National Government Services)

Vicky advised that POE has conducted a thorough review of the Jurisdiction B (JB) Supplier Manual to try to identify items that might be missing or items that need to be updated. She asked the group for suggestions or topics they feel should be identified or if there were topics not included they would like to see added.

- A POE AG member advised they have an old supplier manual from ten years ago and they feel we should take a look at that manual. She stated that lots of things have eroded over time and the format to easily print sections no longer exists.
  - Charity Mahurin advised we will look into this.
- A POE AG member stated that they are receiving push back from beneficiaries in regards to information. They suggested we get information pertaining to beneficiaries added back into the supplier manual as it would be beneficial.

- A POE AG member suggested leaving chapter numbers the same for all of the DME MACs within the supplier manual. General documentation information that is in the local coverage determinations (LCDs), pull that out and put it into the supplier manual. They advised it is very time consuming to have to scroll through all the common knowledge documentation to find information within the medical policy and would prefer to have it located in the supplier manual.
  - Charity advised that we will bring this suggestion to the POE Managers meeting to see if they are in agreement. She advised we would need to address this with the DMDs as well.

- A POE AG member advised they have a difficult time searching for items that are covered under skilled nursing facility (SNF) consolidated billing and perhaps we could include this in the supplier manual. She would also like to see mail order items. If there a concise document stating what can be sent through mail order, this would be helpful as well.

Vicky Combs asked the group if they like the format and how it is broken out into sections.

- A POE AG member mentioned that sometimes when they try to put the document into a PDF format, the logo populates over the top of the document.
- A POE AG member suggested adding information into the supplier manual regarding assigned and nonassigned. She stated that it is not in just one section where it is easily obtainable and beneficiaries want to see this information from Medicare.

Terri Shoup stated she knows a lot of suppliers bill to multiple DME MACs. She stated that if anyone sees something on one of the other MAC websites that they like and we do not offer, let us know. We will look at improving other sections or topics within the NGS website as well.

Vicky told the group if there were any more ideas once the meeting concluded, send them to Terri and she will forward the information.

IX. Education Review Request (ERR) Project Update
(Ashley Barnett, National Government Services)

Ashley advised the group that the ERR project is currently accepting documentation for review, prior to claim submission, for Group 2 pressure reducing support surfaces, hospital beds and accessories, and positive airway pressure (pap) devices for the treatment of obstructive sleep apnea (OSA). She stated that they are in the process of adding the capability of submitting documentation for review via NGSConnex and as this approaches, we will release information (i.e. email updates) to keep suppliers informed of this upcoming change. She advised we are still accepting documentation submitted via fax and mail as well.

Based on reviews the ERR clinicians have conducted for the PAP policy, Ashley advised that we decided to form articles meant to assist suppliers in understanding the documentation requirements for different situations that arise with PAP coverage. These articles will be released in a series that will supplement the education already posted to our website regarding PAP therapy. The articles have been drafted and are in the review process and as the articles are finalized, we will post them to the e-Share site for everyone to review and provide feedback, prior to posting them to the website for public view.

Ashley asked the group for feedback or suggestions regarding the ERR project. She asked if there were any policies they would like to see added and what are the issues encountered within those specified policies.
• A POE AG member advised they do not use ERR as they only do home infusion therapy.

Ashely advised that we have received a lot of good feedback in regards to the ERR project. The suppliers, as well as the physicians want to be compliant and have mentioned they have implemented this into their companies as well. Charity Mahurin also mentioned that the project is a positive to suppliers that are participating in the program and they have seen a decrease in their denials.

• A POE AG member asked what the normal turnaround time was for a decision on documentation.
  – Ashely advised the first option is to submit the documentation before the item is delivered. If the item is not delivered, these requests are prioritized and worked first. The supplier along with the physician receives a letter and they are contacted via telephone as well. The second option is when the item is already delivered, but a claim has not been submitted. We have twenty days to complete the review. The review findings are straight forward in the letter. Within the letter, if they have additional questions they can contact us directly. Often times the reviews are completed with a letter and we will also reach out to them. Charity Mahurin added that the reviews for items that have not been delivered are completed within a couple of days.

• A POE AG member questioned the letters sent to the physicians. They stated that if a physician receives a letter every time just as the supplier does, they might not want to continue to use that supplier.
  – Ashley advised that with each request, both the supplier and physician do receive a letter. She stated they have received only positive feedback in regards to the project.
  – Charity Bright added that the process to send a letter to both the physician and supplier is similar to the power mobility devices prior authorization requests (PMD PAR) process in which both also receive a letter.

• A POE AG member asked if POE AG members could see an example of a letter sent to the supplier and the physician. They stated if they could view the letters, perhaps it would be beneficial to have suppliers participate.
  – Terri Shoup advised that we could provide the POE AG members with a sample letters of what suppliers and physicians receive.

X. Demo/Feedback of the Website: Personalized Experience
(Justin McDowell, National Government Services)

Justin asked for a volunteer to conduct a “live” demonstration of the new website personalized experience. A POE AG member volunteered and Justin walked them through the registration process and the key elements of the site. Justin then asked the group for feedback regarding the registration process or the site itself. Multiple suggestions were provided by the entire group:

• In the Contact field, we do not like the format that you have to use parenthesis and dashes.
• We do not like that if you accidentally hit the Escape key on your keyboard, it closes the screen.
• In the Line of Business field, change DME supplier to bill DME.
• In the Pick Your Specialties field, we would like a box to pop up immediately to allow us to select “All Specialties” instead of having to scroll down and select each one individually.
• The Specialty field should be a required field.
• For the My Policies section, we would like the top five policies first.
• The site currently only allows ten bookmarks and this does not seem like enough so we would like to have the option of having 15-20 bookmarks.
• In the Forms section, we are only allowed to save ten forms and we cannot add another unless we delete one of the current ones. We would like a pop-up box that advises what you need to do.

Justin asked if there were questions regarding the site.

• A POE AG member asked if the feature will timeout after a certain amount of time.
  – Justin advised it will timeout after 24 hours.

• A POE AG member asked how many self-service tools they could bookmark.
  – Justin advised they can bookmark up to three self-service tools.

Justin asked the group what they found most helpful about the personalized site.

• A POE AG member stated that a personalized site will be much faster than scanning through the entire website.
• A POE AG member stated they like that they can personalize what they want to see. She will not receive Email Updates that don't apply to her so she feels this will be very helpful.
• A POE AG member stated that this makes the process of finding information not so overwhelming.

Charity Mahurin advised that once you sign up as a personalized website user, we will first personalize this for you. Then, we can go into the claim aspect for you. If we consistently see somebody is using certain functions, we can improve and personal your experience even further.

**XI. Feedback: Medical Review Denial Tool Comparative Billing Reports**

*(Justin McDowell, National Government Services)*

Justin reviewed the new expansion functionality in the Medical Review (MR) Denial Tool, which included the comparative billing functionality with three main updates to the tool:

1. Compare your organization’s past 90 day and days 91–180 denial rate for claims in the same policy group compared to your peers.
2. Claim denial explanation breakdowns showing your total number of denials for this reason compared to the average of your peers for the past 90 days. To add a user-friendly touch, you can now click on the color-coded graph and it will automatically direct you to the related LCD or policy article (PA) for that denial reason. Justin explained the color coded graph. “Blue” would be your results and “Red” is your peers results.
3. Snapshot of your top five overall denial reasons along with your peers for a specific policy group.

Justin asked the group for feedback regarding the new functionality.

• A POE AG member asked if this feature was available on NGSConnex or the regular website.
  – Justin advised at the present time, the MR Denial Tool is only available on the NGS website.

• A POE AG member stated that she likes the “click on” feature and that it will go directly to the LCD.

• A POE AG member stated that their company uses this tool all the time for pre-pay audits so they can see how they are doing. Having this additional information is a very nice option.
XII. Feedback: Operational Departments
(Charity Bright, National Government Services)

Charity advised that we are looking for feedback from the POE AG regarding our operational departments or other areas. She started the conversation asking for feedback regarding the Provider Contact Center (PCC).

- A POE AG member commented that based on their billing representatives; there is less communication with the PCC because of NGSConnex and the website. The member did state there are still issues regarding consistency when you talk to different people at the PCC.
  - Charity advised that POE is very involved with the PCC. POE participates in not only the weekly refresher trainings but also has been conducting side-by-side coaching.

Charity asked for feedback in regards to the Appeals Department. She explained that the Appeals Department handles reopenings, redeterminations and overpayment recovery. She also stated that during POE’s one on one educational events, we received feedback regarding the clarity of the letters and this was forwarded to the Appeals Department.

- A POE AG member mentioned that claim auditors are not seeing the proof of deliver (POD) or the detailed written order (DWO). The member has had to actually have the auditors correct some redeterminations and have them re-reviewed. She also stated that there seems to be an ongoing issue with fax confirmations. Claims are getting denied stating the documentation was not received but we have a fax confirmation. The member advised that she has brought this to NGS’ attention a couple of times. She stated this is a real payment issue if NGS does not receive the documentation, especially for their high-dollar drug claims. She also advised that this was happening with her ADR responses.
  - Charity asked the member to send examples so that we may research.

- A POE AG member stated that several providers have had redeterminations upheld at Jurisdiction B and then the Qualified Independent Contractor (QIC) denies the claim as well. NGS will then immediately contact the security bond for payment.
  - Charity advised that Tamara Hall is working with internal staff to see why this is occurring.

- A POE AG member stated they have 45 days to respond to an ADR but they are receiving denials before the documentation is even due. The denials are stating the documentation was not received.
  - Charity advised that POE has not heard about this, but if documents are returned to us between days 43–44, the system will deny the claim on day 45. She asked any members who have examples of this occurring to please forward them to us so that we may research. Charity reminded the group that for MR audits, you have 45 days to respond to an ADR letter but for claim audits, you only have 30 days.

Charity asked the group for feedback in regards to the Claims Department or the processing of their claims. She advised we currently have an issue with competitive bid claims and that all DME MACs are trying to resolve the issue using the KY modifier.

- A POE AG member stated that she submits claims and they are never received by NGS but they are not returned to them either. She stated that she ends up finding out there was a wrong name or Medicare number and she used to receive a letter but now does not receive anything.
  - Charity advised that the MACs received direction from CMS to no longer send letters. She will research to provide a copy of this direction from CMS.

Charity told the group if they have additional comments or feedback after the meeting, to please forward it to Terri Shoup.
XIII. Agenda Topics: Cross Contract Collaboration Team

(Terri Shoup, National Government Services)

Terri advised the group that the Cross Contract Collaboration Team allows each line of business to interact and discuss issues that affect each of the different provider types. The team consists of representatives from:

- J6 Part A and B
- JK Part A and B
- J6/JK Home Health and Hospice
- JA DME MAC
- JB DME MAC

Terri asked the group if there were issues or items they would like for her to add to the agenda for their upcoming meeting at the end of September.

- A POE AG member asked if it would be appropriate to start the conversation for ICD-10, in regards to Part B having received flexibility in coding but suppliers still have to code to the highest level of specificity.
  - Vicky Combs advised that the Part B POE team will be educating physicians. Although they may have a pass for Part B referrals, for DME suppliers still need to correctly code.

- A POE AG member asked if NGS could discuss the letters that ERR sends letting physicians know they will receive a copy of the letter as well so they are aware.
  - Terri advised that we are presently looking for issues or problems between contracts to discuss so this would not be appropriate for this meeting but Part B POE could assist DME suppliers by educating physicians of this.

- A POE AG member suggested WOPD and medical records. The member advised that none of the medical records seem to be detailed enough. If they are writing for prescriptions or an item, then this should be documented in the medical record.

Terri advised the group that if they think of any further topics, they may forward them directly to her.

XIV. Status of POE AG Suggestions Received

(Terri Shoup, National Government Services)

Terri advised there are no outstanding education suggestions to review at this time.

XV. Education Suggestions

(Terri Shoup, National Government Services)

Terri asked the group for suggestions regarding upcoming education. The group did not have suggestions at this time. She reminded the group that POE is conducting three training events for the new Personalized provider website this week.
XVI. Open Discussion
(Terri Shoup, National Government Services)
Terri opened the meeting for open discussion. There were no comments.

XVII. Next Meeting Date
(Terri Shoup, National Government Services)
Terri advised the next meeting is 10/21/2015 and asked the group if they would like to keep this date or move the meeting to November. The group advised to keep the date so the next meeting will be held on Wednesday, October 21 from 2:00–4:00 p.m. She also advised the October meeting will be a webinar/teleconference meeting.