

Synergy

sīn'ər-jē) n. *pl.* syn-er-gies

Cooperative interaction among groups that creates an enhanced combined effect.

Embracing the Challenge of Outreach and Education

Provider Outreach and Education (POE) has always been a key component to managing a successful Provider Customer Service Program (PCSP). By understanding the nature of inquiries, contractors can tailor education to reduce their frequency. Also by actively engaging the provider community, concerns can be addressed before inquiries are ever made. This fundamental connection between inquiries and education is key to the integration of the PCSP. The end results are fewer inquiries and more satisfied and knowledgeable providers. It's a win-win for everyone!

When developing POE strategies, contractors are encouraged to work within their budget to be proactive, creative and innovative. Collaboration within your organization, with other Medicare contractors, and with external partners is a crucial first step. Essentially, you don't know what you don't know – and you won't know it until you work with others. Effective customer-focused approaches can lead to cost savings and are sure to lead to increased provider satisfaction.

POE can seem overwhelming. There are so many initiatives; for instance, reducing the CERT error rate or the implementation of HIPAA 5010, along with ongoing tasks of updating frequently asked questions, and website content. Here are just a few ideas to help you meet the many challenges that are coming down the pike in 2010:

- Strengthen your partnership with the POE Advisory Group and use them as a resource;
- Recognize the outstanding work of your employees by nominating them for ROCSTAR awards and by exposing them to opportunities where they can develop and shine;
- Perform comprehensive data analysis of past performance to identify what worked best and to target what needs to be done in different ways and;
- Encourage the use of self-service technology by updating content and by making it as user-friendly as possible.

POE is an ongoing, ever changing process and like any worthy endeavor, it's both the journey and the destination that matter.

Such a process requires a lot of planning, measuring, feedback, and evaluation; after which you implement what you have learned and repeat the process again. By delivering accurate and consistent information in a timely fashion, we help providers bill correctly, stay informed and connected to the program. So let's embrace the challenges and make 2010 a year to remember!

Shana's Corner

March has been a busy month for health reform. As you have all heard, legislation has passed that makes significant changes to the way this country approaches healthcare. All of you in the Medicare Provider Customer Service Programs around the country will play an important role in the implementation of this legislation. There are lots of changes to the Medicare program and providers will need to be educated and have their questions answered. Of course, all of this work will be in addition to the excellent work that you do today. Do not let the impending workload worry you. We will work together to give you the tools to understand the changes as well as to explain the changes to the Medicare provider.

A strong CMS-contractor partnership is going to be critical to a successful implementation. Please tell us what tools would be most helpful for you. You can do that by sending an e-mail to ProviderServices@cms.hhs.gov or bringing up suggestions at the monthly PCUG call.

There are exciting waters ahead! Let's paddle them together.

FCSO's take, on the POE AG

The POE team at First Coast Service Options' (FCSO) takes a unique approach to meet the needs of its customers in Florida, Puerto Rico and U.S. Virgin Islands through its POE Advisory Group (POE AG). The members contribute an important voice to FCSO's outreach and education programs.

The dimensions of diversity across the jurisdiction include geographic location, levels of technology use and expertise, and language. To accommodate this, FCSO conducts three separate POE AGs for each locality, each conducted in the members' preferred language. This allows FCSO to maintain a pulse on the unique needs of each community and has resulted in development of educational tools and resources based on each location's specific needs.

Another distinct approach is the structure of FCSO's meetings. The majority are conducted as virtual webcasts, which promotes better engagement and dialogue between participants. During each meeting, FCSO demonstrates its educational tools and self-service technologies, such as its dual-language Web site, to share enhancements or solicit ideas for improvements. FCSO also displays a written action log to track recommendations with a section on the rationale for each decision.

While separate POE AGs help tailor its educational approach, FCSO is also focusing on how to bridge the communities together to benefit the entire jurisdiction. This year, FCSO is launching a committee approach of members from each POE AG on 'hot' educational issues, such as HIPAA 5010, ICD-10, and CERT, to help ensure the highest quality product.

The most important component of the POE AG however is the participation of PCSP team members from Customer Service, IVR, online training, and FCSO Website. The POE AG is the best representation of an integrated PCSP because each area seeks out feedback which has resulted in improved products and services to our customers.

Submitted by: FCSO POE Team

Get Inspired!

The Show Must Go On

Submitted by Bridgette Baxter, CIGNA Government Services

We all experience life/work changes that affect the way that we interact with customers. The most important thing to remember is that “The Show Must Go On.” Lights, Camera, Action! You are on!

According to The Paisley Group Ltd, we should consider ourselves as actors and actresses. We have to leave life at the door before the final curtain call. Think of your favorite positive role model/leader and all of the things that you admire in that individual. Take on that persona to aid you in giving star service.

My favorite positive TV persona is Oprah Winfrey. I know that I am probably not alone with this one. When I come to work, I think of all of the positive attributes of Oprah Winfrey such as generosity, positivity, hard work ethic and pleasant tone. These attributes aid me in performing an unforgettable provider experience.

I know that this is easier said than done, but remember that every provider interaction is an opportunity to “Make Someone’s Day.” Your performance will be unforgettable!

They will demand an Encore!

Paul’s Poems

Embracing the Challenge

How to integrate and innovate and initiate

Are concepts all to contemplate as you seek to educate

And anticipate the need to illuminate before an inquiry is posed

Understanding what has worked, or not, and why

As you seek to identify and solidify all that data will magnify and reveal

And strengthening your POE AG as a resource and necessity

To become the best you can be as you embrace the challenge of the PCSP

How to emulate and calculate and demonstrate

The value of your work of late, seeking always to evaluate

The impact on the error rate as you communicate to providers that you serve

Meet the CMS Atlanta Regional Office

In today's marketplace, we all have to multitask. Tawanna Fields and Marcia Pryce of the Atlanta Regional Office are no different. Besides contractor oversight duties, they are also responsible for the following program areas in the Division of Financial Management & Fee-For-Service Operations (DFMFFSO):

Tawanna Fields

Clinical Trials & Demonstrations, COB issues, DME, Medical Nutrition Therapy, Mental Health Services, Medicare Premiums, & Telemedicine

Marcia Pryce

End-Stage-Renal-Disease (ESRD), Eye exams/Glasses/Optomety, Locum Tenens, Medigap, NPI, Opt-Out, Provider-based Determinations, Provider Enrollment & Transplants

New from the Medicare Learning Network

View our new [Marketing Brochure](#) online – printed copies will soon be available on the Product Ordering System.

Quick reference charts can be handy lists for looking up information! The Medicare Learning Network (MLN) has produced two QUICK REFERENCE CHARTS, which provide information on frequently used CMS web pages.

The [Quick Reference: All Medicare Providers](#) (DEC2009) chart includes a list of CMS web pages that ALL Medicare providers use most frequently.

The [Quick Reference: New Medicare Provider](#) (DEC2009) chart includes a list of CMS web pages that NEW Medicare providers use most frequently.

These charts can be bookmarked and viewed online or they can be printed and used as ready references. ***[The National Provider Identifier \(NPI\): What You Need to Know](#)*** Booklet is Now Available for Download! The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of a standard, unique health identifier for each health care provider. The NPI Final Rule, published on January 23, 2004, established the NPI as this standard. Covered entities under HIPAA are required by regulation to use NPIs to identify health care providers in HIPAA standard transactions. This booklet contains information previously available in NPI

The revised ***Medicare Appeals Process*** brochure (January 2010), which provides an overview of the Medicare Part A and Part B administrative appeals process available to providers, physicians and other suppliers who provide services and supplies to Medicare beneficiaries, as well as details on where to obtain more information about this appeals process, is now available in downloadable format from the Centers for Medicare & Medicaid Services Medicare Learning Network at <http://www.cms.hhs.gov/MLNProducts/downloads/MedicareAppealsProcess.pdf>.

The *MLN Matters Special Edition Article #SE1010* entitled, "Questions and Answers on Reporting Physician Consultation Services," has just been released and is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE1010.pdf> on the CMS website. This

article is intended for physicians and non-physician practitioners (NPPs) who perform initial evaluation and management (E/M) services previously reported by Current Procedural Terminology (CPT) consultation codes for Medicare beneficiaries and submit claims to Medicare Carriers and/or Medicare Administrative Contractors (MACs) for those services. The article pertains to change request (CR) 6740, which alerts providers that effective January 1, 2010, the CPT consultation codes (ranges 99241-99245 and 99251-99255) are no longer recognized for Medicare Part B payment.

The **MLN Matters Article #MM6782 - Dialysis Adequacy, Infection and Vascular Access Reporting** - has recently been released and is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6782.pdf> . This article is of particular interest to Renal Dialysis Facilities (RDFs) who need to be aware of some new quality data reporting for dialysis adequacy, infection and vascular access on all End Stage Renal Disease (ESRD) claims and all ESRD Hemodialysis claims with dates of service on or after July 1, 2010. This new data reporting will allow the Centers for Medicare & Medicaid Services (CMS) to implement an accurate quality incentive payment for dialysis providers by January 1, 2012.

Fun and Sweet

Each Sudoku has a unique solution that can be reached logically without guessing. Enter digits from 1 to 9 into the blank spaces. Every row must contain one of each digit. So must every column, as must every 3x3 square.

2								7
8		1						3
	6			8		1		
3	8		5		2	6	9	
6			3		8			4
	7	2	4		1		3	8
		3		4			7	
4						3		6
7								9

Finnish Almond Cookies

1 cup butter (softened)

½ cup sugar

1 large egg (white beaten slightly)

2 oz. package silvered almonds

1 ½ teaspoon almond extract

2 cups flour

Mix butter, almond extract and sugar - add flour gradually.

Roll ¼ inch thick on floured surface. Brush lightly with egg white. Cut with sharp knife into small rectangles. Sprinkle with sugar then almonds.

Bake at 350 degrees on an ungreased baking sheet for 11 to 15 minutes, or until very lightly brown.

Submitted by Highmark Medicare Services

MACtoberfest submitted by Palmetto GB, J1

A Toast to Medicare Knowledge, Partnerships and You

Palmetto GBA is pleased to submit a story that demonstrates *Synergy in Practice* to the Division of Contractor Provider Communications. This feature is about a successful event that focused on data-based provider outreach and education topics, and had outcomes beyond our expectations. The event was planned and implemented by the Palmetto GBA J1 Provider Outreach and Education (POE) department, with input solicited from partner organizations and the POE Advisory Group (POE-AG).

When Palmetto GBA won the contract for J1, POE had a goal to immediately start interacting with the providers and beneficiaries who fell into the newly formed MAC arena. During the transition, one of the POE ombudsmen received an e-mail that stated: *“Thank you so much for your help and leadership. We feel so fortunate for your guidance. It makes us look forward to the transition. If you are the standard for Palmetto, I am excited for the change.”* We all wanted to live up to this compliment.

Improving educational services and expanding them to a larger audience was our mission. Knowing this stimulated an idea that was envisioned during our annual POE staff retreat held in South Carolina. We wanted to provide an opportunity for Palmetto GBA and other CMS stakeholders to deliver a comprehensive educational platform where the overarching goals were to: (1) Establish and stimulate mutual working relationships; (2) Increase provider knowledge and awareness of Medicare program requirements and goals; and (3) Identify the vast array of resources and tools available to our customers that are designed to assist them efficiently navigate the Medicare program. The event was held in Las Vegas from October 28-30, 2009. With a slight play on words, we called the event *MACtoberfest- A Toast to Medicare Knowledge, Partnerships and You*. After more than six months of planning, we delivered this educational Medicare “blue plate special” to 450 attendees.

The event included speakers representing various departments and services of Palmetto GBA, CMS and other Medicare partners, including: Provider Enrollment, Electronic Data Interchange, Medical Review,

Appeals, Medical Affairs, Medicare Secondary Payer, Claims, Beyond Basic Billing, Direct Data Entry, Program Safeguard and Recovery Audit Contractor.

MACtoberfest was well received and we found the attendees, ranging from providers, vendors and others, wanted the conference to actually last longer. The results from the evaluation forms that participants completed at the conclusion of the event were spectacular. Of the 450 attendees, we received a 97% good-excellent rating from Part B participants and 92% from Part A participants. We definitely met and exceeded even our own expectations of the event.

In completing this conference, we found that positive interaction between Palmetto GBA and the vast array of attendees was a fundamentally essential part of the conferences' success. MACtoberfest not only provided POE a forum to establish working relationships with the provider community, it set the foundation for us to continually foster these relationships. Conference presentations provided attendees with an increased awareness of Medicare program requirements and goals. MACtoberfest instructional materials equipped attendees with resources and tools to help enable them to streamline their Medicare-related processes.

This experience demonstrated a very identifiable *synergy* between the Palmetto staff and the attendees as well. Due to its success, we have decided to hold this event every year in October and no doubt will keep the title: The Medicare MACtoberfest.

If a reader wants more details or information, please contact:

wanda.holloway@Palmettogba.com or Sandra.siddall@palmettogba.com

STATISTICAL CORNER

Medicare Contact Center Quarterly Performance

October 2009-December 2009

Where do you fit in?

QCM

- Privacy Act 98.0%
- Knowledge Skills 95.0%
- Customer Skills 99.0%

QWCM

- Privacy Act 99.0%
- Knowledge Skills 96.0%
- Customer Skills 98.0%

CALL CENTER DATA

- CSR Completion Rate - 94.7%
- IVR Handle Rate - 67.4%
- ASA - 61.6 seconds

Top 5 Telephone Inquiries by Category

- Claim Denial
- Claim Status
- Eligibility/Entitlement
- General Information
- RTP/ Unprocessable Claim

Top 5 Written Inquiries by Category

- Adjustments
- General Information
- Claim Denial
- Appeals
- Claim Status

Direct Monitoring Overall Accuracy

- Correct 86.13%
- Incorrect 9.33%

CMS ROCSTAR Program

We encourage the Provider Customer Service Program (PCSP) management to participate in the ROCSTAR (Recognizing Outstanding Customer Service That Achieves Results) Program. CMS is looking for outstanding individuals who strive to continuously improve customer satisfaction through the timely delivery of accurate, accessible, and consistent information in a courteous and professional manner.

A ROCSTAR nomination is a fantastic way to recognize someone who has demonstrated excellence in furthering the goals of the PCSP through the accuracy of responses, effective training, mentorship, customer service skills, creativity in improving customer satisfaction, successful use of measurement tools, error rate reduction and/or active integration with other functional areas and contractors. There are so many ways to make a positive difference and taking the time to nominate is a way of saying thank you for a job well done.

The next issue of Synergy will feature the 2010 Written Inquiry ROCSTAR winners announced during the Provider Customer Service Program User Group (PCUG) conference call on April 14. Nominations for the Telephony Inquiry ROCSTAR Awards are due by May 28. For additional information on how to submit your nominations, please go to

http://www.cms.hhs.gov/FFSProvCustSvcGen/10_Exemplary_Practices.asp#TopOfPage and scroll down to the Download section for the ROCSTAR award criteria and nomination process documentation.

KEEP IT UP and BELIEVE!

MEET Lynne Lockard

Deputy Director of the Division of Contractor Provider Communications (DCPC)

Lynne is a native of North Carolina, who now resides in Ellicott City, Maryland. First and foremost, Lynne is happily married to Tom and has two children Caroline 20, a sophomore in college and Andrew 17, a junior in high school. Her family also includes a dog, Toby and two cats, Cocoa and Cinnamon. Please note that Cat sisters Cocoa and Cinnamon, are the equivalent to being 80 years old in human years (the cats are 15.5 years old), so if they were human, they would be Medicare eligible and on Part D, since both cats are taking meds for blood pressure and arthritis. In her spare time, Lynne enjoys reading and listening to a wide variety of music and on most days, Lynne can be found taking a nice long walk with her dog, Toby.

Her Career

Lynne started working as a ticket seller at a movie theatre while in high school. After graduating from college, she began working for the federal government in 1986 as a Presidential Management Intern. Lynne has worked in several areas at CMS: appeals, MSP, prepaid health care and beneficiary services. Lynne wanted to learn more about other aspects of Medicare from the provider side of the house, and joined DCPC in September of 2005, as a Health Insurance Specialist. After working with the DME MACs, she was selected as the Panel Chair for Cycle Two Past Performance Evaluation Panel for the Medicare Administrative Contractor (MAC) Procurement. Look at her now!

Key Ingredients!

Lynne feels that cooperation and collaboration are the keys to providing good service so that questions can be answered timely and accurately. It is important for contractors to partner with CMS to be the voice of Medicare to the provider. Contractors must continue to collaborate within their own functional units and with other Medicare contractors to leverage and service providers more efficiently.

Biggest Challenge for Medicare Contractors

According to Lynne, the biggest challenge for Medicare contractors is in understanding the complexities of the Medicare program. The ability to take guidance and provide timely answers so that providers and suppliers can bill properly is not always easy.

Lynne's Message

Lynne wants the Provider Customer Service Program (PCSP) Staff to know that CMS values the work being done at the contractors and that we recognize and acknowledge the tremendous commitment. A positive attitude goes a long way toward bringing all the complexities of the Medicare program together.

Did you know?

Lynne was responsible for coming up with the name of the PCSP Contractor Information Database (PCID) and the Synergy newsletter!

Restaurant Spotlight by Alikia Mack

If you are ever in the Philadelphia area, take some time to visit Blue Sky Cafe. It is a Caribbean restaurant located in a strip mall in Norristown, PA located about 20-30 minutes north of the city. It has good ambience and a diverse menu of ethnic cuisine.

We need your help!!

CMS is looking for contractor submissions for the Synergy newsletter. If you have something to share about your PCSP, please send your articles to the provider services mailbox atproviderservices@cms.hhs.gov.

Synergy Newsletter Credits to:

Adrienne Stokes-Orange

Nicole Cooney

Sue Corbiscello

Debra Gillespie

Lynne Lockard

Alikia Mack

Shana Olshan

Debra Shannon

Lisandra Torres Guzman

Paul Zawicki

Marcia Pryce (CMS R/O)

CMS Contractors:

FCSO—Kimberly Karnes, Kimberly McCarron

CIGNA Government Services—Bridgette Baxter

Highmark Medicare Services

Palmetto GBA Jurisdiction 1

Sudoku Answers

2	3	9	6	1	4	8	5	7
8	4	1	2	5	7	9	6	3
5	6	7	9	8	3	1	4	2
3	8	4	5	7	2	6	9	1
6	1	5	3	9	8	7	2	4
9	7	2	4	6	1	5	3	8
1	9	3	8	4	6	2	7	5
4	5	8	7	2	9	3	1	6
7	2	6	1	3	5	4	8	9