

**WPS Medicare National POE Advisory Group Legacy Meeting  
Minutes  
Kansas City, MO  
August 13, 2008**

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**Members Present**

**WPS Medicare Provider Outreach & Education Staff:**

Janelle Herman	Karen Kroupa
Tanya Hoagland	Jan Ervin
Mary Sue Gardner	John Wrynn
Elizabeth Uraga	Janet Mateo

**Provider Outreach & Education Advisory Group Members:**

Jackie Burczyk	Saint Luke's Health System
Donna Coates	St. Mary's Health Center
Kelly Collins	Plum Healthcare
Cathi Elliott	Saint Luke's Health System
Janie Elliott	Cass Medical Center
Margaret Gregg	Skaggs Community Health Center
Laurie Holtsford	Community Health Systems
Linda Knox	L.E. Cox Medical Centers
Carolyn Kreissler	Claim Review Recovery Services
Jane Kurtz	North Kansas City Hospital
Judy Lee	Ensign Facility Services
Tabatha McAllister	Tenet Health Care
Ronda Mortenson	St. Mary's Health Center
Danyel Ritzinger	North Kansas City Hospital
Pam Shiflett	University of Missouri
Marissa Smith	SE Missouri Hospital
Sandra Soerries	Medical Revenue Solutions, LLC
Lisa Wright	University of Missouri

**Meeting**

The third National Provider Outreach & Education (POE) Advisory Group Meeting was called to order by Mary Woon, Provider Outreach & Education Manager, WPS Medicare.

After welcoming attendees and staff to the meeting, Mary discussed the difference between J5 providers and Legacy providers. J5 providers transitioned to WPS as part of the MAC contract for J5. Legacy providers formerly submitted claims to Mutual of Omaha Medicare (now to WPS Medicare) and did not transition to a MAC contract.

Mary emphasized that the purpose of POE Advisory groups and of the national meeting is to solicit from providers the types of education they need.

At this time the group divided into a Legacy POE Advisory group and a J5 POE Advisory group. John Wrynn hosted the Legacy POE Advisory group.

John Wrynn determined that of the group present, five people represented hospitals, two people represented skilled nursing facilities (SNFs), two people represented rural health clinics (RHCs), one person represented an End Stage Renal Disease (ESRD) facility, and one person represented an inpatient rehabilitation facility (IRF). Most people in the group had attended seminars, Ask-the-Contractor teleconferences (ACTs), and computer-based trainings (CBTs).

John referenced the POE Advisory Group charter and detailed the information being sought from providers. John asked providers to suggest topics, locations, delivery methods, and times for education. John outlined the current education by POE: seminars made up of smaller modules, newsletters, ACTs, and CBTs. John said that POE education is derived from the CMS Internet-Only Manuals (IOMs). John noted that education is limited by the budget POE receives from CMS. John asked providers to subscribe to the WPS Listserv to stay apprised of upcoming education. Finally, John advised the group that POE will be sending out inquiries to determine which members of the POE Advisory Groups are still interested in participating in the group.

To begin the discussion, John reviewed minutes from the most recent POE Advisory Group meetings for all regions of Legacy providers.

### **Suggested Topics:**

#### **1. Medically Unlikely Edits (MUEs)**

John noted that there is an upcoming ACT Call on MUEs on August 20. Members would like to know if there is any way around the MUE edits, what to do once you verify the units as the edit's reason code directs, and how to report units delivered in excess of those medically necessary.

#### **2. Medicare Advantage (MA) Billing**

John noted that POE did an ACT Call on MA billing in March. Members would like us to educate providers on this topic, because one member's facility lost \$49,000 when a SNF failed to submit its MA claims. Other members note that providers struggle with first in, first out billing. Members request that we educate providers so they know they need to call the CMS Regional Office when an HMO conflicts with Common Working File (CWF).

#### **3. Benefits Exhaust Billing**

Some providers do not submit benefits exhaust or no-payment claims so that the benefit period is not appropriately linked and a new benefit period inappropriately begins. Members would like us to educate providers about this.

4. Lifetime Reserve (LTR) Days

John noted that POE has a module on LTR days for Inpatient Prospective Payment System (IPPS) seminars. Although there is also a CBT on LTR days, members feel that this is such a complex topic that POE should present education in terms of situations that can arise and how to resolve those situations. Members would like education on the interaction of LTR days and benefits exhaust.

5. Outliers

Members would like to see a seminar module on outliers as part of IPPS seminars. Members stress that face-to-face education on outliers and edits is more effective than another form of education.

6. 3-Day Payment Window

John noted that POE has developed a CBT and a module on this topic and held multiple ACTs. Members maintain that education is always necessary on this topic because of turnover and potential changes to Line Item Dates of Service (LIDOS). Members want education on differentiating diagnostic from therapeutic. For example, is a screening mammogram diagnostic or therapeutic?

7. Skilled Nursing Facility (SNF) Training

Members express that consolidated billing continues to be a topic on which education is needed. They request a CBT and a seminar for hospitals and SNFs together (possibly including Medicare Secondary Payer (MSP) as well). Members ask that POE direct consolidated billing training to discharge staff, registration staff, and clinicians.

8. All Provider Seminars

Members request more all-provider seminars because they enhance coordination between facilities.

9. No-Pay Billing

Members request more no-pay billing training utilizing seminars, newsletters, CBTs, ACTs, and Listserv e-mails. Members request specific education on the need to submit no-pay bills before Part B bills through the Tip of the Week.

10. End Stage Renal Disease (ESRD) Billing

Members request clarifying education on billing for emergency and routine dialysis performed when a patient with ESRD is in the hospital for other reasons. Members would like an ACT or CBT on this topic.

11. Condition Code 44

Members request an ACT on condition code 44 and its documentation. They request that a clinician join the ACT.

12. Common Billing Errors  
Members express that a quarterly ACT is less useful than a monthly e-mail. With e-mails, providers can only view those errors applicable to them. Members note a Website section on common billing errors without the monthly e-mails would not be sufficient education. Members request that POE add common billing errors and known issues to the WPS Listserv on a monthly basis.
13. Known Issues  
Members request that known issues be updated regularly and include status updates.
14. Pre-entitlement Issues  
Members request an ACT on this topic.
15. National Provider Identifiers (NPIs) and Change of Ownership (CHOW)  
Members request an ACT, newsletter article, and Website section on this topic. Specific issues include: that WPS allows only one NPI per Legacy provider, how to access old claims, what to do when one NPI gets linked to multiple Legacy providers.
16. Interrupted Stays (Inpatient Rehabilitation Facility (IRF), Inpatient Psychiatric Facility (IPF), Long-Term Care Hospital (LTCH), etc.)  
Members request that POE develop fact sheets and scenarios for each facility type.
17. Common Working File (CWF)  
Members request a CBT on navigating the CWF. Janelle noted that this CBT is in progress now. Members suggest Tips of the Week on this.
18. Medicare Secondary Payer (MSP) Crossover Issues  
Janelle noted that we are doing provider-specific education based on a report we receive from the Coordination of Benefits Contractor (COBC). Members request that POE educate on various scenarios and what to do in those situations.
19. Present on Admission Indicators  
Although members suggest an ACT on this topic, Janelle noted that an ACT held in December 2007 received very low turnout.
20. Critical Access Hospital (CAH) & Rural Health Clinic (RHC)  
Members suggest an ACT on this topic.

**Clinical Suggested Topics:**

Mary Sue Gardener joined the meeting to solicit clinical education topics.

1. Skilled Nursing Facility (SNF) Documentation-ACT

2. Rehabilitation Documentation (outpatient and inpatient)-ACT  
Members request more education on rehab units and increments. They would like the handout developed by POE included in SNF seminars.
3. Inpatient Psychiatric Facility (IPF) Seminar for Clinicians
4. Wound Care and Documentation of Wound Care-ACT
5. Nursing Documentation-ACT  
Members would like education on what skilled services nurses must document to show that a patient is skilled.
6. Direct vs. Indirect Physician Supervision-ACT and CBT  
Members would like to know the difference and when each is appropriate. Members request specific education in regards to Hyperbaric Oxygen (HBO) and cardiac rehabilitation.
7. Hyperbaric Oxygen (HBO)-any format
8. Probes and Documentation-ACT  
Members request education on probe triggers.
9. Documentation of Start/Stop Times for Administration of Drugs  
Mary Sue noted that an article will soon be posted to the Web, and members believe this will be satisfactory education for this topic.
10. Epotein Alfa (EPO) Documentation
11. Documentation-seminars  
Members would like more seminars on documentation. They request that Mary Sue continue to incorporate examples of good and bad documentation.
12. Local Coverage Determinations (LCDs)-ACT  
Members request ACTs on new, revised, or complex LCDs. They suggest that WPS list who is most affected by an LCD when marketing that LCD.

**Tip of the Week Suggested Topics:**

1. Fiscal Intermediary Standard System (FISS) shortcut menu
2. Accessing multiple menus within FISS
3. Billing benefits exhaust before Part B bills
4. CWF

**Handout Suggested Topics:**

1. Interrupted stays – POE should develop
2. FISS shortcut menu – POE should develop
3. Deductible and coinsurance – CMS should develop

**Seminar and ACT Timing:**

- 3<sup>rd</sup> week of month (or end of 2<sup>nd</sup> week)
- Tuesdays, Wednesday, Thursdays

**Seminar Locations:**

- Close to metropolitan airport and near major interstate
- Consider cost and parking fees (but costs under \$100 are fine)
- Look for space donated by hospitals

**Slides:**

1. Members like notes pages for slides (3 slides per page) but request Arial font.
2. Members suggest POE send electronic copies of presentation to participants after seminars.
3. Highlighting of claims examples makes them impossible to read.

**MSP Presentation Suggestions:**

1. The presentation should include information on how long ESRD patients are eligible for Medicare.
2. The presentation should clarify whether or not providers waive their right to receive more than the amount typically allowed by Medicare for a claim when they claim for conditional payment.
3. Clarify the slide that instructs what you should do if you cannot get information about MSP from the beneficiary. Does the slide refer to when the beneficiary refuses, does not know, or is in a coma?
4. Clarify the slide on the credit balance report so providers know what to do with outstanding adjustments.

**Consolidated Billing Presentation Suggestions:**

Slide 13 should say, "All Medicare-covered services except exclusions" and not "All services except exclusions."

**Meeting Adjournment**

Mary adjourned the meeting at 4:30 p.m. to be resumed at 8:00 a.m. for POE Advisory Group evaluation of the Comprehensive Error Rate Testing (CERT) program and National Coverage Determination (NCD) Denials modules.

**Questions Not Answered During Meeting:****Q: What happens if a larger payment is received from a liability insurance after Medicare pays?**

**A:** If a larger payment is received from a liability insurance after Medicare pays, the additional funds are refunded to the beneficiary. This can be found in the IOM, Publication 100-5, Chapter 2, Section 40.2; it states that Medicare is refunded the amount of their payment and the beneficiary is refunded the difference in the liability payment less the Medicare payment, less any non covered amounts like deductible or coinsurance.