

**Wisconsin Physician's Service – Medicare
J5 Provider Outreach & Education Advisory Group Minutes – Nebraska and Iowa**

January 15, 2009
10:00 AM – 11:30 AM

Teleconference

Members Present:

Aileen Sigler, WPS Medicare
Charlie Riesz, Centers for Medicare & Medicaid Services
Roberta O'Shaughnessy, ABCM Corporation
Cindy Waters, ABCM Corporation
Cristie Knudsen, Audubon County Hospital
Laurie Gaffney, Buena Vista Hospital
Mike Hayden, Care Initiatives
Rodney Buch, Colonial Manor of Amana
Lynn Dolan, Diversacare, LLC
Kristen Bellamy, Diversacare, LLC
Debbie Russell, IA Assn of Homes and Services for the Aging/Friendship Haven
Jim Wilkes, Iowa Healthcare Association
Heather Hulscher, Iowa Hospital Association
Theresa Miller, Iowa Methodist Medical
LeAnn Kai, Iowa Methodist Medical
Mike Dobbs, Marshalltown Medical
Cathy Smith, Millennium Therapy
DiAnn Bakkum, University of Iowa Hospitals
Connie Timm, University of Iowa Hospitals
Carole Rogers, University of Iowa Hospitals
Lynn Wright, Washington County Hospitals and Clinics
Cheryl McGourty, Wheaton Franciscan Healthcare
Gwen Eich, Wheaton Franciscan Healthcare
Gretchen Heckenlively, Tri-County Hospital
Kathy Jasa, Providence Medical Center
Jeanine Soneson, Howard County Community Hospital
Mike Feagler, Great Plains Regional Medical Center
Susan Fink, Fremont Are Medical Center
Michelle Monhollon, Lincoln Surgical Hospital
Karel Sysel, Dialysis Center of Lincoln
Arlen Rasmussen, Bryan LGH Medical Center
Kevin Conway, Nebraska Hospital Association
DaLaina Gobeli, Signature Care Centers

Meeting:

The J5 Part A Provider Outreach and Education Advisory Group (POE AG) for Nebraska and Iowa took place via teleconference on January 15, 2009. Aileen Sigler, Outreach Analyst, called the meeting to order at 10:00 a.m.

Charles Riesz from CMS was first on the agenda with an informational presentation concerning the Medicare Learning Network (MLN). The features and products available for use by the providers were showcased in his presentation. He encouraged the POE AG members to sign up for the MLN Education Products Mailing List at:

https://list.nih.gov/cgi-bin/wa?SUBED1=mln_education_products-l&A=1. He also asked that if any of those facilities on the call would like to volunteer to review draft products, they could email CMS at MLN@cms.hhs.gov with "Product Review" in the subject line.

Aileen began the business-meeting portion of the call by reminding the group of the main purpose of the POE Advisory Group: to suggest training topics for future provider education. In addition to seminars, suggestions from the POE group can drive other educational activities such as "Ask the Contractor" teleconference topics and Computer Based Training (CBT) subjects. The Medicare Contractor Beneficiary and Provider Communications Manual (Publication 100-9), Chapter 6, Section 20.4 was reviewed. The minutes from the last meeting on October 16, 2008 were referenced during the meeting.

Newly Suggested Seminar Topics:

- Provider based RHC Billing (beginning with basics)
- Home Health Consolidated Billing
- Inpatient Review Education

Suggested Seminar locations:

- Kearney
- Omaha
- Nebraska City
- North Platte
- Norfolk
- Davenport
- Ames
- Cedar Rapids
- Waterloo
- Iowa City
- Des Moines

Recommended Timeframes for Education:

- Middle of the month; avoid first and last week
- Avoid scheduling activities on Monday and Friday

Contractor Updates and Issues:

CRNA Pass Through for Swing Beds at CAHs – Aileen informed the group that WPS has received clarification from CMS regarding Critical Access Hospital (CAH) Swing Bed Certified Registered Nurse Anesthetist (CRNA) Pass Through Billing. WPS posted an article concerning this which states: “CRNA pass through charges are not appropriate to bill on a CAH Swing bed claim (18X Type of Bill). The correct billing process is to bill CRNA charges and any related outpatient services on an 85X type of bill. This would include all charges that you would typically bill if these services were provided outpatient. “

Inpatient Cancel Problem- An issue was discovered with our DDE providers trying to cancel 11X claims. When they attempt to store the claims, nothing happens and no errors are received. This is a known issue with FISS, and we are expecting this to be fixed on 1-19-09.

Status of Kansas City Outreach Analyst- From now on, Aileen Sigler will be the Outreach Analyst supporting all four of the J5 states.

Provider Education:

There will be 5 billing seminars for the J5 states of Missouri, Nebraska, Kansas and Iowa in the second quarter of FY 2009. They are as follows:

- SNF Billing, February 18, 2009 in Ames, Iowa (cost-\$36.00)
- CAH Billing, February 25, 2009 in North Platte, Nebraska (cost-\$33.00)
- SNF Billing, March 5, 2009 in Springfield, Missouri (cost-\$37.00)
- OPSS Billing, March 10, 2009 in Wichita, Kansas (cost-\$51.00)
- SNF Billing, March 11, 2009 in Wichita, Kansas (cost-\$51.00)

All seminars will run from 9:00 a.m. until 4:00 p.m. with registration beginning at 8:30. Breakfast, lunch and seminar materials will be provided.

Teleconferences scheduled are:

- SNF Consolidated Billing on February 19, 2009 at 2:00-3:30 p.m. Central Time
- EDI Ask-the-Contractor Teleconference on March 12, 2009 beginning at 1:00 p.m. Central Time (no registration necessary, dial-in formation is on the Web)

Check the Education area of the Website for upcoming seminars and teleconferences. Suggestions made today, along with Comprehensive Error Rate Testing data, will drive topics and locations for future education.

Sign up for any of these educational events on our Website at:

<http://www.wpsmedicare.com/mac/education/schedule.shtml>

Contact the Outreach Analyst hosting the event for more information.

Member Issues:

1. Within CMS, there is a "Best Practices" guideline for SNFs. I am not sure that the general public is aware of this. I would like to see that more providers use this site and understand that there are guidelines out there. The example forms are great and very informative. It is just such a great tool and it took me a long time to even discover it.

Response: These are indeed great resources for providers. They are not required, but available for your use in whole, or in part, at: http://www.cms.hhs.gov/SNFPPS/08_BestPractices.asp#TopOfPage

2. I look every week on CMS's Website to see if the new ABN for SNFs is out there, since it was to be available last spring. Also, the OMB date expired on the Generic and Detailed Notice forms.

Response: CMS has not issued the new SNFABN yet. The OMB date for the Expedited Determination forms has now been updated to show July 31, 2011.

3. Is WPS responsible to make a coverage determination and will WPS automatically send an ADR for review of Dental Claims, or is the provider required to review and make coverage determine prior to claim submission?

If the provider is to make the determination, when non-covered, is the provider to submit as non-covered with a 21 for denial?

Response: It is the provider's responsibility to make the coverage decision prior to claim submission. Yes, the provider will submit non-covered claims with a 21 condition code when they determine it is not a coverable service.

4. I feel it would be beneficial if the Communiqué articles could specify whether an article applies to PPS only, CAH only, or both.

Response: The suggestion will be passed on to the publishers of the newsletter.

5. When will providers be allowed to do adjustments online?

Response: Providers are encouraged to do adjustments electronically whenever possible. Currently, the only time a provider can not do an online adjustment is if the claim was medically reviewed or has already been adjusted once electronically. Those must be submitted hardcopy.

6. How far behind is WPS in scanning mail? Adjustments and medical records are sent to the P.O. Box and yet WPS has not received the information.

Response: The WPS mailroom is current in their workload. Please be sure you are sending documentation to the correct post office box. Medical Review records should be sent to:

**WPS Medicare Part A
Medical Review Department
P.O. Box 8310
Omaha, NE 68108-0310**

For addresses for other departments, see the listing on our Website at:

<http://www.wpsmedicare.com/mac/selfservice/iowapartamailing.pdf>

There is an issue in the FISS DDE system that has the wrong address in the body of the ADR letter. We have added the correct address in the only free-form area on the letter as a workaround. The FISS maintainer has not given us a timeframe for when this will be corrected.

7. Status of RC 16605, which is RTPd because of patient relationship code 53. This is a valid relationship code. Has WPS updated the file to allow this?

Response: The FISS system shows this as a valid relationship code.

8. Will WPS be giving any direction or education on the physician supervision requirement for outpatient hospitals services that was discussed in the 2009 Final rules? Regulations state to look to your contractor for education. Can we expect something soon?

Response: This was not a new regulation, but a clarification on existing policy. Individual questions will come to the contractor.

Open Discussion:

- The one suggestion I had on the national POE AG meeting in KC last year was that since it was only a day and a half, if it could have started at noon instead of 9, I could have driven down in the morning and saved the cost of a hotel room the night before. **This comment will be considered when and if we have another national meeting this year.**
- Can you hold the J5 meeting at WPS we could maybe have a tour of the facilities and get a better idea of how WPS is setup? I found it interesting when we toured BCBS years ago. **WPS employees are located in a locked, secure area due to HIPAA regulations and the amount of PHI we work with every day. This, coupled with the lack of meeting space available for a group our size, makes this suggestion not possible.**
- I would like to see CMS do mass adjustments on the DSMT denials. I also believe there should be more information for the providers on how to correct these claims. **CBF CR26126 was installed into production on 1/05/09 which corrected erroneous DSMT denials. No instructions for mass adjustments were received, so claims will have to be reprocessed by the provider. The low volume of these claims does not warrant a mass adjustment. Providers would follow regular processes for fixing the claims.**
- Sometimes we get an eNews Listserv that states the Claims Processing and Payment issues page has been updated, but it seems the items listed are old and irrelevant. **Items that are still not resolved for some reason or another may still be showing on the page even if they are dated.**
- I have been told by Customer Service that several items are “system problems”, only to find out later they are not. **Anytime you feel you are not treated properly by Customer Service, or do not receive the correct answer, please get as much information about the call as you can. Specifics, such as when you called, what you asked and who you spoke with can help us pinpoint educational needs for our staff. You may also contact Kathi Kennedy, the Provider Customer Service Supervisor for J5. She can be reached at kathi.kennedy@wpsic.com or 402-351-8291.**

- I would like to see the frequency limitations for occult blood tests lifted. **As this is a CMS limitation, you may contact the CMS Regional Office in Kansas City with your suggestion. Their phone number is 816-426-5233.**

Next Meeting:

The next meeting will be held via teleconference on April 16, 2009 from 10:00-11:30 AM. Future meetings are tentatively scheduled for 7/16/2009. If another National Meeting was held, would this group be interested in attending? Some stated yes based on budget and location. Omaha and Kansas City were suggested as possible sites due to their central location. More information will be forthcoming.

Submitted by: Aileen Sigler
January 19, 2009