

# WPS Medicare J5 MAC Part A – Kansas/Missouri Provider Outreach and Education Advisory Group (POE AG) Meeting Minutes

**June 28, 2008**

**10:00 – 11:30 a.m. CT**

**Present:**

Tish Hollingsworth, Kansas Hospital Association  
Marion Gegier, Hillsboro Community Medical Center (CAH)  
Gale Whitehair, Memorial Hospital – Abilene (CAH)  
Mike Metro, Salina Regional Health (H)  
Larry Morris, Stormont-Vail HealthCare (H)  
Stacy Cope, Lawrence Memorial (H)  
Brenda Olson, Great Plains Health Alliance  
Karen Endicott-Coyan, Mercy Health Center (H) (via teleconference)  
Sandra Lindley, Ray County Memorial Hospital (CAH) (via teleconference)

**Facilitator:**

Bob Haisch, Wisconsin Physicians Service (WPS)

The Kansas-Missouri J5 Provider Outreach and Education Advisory Group (POE AG) Meeting was held at the Kansas Hospital Association.

- **Medicare Contractor Beneficiary and Provider Communications Manual (Pub. 100-09), Provider Customer Service Program (Chapter 6), Section 20.4**  
The primary function of POE Advisory Groups is to assist the FI or A/B MAC in the creation, implementation, and review of provider education strategies and efforts. The function of these groups can also be found on the WPS Medicare Website <http://www.wpsmedicare.com/mac/index.shtml> under Education, POE AG. Please contact Bob Haisch with any suggestions about future topics for seminars, teleconferences, or computer based trainings (CBTs). Bob can be reached at 816-891-6500, ext. 227 or [bob.haisch@wpsic.com](mailto:bob.haisch@wpsic.com).
- **National POE Advisory Group Meeting**  
A national meeting is scheduled for August 13 (all day) and August 14, 2008, (morning only) at North Kansas City Hospital, North Kansas City, Missouri. This meeting will include both Legacy and J5 MAC providers. Refer to the WPS Medicare Legacy Part A Website at [http://www.wpsmedicare.com/part\\_a/education/about\\_pcom.shtml](http://www.wpsmedicare.com/part_a/education/about_pcom.shtml) for the minutes of the February 2007 National Meeting.

The following agenda topics were suggested at this meeting:

- MSP – Conditional Payments
- Infusion Injections
- Advance Beneficiary Notices (ABNs)
- Medicare Bad Debts
- LCDs – Medical Review
- CMS 855 Forms
- FISS - DDE

An agenda with additional information will be sent to POE AG members.

- **Education**

Refer to the WPS Medicare Website at <http://www.wpsmedicare.com/mac/education/schedule.shtml> about future seminars, teleconferences, and CBTs. The following seminars are being scheduled for the first two weeks in September:

CAH	Salina & Wichita
MSP	Salina & Wichita
IRF Clinical	Topeka

- **Fair and Reasonable Fees**

Contractors may charge fair and reasonable fees to offset the costs for:

- Facilities (i.e., costs for rental and set up)
- Audio/visual equipment (i.e., costs for rental and set up)
- Light food/refreshments
- Development and reproduction of materials expressly developed for, and disseminated at, the educational event

Contractors may charge providers, external groups or organizations for requested training. CMS Pub.100-09, Chapter 6, Section 20.6.2.

- **WPS Medicare Website**

J5 MAC providers who transitioned to WPS Medicare should refer to "Part A/Part B MAC" from the WPS Medicare home page. (Legacy Part A providers, providers formerly served by Mutual of Omaha Medicare, should refer to "Part A Information" from the home page of the WPS Website. Legacy Part A providers transitioned to WPS Medicare in November 2007, but were not included in the MAC bids. These providers will transition to MACs in the future.) WPS welcomes comments about the Website, both what you like and changes you would like to see.

- **Credit Balance Reports**

Refer to the WPS Medicare Website→Part A/Part B MAC→Medicare Areas→MSP→Credit Balances, for information about Credit Balance Reports. These reports have to be mailed, not faxed. There are separate addresses for Iowa, Kansas, Missouri, and Nebraska Part A providers.

- **Erythropoiesis Stimulating Agents (ESAs)**

WPS Medicare has a MAC Part A LCD for ESAs – L26655. Another reference is Change Request 5699, Transmittal 1412, January 11, 2008.

- **National Government Services (NGS)**

The NGS Website can be used to search for provider frequently asked questions. Various categories are listed.

<http://www.ngsmedicare.com/ngsmedicare/faq.aspx>

- **DMEPOS Competitive Bidding Program**

Congress has changed the way that Medicare determines how much it pays for certain durable medical equipment, prosthetics, orthotics, and supplies and who can furnish these items. Starting in July 2008, the new Competitive Bidding Program will be effective in certain areas of the country including the Kansas City, MO-KS area. The program is scheduled to expand to 70 additional areas in 2009. The Omaha-Council Bluffs, Iowa area, as well as Wichita, Kansas, will be included in 2009.

DEMPOS Competitive Bidding: <http://www.cms.hhs.gov/dmeposcompetitivebid/>

Note: Since the June 28, 2008, POE J5 AG Meeting the DMEPOS Competitive Bidding Program has been delayed by CMS and will not start July 1, 2008.

- **Advanced Beneficiary Notice (ABN)**

Effective March 3, 2008, providers and suppliers may use the revised ABN for all situations where Medicare payment is expected to be denied. The revised ABN replaces AGN-G, ABN-L, and NEMB. CMS will allow a 6-month transition period from the date of implementation for use of the revised form and instructions. Providers and suppliers must begin using the revised ABN (CMS-R-131) no later than September 1, 2008.

The revised SNFABN will cover all Part B items/services delivered in a SNF and will be available before September 1, 2008. Therefore, SNFs may continue using the current ABN-G for Part B items/services until the revised SNFABN is implemented.

- **2008 Therapy Caps (\$1,810)**

Reminder that Exceptions to Therapy Caps are Restricted as of July 1, 2008 (Change Request 5871). On or after July 1, 2008, the exceptions to therapy caps are restricted to those medically necessary services billed by the outpatient departments of hospitals. Use of the KX modifier will not be effective on or after July 1, 2008. A beneficiary in the Medicare certified part of a skilled nursing facility is restricted by consolidated billing rules from coverage of services that are billed by a hospital. Therapy service received in SNF certified bed can only be billed by the SNF.

Note: Since the June 28, 2008, POE J5 AG Meeting Congress has passed legislation to extend the exception program. Applicable providers can continue to use the KX Modifier.

- **Skilled Nursing Facility (SNF) Consolidated Billing**

SNF Consolidated Billing information is available via the CMS Manual System. Information is also available on the CMS Website at <http://www.cms.hhs.gov/snfconsolidatedbilling/>.

- CMS Pub. 100-04, Ch. 6, Sec. 20.1.1.2 – Hospital's "Facility Charge." Revenue Code 0510 (clinic visit), HCPCS codes 99210-99245, should be billed by the hospital to the FI or A/B MAC.
- CMS Pub. 100-04, Ch. 6, Sec. 20.1.2.2 – Emergency Services. Hospitals are to report the ET modifier for related ER services performed on subsequent dates so the SNF CB edits in CWF will be bypassed.

- **Future POE Advisory Group Meeting**

The next meeting is the National POE Advisory Group Meeting scheduled for August 13-14, 2008 at North Kansas City Hospital, North Kansas City, Missouri.