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**Wisconsin Physician's Service Medicare
J5 POE Advisory Group Minutes – Nebraska CAH**

March 3, 2008
1:00 PM – 2:30 PM
Teleconference

Members Present:

Aileen Sigler – WPS Medicare
Dennis Dinslage – St. Francis Memorial Hospital
Neil Hilton – Brown County Hospital
Troy Bruntz – Community Hospital
Rebekah Mussman – Harlan County Health System
Jeanine Sonesson- Howard County Community Hospital

Others:

Jason Killion – WPS Medicare
Jan Ervin – WPS Medicare
Bob Haisch – WPS Medicare
Amy Miller - IntegriGuard

Meeting:

Aileen Sigler facilitated the teleconference. The meeting was called to order at 1:00 PM.

The call began with introductions. Aileen reminded the members that the main purpose of the POE Advisory Group is to suggest training topics for future provider education. In addition to workshops, suggestions from the POE group can drive other educational activities such as “Ask-the-Contractor Teleconference” (ACT) topics and Computer Based Training (CBT) subjects. The POE AG Charter was reviewed. The J5 Resource card was also discussed and Aileen asked for suggestions to add to the card to make it more useful for providers.

Group Input and Feedback:

- **Suggestions for seminars, “Ask the Contractor” Teleconferences (ACT), Computer Based Training (CBT) sessions, etc:**
 1. SNF Billing
 2. ABNs
 3. Open discussion of the differences in billing between Blue Cross and WPS
 4. FISS DDE training
 5. A once a year face-to-face meeting to discuss miscellaneous issues

- **Recommended Locations for Seminars**
 - Grand Island
 - Kearney



- **Recommended Timeframes for Education**
 - Middle of the month works best; not first or last week
 - Mondays work for teleconferences, but not workshops
 - Not Fridays

Contractor Updates and Issues:

- **MAC Transition Update** – Aileen informed the group that on March 1, WPS Medicare took over the J5 business for Kansas Part A and the Part B services for Western Missouri, Kansas and Nebraska. Iowa and Missouri Part A work will transition on May 1, and the last segment is Eastern Missouri Part B on June 1.

Provider Education:

- **WPS Medicare website** – The participants received screen prints of the WPS Medicare A/B MAC Website. Aileen informed the group that on March 1, WPS Medicare took over the J5 business for Kansas Part A and the Part B services for Western Missouri, Kansas and Nebraska. Iowa and Missouri Part A work will transition on May 1, and the last segment is Eastern Missouri Part B on June 1.
- **March 27:**
 - “Ask-the-Contractor Teleconference” -Bone Mass Measurements
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:**Q. Will there be any changes in the Appeals Process going from Mutual to WPS?**

A. There were no changes to the Appeals Process for our Legacy providers (formerly with Mutual of Omaha).

Q. CMS has mandated the billing of all inpatient Medicare Advantage "no pay" claims to the F.I. effective 1-7-08. WPS has not been able to facilitate the processing of these claims to date. We were recently told that no scheduled date is in sight. When will WPS be ready to facilitate this mandate? Has WPS notified CMS of this issue?

A. Per CMS, Skilled Nursing Facilities would not be able to submit their Medicare Advantage claims in until March 3. This was due to system changes that needed to be created by FISS. Providers are still required to submit the MA claims starting January 1, 2008, but the FISS system was not prepared to accept them correctly until March 3, 2008. CMS issued a Joint Signature Memorandum (JSM) to the Fiscal Intermediaries, stating such.

MA claims for the other provider types were thought to be working correctly, but it has since been discovered that those claims were incorrectly applying deductible and coinsurance. CMS has been notified and is determining how the Fiscal Intermediaries should handle these claims. There will be CWF updates needed and all FI's are having this issue. Claims should still be submitted. They will sit in an internal location until further CMS instruction has been received. This is not an official hold at this time since we are still waiting for instructions and clarification from CMS. Claims are not being worked while this is being investigated instead of incorrectly letting them process through. It is fine to continue to submit claims. More information will be forthcoming.



Q. Will CMG and RUG codes be required on Medicare Advantage no "pay claims"? Given the purpose of submitting the "no pay" claims i.e. for SSI/disproportionate share calculation purposes, it is our opinion that the F.I. should not edit Rehab and SNF claims for these codes.

A. Claims should be submitted as a normal covered claim with the 04 condition code. This means that you need to have appropriate RUGS codes on the claim. You have the option to use the default level but we highly recommend using the appropriate levels if you already have the information. It is always possible for someone to discontinue a Medicare Advantage plan or misinform you about their enrollment status.

Q. I have noticed that since you've switched over to WPS, the Website doesn't seem to be as up to date with issues that are specific to WPS like the topic above. I would like to discuss having more "What's New" topics on the Website other than just the Medicare Learning Network Matters updates.

A. That suggestion will be passed on to the people in charge of the Website.

Open Discussion:

- The group suggested more information regarding the RAC on the Website. i.e., is everything on schedule? That suggestion will be forwarded for consideration.
- The area of the Website that says "UB04 Claim Examples", the group would like to see it expanded more, with more examples, i.e., benefits exhaust, MSP, pre-entitlement, etc. We are developing some examples that will have audio or notes to help clarify the billing situation.
- The EDI section of the Web was also discussed, as the information for the DDE is out of date. Jason stated that he is working on modules for the DDE system and will forward them to the group for review. Until that time, he encouraged the participants to view the DDE manual at: http://www.wpsmedicare.com/part_a/selfservice/dde_training_manual.pdf.
- Some facilities are receiving a lot of Additional Development Requests for Bone Mass Measurements and the reason for this was questioned. Please see CR 5847, which is a clarification of the bone mass measurement policy.
<http://www.cms.hhs.gov/transmittals/downloads/R1416CP.pdf>
- As we work on making enhancements to the WPSmedicare Website, it was suggested that the Top 10 claims rejection codes be added. That suggestion will be forwarded for consideration.

Next Meeting:

There is discussion taking place about the possibility of a National POE Advisory meeting. It may be the last week in July or the first week of August and it may be in Kansas City. More information will be forthcoming as details are finalized. The group was polled as to their feeling about this and it was enthusiastically favorable.