

WPS Medicare
J5 Part A Provider Outreach and Education Advisory Group (POE AG)
Minutes – Iowa and Nebraska

June 17, 2008
10:00 AM – 11:00 AM

Teleconference

Members Present:

Aileen Sigler - WPS Medicare
Bert O'Shaughnessy - ABCM Corp
Cindy Waters - ABCM Corp
Cristie Knudsen - Audubon County Hospital
Laurie Gaffney - Buena Vista Hospital
Mike Hayden - Care Initiatives
Lynn Dolan - Diversacare
Kristen Bellamy - Diversacare
Jill Vogel -Tague- Genesis Medical Center
Colleen Engels - Friendship Haven
Jim Wilkes - Iowa Healthcare Assn
Heather Hulscher - Iowa Hospital Assn
Theresa Miller - Iowa Methodist Medical
LeAnn Kai - Iowa Methodist Medical
Catherine Smith - Millennium Therapy
Stacy Rain - Skiff Medical Center
Lynn Wright - Washington County
Cheryl McGourty - Wheaton Franciscan Healthcare
Gwen Eich - Wheaton Franciscan Healthcare
Dennis Dinslage - St. Francis Memorial Hospital
Troy Bruntz - Community Hospital
Kathy Jasa - Providence Medical Center
Jeanine Soneson - Howard County Community Hospital
Susan Fink - Fremont Area Medical Center
April Roggasch - Good Samaritan Hospital
Karel Sysel - Dialysis Center of Lincoln
Sherri Corrigan -Meyer- St. Francis Medical Center
Jana Danielson - Nebraska Medical Center
Arlen Rasmussen - Bryan LGH Medical Center
David Burd - Nebraska Hospital Assn
Kevin Conway - Nebraska Hospital Assn

Meeting:

Aileen Sigler facilitated the teleconference. The meeting was called to order at 10:00 AM.

The call began with roll call. 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, as was CMS IOM Pub. 100-09, Chapter 6, Section 20.4. There were many members present and we appreciate their participation.

Group Input and Feedback:

- **Suggestions for seminars, “Ask the Contractor” Teleconferences (ACT), Computer Based Training (CBT) sessions, etc:**
 - Skilled Nursing Facility Billing
 - Consolidated Billing
 - Items SNFs can bill for during a Part A (luxury items, private rooms, bed holds, etc)
 - Local Coverage Determinations
 - Clinical Trials
 - Billing Guidelines
 - Rural Health Clinic
 - Inpatient Rehab
 - Outpatient Prospective Payment System- how to calculate coinsurance
 - Medicare Secondary Payer
 - Recovery Audit Contractors
 - Cost Reports and appeal of them
 - Disproportionate Share Hospital calculation

- **Recommended Locations for Seminars**
 - Kearney
 - Omaha
 - Nebraska City
 - North Platte
 - Norfolk
 - Davenport
 - Ames
 - Cedar Rapids
 - Waterloo
 - Iowa City
 - Des Moines

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

Contractor Updates and Issues:

- **MAC Transition Update** – Aileen informed the group that all segments for J5 business for Kansas, Missouri, Nebraska, and Iowa have transitioned to WPS.
- **WPS Medicare Website** – The participants received a handout called “Welcome to WPSMedicare.com” to illustrate navigating the Website.

Provider Education:

Check the Education area of the Website for upcoming seminars and teleconferences. Suggestions made today 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:

- Q. Cahaba told us that Critical Access Hospitals (CAHs) are to use discharge status 09 when a patient is admitted from ER or Observation directly into acute care. Apparently, a MLN Matters article is saying something different and has caused a great deal of confusion. Can you clarify?**
- A.** The only time you would use a 09 is if the patient had outpatient surgery, then you kept them in observation for three days and then they were admitted. This does not happen very often. If the patient is in the ER or in observation and then admitted, you would use 02.
- Q. We have been told that the claims for DSMT were denied correctly because the patient started their initial care for DSMT training after 07/01/2007 and we are trying to bill for Jan. of 2008 services. The problem is that this patient didn't start the DSMT training until Dec 27. Is Medicare saying we would need to have the training completed by 12/31/2007?**
- A.** Per the CWF manual, edit U538M: When the initial date is on or after 07/01/2007, the initial year is no longer the '12' month period following the initial date, but rather, the initial year ends with 12/31 of that initial year. The follow up started in 2008.
- Q. Recently the WPS newsletters started referring to LCDs, but the LCD database number starts with a 'DL' (DL 15700 and DL28077 specifically) and I'm unable to locate them. These used to start with 'L'. Has something changed? Are these something different and how do we find them on the Website?**
- A.** The "D" indicates that it is in draft status under development; not yet released for comment. When locating LCDs, be sure you are looking at the J5 A/B MAC Web page at: http://www.wpsmedicare.com/mac/policy/a_mac_lcds.shtml. There are currently none in draft for our J5 providers. The ones you asked about (DL15700 and DL28077) are for Legacy providers (those previously serviced by Mutual of Omaha Medicare).

Next Meeting

The next meeting will be the National POE Advisory meeting August 13 and 14 at North Kansas City Hospital. Our group was polled, and currently 13 people stated they would like to attend. Eight (8) said "no," and six (6) said "possibly." More information will be forthcoming as details are finalized. Future meetings are tentatively scheduled for 10:00-11:30 AM on 10/16/2008, 1/15/2009, 4/16/2009, and 7/16/2009.