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**National Provider Outreach and Education Advisory Group (POE AG)
Legacy Meeting Minutes
Kansas City, MO
August 13, 2009**

Members Present

WPS Medicare Provider Outreach & Education Staff:

Tanya Hardiman	Jan Ervin
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Provider Outreach & Education Advisory Group Members:

Jackie Burczyk	Saint Luke's Health System
Donna Coates	St. Mary's Health Center
Tina Davis	University of Missouri Health Care
Janie Elliott	Cass Medical Center
Deb Froebel	St. Mary's Health Center
Margaret Gregg	Skaggs Community Health Center
Linda Knox	L.E. Cox Medical Centers
Jennifer Kozinn	North Kansas City Hospital
Jennifer Oetting	University of Missouri Health Care
Nancy Pearson	LTC Consulting
Jamie Schlotzhauer	Cass Regional

Introductions

The meeting started with the introduction of the Provider Outreach and Education (POE) team and the attending providers. This was followed by a brief explanation of the purpose of the Provider Outreach and Education Advisory Group (POE AG). Several providers expressed their gratitude in being able to come together with the members of the POE team and other providers from different types of facilities, different areas of the country. The National POEAG meeting provides a forum to present ideas and concerns to the entire POE team.

Seminar Feedback:

1. Web Postings

- A. The agendas listed on the Website do not always give enough detail about what will be covered in the seminar. Providers also want to know why it is important for providers to attend and how topics pertain to their facilities. It was suggested that the agendas use sub-bullets to give greater detail to Web postings. The group suggested adding "This applies to..." or a similar phrase to the Web postings.
- B. When acronyms are used, there is not always an explanation of the acronym; providers may not know how an acronym relates to their types of facilities. Providers suggested spelling out all acronyms and giving an explanation of what it is in the Web postings.

- C. The providers thought the title “All Part A Providers” lost a lot of Rural Health Clinics (RHC) and Critical Access Hospitals (CAH) who may only be billing outpatient claims. The terminology is confusing when referred to as “Part B of A.” The group suggested “Part B Hospital” and “Outpatient Facility” as alternate phrases. The providers did want seminars that would attract more than one type of facility as they thought there were benefits to having a variety of facilities together in one seminar. This promotes more understanding between different types of facilities.

2. Topics

- A. Suggested general topics for seminars included:
- Medicare Secondary Payer (MSP)
 - Outpatient Prospective Payment System (OPPS)
 - Skilled Nursing Facility (SNF)
- B. The providers indicated that more detail presented in the seminars was preferred. Specific topics to cover in seminars included:
- Routine Services
 - Medicare Advantage Informational Only Billing
 - Part A billing when beneficiary is in a hospice stay
 - Benefits Exhaust/No-pay billing
 - Utilization Billing
 - Medicare SNF certification and recertification
 - SNF Ban on Admission
 - Use of value codes
 - The more complicated, in depth Medicare Secondary Payer (MSP) subjects
- C. Providers thought face-to-face education is still very valuable and could not be replaced by other forms of education.

3. Dates and Locations for Seminars

- A. The providers indicated that the second and third weeks of a month were the best times for educational events. Tuesday, Wednesday and Thursday were the best days of the week for events.
- B. POE explained that Comprehensive Error Rate Testing (CERT) data is used in picking sites for education. The provider group in general liked the locations that seminars were being held, but had some suggestions. Specific sites that were suggested are: In northern California: Campbell, San Jose, Sacramento, Davis, Santa Clara. In north San Diego County: Hampton, Carlsbad.

Ask-the-Contractor Teleconference (ACT) Feedback

1. Web postings

- A. Providers suggested that Web postings for ACTs include more detail about what the ACT topic is and to whom the information pertains. Once again, the use of sub-bullets to give more detail was suggested.
- B. Advertisement to catch the viewers’ attention on homepage.

2. eNews

- A. Provider indicated that ACTs found more often in Listserv (eNews) than on Website.
- B. Providers suggested in eNews articles on ACTs contain more detailed information on the topics to be covered and the people to whom the information will be relevant.

3. Topics

A. Suggested topics for ACTs included:

- SNF Ban on Admissions
- Medicare Advantage (MA) Billing Compliance
- Modifier definitions and use of common ones
- Using and navigating the Common Working File (CWF)
- Part B SNF billing
- Consolidated Billing
- Recovery Audit Contractor (RAC) and the RAC appeal process
- Advanced Beneficiary Notice and billing non-covered services
- FISS edits
- Adjustment

B. Medicare 101

Because of the high turnover rate in billing offices, a request was made to offer Medicare 101 ACTs four to six times a year. POE replied that because of budget restrictions, POE has a limit of how many ACTs can be presented. If POE presented Medicare 101 four to six times in one year, it would eliminate other ACT topics. POE is planning to include basic Medicare billing in future Computer Based Training (CBT) courses and suggests using the Centers for Medicare and Medicaid Services CBT's which offer a basic Medicare Billing course.

Computer Based Training Feedback

POE advised the providers that at this time a few non-working CBT's are down for revision.

Website Feedback

1. The providers thought the Legacy Website has been changing too often and that the changes, in general, were not helpful.
2. The "ForeSee" Web page survey pops up immediately, before users navigate to the page they want, so they close it before answering it. The survey does not pop up again, so many providers never use it.
3. Minutes to ACTs are "buried" too deep in Website and are not easily accessed.
4. Prompts and tabs do not take providers to where they want to go on Website. Providers indicated that it often takes going through several screens to reach the information that they want. Navigation through the Website is not "intuitive."
5. The providers suggested implementing a "Web tree" to help navigate the Website, and to include a Web tree in handout for seminars and ACTs.

6. Several providers made the comment that when at their place of employment, part of the Web page would be blocked out. One provider noted that at home she could access parts of the Web page that she could not get to at work.

Communiqué Feedback

Providers indicated that the WPS newsletter, the *Communiqué*, is not used very often. Providers stated it was hard to keep up with reading all of it and at times did not know what articles related to their facilities.

eNews Feedback

Providers who have been receiving eNews (formerly know as Listserv) thought it was a valuable tool for disseminating information. The providers suggested adding “Hot Topics” to the eNews. The providers also suggested that the eNews needs to indicate what type of facilities the topics of the articles pertained to.

Clarification to Condition Code 44

After the determination is made that a patient never met criteria for inpatient status, written notice must be provided to the patient (as well as to the physician responsible for the patient’s care and to the hospital) within two days. To use condition code 44 appropriately, that determination must be made prior to the discharge of the patient. In some cases, the written notice may be provided to the patient following discharge so long as the notice is still provided within two days of the date of the determination.