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**Wisconsin Physicians Service (WPS) Medicare Part A
Provider Outreach & Education (POE)
Advisory Group Meeting
Central Region**

March 18, 2009

10:00 – 11:30 a.m. CST

Present:

Tina Davis, University of Missouri Health Care (H, R, P, D)
Lisa Wright, University of Missouri Health Care (H, R, P, D)
Donna Coates, St. Mary's Health Center (H, P, RHC)
Marissa Smith, Southeast Hospital (H, R, P)
Jackie Burczyk, St. Luke's–Kansas City (H, R)
Betty Council, Missouri HealthNet Division
Becky Lang, CoxHealth (H, R, S)
Tim Bruner, Madonna Rehabilitation Hospital (L, R, S)
Judy Gelsheimer, LE Cox Medical Centers (H, S, C, R, P)
Paulett Anderson, St. John's Hospital (H, R, P, S)
Rona McNally, Missouri SMP
Barb Auer-Thompson, St. Anthony's Medical Center (H, R, P)
Gary Toliver, Missouri Hospital Association

Facilitator:

Elizabeth Uraga, Wisconsin Physicians Service (WPS)

The Provider Outreach and Education (POE) Advisory Group Meeting was held via conference call. The provider members on the call represented multiple provider types.

- **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/> under Education, POE AG. Please contact Elizabeth Uraga with any suggestions about future topics for seminars, teleconferences, or computer-based training. Elizabeth can be reached at 402-351-3783 or Elizabeth.uraga@wpsic.com.
- **Review of Minutes from December Meeting**
 - Medically Unlikely Edits: We are still looking at publishing an eNews article on this topic as suggested in December.
 - Lifetime Reserve Days and Outliers: We are still looking at possibly holding a national seminar on this topic in a central location like St. Louis's St. Anthony's Medical Center as suggested in December.
 - Hyperbaric Oxygen (HBO): The suggestion for an Ask-the-Contractor Teleconference (ACT) on physician supervision made in December was passed on to our Clinical Nurse Analyst, Mary Sue Gardner.



- Medicare Secondary Payer (MSP): As noted in December, POE has revised its MSP education and will debut the revised education in an April 15 ACT on MSP.
- **Open Suggestions**
 - Hospital Repetitive Billing ACT: POE will look at facilitating an ACT on repetitive billing in the coming months.
 - Skilled Nursing Facility (SNF) Beneficiary Notices of Noncoverage (BNI): The West POE AG suggested a SNF BNI ACT. Central POE AG members agree that this is always a useful topic.
 - Seminars and ACTs should continue to be held the 2nd or 3rd week of the month and towards the end of that week. Members agree that basing seminar locations on CERT error data is reasonable.
- **Recovery Audit Contractor (RAC) Update**
 - The protest that halted RAC implementation was resolved February 4, 2009.
 - Nebraska, Iowa, Kansas, and Missouri are in RAC Region D. The RAC for Region D is HealthDataInsights. Region D is scheduled to be implemented August 1, 2009 or later.
 - More information on RAC can be found at http://www.cms.hhs.gov/RAC/01_Overview.asp#TopOfPage.
- **Open Discussion**
 - When must providers send MSP bills to WPS Medicare even when no Medicare payment is expected?
 - Under CMS MSP Manual (100-05), Chapter 3, Section 40.1.1, providers must submit bills to Medicare **for inpatient bills** (Section 40.1.1) to determine the benefit period and to satisfy unmet deductibles. Instructions on sending a bill in this situation are found in Section 40.1.1. **For outpatient bills and inpatient Part B bills** (Section 40.1.2), providers must submit bills to Medicare if the deductible may not yet be met. We recommend submitting a bill in all cases to avoid timely filing issues should the primary payment be recouped for any reason.
 - See the manual at <http://www.cms.hhs.gov/manuals/downloads/msp105c03.pdf>.
 - Are value codes 50, 51, and 52 to show cumulative therapy visits truly required?
 - Yes. Providers submitting bills to Fiscal Intermediaries (FIs) should report value codes 50, 51, and 52. See CMS *Claims Processing Manual* (100-04), Chapter 5, Section 20.2B at <http://www.cms.hhs.gov/manuals/downloads/clm104c05.pdf>.
 - Discussion was held on the 02/24/09 Legacy FISS/DDE transition.
 - Clinical coverage questions should be directed to the WPS Medicare POE Clinical Nurse Analyst, Mary Sue Gardner. Her email is marysue.gardner@wpsic.com.



- **Upcoming Education**

- (http://www.wpsmedicare.com/part_a/education/education.shtml)

- **Seminars**

- 03/31/09 OPPTS Billing in Des Plaines, IL
 - 04/16/09 SNF Billing in Orlando, FL
 - 04/23/09 OPPTS Billing in Lafayette, LA
 - 05/21/09 OPPTS Billing in Denver, CO

- **ACTs**

- 04/07/09 Short Term Care Hospital (STCH) Review Findings
 - 04/14/09 Present on Admission (POA) Indicators
 - 04/15/09 Medicare Secondary Payer (MSP)
 - 04/16/09 Rural Health Clinics (RHC)
 - 05/13/09 SNF Benefits Exhaust and No Pay Billing

- **Future POE Advisory Group Meetings**

- Central Region POE Advisory Group meetings are tentatively scheduled as follows:

- June 18 Teleconference
 - September 17 TBA

These dates are listed on the WPS Medicare Website.

-Submitted by Elizabeth Uruga
Outreach Analyst
03/18/09