

WPS Medicare Part A – Central Region Provider Outreach and Education Advisory Group (POE AG) Meeting Minutes

June 12, 2008

12:00 – 3:15 p.m. CT

Present:

Lorelei Schieferdecker, Primaris (QIO)
Rona McNally, Missouri SMP
Kathy Boschert, BJC HealthCare (H, R, P, S, D, CAH, RHC)
Kelli Schroeder, North Kansas City Hospital (H, R, S)
Rodney Gibson, Missouri Delta Medical Center (H, R, P, D, RHC)
Tina Davis, University of Missouri Health Care (H, R, P, D)
Lisa Wright, University of Missouri Health Care (H, R, P, D)
Judy Gelsheimer, Cox Health (H, R, P, S, D, RHC)
Becky Miller, Cox Health (H, R, P, S, D, RHC)
Donna Coates, St. Mary's Health Center, Jefferson City, MO (H, P, RHC)
Ronda Mortenson, St. Marys Health Center, Jefferson City, MO (H, P, RHC)
Margaret Gregg, Skaggs Health Center (H, S, RHC)
Jackie Burcxyk, St. Luke Health System, Kansas City, MO (H, R)
Cathi Elliott, St. Lukes Health System, Kansas City, MO (H, R)
Sandy Soerries, Medical Revenue Solutions
LaDonna Johnson, Medical Revenue Solutions
Roger Weis, MO HealthNet Division, DSS
Michael Gorman, Key Rehab (OPT)
Carolyn Kreissler, CRRS, Inc.
Kathy Hughes, St. Anthony's Medical Center (H, R, P)

Facilitator:

Bob Haisch, Wisconsin Physicians Service (WPS)

The Provider Outreach and Education Advisory Group (POE AG) meeting was held at the Missouri Hospital Association, Jefferson City, Missouri. The provider members in attendance represented hospitals, skilled nursing facilities, rehabilitation agencies, dialysis, and rural health clinics.

- **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/part_a/index.shtml under Education, POE AG. Please contact Bob Haisch with any suggestions about future topics for seminars, teleconferences, or computer based training. Bob can be reached at 816-891-6500, ext. 227 or bob.haisch@wpsic.com.
- **National POE Advisory Group Meeting**
A national meeting is tentatively scheduled for August 13 (all day) and August 14, 2008, (morning only) at North Kansas City Hospital, North Kansas City, Missouri. There will be

separate meetings for Legacy and J5 MAC providers. Refer to the WPS Medicare Website for the minutes of the February 2007 National Meeting. The following is a list of suggested topics for this meeting;

- Medicare Secondary Payer (MSP)
- End Stage Renal Disease (ESRD) - Certified ESRD providers
- ESRD - Non-certified ESRD providers
- Skilled Nursing Facility (SNF) Consolidated Billing
- Repetitive Billing
- 3-Day Payment Window
- Erythropoiesis Stimulating Agents (ESA)
- Lifetime Reserve Days (LTR)

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

- **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>

- **WPS Medicare Website**

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. (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 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.

- **Quality Improvement Organizations (QIOs)**

Lorelei Schieferdecker, Program Manager, Clinical Review, Primaris, discussed the 9th Scope of Work which begins on August 1, 2008. Quality of care and safeguarding the integrity of the Medicare Trust Fund are included. Please contact Lorelei at 573-817-8300, ext.155 or lschieferdecker@primaris.org for additional information.

Quality Improvement Organizations: <http://www.cms.hhs.gov/qualityimprovementorgs/>

- **SORT: The Missouri SMP**

Rona McNally, Project Manager, reviewed a question and answer presentation used to educate beneficiaries about fraud and abuse issues. Please contact Rona at 888-515-6565 or rmcnally@goaging.org for additional information.

- **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/>

- **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.
- **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 meeting tentatively scheduled for September 11, 2008 has been replaced by the National POE AG meeting.