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## WPS Medicare Provider Outreach and Education (POE) Advisory Group – Northeast Region Meeting Minutes

December 19, 2007  
Via Teleconference

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### Members Attending:

Abington Hospital	Mary Cepparulo, (H,P,R)
Abington Hospital	Eric Hendricks, (H,P,R)
Abington Hospital	Jami McCafferty, (H,P,R)
Abington Hospital	Dawn Isom, (H,P,R)
Main Line Health Systems	Ruth McSparron, (H,P,R,S)
Main Line Health Systems	Sharon Taraborelli (H,P,R,S)
Memorial Hospital – York	Tina Seipple (H,P)
Lancaster General Hospital	Athena Hasik ( H,P,R)
Baystate Medical Center	Ann Koivisto, (H,P)
WPS Medicare B	Ellen Berra
WPS Medicare A	Janet Mateo
WPS Medicare A	John Wrynn

### Meeting:

This meeting was conducted via a teleconference call for the combined Provider Outreach and Education Advisory Groups in Massachusetts and Pennsylvania. The teleconference began at 2:00 PM with a welcome by John Wrynn.

This is the first Advisory Group meeting under the new corporate name Wisconsin Physicians Service, or WPS. John welcomed everyone and explained the merging of Mutual of Omaha Part A and WPS Part B businesses under the WPS Medicare name at the beginning of November 2007. The only impact to providers was in changes in communication via e-mail and our Website. A new e-mail address containing the corporate address wpsic instead of Mutual of Omaha, a new Website, [www.wpsmedicare.com](http://www.wpsmedicare.com) and a revised Newsletter format via Communiqué –Part A, that is now published monthly. Other changes providers may have noticed include the WPS name appearing on all documents such as the Medicare checks, remits and other documents sent to providers. All other contact information such as telephone numbers remain as it was under Mutual of Omaha.

### Review of Minutes from The Prior Meeting

The minutes from the Provider Outreach & Education (POE) meeting of September 20, 2007 were referenced to determine if they were acceptable as published. There were no comments offered and the minutes will remain as published on the WPS Medicare Website, [www.wpsmedicare.com](http://www.wpsmedicare.com) under Education / POE Advisory Groups and Minutes.



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### **Group Input and Feedback on Provider Education and Training Topics**

#### **Training Topics for FY 2008**

Members were asked about their Medicare Education and training needs for 2008. Education can be conducted in any of three formats currently used which is, via Ask The Contractor Teleconference (ACT) calls, Computer Based Training (CBT) or Seminars.

#### **ACT (ACT) Teleconference Calls**

The Ask The Contractor teleconferences scheduled for FY 2008 started in December 2007. Five ACTs were published on the WPS web site under Teleconferences. Three were held prior to this meeting, one on December 11, 2007 on SNF Benefits Exhaust / No Payment Billing, a second on December 12, 2007 on hospital Present On Admission Indicator Billing Requirements and the third on December 18, 2007 on Use of Modifier 59. The two remaining ACT calls will be held on December 20, 2007 on HMO and Hospice Overlap Billing and on January 23, 2008 on SNF Consolidated Billing – Open Discussion. Members were asked for additional topics for ACT calls but had none to suggest.

#### **Seminars**

There is only one planned seminar topic for the second quarter of FY 2008 ( January – March 2007) and that is an Inpatient Rehabilitation Hospital (IRF) seminar. There were no topics for seminars suggested by members.

#### **Computer Based Training (CBT)**

There are currently 23 Computer Based Training ( CBT) topics on the web site. The CBT format will undergo some changes on the WPS web site. CBTs may be viewed however, the audio portion will not be available until the audio is converted to the WPS audio format. We will also enhance our CBT presentation to include audio as well as video capability. Member had no topics to suggest for CBTs.

#### **Training Locations**

Members generally agreed that the sites currently used for seminars in Massachusetts and Pennsylvania are satisfactory and easily accessible to all.

#### **Training and Educational Materials**

Future training that contains claim example handouts will now be done using the UB-04 billing form rather than the FISS DDE screens. This is to accommodate those facilities who may not have access to or use FISS DDE.

#### **Scheduled Seminars for the Second Quarter of 2008 ( January – March 2008)**

The only planned seminar for this quarter is the Inpatient Rehabilitation Hospital (IRF) Seminar on Billing and Clinical Issues. Other seminars are in the planning stages. Members were reminded to submit topics for consideration as soon as possible.

### **Contractor Updates and Issues**

#### **New WPS Medicare Website**

Members were given an overview of the new WPS Medicare Website, [www.wpsmedicare.com](http://www.wpsmedicare.com). Members may also select the Web Tutorial Help option on the Web page for a more comprehensive tour of the Website.



### Other Agenda Item Discussions

Many of the topics discussed below at the teleconference are current Medicare topics and are discussed to determine if the topic is one that members believe require education and training for their provider staff.

### **Provider Outreach & Education Topics - Medicare Updates** **Medicare Program Updates and Changes for 2008**

Members were made aware of several updates and changes;

- **Hospital Updates**
  - **OPPS 2008 Final Rule was published in the Federal Register on November 27, 2007 and contains all the updates for covered services, coding, billing and the updated Appendix for 2008.**
  - All existing Organ Transplant Centers request for certification must be submitted by December 26, 2007. For more information go to [www.cms.hhs.gov/CertificationandCompliance/20\\_Transplant.asp](http://www.cms.hhs.gov/CertificationandCompliance/20_Transplant.asp)
  - ESRD Payment changes for 2008 were published in CMS Transmittal 1389, CR 5827 dated December 7, 2008.
  - New Renal Dialysis Facility (RDF) edits will be effective on April 1, 2008 that will edit/reject incoming RDF claims containing dates of service that overlap a processed inpatient hospital claim. RDF claims that have been processed/paid prior to the inpatient claim will be auto adjusted by CWF after the inpatient claim is processed/paid. See Transmittal 1364, CR 5768 dated November 2, 2007.
- **SNF Updates**
  - No Payment Billing- clarification – for non-skilled care admissions. See Transmittal 1494, CR 5840, dated December 14, 2007.
  - Medicare Advantage MA (HMO) Plan utilization/ information only billings - requires SNFs to submit covered bills for all MA beneficiaries with Condition code 04 (HMO Enrollee) to update SNF days utilized in CWF, beginning with dates of services on or after 1-1-08. See MM5653 for details.
- **All Providers**
  - December is Flu Shot Reminder Month. See the CMS Website for additional information and the Quick Reference Guide for coverage and billing.
  - NPI- CMS will begin rejecting Medicare claim containing only the legacy provider number (six digit number) as all claim will need an NPI beginning January 1, 2008. See MMM 5726 dated November 2, 2007. Also on NPI, legacy numbers cannot be reported for rendering or ordering physicians on or after May 23, 2008. Providers must bill using the physician's NPI number. See Transmittal 225 CR 5674 dated October 26, 2007.
  - New patient status (discharge) code 70, effective April 1, 2008 to define discharge/ transfer to other types of institutions not defined elsewhere. Also, revised the definition of Patient Status code 05 to indicate discharge/transfer to a cancer center or children's hospital. See Transmittal 1361, CR5764 dated 11-2-07.
  - Information on the Physician's Quality Reporting Initiative (PQRI) for 2008 may be found on the CMS Website at [www.cms.hhs.gov/PQRI](http://www.cms.hhs.gov/PQRI). The WPS Website also has



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- a presentation on this subject under the Part B section of our Website, under CBTs - short presentations- PQRI.
- CMS Quarterly Provider updates - the CMS Website contains a useful reference page containing all program changes during the past quarters for specific provider types. See <http://www.cms.hhs.gov/quarterlyproviderupdates/downloads>.
  - **Other Medicare Updates**
    - 2008 Deductible and Coinsurance – see the chart forwarded to all attendees containing the 2008 deductible and coinsurance amounts as well as all prior years.
    - Top Claim Error Tracking Report – see file forwarded to all attendees. Reducing claim errors is one of the primary purposes of Medicare training. This report displays the top ten claim errors for September 2007 and prior periods. Two errors added to the September report are Reason Code 31715- units in excess of medically reasonable daily allowance frequency- verify the unit billed. This edit can be avoided by reviewing claims receiving this edit and correct future claim from being submitted with excess units. Also, Reason Code 31259- Value Code A1, A2, B1,B2, C1,C2 etc are not allowed on DDE claims beginning 7-1-07. This edit was implemented with MM 5411 and may be avoided by removing the value codes and dollars for deductible coinsurance and co-payments amounts.
    - Top Claim Denial Tracking Report – the October 2007 report showed increases in some denial Reason Codes such as 54NCD as a lab service was billed without the appropriate diagnosis code and Occurrence Code indicating an ABN was given to the patient. Also, increases were noted in denial Reason Codes such as N5052 and T5052 indicating an incorrect beneficiary name or Medicare number was billed. These denials may be avoided by verifying the claim information (coding) being billed, especially if your facility is receiving large number of these denials.
    - CERT Error Rate – Our November 2007 Error Rate as published by CMS showed another decline in the paid claim error rate to a rate of 1.4 percent. The two most significant contributors to this error rate were incorrect coding billed on claims or codes billed that were not supportable by medical and or billing records. Also, insufficient medical/ billing documentation to support the service(s) billed/ paid. The continued decline in our CERT Error Rate shows that provider's are responding timely to request from the CERT audit contractor for documentation to support all the services billed on the Medicare claim(s).

#### **WPS Medicare and CMS Medicare Website Updates**

Members should check the Website [www.wpsmedicare.com](http://www.wpsmedicare.com) for the monthly Newsletter and other current updates in the What's New section. Member should also insure they have signed up for E-News, via our electronic e-mail sign-up, check the Frequently Asked Questions (FAQ) in the Claims and Self-Service sections and the Education section for upcoming educational sessions such as Ask the Contractor (ACT) teleconferences or Seminars. Also check out our on-line Computer Based Training (CBT) topics.



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Members were reminded to also check the CMS Website for the latest CMS Provider Quarterly Update at <http://www.cms.hhs.gov/quarterlyproviderupdates/downloads>.

A number of FY 2008 PPS updates have been published and are available including IPPS, IRF PPS, IPF PPS, LTCH PPS, SNF PPS, and OPSS.

Providers can also sign up on the CMS listserv to get this update. The updates contain all the important Medicare regulatory changes as well as all documents published by CMS that are related to their provider type, e.g., a hospital or a SNF.

### **Next Meeting**

Members agreed to hold the next meeting on March 19, 2008. Members will be notified well in advance of the meeting. Members with conflicts on this date should contact John as soon as possible.