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**Provider Outreach & Education (POE) Advisory Group Meeting Minutes
Northeast
December 16, 2009
Teleconference**

Members Attending

Memorial Hospital York	Tracey Hoover
Memorial Hospital York	Cathy Sipe
Memorial Hospital - York	Tina Sipple
Abington Memorial Hospital	Mary Cepparulo
Abington Memorial Hospital	Laprenda Thomas
Thomas Jefferson Univ. Hospital	Carol Parsons
Thomas Jefferson Univ. Hospital	Mary Marrow
Thomas Jefferson Univ. Hospital	Debbie Kim
Montgomery Hospital	Maria White
Montgomery Hospital	Susan Hart
Montgomery Hospital	Tammy Schmeltzer
Berkshire Medical Center	Peggy Ryan-Rockwell
Berkshire Medical Center	George Soucy
Berkshire Medical Center	Lori Donalson
Berkshire Medical Center	Joann Willis
Sisters of Providence Health Systems	Donna Apanowitch
Lifecare Management	Kathy Maris
Metro Chicago Healthcare Council	Susan Melczer
WPS Medicare A	John Wrynn

Meeting

This meeting was conducted via a teleconference call for the combined Provider Outreach and Education Advisory Groups (POEAG) in Massachusetts and Pennsylvania. The teleconference began at 2:00 PM.

John welcomed everyone to the WPS Part A Provider Outreach & Advisory Group quarterly teleconference call. John verified that everyone received the e-mail containing the agenda, the minutes of the September 29, 2009 teleconference call, the Flu Shot poster and the Top Error Code and Top Denial Code tracking reports.

Review of Minutes from the September 29, 2009 Teleconference Call

The minutes from the teleconference call were accepted as published.

Group Input and Feedback on Provider Education and Training Topics

John reviewed the CMS/ CDC poster "Get A Flu Shot, Not The Flu" which was e-mailed to all members with the teleconference handouts. CMS is asking providers to assist in distributing this poster to help communicate this important message to the public especially seniors and other vulnerable groups.

Training Topics for FY 2010

Education Events Conducted in 1st Quarter FY 2010 (October to December 2009)

John reviewed the seminars and Ask the Contractor (ACT) calls he completed during the fourth quarter of FY 2009. John conducted an MSP seminar: on November 18, 2009, in Raleigh, NC for all providers in North Carolina, South Carolina and Virginia. John also conducted an ACT call on December 3, 2009 on Outpatient Hospital Observation Services. In addition, three other ACT calls were conducted during the quarter including Use of Condition Code 44, National Correct Coding Initiative (NCCI) Edits, and Skilled Nursing Facility (SNF) Consolidated Billing.

Education Events Planned for the 2nd Quarter 2010 (January to March 2010)

John informed members of education events he is planning for the first quarter of 2010 This includes an Inpatient Prospective Payment System (PPS) seminar for Pennsylvania hospitals on February 18, 2010 at Abington Memorial Hospital, a Medicare Secondary Payer (MSP) seminar for all providers in Maryland, Delaware and DC in March 2010 and an MSP seminar for all providers in New Jersey and Pennsylvania later in March 2010. Janet Mateo of the WPS Chicago office is planning a Hospital Outpatient Prospective Payment System (OPPS) seminar in March 2010.

ACT calls being planned include: one on January 21, 2010 on SNF Medical Review/Comprehensive Error Rate Testing (CERT) Findings, one in February 2010 on Inpatient Rehabilitation Facility (IRF) Hospital Clinical/ Coverage Updates, one on February 25, 2010 on SNF Medicare Advantage Info Only Billing, one in March 2010 on SNF Skilled Services and one in March 2010 on Hospital Medicare Advantage, Indirect Medical Education (IME) & Direct Graduate Medical Education (DGME) billing.

Members were asked for suggestions on educational topics and their Medicare training needs for 2010. One member suggested training for SNFs regarding the new Minimum Data Set (MDS) 3.0 and the upcoming changes to SNF PPS such as changes to the lookback period and the new SNF Resource Utilization Groups (RUGSs). A member suggested training on the Medicare notices such as the Advanced Beneficiary Notice (ABN). A member asked where to get information on the process and documentation requirements for getting Investigational Devices Exemption (IDE) approved for billing. Since this is a very specialized process applicable to a small group of hospitals, John will work with the hospital on the process it should follow. A member asked about the ZPIC and their role in reviewing Medicare claims. John explained that the ZPIC or Zoned Program Integrity Contractor is the new name for the Program Safeguard Contractor (PSC) and is responsible for investigating Medicare fraud and abuse cases.

John said he will include three new educational modules as part of his 2010 seminars. They include the new 935 Recoupment process for overpayment identified by entities such as the Recovery Audit Contractor (RAC), Understanding the Remittance Advice (RA) Guide and navigating the WPS Website.

WPS Computer Based Training (CBTs) are being revised into a new format. During this period some of the CBTs may not be available for viewing until the revision is completed.

Members were reminded to check the WPS Website for more details on the ACT calls for the second quarter of 2010 which are now being posted to the WPS Website. John reminded members that any of the training posted to the WPS Website is open to all

providers and not just those from the state or area where the seminar or ACT call is conducted.

Members were also reminded to submit any additional Medicare education topics for consideration in any of the training formats referenced above.

Contractor Updates and Issues

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

Provider Outreach & Education Topics - Medicare Updates

Medicare Program Updates and Changes for 2010

- **WPS Newsletter Update**
 - Beginning in 2010, the WPS newsletter, *Communiqué* will be published quarterly instead of monthly. The *Communiqué* will be published in March, June, September, and December.
- **Final Regulations**
 - The OPPS Final Rule for FY2010 can be found at <http://edocket.access.gpo.gov/2009/pdf/E9-26499.pdf>. A Medlearn Matters article summarizing the 2010 OPPS changes is MM6751
 - OPPS physician supervision requirements are described in Transmittal 1882, CR 6751.
- **Other Updates**
 - 2010 deductible, coinsurance are listed in Transmittal 61, CR 6660;
 - Hospital inpatient deductible \$1100, coinsurance \$275 per day, LTR coinsurance \$550 per day
 - SNF coinsurance \$ 137.50 per day
 - 2010 Part B deductible \$ 155.
 - Therapy cap changes for 2010 are in Transmittal 1860, CR 6660 - Therapy Cap amounts \$1860 for PT and SP and \$1860 for OT
 - IRF Hospitals coverage rule changes are described in MM 6699
 - Non-covered procedures on inpatient hospital claims must be billed on separate claim effective April 1, 2010 in MM 6547
 - Rules effective April 1, 2010 on exceptions for certain DME furnished at discharge by hospitals are described in MM 6677
 - Information on the HIPAA electronic transaction format transition to ASC X 12 version 5010 was published in the December 2009 *Communiqué*.
 - Local Coverage Determination (LCD) draft open meeting on January 6, 2010. See http://www.wpsmedicare.com/part_a/policy/openmtg.shtml
- **Quarterly Provider Updates**
 - The CMS Quarterly Provider Update is found on the CMS website and contains references to all program changes for the current quarter as well as changes in past quarters for specific provider types. See <http://www.cms.hhs.gov/quarterlyproviderupdates>.

- **Top Claim Submission Errors**

- The Top Ten Claim Submission Errors published on the WPS Website for October 2009 revealed little or no change from prior month reports. Error reason code 31715 for units in excess of the medically reasonable frequency continues to be among the top ten error codes. CMS is reviewing the unit edits to determine if any additional change is necessary. Reason code 30949 - adjustment claim missing the adjustment reason condition code is again on the top ten list. Claim adjustment training with claim examples has been conducted for some time now and will continue.
- Top Denial reason codes also show several codes reappearing month after month such as 54NCD. 54NCD occurs on lab claims that lack the approved ICD-9-CM diagnosis code for one of the 23 lab tests in this system edit. Understanding the edit and the current approved diagnosis codes could prevent the denials and subsequent resubmission of the claims. Denial reason codes W7040, W7021, and W7039 are also among the top denial reason codes. If clinically appropriate, a modifier may be appended to the CPT/HCPCS code, which received this line denial.

Members were reminded to check the WPS Medicare Website <http://www.wpsmedicare.com> for the latest newsletter, *Communiqué*. Members should also ensure they have signed up for eNews via our electronic e-mail sign-up at <http://www.wpsmedicare.com/listserv>. Members should also check the Frequently Asked Questions (FAQ) in the Claims and Self-Service sections as well as the Education section for any upcoming educational sessions such as ACTs or seminars.

Contacting John Wrynn, Northeast Region

Members may contact John with any suggested education topics via e-mail at john.wrynn@wpsic.com.

Next Meeting

Members agreed to hold the next meeting on Wednesday, March 24, 2010. Members will be notified well in advance of the meeting. Members with conflicts on this date should contact John as soon as possible.

The meeting adjourned at 3:00 PM.