2017

A Day With Medicare
A day focusing on the Comprehensive Error Rate Testing (CERT) Program

September 19, 2017
Century Center
120 South Dr. Martin Luther King Jr. Blvd
South Bend, Indiana 46601
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Things to Know

Continuing Education Credits (CEUs)
CEUs for CMS sponsored webinars and workshops are accepted by the American Academy of Professional Coders (AAPC) at a rate of one CEU per hour. These CEUs may come from CMS or Medicare Administrative Contractor (MAC) offices. A certificate of attendance or achievement with the CMS logo is necessary to show participation.

To claim CEUs from AAPC, attendees will enter certificate information onto their CEU Tracker using the “No Index Number” option. A copy of the certificate does not need to be provided to AAPC unless the member is selected for verification purposes.

CEUs may also be obtained from other professional organizations. If a biography of the presenter(s) is needed, biographies of all WPS GHA POE staff are located at the end of this document.

To receive your certificate of achievement for this course, you must attend the entire day and complete the survey for this course in our online Learning Center. Once completed, you will be able to access your certificate through the Learning Center.

Responding to Coding Questions
Contractors are prohibited from providing coding advice. Based on CMS’ Internet-Only Manual, Medicare Contractor Beneficiary and Provider Communications Manual, Publication 100-09, Chapter 6, Section 30.1.1, providers are responsible for determining the correct diagnostic and procedural coding for the services they furnish to Medicare beneficiaries.

Disclaimers
These presentations are a tool to assist providers. Every reasonable effort has been made to ensure the accuracy of the information; however, the provider has the ultimate responsibility for correct submission of claims. WPS GHA bears no liability for the results or consequences of the misuse of this information. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

We will not be able to answer specific claims questions as no system access will be available.

Recording or videotaping these educational presentations is prohibited.

Handouts
All breakout rooms will be set to accommodate 50 people. Printed handouts and seats will go on a first come basis. Handouts for each session will also be loaded on the USB flash drives given to each registrant the day of the event.
Day’s Schedule

8:00 - 8:30 AM  Registration
8:30 - 9:15 AM  Opening Session
9:15 - 10:00 AM  Keynote Speaker: Laura Long, Unified Program Integrity Contractor (UPIC)
10:10 - 11:30 AM  Breakout Session 1
11:30 - 1:00 PM  Lunch on your own
1:00 - 2:00 PM  Breakout Session 2
2:10 - 3:30 PM  Breakout Session 3
3:40 - 4:30 PM  Q&A with WPS GHA

Breakout Sessions

You do not need to pre-register for a breakout session. All breakout rooms will be set to accommodate 50 people. Printed handouts and seats will go on a first come basis. If at any time you feel the breakout session is not what you expected, you are welcome to quietly leave and find another one that better fits your needs.

To help you in deciding which breakout to attend, we have specified who the intended audience is for each topic.

- Part A refers to those providers who bill claims on a UB-04 or its electronic equivalent.
- Part B refers to those providers who bill claims on a CMS-1500 or its electronic equivalent.

Breakout Session 1

Office Evaluation and Management (E/M) – Avoid Errors and Save Money  Part A and B
Documenting Home Health Services – Know the Requirements to Stay in Compliance!  Part B
Inpatient Acute (IPPS) Hospitals – Minimize Errors to Maximize Revenue  Part A
CERT: What You Don’t Know May Hurt You!  Part A and B

Breakout Session 2

Outpatient Therapy – NEW for 2017 – Evaluation/Re-evaluation Codes  Part A and B
Spotlight on Part B Diagnostic Laboratory Service Errors  Part B
Sweet Success! Assure Proper Payment for Glucose Monitors and Supplies  Part B
Emergency Department E/M Services – Increase Your Payments by Reducing Coding Errors  Part A and B

Breakout Session 3

SNFs, Don’t Leave Your Money Where the Errors Are  Part A
Emerging Issues in Part A Documentation Reviews  Part A
Know the Medicare Appeals Process – Avoid Mistakes; Keep the Payment!  Part A and B
Inpatient Hospital E/M – Avoid Errors and Save Money  Part A and B
Breakout Session 1 - Descriptions

Office Evaluation and Management (E/M) - Avoid Errors and Save Money
Do you submit E/M charges for services in an office or outpatient setting? Let’s explore how to avoid the most common CERT errors for office services and save money. What’s included?

- Incorrect coding - history, exam, and medical decision-making overview
- Signature - determining validity and actions to take when it is not
- Incident to - is it used or not and documentation requirements
- Testing documentation - how to assist testing organizations receiving recoupment requests
- Global Surgery Guidelines - documentation and modifier requirements
- New versus Established Patient - determine if a patient’s new to you and/or your practice
- Place of Service - determining where the patient is

The presentation provides guidance to reduce CERT errors, recoupments, and denials saving everyone money.

Intended Audience: Part A/B providers billing on a UB-04/CMS-1500 or their electronic equivalent

Documenting Home Health Services - Know the Requirements to Stay in Compliance!
The physician role in documentation for Home Health Care is vital! Join this session for an overview of the physician documentation needed for ordering, referring, or certifying Home Health care for Medicare beneficiaries. This session will focus on staying compliant with Medicare regulations when ordering and referring beneficiaries to home health care. Join us for a collaborative session that features Outreach staff from CGS Administrators, a home health administrator, as well WPS GHA staff.

Intended Audience: Part B providers billing on a CMS-1500 or its electronic equivalent

Inpatient Acute (IPPS) Hospitals - Minimize Errors to Maximize Revenue
Recent reviews of inpatient hospital (IPPS) claims reveal coding and billing discrepancies in diagnosis, procedure codes and discharge status that resulted in an improper payment from Medicare. We’ll examine the findings, identify what impact they have and explore ways to maximize revenue by minimizing errors.

Intended Audience: Part A providers billing on a UB-04 or its electronic equivalent
CERT: What You Don’t Know May Hurt You!
CERT error findings set the stage for Medicare claim reviews performed by other contractors. Knowing which services CERT is looking at allows the provider to be proactive and avoid future denials. During this session, we will explain the impact CERT reviews have on both the provider community and other contractors. We will also review the improper payment categories and discuss how improper payments can affect the future of the Medicare Trust Fund.

*Intended Audience: Part A/B providers billing on a UB-04/CMS-1500 or their electronic equivalent*

**Breakout Session 2 - Descriptions**

Outpatient Therapy - NEW for 2017 - Evaluation/Re-evaluation Codes
Do you understand the parameters of the eight new stratified therapy codes? Attend this session to gain a better understanding of how these new codes should be used along with the documentation requirements specific to each code.

*Intended Audience: Part A/B providers billing on a UB-04/CMS-1500 or their electronic equivalent*

Spotlight on Part B Diagnostic Laboratory Service Errors
The majority of Part B improper payments for laboratory services identified by the CERT Program are due to insufficient documentation. Insufficient documentation means that something was missing from the medical records. POE staff will take the stage to convey helpful information on how to avoid errors and provide the audience with resources to assure correct payment. Join the audience for this Part B focused update and help WPS GHA and CMS “break a leg” in efforts to attain our shared goal to lower the national improper payment rate. It’s show time!

*Intended Audience: Part B providers billing on a CMS-1500 or its electronic equivalent*
Sweet Success! Assure Proper Payment for Glucose Monitors and Supplies

The DME MAC and WPS GHA are joining forces to provide information to help reduce improper payments and to assist the provider community in knowing guidelines so beneficiaries are not incorrectly asked to pay for equipment and supplies (either prior to delivery or as part of a recoupment process). This collaborative effort will begin with a review of coverage criteria for the glucose monitor and supplies. Medical records will be discussed, specifically, Medicare’s documentation requirements for the monitor, lancets, and test strips/supplies. Presenters will also share with the audience the information that must be included on the written order. The session will conclude with an examination of the face-to-face requirements, including documentation and timing, and signature requirements.

*Intended Audience: Part B providers billing on a CMS-1500 or its electronic equivalent*

Emergency Department E/M Services - Increase Your Payments by Reducing Coding Errors

Are you billing emergency room visits evaluation and management (E/M) services correctly? Incorrect coding of evaluation and management services continues to be an area of concern as demonstrated by recent Comprehensive Error Rate Testing (CERT) claim reviews. WPS GHA analysis of recent CERT findings in J8 reveals that emergency room visits were incorrectly coded at a rate 50%. During this session, we will discuss CERT reviews, discuss what type of documentation Medicare reviewers are looking for, review the E/M documentation guidelines and look at case studies. Join us to help reduce payment errors and increase correct payment for these services.

*Intended Audience: Part A/B providers billing on a UB-04/CMS-1500 or their electronic equivalent*
Breakout Session 3 - Descriptions

SNFs, Don’t Leave Your Money Where the Errors Are
This session is for Skilled Nursing Facilities (SNFs) looking to increase their cash flow by reducing errors. The CERT Review Contractor is seeing an increase in the number of insufficient documentation errors for SNFs. Come to this session and learn about some of the specific errors being seen and how to prevent them.

*Intended Audience: Part A providers billing on a UB-04 or its electronic equivalent*

Emerging Issues in Part A Documentation Reviews
As a health care provider, you are focused on providing safe, quality health care to your patients. You are also pressured to ensure that the medical records you create are accurate, factual and complete. Erroneous or missing documentation of medical records may expose your facility to payment denials and can also expose your facility to disciplinary actions and malpractice claims. Understanding what Medicare review contractors are looking for in Part A documentation claim review is key to safeguarding appropriate payment to your facility.

In this session, we will review the most common Part A CERT documentation errors as well as practical documentation strategies to ensure compliance with Medicare regulatory standards. This program will help you to apply strategies to avoid documentation issues in your facility.

*Intended Audience: Part A/B providers billing on a UB-04/CMS-1500 or their electronic equivalent*

Know the Medicare Appeals Process - Avoid Mistakes; Keep the Payment!
Have you missed a chance to file an appeal simply because the timeframes for submitting an appeal expired? Are you confused about what to send for appeals, or where to send it? Don’t let appealing Medicare claims intimate you; understand the who, what, where, and when of the Medicare Appeals Process. This session defines the different levels of appeals, when to ask for a reopening instead of appealing a claim, what documentation to send to support your appeals, as well as showing you tools and resources that help clarify the Medicare appeals process.

*Intended Audience: Part A/B providers billing on a UB-04/CMS-1500 or their electronic equivalent*
Inpatient Hospital E/M - Avoid Errors and Save Money

Are charges for inpatient hospital setting E/M services causing you errors and costing you money? Let’s explore the most common CERT errors for hospital E/M services. Here’s what’s included:

- Place of Service - determining your patient’s encounter classification
- Incorrect coding - history, exam, and medical decision-making overview
- Signature - determining validity and actions to take when it is not
- Initial versus subsequent - requirements for submitting initial or subsequent procedure codes
- Medical necessity - documentation errors not supporting the encounter’s medically necessity
- Admission/discharge procedure codes - appropriateness and who can submit the charges
- Shared/split services - doctor and/or non-physician practitioner documentation requirements

The presentation provides guidance to reduce CERT errors, recoupments, and denials saving everyone money.

*Intended Audience: Part A/B providers billing on a UB-04/CMS-1500 or their electronic equivalent*
Meet the WPS GHA Provider Outreach and Education (POE) Staff

Bringing you over 200 years of Medicare experience!

Ellen Berra, **Specialist Outreach & Education**
Ellen brings over 33 years of experience in the Medicare program and joined Provider Outreach and Education in 1996. Ellen’s experience in Medicare includes Claims, Appeals, Congressional Inquiries, and Fair Hearings. She has led many teams in creating Medicare educational material for standard educational topics and specific material for specialty societies and associations. She contributes educational articles on many different subjects to the website, e-News and Communiqué.

Morgan Covarrubias, **RN/BSN, Specialist Outreach & Education - RN**
Morgan has a Bachelor’s of Science in Nursing (RN/BSN) from Marian University in Fond du Lac, Wisconsin. Her nursing experience includes: administrative work, major medical and mental health case management, and staff nursing at the local hospital. Morgan provides clinical knowledge and education to the provider community.

Maria Diaz, **Specialist Customer Service**
Maria supplies over 15 years of Medicare experience and has been in her current position since 2010. She is responsible for reporting, assisting with educational material, and working with the provider community. Prior to this, Maria held positions as a Medicare Customer Service Representative, assisting providers with billing questions; as an internal trainer, teaching staff all aspects of Medicare billing, system usage and regulations; and in the technical department testing new implementations and solving technical issues with claims.

Jan Ervin, **Specialist Outreach & Education**
Jan brings over 11 years of Medicare experience and has been in her current position since 2008. Her Medicare background began with Mutual of Omaha Medicare in 2006 as a Cost Report Auditor. Her primary job responsibilities involve facilitating educational seminars, webinars and teleconferences for various facilities throughout the United States. Jan earned her BSBA in accounting at University of Nebraska at Omaha.

Mary Sue Gardner, **RN/BSN, Specialist Outreach & Education - RN**
Mary Sue supplies over 14 years of Medicare experience the POE team. She has a Bachelor of Science in Nursing (RN/BSN) from Methodist College of Nursing, in Omaha, Nebraska. Prior to working in Medicare, Mary Sue spent many years practicing clinically in various inpatient and outpatient settings. She has worked in the Medical Review department as well as POE. Mary Sue provides clinical education in all WPS contracts of work throughout the United States.
Tanya Hardiman, Specialist Outreach & Education
Tanya offers 13 years of Medicare experience to her current position. She spent three years as a Customer Service Representative before joining the POE team. Her duties include conducting Medicare seminars, teleconferences, and webinars as well as developing “self-service” educational tools on various Medicare topics within WPS GHA’s Learning Center. Tanya is a graduate of Southwest Minnesota State University with a degree in Sociology.

Karen Kroupa, Specialist Outreach & Education
Karen has over 13 years of experience in various Medicare departments. She started as a Claims Examiner, then as a Customer Service Representative before joining POE. Prior to working for Medicare, she worked in Mutual of Omaha Insurance Company’s Large Group Health Plan department. Karen has a BA in English, Art and Art History from the University of Nebraska at Omaha.

Janet Mateo, Specialist Outreach & Education
Janet brings over 17 years of Medicare experience. Janet’s primary job responsibilities include education and training for Medicare providers in various states. Before joining Mutual of Omaha in 1999, Janet was employed by the National Multiple Sclerosis Society for 10 years at local chapters in New Jersey and Illinois. Janet possesses a Masters in Social Work Administration and a Bachelor of Science degree from Rutgers University in New Brunswick, New Jersey. Janet also received training from the Center for Postgraduate Studies in Psychotherapy in Red Bank, New Jersey.

Mary E. Muchow, Specialist Outreach & Education
Mary has over 36 years of Medicare experience. Mary held previous positions in Claims Examination/Entry, Medical Review, and Training. Prior to joining the POE team, Mary worked in the Benefit Integrity Unit as an investigator and trainer. Later, as the Medicare Fraud Information Specialist (MFIS), Mary represented multiple contractors as a liaison between federal investigators, prosecutors, CMS, and other agencies. In this role, Mary often presented relevant Medicare fraud and abuse topics to law enforcement and audiences on a national level. Mary joined POE in 2003 where she provides outreach activities, provider education and the development of partnerships with various societies and associations.

Thom Ryan, Specialist Outreach & Education
Thom has over 12 years of Medicare experience. In 2005, he joined POE where his primary focus is technology and provider education. He began his career with WPS in 2001 in the Tricare division where worked in customer service as a representative, active duty personnel representative, then moved to supervisor, and lastly a new employee trainer. Thom holds a bachelor degree in Social Work from Winona State University in Winona, MN.
Aileen Sigler, Specialist Outreach & Education
Aileen offers over 20 years of Medicare experience. Her primary job responsibilities include developing and facilitating seminars, teleconferences and webinars for the provider community. She held prior positions in the Claims, Customer Service and internal Training departments before joining Provider Outreach & Education in June of 2005.

Sheryl Torres, Manager, Provider Outreach & Education
Sheryl has 20 years of experience in the Medicare program. In this role, she oversees the day to day operations of Provider Outreach and Education activities. In addition to her current role, Sheryl has held various positions in Customer Service, Quality Assurance and prior POE responsibilities.
Meet the Guest Speakers

WPS GHA would like to thank the following people for agreeing to be guest speakers at our event!

Laura Long, *Medicare Operations Lead for the Unified Program Integrity Contractor (UPIC) - Midwestern Jurisdiction*
Laura has over 20 years of experience working for AdvanceMed to support Medicare Program Integrity efforts. Her past roles include Business Operations Manager for One Program Integrity (One PI), Deputy Program Director and the Program Integrity Manager of the OH/KY/MN Program Safeguard Contractor. Laura also has experience with data management, data analysis and helped implement one of the first five Medicare/Medicaid data matching programs for CMS. Prior to joining AdvanceMed, Laura worked in various roles for a Medicare carrier, now referred to as MACs. Laura also holds a Bachelor’s degree in Process Management from Franklin University.

Ashley DeCoteau, *CGS Provider Relations Senior Analyst, Jurisdiction-B*
Ashley supports the Jurisdiction B DME community by providing education via webinars and through in person workshops. Ashley has 5 years of experience in the DME field which includes the Jurisdiction B POE team at NGS before her current role as a Provider Relations Senior Analyst with CGS Administrators on the Jurisdiction B DME POE team.

Charles Canaan, *Senior Provider Education Consultant, Palmetto GBA, Jurisdiction M*
Charles Canaan has over 29 years of diverse nursing experience in a variety of healthcare settings, to include inpatient, outpatient, home and organizational settings. His education includes a Bachelor of Science Degree in Nursing from Old Dominion University in Norfolk, Virginia, a Master of Public Health Degree in Health Promotion and Education and a Graduate Studies Certificate in Alcohol and Drug Studies from the University of South Carolina, and a Coding for Health Care Professionals Certificate from Trident Technical College. He reviews medical utilization data and trends. He currently provides education and consultation to Medicare Part A and Part B providers with learning needs.