

2018

# Medicare Day of Learning

Bringing the Payer and Providers Together



**April 24, 2018**

Saint Charles Convention Center  
One Convention Center Plaza  
St. Charles, MO 63303

**May 15, 2018**

The Conference Center at SVSU  
7400 Bay Rd  
Saginaw, MI 48604

**July 17, 2018**

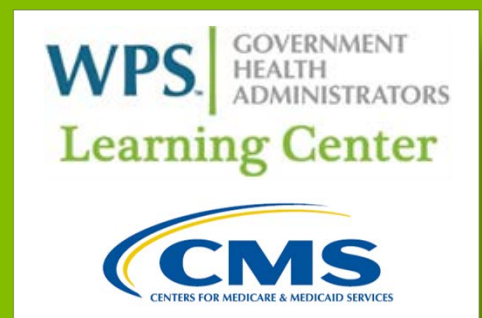
Hotel Grand Conference Center  
2503 S Locust  
Grand Island, NE 68801

**July 19, 2018**

Embassy Suites Olathe Hotel & Conference Center  
10401 S Ridgeview Rd  
Olathe, KS 66061

**August 7, 2018**

FFA Enrichment Center  
1055 SW Prairie Trail Parkway  
Ankeny, IA 50023



## Table of Contents

Things to Know .....	3
Day's Schedule at a Glance.....	3
Continuing Education Credits (CEUs).....	3
Disclaimers .....	3
Handouts .....	3
2018 Medicare Day of Learning (MDL) Breakout Sessions.....	3
Breakout Session 1 - Descriptions .....	5
New to Medicare - Resources .....	5
Evaluation and Management (E/M) Services in the Office ( <i>Repeated Session 3</i> ) .....	5
Sufficiently Documenting Encounter Details - The Key to Getting Paid.....	5
3/1 Day Payment Window .....	5
Appealing Medicare Claims - Understanding the Process! ( <i>Repeated Session 2</i> ).....	6
Breakout Session 2 - Descriptions .....	6
New to Medicare - The Medicare Claim .....	6
Evaluation and Management (E/M) Services in the Inpatient Setting.....	6
Greatest Challenges for the Outpatient Mental Health Provider Community .....	6
Appealing Medicare Claims - Understanding the Process! ( <i>Repeat of Session 1</i> ) .....	7
Healthy, Wealthy and Wise - Medicare Preventive and Screening Services .....	7
Breakout Session 3 - Descriptions .....	7
Evaluation and Management (E/M) Services in the Office ( <i>Repeat of Session 1</i> ) .....	7
SNF Benefits Exhaust Claim or Non-Skilled Claim? I'm So Confused! .....	7
Inpatient Acute Hospitals - DRG Validation Reviews .....	8
Medicare Secondary Payer (MSP) .....	8
A Little Mistake That Costs A Lot - Understanding How to Support a Laboratory Claim with Documentation .....	8
Breakout Session 4 - Descriptions .....	8
Using Modifiers with NCCI Edits.....	8
Reduce CERT Improper Payment Errors by Using a Proactive Approach .....	9
Chronic Care Management - Responding to a Growing Need in the Medicare Population.....	9
WPS GH A's Portal - How You Can Avoid a Call to Customer Service.....	9
Hyperbaric Oxygen Therapy Documentation Is Essential for Your Success - Understanding the Requirements .....	9

Meet the WPS GHA Provider Outreach and Education (POE) Staff .....	10
Ellen Berra, <i>Specialist Outreach &amp; Education</i> .....	10
Morgan Covarrubias, <i>RN/BSN, Specialist Outreach &amp; Education - RN</i> .....	10
Maria Diaz, <i>Specialist Customer Service</i> .....	10
Jan Ervin, <i>Specialist Outreach &amp; Education</i> .....	10
Mary Sue Gardner, <i>RN/BSN, Specialist Outreach &amp; Education - RN</i> .....	10
Tanya Hardiman, <i>Specialist Outreach &amp; Education</i> .....	11
Karen Kroupa, <i>Specialist Outreach &amp; Education</i> .....	11
Janet Mateo, <i>Specialist Outreach &amp; Education</i> .....	11
Mary E. Muchow, <i>Specialist Outreach &amp; Education</i> .....	11
Thom Ryan, <i>Specialist Outreach &amp; Education</i> .....	11
Aileen Sigler, <i>Specialist Outreach &amp; Education</i> .....	12
Sheryl Torres, <i>Manager, Provider Outreach &amp; Education</i> .....	12
Meet Our Keynote Speakers .....	13
Dr. Robert Kettler, <i>J5 Contractor Medical Director (CMD)</i> .....	13
Dr. Ella Noel, <i>J8 Contractor Medical Director (CMD)</i> .....	13

## Things to Know

### Day's Schedule at a Glance

8:00 - 8:30 AM	Registration
8:30 - 9:50 AM	Welcome & Keynote by your Contractor Medical Director (CMD)
10:00 - 11:00 AM	Breakout Session 1
11:10 - 12:10 PM	Breakout Session 2
12:10 - 1:30 PM	Lunch on your own
1:30 - 2:30 PM	Breakout Session 3
2:40 - 3:40 PM	Breakout Session 4
3:50 - 4:30 PM	Q&A with WPS GHA

### 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](#).

### Disclaimers

This program was designed for informational purposes only. The current Medicare regulations will always prevail. The provider alone is responsible for correct submission of claims. The official Medicare Program provisions change frequently and are contained in the relevant laws, regulations and rulings and can be found on the Centers for Medicare & Medicaid Services (CMS) website at [www.cms.gov](http://www.cms.gov). Recording is not allowed; this includes audio, video, or photographic capture of educational material by any electronic or digital means, either original or copied/shared.

### Handouts

Handouts will be loaded into the [Learning Center](#) at least 1 week prior to the event and on the USB flash drives given out the day of the event. To print the handouts prior to the event, log into the [Learning Center](#), find this event on your dashboard, and go to the Additional References tab. Hard copies of the handouts will not be provided by WPS GHA.

## 2018 Medicare Day of Learning (MDL) Breakout Sessions

Each attendee will be required to select his/her breakout sessions during the registration process for this event. Some topics will be held in a larger room or multiple times during the day to accommodate larger audiences. 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 electronic equivalent
- Part B refers to those providers who bill claims on a CMS-1500 or electronic equivalent

<b>Welcome &amp; Keynote by your CMD (8:30-9:50 AM)</b>	All Attendees
<b>Breakout Session 1 (10:00-11:00 AM)</b>	
New to Medicare - Resources	Part A and B
Evaluation and Management (E/M) Services in the Office <i>(Repeated Session 3)</i>	Part B
Sufficiently Documenting Encounter Details - The Key to Getting Paid	Part A and B
3/1 Day Payment Window	Part A and B
Appealing Medicare Claims - Understanding the Process! <i>(Repeated Session 2)</i>	Part A and B
<b>Breakout Session 2 (11:10-12:10 PM)</b>	
New to Medicare - The Medicare Claim	Part A and B
Evaluation and Management (E/M) Services in the Inpatient Setting	Part B
Greatest Challenges for the Outpatient Mental Health Provider Community	Part A and B
Appealing Medicare Claims - Understanding the Process! <i>(Repeat of Session 1)</i>	Part A and B
Healthy, Wealthy and Wise - Medicare Preventive and Screening Services	Part A and B
<b>Breakout Session 3 (1:30-2:30 PM)</b>	
Evaluation and Management (E/M) Services in the Office <i>(Repeat of Session 1)</i>	Part B
SNF Benefits Exhaust Claim or Non-Skilled Claim? I'm So Confused!	Part A
Inpatient Acute Hospitals - DRG Validation Reviews	Part A
Medicare Secondary Payer (MSP)	Part A and B
A Little Mistake That Costs A Lot - Understanding How to Support a Laboratory Claim with Documentation	Part B
<b>Breakout Session 4 (2:40-3:40 PM)</b>	
Using Modifiers with NCCI Edits	Part A and B
Reduce CERT Improper Payment Errors by Using a Proactive Approach	Part A and B
Chronic Care Management - Responding to a Growing Need in the Medicare Population	Part B
WPS GHA's Portal - How You Can Avoid a Call to Customer Service	Part A and B
Hyperbaric Oxygen Therapy Documentation Is Essential for Your Success - Understanding the Requirements	Part A and B
<b>Q&amp;A with WPS GHA (3:50-4:30 PM)</b>	All Attendees

## Breakout Session 1 - Descriptions

### New to Medicare - Resources

Medicare has many different websites that house information and this causes confusion for everyone. This program focuses on locating information on the CMS website, WPS GHA Portal, WPS GHA Learning Center, and the Medicare beneficiary website. The session is designed to be interactive and help users locate the information they are looking for; therefore, during this time a demonstration will be provided based on participants' suggestions.

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

### Evaluation and Management (E/M) Services in the Office *(Repeated Session 3)*

Medicare guidelines are specific to determine who is a new versus established patient. Services billed under the incident to guidelines and shared/split guidelines requires specific documentation. Denials are increased for services provided during a global surgery period. E/M services are subject to the National Correct Coding Initiative (NCCI). We will discuss all of these topics and more.

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

### Sufficiently Documenting Encounter Details - The Key to Getting Paid

Recent reviews of medical records often support the quality of the medical records that are established by clinicians may be suboptimal when it comes to proper coding. Across all specialties and facility types we often find documentation deficiencies. Clinicians do not always know which data elements must be separately documented and are critical for proper coding. To help eliminate this problem, we have designed this program towards clinicians to give them the information and tools they need to use every day to accurately and completely report their services.

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

### 3/1 Day Payment Window

If you work for a provider that is wholly owned or operated by an inpatient hospital that is paid on the prospective payment system (PPS), this session is for you. You will learn when outpatient services are required to be included on an inpatient claim if provided within 3/1 days prior to an inpatient admission. We will also discuss who is subject to the 3-day versus 1-day payment window and how to properly submit your claims.

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

## Appealing Medicare Claims - Understanding the Process! *(Repeated Session 2)*

Confused by the Medicare Appeals Process? Don't let appealing Medicare claims intimidate you - learn 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. Understanding the appeals process will help you avoid frustration and keep payments in your office!

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

## Breakout Session 2 - Descriptions

### New to Medicare - The Medicare Claim

The Medicare claims process is complex. Providers and staff need to know what is expected before submitting a Medicare claim. During this session an open dialog will take place to explore the beneficiary, provider, and Medicare responsibilities for a Medicare claim.

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

### Evaluation and Management (E/M) Services in the Inpatient Setting

Medicare guidelines are specific to determine who can submit charges for an initial or subsequent visit. Documentation is necessary to show the medical necessity of services. Services billed under the shared/split guidelines require specific documentation. There are time, services, and patient condition requirements to submit critical care services. We will discuss all of these topics and more.

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

### Greatest Challenges for the Outpatient Mental Health Provider Community

This fast-paced breakout session is designed to engage the audience in the interactive exchange of viewpoints, concerns, and questions about Medicare outpatient mental health services. Additionally, activities during this session will include a briefing on the various educational resources specifically available for outpatient mental health providers, coders, and billers. Participants will break into subgroups for three categories - Provider Qualifications/Billing/Reimbursement, WPS GHA Local Policy for Psychiatry and Psychology Services, and Incident To for Mental Health Services. Subgroups will review, discuss, and identify the most challenging common questions/issues for their chosen topic. To conclude the breakout session, the facilitator will address the issues/questions identified by each subgroup and will share with the audience where they may find additional information and more education.

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

### Appealing Medicare Claims - Understanding the Process! *(Repeat of Session 1)*

Confused by the Medicare Appeals Process? Don't let appealing Medicare claims intimidate you - learn 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. Understanding the appeals process will help you avoid frustration and keep payments in your office!

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

### Healthy, Wealthy and Wise - Medicare Preventive and Screening Services

Medicare covers many services that detect and prevent disease to help beneficiaries live longer, healthier lives. In this session you will: gain an understanding of Medicare coverage guidelines; learn how to verify if your patient qualifies; discover tools to encourage beneficiaries to take advantage of these benefits; and discuss proper usage of the Advance Beneficiary Notice of Noncoverage (ABN) as it relates to Medicare preventive and screening services.

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

## Breakout Session 3 - Descriptions

### Evaluation and Management (E/M) Services in the Office *(Repeat of Session 1)*

Medicare guidelines are specific to determine who is a new versus established patient. Services billed under the incident to guidelines and shared/split guidelines requires specific documentation. Denials are increased for services provided during a global surgery period. E/M services are subject to the National Correct Coding Initiative (NCCI). We will discuss all of these topics and more.

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

### SNF Benefits Exhaust Claim or Non-Skilled Claim? I'm So Confused!

Come join this session with an expert that will explain the difference between a Skilled Nursing Facility (SNF) benefits exhaust claim and a non-skilled claim. Learn why you must submit both types of claims and how you can easily determine which one to bill. Also, you'll learn why SNF claims are causing so many overlapping claim issues and how you can prevent it. Bring your questions and concerns. We look forward to helping you!

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



## Inpatient Acute Hospitals - DRG Validation Reviews

To ensure proper reimbursement under the Inpatient Prospective Payment System (IPPS), contractors must verify the accuracy of diagnosis, procedure, and discharge status codes reported on hospital claims. In this session, we will explore DRG Validation Reviews and discuss how billing and coding discrepancies can affect DRG assignment and proper payment to your facility.

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

## Medicare Secondary Payer (MSP)

There are times when Medicare is not the primary payer, Medicare refers to this as the Medicare Secondary Payer program or MSP. WPS GHA data analysis shows this is one of the most common claim denials and this interactive session is designed to help providers have a better understanding of MSP. During this breakout session the presenter has designed different learning experiences to provide more knowledge regarding the MSP program.

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

## A Little Mistake That Costs A Lot - Understanding How to Support a Laboratory Claim with Documentation

Most of Part B improper payments for laboratory services identified by the Comprehensive Error Rate Testing (CERT) Program are due to insufficient documentation. Provider Outreach and Education staff will convey helpful information on how to avoid errors and provide the audience with resources and claim examples to assure correct payment. Join the audience for this Part B focused update in efforts to attain our shared goal to lower the national improper payment rate.

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

## Breakout Session 4 - Descriptions

### Using Modifiers with NCCI Edits

CMS developed the National Correct Coding Initiative (NCCI) to promote proper coding and control inappropriate payments. The Procedure-to-Procedure (PTP) edits define when specific codes cannot be reported together except in certain situations. Join us as we explore the modifiers that might be used to explain those situations and bypass the edits. Medically Unlikely Edits (MUEs) were created to prevent payment when the number of units reported is incorrect. The rationale for the edits and MUE Adjudication Indicators will also be reviewed in this session.

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

## Reduce CERT Improper Payment Errors by Using a Proactive Approach

Do you review the CMS CERT national paid claim error rate report annually or the CERT error findings quarterly on the WPS GHA Portal to determine the common causes of improper payments? To ensure that you are coding and billing correctly, you need to be knowledgeable about the improper payment errors and the impact on the provider community to avoid future errors. During this session, we will review some of the frequently asked questions relating to the CERT program, take a look at some common causes of improper payment errors, and discuss the results of CERT error findings in your area.

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

## Chronic Care Management - Responding to a Growing Need in the Medicare Population

The number of Medicare beneficiaries that have one or more chronic health conditions is increasing. CMS recognizes Chronic Care Management (CCM) contributes to the health and wellbeing of Medicare patients and in 2015 began paying CCM services separately under the Medicare Physician Fee Schedule. This session reviews who is eligible to receive and deliver CCM services, billing CCM services, and coverage criteria. Learn what you need to know about responding to this growing need in the Medicare population!

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

## WPS GHA's Portal - How You Can Avoid a Call to Customer Service

Did you know the transactional side of the WPS GHA Portal has tools available to help you accomplish your daily tasks quicker and easier than ever before? Eligibility, claim status, appeal status, and overlapping claim information are just a few of the things the transactional side of our portal will give you without having to call Customer Service. Let us teach you about these tools and what they can do for you.

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

## Hyperbaric Oxygen Therapy Documentation Is Essential for Your Success - Understanding the Requirements

Most claim denials related to hyperbaric oxygen therapy (HBO) are related to timing and documentation requirements. During this breakout session we will review the coverage criteria, timeliness, and documentation needed to support a properly issued HBO claim. To fuel the learning experience during this session a claim example will be used.

*Intended Audience: Part A/B providers billing on a UB-04/CMS-1500 or 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 16 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 16 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 14 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 18 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 37 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 13 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 over 20 years of experience in the Medicare program. In this role, she oversees the day to day operations of Provider Communication and 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 Our Keynote Speakers

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

### *Dr. Robert Kettler, J5 Contractor Medical Director (CMD)*

Dr. Kettler trained in anesthesiology and pain management at the University of Texas Southwestern Medical School Affiliated Hospitals. He was an associate professor of anesthesiology at the Medical College of Wisconsin. While in clinical practice, he was a member of the Board of Directors of the American Society of Anesthesiologists and served on the Contractor Advisory Committee for Wisconsin. For the first four years with WPS, Dr. Kettler handled the appeals heard by Administrative Law Judges (ALJs) before becoming a Contractor Medical Director.

### *Dr. Ella Noel, J8 Contractor Medical Director (CMD)*

Dr. Ella Noel is a graduate of the Michigan State University College of Osteopathic Medicine. Dr. Noel did a rotating internship and Internal Medicine Residency at Botsford General Hospital in Farmington Hills, Michigan. Dr. Noel is board certified and practiced for 20 years before starting at WPS. Dr. Noel started handling appeals before the Administrative Law Judges before taking on the role as Contractor Medical Director.



Learning Center