A Day With Medicare

A day of learning focusing on the Comprehensive Error Rate Testing (CERT) Program

September 15, 2016
Park Place Hotel Traverse City
300 East State Street
Traverse City, MI 49684
(231) 946-5000

October 26, 2016
Bloomington/Monroe County Convention Center
302 South College Avenue
Bloomington, IN 47403
(812) 336-3681
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Please write to us at surveymail@wpsic.com if you have questions or concerns
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 completion with the CMS logo is necessary to show participation.

To claim CEUs, 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.

To receive your certificate of completion for this course, please complete the survey for this course in our online Learning Center at https://wpsgha.litmos.com. 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. For details, please refer to: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/com109c06.pdf

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.

We reserve the right to change a participant’s sessions (only if necessary).

Recording or videotaping these educational presentations is prohibited.

Thank you for silencing your cell phone during all sessions.
Daily Schedule

8:30 - 9:00 AM  Registration
9:00 - 10:00 AM  Welcome and General Session
10:10 - 11:30 AM  Breakout Session 1
11:40 - 12:50 PM  Complimentary Lunch & Keynote Speaker
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

Registration

Registration and the general session room will open at 8:30. Please plan accordingly.
Staff at the registration table will be available all day to answer questions and assist with locating sessions.

Breaks

We will have beverages available during the general session and afternoon break.

Breakfast

A continental breakfast will be available beginning at 8:30 AM.

Lunch

Please join us for lunch following Session 1 in the main room.

Materials

All materials and handouts will be provided at the event.
## Breakout Sessions

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<td>The DRG Has a B-I-G Impact on Your Facility</td>
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<th>Breakout Session 2</th>
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<td>Joint Injections – Ouch! Don’t Get Stuck by Joint Injection Errors!</td>
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<td>Complying with Medical Records Documentation Requirement</td>
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<td>Inpatient Hospital Evaluation and Management Services</td>
<td>B</td>
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<tr>
<td>Post-Acute Care – Making the Right Decision for Your Patient</td>
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<tr>
<td>Signed, Sealed and Delivered – Ensuring Orders, Signatures and Notes Support What is Billed</td>
<td>A/B</td>
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You will select the sessions you wish to attend during the online registration process. If a topic does not appear, that session is full.
Breakout Session 1 Descriptions

Know Where to Go! Medicare Resources for Avoiding CERT Errors
Karen Kroupa, Specialist Outreach & Education
Sue Brewer, Specialist Outreach & Education

Everyone intends to document and bill their Medicare claims correctly. However, Medicare is a vast program of rules and regulations, subject to change at any time. Where can you go to get the information you need to avoid today's common CERT errors and develop effective and compliant billing and documentation practices? All Medicare providers are welcome to join us for a hands-on, interactive look at the resources available to help improve your documentation and billing practices. Participants will use the WPS GHA and CMS websites to learn where to find information and discover resources created to prevent CERT errors. Navigate with confidence to the information you need!

Target Audience: All Part A/B Providers

Medicare Appeals – Importance of Getting it to the Right Place at the Right Time
Janet Mateo, Specialist Outreach & Education

WPS GHA has seen an increase in the number of appeal request dismissals and duplicate requests. Have you received an appeal dismissal decision or missed a chance to file an appeal simply because the timeframes for submitting an appeal expired? During this session we will discuss how to avoid future dismissal decisions, review the appeal process for CERT denials as well as CMS Claim Review Contractors. Additionally, we will review the 935 process for overpayments.

Target Audience: All Part A/B Providers
Nursing Facility Evaluation and Management Services

Ellen Berra, Specialist Outreach & Education

Do you know the differences between the initial comprehensive visit, an initial medically necessary visit, a subsequent service, and the federally mandated visits? The CERT program along with our Medical Review (MR) staff, have identified errors in the submission of the nursing facility services. The documentation must show the level of history, exam, and medical decision-making. This documentation must show whether the service is the initial comprehensive visit, a federally mandated visit, a separate medically necessary visit, or a visit requested by the facility to satisfy internal requirements. The frequency of the services has been identified by our MR area as an area of concern with some practice models expecting payment for daily or very frequent visits on an ongoing basis. Come help us to reduce errors, prevent improper payments, and reduce requests for recoupment on these services.

Target Audience: Part B Administrators, Billers, Clinicians, Coders

The DRG Has a B-I-G Impact on Your Facility

Aileen Sigler, Specialist Outreach & Education

Contractors perform DRG validation to ensure claim coding matches the attending physician’s description and the information contained in the medical record. Any discrepancies in diagnosis, procedure codes or discharge status could affect proper payment from Medicare. In this session, we’ll review how DRGs are assigned, share the results of recent validation reviews and explore ways to make sure your facility is not negatively impacted by errors.

Target Audience: Part A IPPS Administrators, Billing Staff, Clinicians, Coders
Breakout Session 2 Descriptions

Ensuring Compliance with Diagnostic Laboratory Documentation
Mary Sue Gardner, RN/BSN, Specialist Outreach & Education – RN
Jane Perkins, RN, Specialist Outreach & Education – RN

The majority of improper payments for laboratory services identified by the CERT Program were due to insufficient documentation. Join WPS GHA as we review the Medicare documentation requirements for lab services to help ensure compliance and avoid review findings.

Target Audience: Part A/B Coders, Billers, Practitioners, Compliance Staff

Evaluation and Management Services – Emergency Department
Janet Mateo, Specialist Outreach & Education

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 J5 reveals that emergency room visits were incorrectly coded at a rate 50%. During this session we will review case studies, discuss the E/M documentation guidelines and CERT errors. Come join us to help reduce payment errors and increase correct payment for these services.

Target Audience: Part B Administrators, Billers, Clinicians, Coders

Joint Injections – Facet and Sacroiliac (SI) Joint Injection Errors
Karen Kroupa, Specialist Outreach & Education
Sue Brewer, Specialist Outreach & Education

CERT errors for Facet and SI joint injections are on the rise. Learn the requirements for delivering and documenting payable Facet and SI joint injection services. We'll look at signs and symptoms indicating these types of joint injection treatments, what conservative treatments review contractors look for, and examine documentation examples received for joint injection reviews.

Target Audience: Part A/B Coders, Billers, Office Staff, Administrators and Clinicians
Physician Connected Errors – It’s Not Just You Affected

Jan Ervin, Specialist Outreach & Education
Tanya Hardiman, Specialist Outreach & Education

Some of the largest contributors to the CERT improper payment rate are home health, skilled nursing facility, and DME. Most of these errors were caused by invalid/improper physician documentation and orders. During this session we will go over some of these specific errors and how to avoid them in the future.

Target Audience: Part B Physicians/NPPs, and Suppliers
Breakout Session 3 Descriptions

Complying with Medical Records Documentation Requirements
Mary Sue Gardner, RN/BSN, Specialist Outreach & Education – RN
Jane Perkins, RN, Specialist Outreach & Education – RN

What do claim review contractors look for? Does my documentation support what's being billed to Medicare? How can errors be avoided? Find out the answers to these questions and more in this session that will focus on how crucial documentation is and what affect it has on your payment from Medicare. This program will help you to apply strategies to avoid documentation issues in your facility.

Target Audience: Part A/B Practitioners, Coders, Billers, Compliance Staff

Inpatient Hospital Evaluation and Management Services
Ellen Berra, Specialist Outreach & Education

Does your documentation support payment? The CERT program has identified numerous errors and down coded services for the inpatient hospital services. This presentation will cover the documentation requirements for initial, subsequent, and discharge management inpatient services. These services require documentation of the history gathered, the exam performed, and the medical decision-making made by the physician or non-physician practitioner. The documentation determines the procedure code submitted and Medicare payment. Subsequent inpatient visits require the same attention to detail as the initial service. Discharge management show time as an aspect of the documentation of the service along with the information provided to the patient at the time of the service. We will touch on the teaching physician guidelines as well as the shared/split requirements during our presentation. Come help us reduce the payment errors and requests for recoupment on these services.

Target Audience: Part B Administrators, Billers, Clinicians, Coders
Post-Acute Care – Making the Right Decision for Your Patient

Jan Ervin, Specialist Outreach & Education
Tanya Hardiman, Specialist Outreach & Education

Your patient is ready to be discharged from the hospital, but he or she needs continued medical care. What type of post-acute care is the best choice for your patient? Should they go to a Long Term Care Hospital, Inpatient Rehabilitation Facility, Skilled Nursing Facility, Home Health? Many of the CERT errors received are due to a post-acute care plan that does not meet the patient’s medical needs. During this session we will briefly go over the criteria needed to be met for each of the above types of post-acute care.

Target Audience: Part A/B, Physicians and anyone else involved in discharge planning

Signed, Sealed and Delivered – Ensuring Orders, Signatures and Notes Support What is Billed

Aileen Sigler, Specialist Outreach & Education

Different services and provider types have specific documentation elements that are required by Medicare. Any missing pieces can affect your reimbursement. In this session, we’ll learn how to locate those requirements and discuss ways to ensure that all the components of your documentation are in place, complete and accurate.

Target Audience: Part A/B Administrators, Billing Staff, Clinicians, Coders
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 25 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.

Sue Brewer, Specialist Outreach & Education
Sue offers over 25 years of Medicare experience. Her responsibilities include presenting seminars on a variety of topics. Previous positions held include Supervisor of Claims Development and Medicare Secondary Payer (MSP) units, Training Specialist and Fair Hearing Officer. Sue graduated from the University of Wisconsin at Madison.

Maria Diaz, Specialist Customer Service
Maria supplies over 14 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 10 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 13 years of Medicare experience to 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 12 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. Tanya is a graduate of Southwest Minnesota State University with a degree in Sociology.

Karen Kroupa, Specialist Outreach & Education
Karen has over 12 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 16 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 35 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.

Jane Perkins, RN, Specialist Outreach & Education – RN
Jane supplies over 12 years of experience to the POE team. Prior to joining the POE team, Jane worked in the Medicare Appeals and Medical Review departments. She also spent many years working with the provider community regarding CERT reviews and errors. She is responsible for clinical education for the provider community including training on Medicare rules, regulations and clinical coverage criteria. She holds an Associate of Science in Nursing (RN/ASN) from Metropolitan Community College.

Thom Ryan, Specialist Outreach & Education
Thom has over 10 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 19 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.