

**2019 Fall Conference
Aksarben AAHAM**

September 19, 2019



WPS | GOVERNMENT HEALTH ADMINISTRATORS
Learning Center
wpsghlearningcenter.com



Agenda

- Announcements
- Program News and Updates
- Clinical News and Reviews
- Resources



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Announcements

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Customer Service Closure

- September 20, 2019
 - 7:30 AM - 3:30 PM Central Time
- Impacting:
 - General Inquiries
 - Appeals
 - Reopenings
 - EDI
 - Provider Enrollment



Interactive Voice Response

- Merged with Customer Service phone line
- Enhanced options
- May transfer to Customer Service
 - After authentication

(866) 518-3285



2020 CRNA/AA Election

- Rural and Critical Access Hospitals
- Request cost vs. fee schedule payment
- Supply supporting documentation
 - List on WPS GHA Portal
- Must be postmarked by December 31st



WPS GHA  **YouTube Channel**



WPS GHA

HOME VIDEOS PLAYLISTS CHANNELS DISCUSSION ABOUT

Uploads PLAY ALL


- WPS 2019 Training
- WPS 2019 Member Feedback
- Medicare Day of Learning Starting For Day
- Local Coverage Determination (LCD)
- Pharmacy - Making Drug Tests for Positive Ahead
- Medicare Appeal Process Level 3
- Appeals in Response
- Medicare Day of Learning
- Local Coverage Determination (LCD)
- September Customer Service Strategy
- WPS GHA Partial Letter Practice
- WPS GHA Merging Phone Numbers

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Program News and Updates

WPS GOVERNMENT HEALTH ADMINISTRATORS



PALMETTO GBA.
MoIDX

Molecular Diagnostic Services

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WPS GHA's Role

- Implement guidelines in cooperation with MolDX contractor
 - Palmetto GBA
- Process claims using MolDX guidelines
- Conduct Appeals on claim determinations for WPS GHA providers

MolDX Contractor Responsibilities

- Determinations regarding coverage
- Pricing
- Coordination with McKesson
 - Establish unique identification numbers
- Communication/coordination with A/B MACs on all claims processing guidelines

Provider Responsibilities

- Submit new test documentation to MolDX contractor for coverage consideration
 - <https://app.dexzcodes.com>
- Bill claim to WPS GHA for processing
 - After unique identifier has been assigned
 - DEX Z-Code™



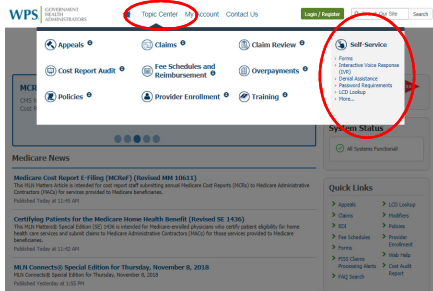
Provider Responsibilities

- Contact WPS GHA Customer Service with claims processing questions
- Send policy/coverage questions to Palmetto
 - moldx@palmettogba.com
- Request a Redetermination from WPS GHA




Portal Enhancements

Dedicated Self-Service Area



MSP Calculator

- Estimate Medicare payment on Part B (1500) claims
- For use with Working Aged (12), Disability (43) and ESRD (13) insurances
- Not accurate for non-participating providers or suppliers



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MSP Calculator

1. The lower the billed amount or the OTAF amount minus the other plan payment.

Billed Amount	OTAF Amount	Lower Amount	Primary Paid	Remaining
<input type="text"/>	<input type="text"/>		<input type="text"/>	

2. The amount Medicare would pay if the services were not covered by another plan.

Medicare Allowed	Less Deductible	Subtotal	Co-Insurance	Paid 100%	Remaining
<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	

3. The higher of the Medicare or other plan allowed charge minus the other plan payment.

Medicare Allowed	Primary Allowed	Higher Allowed	Primary Paid	Remaining
<input type="text"/>	<input type="text"/>		<input type="text"/>	

Result

Late Filing Medicare Will Pay

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CERT Review Status

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Topic Center My Account Contact Us

Claim Review

CERT Claim Lookup Tool

PUBLISHED ON APR 29 2019, LAST UPDATED ON MAY 07 2019

Back to the previous page

Jurisdictions: [JRA](#), [15A](#), [JRL](#), [JDR](#)

The CERT Claim Lookup Tool allows WPS GHA providers to obtain the results of their Comprehensive Error Rate Testing (CERT) claim reviews.

Please enter the CERT Identification (CID) number of the claim shown below the bar code on the required for documentation letter received from the CERT Contractor (AdvancorMed).

For additional questions, you may contact the WPS CERT Team at: CERTPartB@wpsc.com

Need help?

General questions about Claim Review

☎ 1-800-538-3885
7:00 AM to 5:00 PM CT M-F

CID:

Status Message Definitions

Record Not Found: This may indicate the CID number was entered incorrectly, is not part of a current reporting period, or the claim was not adjudicated by WPS GHA. Please verify the information on your CERT letter.

No Error: This indicates the claim review is complete and no error was assessed.

Error: This indicates the claim review is complete and an error was assessed. You will also see the CERT comments for all lines in error on the reviewed claim.

In Process: This indicates the claim review is not yet complete and no further information is available at this time.

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MBI Lookup Tool

- Beneficiary can't or won't give their MBI
- Required for search:
 - First name
 - Last name
 - Suffix (if applicable)
 - Date of birth
 - Social Security number (not HIC)

Information Entry

Service Location (NPI)*:

Social Security Number*:

First Name*:

Last Name*:

Suffix:

Date of Birth*:

Results

My Account
NPI Administrator
My Account Tools
My Dashboard
My Profile
My Service Locations
Message Center
User Administration
My Transactions
Eligibility Check
MBI Lookup

MBI Lookup - Medicare Beneficiary Lookup

MBI Lookup Actions

Below is the Patient's Medicare Beneficiary Identifier (MBI). You should begin submitting Medicare claims using the MBI.

The "Eligibility Check" link will display patient eligibility information for the MBI based upon the current date.

MBI Results

Name:

HIC:

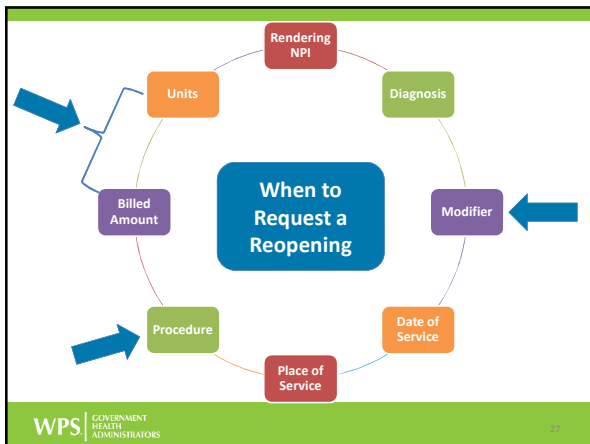
Eligibility Searches

- Search up to 4 years in the past
 - A year at a time by date span or a single date
 - IVR eligibility search also expanded to 4 years
 - Only single date option available



Clerical Error Expansion

- Update multiple fields at once
- Certain restrictions apply
 - Can only adjust a claim once via the portal
 - Claims with 6 lines or less
- Previously restricted providers have access
 - Chiropractors, Anesthesiologists, Ambulance
- Portal transmits changes to MCS



Letter Search

Letter Search

Additional Documentation Request (ADR) Instructions

Additional Documentation Request (ADR) Instructions

Use the ADR Response Search to see letter data associated with an NPI other than the primary on your login or use the Advanced Search to find a specific letter.

Service Location NPI*

Select Letter Type*

Select Letter Date Range*

Letter Search

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Additional Documentation Request

Additional Documentation Request

Show 10 entries

View Letter	Claim Number	Letter Date	Due Date	PTAN	Respond
	3519193077000	07/15/2019	08/29/2019		
	3519193077010	07/15/2019	08/29/2019		

Showing 1 to 2 of 2 entries

Service Location NPI*

Select Letter Type*

Select Letter Date Range*

Include Pending ADRs without Available Letters

Advanced Search

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Demand Letter

Demand Letter

Show 10 entries

View Letter	View Claim(s)	Letter Date	PTAN	Letter Number	Immediate Recoupment	eRefund
		06/02/2019		24727779		
		07/12/2019		N/A		

Showing 1 to 2 of 2 entries

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Audit Secure Message Center

- Submit messages and documentation
 - Secure way to send sensitive or protected data
 - May direct message to a specific audit contact
 - Can designate a contact other than the submitter
- File size limited to 15 MB
 - Certain types of attachments
- Not for initial cost report submission

Portal Session Timeout

- Acceptable Risk Safeguards
 - All MACs must follow
- AC-11 Session Lock (Inactivity)
 - Automatic log out after 15 minutes
- Security measure to protect your account information



Account Inactivity

- AC-2 (3) Disable Inactive Accounts
 - Disabled after 30 days
 - User must create a new account
 - Log in regularly to prevent interruption



Multi Factor Authentication

- Mandatory for transactional section
- Additional layer of security
- Reminders:
 - Can't send code to extension or voicemail
 - Must be entered within 1 hour of receipt
 - 30 seconds if using Google Authenticator app
 - Secret questions still important
 - Forgot User ID/Password
 - Recertification

Portal Feedback



Send Us Your Feedback!

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Topic Center
 Claims Review | Appeals | Provider Enrollment | Fee Schedules and Reimbursement | Call Support Tools | Training | Self Service

Need Help
 New Sign Up | Feedback | Contact Us | Account Activation | Add/Remove Provider | Educational Opportunities | Learning Center | WPS GHA Portal User Manual

Other Resources
 Home | Sign Up | About WPS GHA | Provider(s) with Medicare | Educational Links | Site Search | FAQ Search | Home | WPA Admin Search | Find a Doctor

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Future Possibilities

WISH LIST

1
2
3



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Tips and Reminders

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Learning Center

Register Now Catalog Cart (0) Login

PERSON EVENTS TELECONFERENCES WEBINARS MAC COLLABORATIONS **ONDEMAND**

Enter search terms here Search

JS PART A> ALL OTHER STATES JS ASK THE CONTRACTOR TELECONFERENCE (ACT)
 JS PART A> IOWA BILLING & CLAIM SUBMISSIONS 1500R7P
 JS PART A> KANSAS MEDICAL REVIEW & DOCUMENTS 15-04-0371
 JS PART A> MISSOURI MEDICARE BASK'S & NEW TO MEDICARE
 NEBRASKA save questions about logistics for WPS GHA PORTAL

Use drop-downs to sort courses

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Reminders

- Pay with check or credit card
 - May “purchase” free events in separate transaction
 - Seats not guaranteed until check is received
 - Send copy of invoice to expedite processing
- FAQs available for help
- Other questions? surveymail@wpsic.com

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Reminders

- Details to join found in module for live event
- Assign seats to yourself or others
 - Must have Learning Center account
- If seat(s) not assigned
 - Event will not be on Desktop
 - No dial-in or access to handouts
- Handouts in Additional References


40

How do I reset my password?

Select your name in the upper right corner of the catalog page. From the drop-down menu, select Profile. Type the new password in the Password field, and Confirm password field. Scroll to the bottom of the page and select Save.

I signed up for a course and received an email with an order confirmation/purchase summary, but the course does not appear on my Dashboard. What happened?

This email notifies you that you purchased one or more seats, but you must complete the registration process by assigning yourself (or another person) to the seat(s). When you log into the Learning Center, go to your name in the top right hand corner and select "Orders". Click "View Details" and then select the blue "Assign to Me" button. This will place the course on your dashboard to complete. If you are registering someone else for a course, you will select "Assign to Other".

I registered for a teleconference, but the confirmation email did not contain the dial-in information. Where do I find it?


The dial-in number and conference ID (and link to join webinar if applicable) are located within the module for the live event. When logged into the Learning Center, go to My Dashboard, select the course and click on the module titled "Live Event - ..."


Where do I locate handouts for the event I registered for?

Login to the Learning Center and locate the course. The course will be in one of two tabs on the center of your Dashboard, "In Progress" is for courses that you have started or have opened before, while "Not Started" is for courses that you registered for and have opened. Once you locate the course, open it (click on the picture or tile for the course). Look for the tab labeled "Additional References", and select it. All the handouts and reference materials are located under this tab.

How far in advance are the handouts posted to the course?

FAQs
sunymail@wpsdc.com
 WPS DHA Contacts


41



Webinar - 2019 09/18 Appealing Part A and Part B Claims - Understanding The Basics

This training is intended for our JS/8 Part A and Part B providers billing on a 18-04/048.1500 or electronic equivalent.

This webinar is the first in a three part series focusing on the Medicare Appeals Process. We will review the different levels of appeals, when to ask for a reopening, and what documentation to send. We will also show you tools and resources that help clarify Medicare appeal processes. Understanding the appeal process will help you avoid frustration and keep payments in your pocket!

Time of Event
 Catalog ID: R-18 - 10:00 AM CT (04:45 - 11:00 AM ET)
 Event ID: 18-10-00-AM-CT-10:00-11:00-PM-ET

To cancel your registration, open the module titled "Live Event - 09/18/19 - Appealing Medicare Part A and Part B Claims - Understanding the Basics", and click on Unregister.

Continuing Education Units (CEUs)
 CEUs are provided from professional organizations. WPS DHA will provide a Certificate of Achievement once you successfully complete a course in the Learning Center. For a full event, this includes participation from start to finish of the live session. If a biography of the presenter is needed, please contact us at sunymail@wpsdc.com.

25%


[Continue this course](#)

Modules Additional References

The modules in this course must be completed in the order listed.

- Pre Assessment - 09E03APPELLSBA0C Unlocked 🔗
DHA by Name
- Pre-Submitted Questions - 09E03APPELLSBA0C Unlocked 🔗
Options
- Live Event - 09E03 Appealing Medicare Part A and Part B Claims - Understanding the Basics Unlocked 🔗
- Who Attended - 09E03APPELLSBA0C Unlocked 🔗
Options
- Follow-Up Questions - 09E03APPELLSBA0C Unlocked 🔗
Options
- Post Assessment - 09E03APPELLSBA0C Unlocked 🔗
- Summary - 09E03APPELLSBA0C Unlocked 🔗

[Continue](#)


42

Please use the dial-in and conference ID listed below to participate in this training. Any training handouts will be placed under Additional References of this course prior to the beginning.

Please dial in 15 minutes prior to start time to avoid delays in joining due to a high number of registrants.

- Dial-In Number: 1(888) 307-2508
- Conference ID: 9985474
- Join Webinar: <https://wps.welx.com/wpsconstageg.php?MID=4443454&CID=4445555597&url=7>

Note: webinar audio is available on phone.

WPS-GHA will offer training materials only in an electronic format. Registrants are responsible for printing their own handouts. To access, log in to the Learning Center (<http://wps.governmentcenter.com>), choose the "My Dashboard" link, select the course title, and choose the Additional References tab.

Webinar - 09/18/19 - Appealing Medicare Part A and Part B Claims - Understanding the Basics Unregister from session

Sep 18 10:00 AM to Sep 18 11:30 AM (Central Standard Time) Download Calendar

Location: WPS-GHA POC Staff

Instructor: WPS-GHA POC Staff

Please use the dial-in number and conference ID below to hear the audio portion of the webinar. You will not be able to hear the audio through your computer. No less than five business days prior to the event, handouts will be placed in the Learning Center. To access, log in to the Learning Center (<http://wps.governmentcenter.com>), choose the "My Dashboard" link, select the course title, and choose the Additional References tab.

Please dial in 15 minutes prior to start time

Join Webinar: <https://wps.welx.com/wpsconstageg.php?MID=4443454&CID=4445555597&url=7>

Dial-In Number by Year Audio: 1(888) 307-2508

Conference ID: 9985474

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Order Confirmation

Thank you for your purchase!

Assign Courses
If you haven't already, assign the seat for your course to either yourself or another WPS-GHA Learning Center. You can assign seats now or come back later and assign the seats from your "Orders" page (find it by hovering on your name at the top right of the menu above).

View Your Courses
You can view your courses by clicking on the "My Courses" link above. This link will be available anytime you are logged into the WPS-GHA Learning Center.

Purchase Date: 11/14/2018 **Invoice #:** LITMOS-2834

Order Details	Seats	Price
Webinar - 02/12/19 New to Medicare - Exploring Resources	2	\$0.00
	Total	\$0.00

Course Assignments

Course: Live Event - 02/12/19 New to Medicare - Exploring Resources

Seat 1

Seat 2

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Webinar - 2019 09/18 Appealing Part A and Part B Claims - Understanding the Basics 25%

This training is intended for our J548 Part A and Part B providers billing on a UB-04/CMR 1300 or electronic equivalent.

This webinar is the first in a three part series focusing on the Medicare Appeals Process. We will review the different levels of appeals, when to file for a reopening, and other considerations to keep in mind and show you tools and resources that help carry to Medicare appeals process. Understanding the basic appeals process will help you avoid frustration and keep payments in your other.

Time of Event
Callpath on 9/18 - 10:00 AM CT (09:05 - 11:00 AM ET)
Event: 09/18 - 10:30 AM CT (10:00 - 10:30 PM ET)

To cancel your registration, open the module titled "Live Event - 09/18/19" Appealing Medicare Part A and Part B Claims - Understanding the Basics" and click on Unregister.

Certifying Educator (Info: CEUs)
CEUs can be obtained from professional organizations. WPS-GHA will provide a Certificate of Achievement once you successfully complete a course in the Learning Center. For a live event, this occurs participation from start to finish of the live session. If a biography of the presenter is needed, please contact us at surveys@wps.com.

Additional Reference

2019 09-18 Appeals Basics Handout.pdf

MedicareAppealProcess.pdf

45






Clinical News and Reviews

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Medical Review



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MAC

- WPS Government Health Administrators (WPS GHA)
– <https://www.wpsgha.com>

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Current TPE Topics - J5 A

- Hyperbaric Oxygen Therapy
 - Go277 and CPT 99183
 - Physician or other qualified health care professional attendance and supervision of HBO, per session
- Skilled Nursing Facility RUG Utilization
- Inpatient Rehabilitation Facility/Unit



More TPE Topics - J5 A

- Inpatient Psychiatric Facility
- Emergency Department Visits
 - CPT 99281-99285
- Wound Care



Current TPE Topics - J5 B

- Hyperbaric Oxygen Therapy
 - Go277 and CPT 99183
 - Physician or other qualified health care professional attendance and supervision of HBO, per session
- Emergency Department Visits
 - CPT 99281-99285
- Outpatient Evaluation and Management Service, Established
 - CPT 99211-99215



More TPE Topics - J5 B

- Inpatient Evaluation and Management Service
 - CPT 99221-99223
- Rituximab Units Billed and Administration
 - HCPCS J9310, J9311, and J9312
- Outpatient Therapy
 - CPT 97110
 - Review of medical necessity, correct billing of timed codes and all therapy codes under same plan of care

CERT Contractor

- AdvanceMed Corp.
 - <https://certprovider.admedcorp.com/>



CERT Error Categories

Type of Error	Description
No Documentation	Provider or supplier fails to respond to repeated requests for the medical records or they do not have the requested documentation.
Insufficient Documentation	Submitted medical documentation is inadequate to support payment for the services billed; the CERT contractor reviewers could not conclude that the billed services were actually provided, were provided at the level billed, and/or were medically necessary; or a specific documentation element that is required as a condition of payment is missing (for example, a physician signature on an order).
Medical Necessity	There is adequate documentation in the medical records to make the informed decision that the services billed were not medically necessary based upon Medicare coverage and payment policies.
Incorrect Coding	Provider or supplier submits medical documentation supporting: <ul style="list-style-type: none"> • A different code than was billed • The service was performed by someone other than the billing provider or supplier • The billed service was unbundled • A beneficiary was discharged to a site other than the one coded on a claim
Other	When a claim error does not fit in any other category (for example, duplicate payment error, non-covered, or unallowable service).

Quarterly CERT Error Findings

- Available on WPS GHA portal
 - From the Topic Center, navigate to Claim Review
 - View should default to Guides and Resources
 - Select Quarterly CERT Error Summary
 - Under CERT topic, or
 - Alphabetically under 'Q'

CMS CERT Report



Office of Inspector General (OIG)

<https://oig.hhs.gov/>

OIG Work Plan

Announced or Revised	Agency	Title	Component	Report Number(s)
September 2019	Administration for Children and Families	OMB Funded Facilities' Efforts to Ensure Health and Safety of Unaccompanied Children	Office of Evaluation and Inspections	OEI-09-18-00430
September 2019	Indian Health Service	Sufficiency and Implementation of Indian Health Service Patient Abuse Policies	Office of Evaluation and Inspections	OEI-06-19-00330
September 2019	Centers for Medicare & Medicaid Services	Specialty Drug Coverage and Reimbursement in Medicaid	Office of Evaluation and Inspections	OEI-03-17-00430
August 2019	Centers for Medicare & Medicaid Services	Medicare Payments of Positive Airway Pressure Devices for Obstructive Sleep Apnea Without Conducting a Prior Sleep Study	Office of Audit Services	W-00-19-35823
August 2019	Centers for Medicare & Medicaid Services	States' Medicaid Agency Claims for Indian Health Service Expenditures	Office of Audit Services	W-00-19-31538

How the OIG Work Plan Impacts Medical Review

Hyperbaric Oxygen Therapy (HBOT)


OIG Selected WPS GHA for Review

- Based on data
- Objective to determine if HBOT complied with regulations



OIG Claim Sample

- 44,940 claims = \$59.5 M for J5
 - 73 providers
- Sampled 120 claims
 - 102 did not comply with Medicare regulations = \$300,789 in inappropriate payment
 - Estimated overpayment applicable to universe of claims



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OIG Findings

- Documentation did not substantiate
 - Medical necessity
 - Covered condition
 - Standard or conventional wound care was provided prior to HBOT
 - Any mention of Wagner Grade III or higher diabetic wound

National Coverage Determination (NCD) 20.29

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Recommendations/Response

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Topic Center My Account Contact Us [Login / Register](#)

Claim Review
Guides and Resources
News and Updates
Forms

Hyperbaric Oxygen Therapy G0277 and CPT 99183 – Physician or Other Qualified Health Care Professional Attendance and Supervision of Hyperbaric Oxygen Therapy, Per Session
PUBLISHED ON OCT 23 2017, LAST UPDATED ON FEB 15 2019

– Back to the previous page

Jurisdictions: [38A](#), [35A](#), [38B](#), [35B](#)

CHS has authorized WPS Government Health Administrators (GHA) to conduct the Targeted Probe and Educate (TPE) review process. This is a required process for providers identified by Medical Review. If your facility is chosen, a WPS Nurse Analyst will contact you to facilitate the process. Once reviews begin, you will be notified of the selected claims per your normal Additional Documentation Request (ADR) process. This may be via a mailed ADR letter and/or Direct Data Entry (DDE). Providers will then have 45 days to submit medical record information that supports the services billed. Before you send the requested records, GHA suggests a clinician double-check the accuracy of your submitted claim.

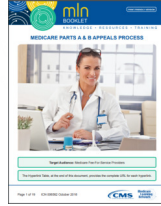
Documentation Guidance for a Successful Review of Hyperbaric Oxygen Therapy and CPT code 99183 – Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session

- Documentation to support the dates of service billed may include, but is not limited to:

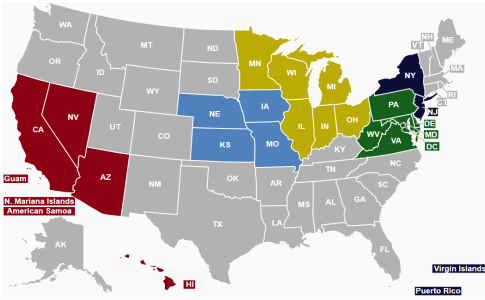
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Appealing a Decision

- Refer to:
 - Appeals Topic Center on the WPS GHA Portal
 - Medicare Learning Network (MLN)
 - Publications/Multimedia
 - Training
 - News & Updates
 - Continuing Education



BFCC-QIO Regional Transition



Livanta

- Responsible for states shown on map
 - KEPRO has contract for others
- Reorganized based on CMS Regional Offices
- Mailing address:
 - Livanta, LLC
 - BFCC-QIO Program
 - 10820 Guilford Road, Suite 202
 - Annapolis Junction, MD 20701-1105

Medicare Beneficiary Notices

- Must show updated information
 - “Important Message from Medicare”
 - “Notice of Medicare Non-Coverage”

States	Phone	TTY
NY, NJ, PR, VI (Region 2)	866-815-5440	866-868-2289
PA, MD, DE, DC, VA, WV (Region 3)	888-396-4646	888-985-2660
OH, IN, IL, MI, MN, WI (Region 5)	888-524-9900	888-985-8775
IA, MO, KS, NE (Region 7)	888-755-5580	888-985-9295
CA, AZ, NV, HI, GU, MP, AS (Region 9)	877-588-1123	855-887-6668



Get More Information
Resources

Resources

- CRNA Exemption to the Fee Schedule
 - <https://www.wpsgha.com/wps/portal/mac/site/fees-and-reimbursements/guides-and-resources/crna-exempt/>
- Portal User Manual
 - <https://www.wpsgha.com/wps/wcm/connect/mac/9916b093-2279-4d42-955b-27e44f269c72/transactional-portal-user-manual.pdf>

Resources

- Portal Logout and Disable
 - CR10216
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R13SS.pdf>
 - Minimum Acceptable Risk Standards for Exchanges (MARS-E), Volume IV
 - <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/4-MARS-E-v2-0-AE-ACA-SSP-11102015.pdf>

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Resources

- Targeted Probe and Educate
 - CMS.gov
 - <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Targeted-Probe-and-EducateTPE.html>
 - CR10249
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R1919OTN.pdf>


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Resources

- WPS GHA Learning Center
 - <http://wpsghalearningcenter.com>
- Livanta BFCC-QIO
 - <https://livantaqio.com/en/provider/transition>
- 2018 CERT Report
 - <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/Downloads/2018MedicareFFS-SupplementalImproperPaymentData.pdf>

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Spell it Out for Me
Acronyms



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Acronyms

- AA – Anesthesiology Assistant
- ADR – Additional Documentation Request
- BFCC –Beneficiary and Family Centered Care
- CERT – Comprehensive Error Rate Testing
- CMS – Centers for Medicare & Medicaid Services
- CPT – Current Procedural Terminology
- CR – Change Request
- CRNA – Certified Registered Nurse Anesthetist
- EDI – Electronic Data Interchange
- E&M – Evaluation and Management

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Acronyms

- ESRD – End Stage Renal Disease
- HBOT – Hyperbaric Oxygen Therapy
- HCPCS – Healthcare Common Procedure Coding System
- HICN – Health Insurance Claim Number
- IVR – Interactive Voice Response
- LCD – Local Coverage Determination
- MAC – Medicare Administrative Contractor
- MBI – Medicare Beneficiary Indicator
- MCS – Multi Carrier System
- MFA – Multi-Factor Authentication

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Acronyms

- MLN – Medicare Learning Network
- MSP – Medicare Secondary Payer
- NCD – National Coverage Determination
- NPI – National Provider Identifier
- OIG – Office of Inspector General
- QIO – Quality Improvement Organization
- RUG – Resource Utilization Group
- SE – Special Edition
- SNF – Skilled Nursing Facility
- TPE – Targeted Probe and Educate

Thank You!
