

The minutes below are a summary of the Advisory group meeting topics, group discussion, actions, and outcomes as a result of this meeting.

MEETING DETAILS

Date: March 13, 2018

Facilitator: Nykesha Scales, CGS Senior Provider Relations Representative

Attendees: 11 association representatives

AGENDA ITEMS

Attendance/Roll Call

Follow-Up Items from December 12, 2017, Advisory Group Meeting

No comments.

Education Topics for Group Feedback on Education Needs - Group

CERT Conversation, Julene Lienard – Julene provided the top CERT errors (2018 Reporting Period) for the meeting minutes which are as follows:

1. Service Incorrectly Coded
 - a. BILLED HIPPS CODE INCORRECTLY CODED: 1) Documentation supports a change in HIPPS code. The adjusted billed HIPPS code was 1BHL1. Provider billed 6 therapy visits however; there are only orders to cover 5 therapy visits.
 - i. RECEIVED: 1) Physical therapy POC with frequency of 1W5 effective 02/01/2017, 2) Order for PT 1W1 effective 01/25/2017 however this order was generated on 09/27/2017 which is after then claim entry date of 02/31/2017 and after the date of the tech stop request. The PT orders only cover 5 PT visits starting on 02/01/2017; therefore the PT evaluation visit dated 01/26/2017 is missing physician orders.

References: SSA 1862[a][1][A], 42 CFR 424.22 [Conditions for Medicare Payment-Requirements for Home Health Services], IOM 100-04, Chapter 10, Sections 10.1.7 [Basis of Medicare Prospective Payment Systems and Case Mix], 10.1.8 [Coding of HH PPS Episode Case-Mix Groups on HH PPS Claims], 10.1.19.1 [Adj. Episode Payment -Therapy Threshold]

2. Technical Billing Requirement Not Met
 - a. TECHNICAL BILLING ERROR: 1) Physician who signed the home health plan of care for dates 1/24/2017 to 03/24/2017 does not match the NPI reported by the provider on the claim or in CWF.
 - i. RECEIVED: 1) Home health plan of care for dates 1/24/2017 to 03/24/2017 signed by Dr. XXX even though Dr. YYY's name was printed on the document. 2) Face to face attestation with certification statement for encounter date 12/21/2016 signed by Dr. XXX. 3) Face to face encounter note for date 01/04/2017 by Dr. XXX. 4) Clinical note for date 12/29/2016 by a PA. 5) OASIS and DC assessments. 6) Visit notes by PT, OT and aide. 7) Electronic signature protocol. 8) Inpatient facility records.

References: SSA 1862[a][1][A], 42 CFR 424.22 [Conditions for Medicare Payment-Requirements for Home Health Services], IOM 100-02, Chapter 7, §30.5.1 [Content of

Physician Certification], §30.5.1.1 [Face to Face Encounter], IOM 100-04, Chapter 10, §40.2 [HH PPS Claims - Attending Provider Name and Identifiers].

3. F2F documentation is inadequate to meet requirements
 - a. MISSING: 1) Face to face attestation by the certifying physician which was completed prior to claim entry date of 04/25/2017. 2) Face to face encounter documentation in the certifying physician's medical record which supports home health eligibility. The face to face attestation requirement was not met. The plan of care/certification is incomplete without the attestation and the plan of care/certification must be complete prior to claim being submitted. HH services for PT services were R/N.
 - i. RECEIVED: 1) Home health plan of care/certification by Dr. XXX with certification of F2F encounter but no date specified. 2) F2F attestation signed on 06/07/2017 by Dr. XXX and attesting to encounter for date 12/06/2016 . It was signed after claim entry date of 04/25/2017. 3) NP progress note 12/06/2016 which supports HH eligibility. 4) Provider letter dated 12/04/2017 which states that no further documentation is available from this patient's medical record. 5) Letter per MRS call to Dr. XXX that there are no documents, records or other materials for face to face encounters.

References: SSA 1862[a][1][A], 42 CFR 424.22 Conditions for Medicare Payment-Requirements for Home Health Services, IOM 100-02 Ch. 7 Sections 30.5 [Physician Certification], 30.5.1 [Content of Physician Certification], 30.5.1.2 [Supporting Doc requirement] and IOM 100-08, Ch. 6, Section 6.2.1.1 [Certification Requirements], 6.2.3 [Use of the Patient's Medical Record Documentation to Support the Home Health Certification]

Julene also asked the group to help keep her on her toes by checking the status of their CID when they submit additional documentation; there are times that CERT reverses the decision and deems there to be no error at which time she must submit the new decision to the Overpayment area at CGS in order to get their monies refunded.

Targeted Probe and Educate (TPE) Process Discussion – Overall, nine providers for home health and hospice have completed Round 1. Two providers did not advance to Round 2, while the other seven providers advanced. Education calls continue. The average is 40-50 calls to provider requesting missing and/or incomplete documentation. As a reminder, providers do not have to wait until the end of the round to request education for claim denials or concerns. MR encourages providers to use the J15HHProbeand Education mailbox to request education: J15HHprobeandEducation@cgsadmin.com.

Several state associations offered feedback concerning providers comfort level with TPE since its implementation and subsequent education has been offered which was forwarded to MR for consideration and possible process improvements. The group encouraged MR to offer recommendations for any providers who would be subject to Round 3.

The group was reminded of the available TPE resources, upcoming education, previous TPE Lunch & Learn recorded event and informed TPE notification and result letters are now available in the online Web portal, myCGS.

- CGS TPE Web page, https://www.cgsmedicare.com/hhh/medreview/tpe_process.html
- TPE FAQs, https://www.cgsmedicare.com/hhh/education/faqs/tpe_faqs.html
- Medical Review Activity Log, <https://www.cgsmedicare.com/hhh/medreview/activitylog.html>
- TPE Lunch & Learn, https://www.cgsmedicare.com/hhh/education/recorded_webinars.html
- myCGS TPE Notification & Results Letters, <https://www.cgsmedicare.com/articles/cope6615.html>

myCGS Discussion, <https://www.cgsmedicare.com/hhh/mycgs/index.html> - The group was updated with the latest myCGS portal enhancements: TPE notifications and results available in the portal as of February 19, 2018 and updated CBR reports based on previous provider feedback. The enhanced CBR now inform providers what the report is, what type of data is included and how they compare to other providers in their state and jurisdiction 15. The group received the CBR instructional job aid (shown below). The West Virginia Council of Home Care Agencies advised they heard great feedback on the revised layout of the CBR. Nykesha advised the *myCGS User Manual* is currently being revised by the POE team. Also, since TPE notification and results letters are now being made available in the portal, the group was reminded of Green Mail and how opting in vs. opting out relates to gaining access to myCGS correspondence.

- Update Opt in/Opt Out to Green Mail Options, <https://www.cgsmedicare.com/articles/cope5235.html>
- Comparative Billing Report (CBR) Instructions, https://www.cgsmedicare.com/hhh/education/materials/pdf/mycgs_comparative_billing_reports_hhh.pdf

New Medicare Card Transition, <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html> - The New Medicare Card Transition begins next month. Group members were informed of previous education as well as plans for upcoming education. The newest information regarding the transition is the release of the mailing strategy which indicates several of CGS J15 HHH states will be included in Wave 1 (April – June 2018) and myCGS, our online Web portal, will house the Health Insurance Claim Number (HICN)/Medicare Beneficiary Identifier (MBI) Lookup Tool. Group members were reminded of the related transition period, lasting 21 months (April 2018 – December 2019), which should help to alleviate provider concerns.

The group indicated they are not hearing much and are awaiting EMR vendors to finalize their necessary system changes in preparation for the transition. A group member suggested we remind providers OASIS assessments will receive error messages on their validation reports when using the MBI and this should be expected for a short time period. Those with concerns should contact their appropriate OASIS Coordinator.

- Mailing Strategy, <https://www.cms.gov/Medicare/New-Medicare-Card/NMC-Mailing-Strategy.pdf>

Medicare Administrative Contractor Satisfaction Indicator (MSI) Survey Announcement, <https://www.cms.gov/Medicare/Medicare-Contracting/MSI> - The 2018 MSI issued by CMS will be available the week of March 12th. Advisory Group members were thanked for their assistance with helping CGS spread the MSI news and increasing participation and asked to do the same for the 2018 MSI. Members were apprised of process improvements based on 2017 MSI feedback such as: reduction in the number of days ListServ messages are issued (Tuesday & Thursdays, unless urgent notification directed by CMS), improved website navigation by adding icons on the homepages so providers easily locate what they're looking for, increased educational offerings, more timely posting of all relevant claims processing issues on the Claim Processing Issues Log Web page, and more.

The group was informed an "Evaluate Our Services" Listserv was issued on March 12, 2018, with a link to the MSI specific to CGS, <https://www.cgsmedicare.com/hhh/pubs/news/2018/0318/cope6750.html>.

National Provider Enrollment Conference, <https://med.noridianmedicare.com/web/medicare/national-provider-enrollment-conference> - The National Provider Enrollment Conference will be held in San Diego, CA this year on April 24-25, 2018. Interested participants may register for free. The group was advised there is a direct link to registration on our homepage.

No further suggestions were received for topics that require additional education.

CGS Website Updates (<http://www.CGSmedicare.com/hhh/index.html>)

The following website updates were provided to members.

- Billing & Claims
 - **New:** Billing Outpatient Diabetes Self-Management Training (DSMT) Web page, <https://www.cgsmedicare.com/hhh/education/materials/dsmt.html> – Page developed to assist with DSMT billing
 - **Updated:** Top Claim Submission Errors (Reason Codes) and How to Resolve, <https://www.cgsmedicare.com/hhh/education/materials/cses.html> – Now includes most recent monthly data
- Local Coverage Determinations (LCDs)/Coverage
 - **Updated:** LCDs/Coverage Web page, <https://www.cgsmedicare.com/hhh/coverage/index.html> – A list of LCDs was added to the LCD/Coverage Web page and link directly to the CMS Coverage Database for improved navigation
- Medical Review
 - **New:** Home Health Documentation Checklist Tool, https://www.cgsmedicare.com/hhh/education/materials/pdf/hh_documentation_checklist_tool.pdf – Medical Review has released this checklist to help providers ensure they are meeting the Medicare Home Health benefit requirements
 - **New:** Advance Beneficiary Notice of Noncoverage (ABN) Completion Tips Article, <https://www.cgsmedicare.com/hhh/pubs/news/2018/0318/cope6650.html> – Developed in response to provider billing errors related to the ABN
 - **Updated:** CERT Web page, <https://www.cgsmedicare.com/hhh/education/materials/cert.html> - Point of Contact information updated to explain that subsequent ADR letters can be sent to a specific correspondence address that may be provided by contacting a CERT Customer Service Representative
 - **Updated:** Home Health Top Medical Review Denial Reason Codes, https://www.cgsmedicare.com/hhh/medreview/hh_denial_reasons.html – Includes most recent quarterly data (October – December 2017)
- Additional Resources
 - **Updated:** ELGA and ELGH Overview of Key Field QRT, https://www.cgsmedicare.com/hhh/education/materials/pdf/elga-elgh_key_fields.pdf - Medicare Secondary Payer pages changed as appropriate (Providers may now access with NPI only)
 - **Updated:** Frequently Asked Questions, <https://www.cgsmedicare.com/hhh/education/faqs/index.html> – Quarterly review and necessary updates completed. Next review is in progress and to be completed by end of March
 - **New:** HHH Recorded Webinars, https://www.cgsmedicare.com/hhh/education/recorded_webinars.html - Group informed educational events, successfully recorded, will now be housed on this new Web page
 - **Updated:** Education & Resources Web page, <https://www.cgsmedicare.com/hhh/education/index.html> - New CMS MLN button posted as well as other new icons

Upcoming CGS Education Events

- Calendar of Events Home Health & Hospice Education Web page, <http://www.cgsmedicare.com/hhh/education/Education.html> - Members were informed of past educational events and future events. Nykesha advised that POE members are available for state and national association meetings to share Medicare updates.

CGS Data Analysis

- Claim submission errors (CSEs), MR denials, and CERT data discussed with advisory group members.

OPEN DISCUSSION

A question was posed concerning telehealth and rural providers. Telehealth services are generally only covered under Part B. Please refer to the following CMS publication for more information, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcfsht.pdf>.

A member inquired about the validity of a maintenance tool kit for therapy services. This appears to be a resource offered by a non CMS contractor. However, the following CMS Web page offers therapy resources specially related to the Jimmo Settlement, <https://www.cms.gov/Center/Special-Topic/Jimmo-Center.html>.

There was one final remark about the MR denial data. Please refer to the agenda for the denial data that is made available for advisory group members. No additional data is available at this time.

Next CGS Advisory Group Meeting

The next Home Health AG meeting is scheduled for July 24, 2018 via teleconference.