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: December 18, 2018

Facilitator: Nykesha Scales, CGS Senior Provider Relations Representative

Attendees: 13 association representatives

AGENDA ITEMS

Attendance/Roll Call

Follow-Up Items from July 24, 2018, Advisory Group Meeting

No comments.

Education Topics for Group Feedback on Education Needs - Group

CERT Conversation, Nykesha provided the following CERT details from the most recent Department of Health and Human Services Fiscal Year (FY) 2018 Agency Financial Report, published in November, https://www.hhs.gov/sites/default/files/fy-2018-hhs-agency-financial-report.pdf.

- Gross Improper payment estimate for FY 2018 is 8.12% or $31.62 billion
- A decrease from 11.0% ($41.1 billion) in 2016
- 9.51% ($36.2 billion) in 2017
- The OIG and CMS have identified especially high rates of improper payments for home health care, hospice care, and DME (see page 199).

Page 199 of the report indicates the service areas driving improper payments.

Service Areas Driving Improper Payments

The Medicare FFS gross improper payment estimate for FY 2018 is 8.12 percent of total outlays or $31.62 billion. The FY 2018 net improper payment estimate is 7.58 percent of total outlays or $29.52 billion. The decrease from the prior year's reported improper payment estimate of 9.51 percent was driven by a reduction in improper payments for home health and Skilled Nursing Facility (SNF) claims. Although the improper payment rate for these services and the gross Medicare FFS improper payment rate decreased, improper payments for home health, IRF, SNF, and hospital outpatient claims were the major contributing factors to the FY 2018 Medicare FFS improper payment rate, comprising 33.24 percent of the overall estimated improper payment rate. While the factors contributing to improper payments are complex and vary by year, the primary causes of improper payments continue to be insufficient documentation and medical necessity errors as described in four driver service areas (only HH item included below, see report for all):

- Insufficient documentation for home health claims continues to be prevalent, despite the improper payment rate decrease from 32.28 percent in FY 2017 to 17.61 percent in FY 2018. The primary reason for these errors was that documentation to support the certification of home health eligibility requirements was missing or insufficient. Medicare coverage of home health services requires physician certification of the beneficiary's eligibility for the home health benefit (42 Code of Federal Regulations [CFR] 424.22).

Targeted Probe and Educate (TPE) Process Update

https://www.cgsmedicare.com/hhh/pubs/news/2018/1118/cope10075.html

The referenced article was discussed with the group, which provides progress of TPE from October 1, 2017 – September 30, 2018. TPE is ongoing and continues based on data analysis and the implementation of edits. The medical review activity log was recently updated to reflect our current TPE edits.

- CGS HHH Targeted Probe and Educate Progress Update, https://www.cgsmedicare.com/hhh/pubs/news/2018/1118/cope10075.html
- Medical Review Activity Log, https://www.cgsmedicare.com/hhh/medreview/activitylog.html

The group expressed these concerns regarding TPE for Medical Review's (MR) response (indicated in red font):

- **Has there been a better response of requests for TPE education?**
  CGS has always had a very high response in request for education. If the providers do not reach out to us for education then our Clinical Educator calls and attempts to schedule 1:1 post probe education with the provider. Only after multiple attempts to schedule education do we mark the provider as refused education and cease attempting to schedule.
- **Some providers come away from education sessions still not knowing what's wrong?**
  We encourage providers to speak up and let us know if they do not understand or need further instructions. Clinical educators are willing to set up multiple calls to speak with the provider. It is up to the provider to let us know if they need further assistance. We encourage the use of the CGS Probe and Education mailbox provided in the results letters to contact us at anytime if the provider is unclear or has any questions. The Clinical Educator discusses this on each call. In addition, CGS sends a survey to each provider to give us feedback on the call.
- **Education doesn't seem to be streamlined. Differences in what education is given.**
  Education is provided based on individual provider denials and concerns.
- **Are reviewers consistently reviewing w/ same interpretations?**
  Yes, MR has an internal QA process in addition to external sources performing reviews of our decisions.
- **Some providers follow what was advised and still end up with denials.**
  CGS may provide education, it is up to the provider to correctly implement or develop a process improvement.
- **Any indication as to why providers are not responding to ADRs?**
  Some providers have told us they are aware of an error and have not submitted documentation because they knew it would be denied. Others have just simply not responded despite phone calls informing them they have a claim(s) getting ready to deny for 56900 if documentation is not submitted.

Monitoring Misuse of Home Health Request for Anticipated Payments (RAPs),

https://www.cgsmedicare.com/hhh/pubs/news/2018/0918/cope9142.html

Change Request (CR) 10789 and its implications were overviewed. Nykesha advised education concerning this CR and the data analysis will be ongoing. The AG shared their concerns about how data is reviewed and calculated. Providers are encouraged to have internal processes in place at their agencies to monitor the number/percentage of auto (system generated) cancelled RAPs and to keep this below 50% each month. Webinar that was presented on November 15, 2018, posted great attendance and good feedback. POE is developing a dedicated FAQ category for this CR which will be available very soon.

CMS Takes Action to Modernize Medicare Home Health

https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2018-10-31-eNews-SE.html

The Home Health Final Rule was finalized on October 31, 2018. The trending topic seems to be the Patient Driven Groupings Model (PDGM) which is slated to start in 2020. The group

was directed to the CMS PDGM overview presentation included on their meeting agenda. AG members also shared concerns related to future home infusion changes. Mary Carr (NAHC) assured group members everything would continue as normal during this transition period.

Home Health Rural Add-on Payments Based on County of Residence

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10782.pdf

CR 10782 implements recent legislation requiring home health rural add-on payments to vary, based on the county in which the service was furnished. This will also implement a new billing requirement for all home agencies to add value code 85 and an associated Federal Information Processing Standards (FIPS) State and County Code on home health claims, 032x type of bill (TOB), received on or after January 1, 2019. Mary Carr (NAHC) clarified CMS has advised this requirement is for all home health providers and not just those rendering services in those rural counties.

Common Working File (CWF) Provider Queries National Provider Identifier (NPI) and Submitter Identification (ID) Verification

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10983.pdf

CR10983 announces CWF will require verification of provider NPIs and submitter IDs similar to the Health Insurance Portability and Accountability ACT (HIPAA) Eligibility Transaction System (HETS) when Medicare Part A providers request eligibility and entitlement data via the CWF provider inquiry screens such as ELGA, ELGH, HIQA, HIQH and HUQA. Nykesha asked the group to please ensure home health providers are aware of this change. Providers who utilize myCGS, our online web portal, to request eligibility and entitlement data may continue to do so without a submitter ID.

myCGS Discussion

https://www.cgsmedicare.com/hhh/mycgs/index.html

The group was updated with the latest myCGS portal enhancements: myCGS claim status enhancements now allow providers to submit a Redetermination (1st level of appeal), respond to Additional Documentation Requests (ADRs), view CARC and RARC codes and definition, and ask questions regarding the claim directly on the Claims tab. The Medical Review (MR) tab now includes a MR Dashboard allowing providers to quickly identify MR ADRs and respond to such requests depending on when the ADR was issued.

- Claim Tab Enhancements: https://www.cgsmedicare.com/hhh/pubs/news/2018/1118/cope9818.html
- MR Tab Enhancements: https://www.cgsmedicare.com/hhh/pubs/news/2018/1118/cope9820.html

New Medicare Card Transition

https://www.cms.gov/Medicare/New-Medicare-Card/

Group was reminded the New Medicare Card Transition began April 2018 and will continue through December 2019. During this time providers can transmit either the Health Insurance Claim Number (HICN) or the new Medicare Beneficiary Identifier (MBI). Providers are strongly encouraged to get in the habit of submitting with the MBI to identify any potential issues or hurdles prior to the end of the transition. The URL was mentioned as a resource for providers and group members to stay abreast of any new updates concerning this transition. CGS will continue to educate on this initiative.

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

CGS Website Updates

http://www.cgsmedicare.com/hhh/index.html

The group was notified of the following updates to the CGS website.

Billing & Claims

- **Updated:** Claims Processing Issues Log (CPIL), https://www.cgsmedicare.com/hhh/claims/fiss_claims_processing_issues.html - Format revised for eased navigation and updated with latest reported issues
- **Updated:** Top Claim Submission Errors (Reason Codes) and How to Resolve, https://www.cgsmedicare.com/hhh/education/materials/cses.html - Contains latest monthly statistics
- **Updated:** FISS DDE Guide, https://www.cgsmedicare.com/hhh/education/materials/fiss.html - Various updates as warranted

Medical Review

- **Updated:** Home Health Top Medical Review Denial Reason Codes, https://www.cgsmedicare.com/hhh/medreview/hh_denial_reasons.html - Includes most recently quarterly data
- **Updated:** Medical Review Activity Log, https://www.cgsmedicare.com/hhh/medreview/activitylog.html - Updated in November with current TPE edits

Additional Resources

- **New:** Home Health Final Claim Timeliness Calculator, https://www.cgsmedicare.com/medicare_dynamic/j15/rap_final_claim_calc.asp - New resource added to help HH providers with calculating due date of final claims. Group asked if this could be added to the Claims Page as well. Recommendation is under consideration.
- **Updated:** Ordering/Referring Physician Checklist for Home Health Agencies QRT, https://cgsmedicare.com/hhh/education/materials/pdf/ord_ref_phys_checklist_hha.pdf - Now includes new specialties that may order/refer per recent CMS directives
- **Updated:** Frequently Asked Questions, https://www.cgsmedicare.com/hhh/education/faqs/index.html - Quarterly review complete and FAQs are now searchable via keyword
- **Updated:** HHH Recorded Webinars, https://www.cgsmedicare.com/hhh/education/recorded_webinars.html - Providers encouraged to visit this page for past events, updated after each educational webinar

UPCOMING CGS EDUCATION EVENTS

- Calendar of Events Home Health & Hospice Education Web page, https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/HHH_Report.asp - 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.

NEXT CGS ADVISORY GROUP MEETING

The next Home Health POE AG meeting is scheduled for March 19, 2019, in person at our headquarters in Nashville, TN. This will be a combined meeting with the Home Health Advisory Group from 10am – 1pm CST. Teleconference capabilities will be provided for those unable to attend in person. However, since this is the first in person meeting, as requested by several group members, we are looking forward to see many of our members.

- Please RSVP with Nykesha ASAP

