

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 4, 2018

Facilitator: Nykesha Scales, CGS Senior Provider Relations Representative

Attendees: 14 association representatives

AGENDA ITEMS

Education Topics for Group Feedback on Education Needs

CERT Discussion, Julene Lienard

Julene 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 healthcare, hospice care, and DME (see page 199).

Page 247 of the report, provides the following focus on hospice.

FOCUS ON HOSPICE

Hospice is an increasingly important benefit for the Medicare population. It can provide great comfort to beneficiaries, their families, and other caregivers at the end of a beneficiary's life. The number of hospice beneficiaries has grown every year for the past decade. In 2016, Medicare spent about \$16.7 billion for hospice care for 1.4 million beneficiaries (compared to \$9.2 billion for fewer than 1 million beneficiaries in 2006). With this growth, OIG has identified significant vulnerabilities and has raised concerns about hospice billing, Federal oversight, and quality of care provided to beneficiaries. OIG investigations have also uncovered hospices enrolling beneficiaries without their knowledge or under false pretenses, enrolling beneficiaries who are not terminally ill, billing for services not provided, paying kickbacks, and falsifying documentation.

While page 263, discusses reducing problems in hospice care.

Key Components of the Challenge

OIG's body of work on the Medicare hospice benefit has identified numerous quality of care problems for Medicare beneficiaries in the hospice general inpatient care setting. For example, OIG found that most beneficiaries, including beneficiaries with complex needs, do not see a hospice physician, and key services to control pain and manage symptoms are sometimes lacking. OIG also raised concerns about hospice beneficiaries and their caregivers not receiving the information they need to make informed decisions.

Additionally, investigations have uncovered hospices enrolling patients without the beneficiary's knowledge or under false pretenses, enrolling beneficiaries who are not terminally ill, billing for services not provided, paying kickbacks, and falsifying documentation.

Progress in Addressing the Challenge

HHS launched the Hospice Compare website to facilitate public access to hospice quality data. Medicare Administrative Contractors have targeted their monitoring toward hospices that rely heavily on nursing facility residents. By seeking out these residents, hospices may be looking to increase their profits by only serving beneficiaries associated with longer but less complex care. Additionally, HHS is also taking enforcement actions against hospices fraudulently enrolling beneficiaries.

Hospice Compare Website Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/hospice-compare-website>

Tips for Users and Providers: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Hospice-Compare-Tips-for-Users-and-Providers_June-2018.pdf

What Needs To Be Done

- CMS should improve quality of care and consumer protections by strengthening the survey process. This will better ensure that hospices provide beneficiaries with needed services and quality care.
- CMS should promote physician involvement and accountability to guarantee that beneficiaries receive appropriate care, as well as take steps to tie payments to beneficiary care needs and quality of care to confirm that services rendered adequately serve beneficiaries' needs.
- CMS can take steps to make available consumer-friendly information that explains the hospice benefit to families and caregivers.

Targeted Probe and Educate (TPE) Process Update, Sandy Decker

Sandy covered the CGS HHH Targeted Probe and Educate Progress Update article 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 Web page 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>

Manual Updates Related to Payment Policy Changes Affecting the Hospice Aggregate Cap Calculation and the Designation of Hospice Attending Physicians

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10517.pdf> - Sandy and Nykesha covered highlights from this article, which references Change Request (CR) 10517 that manualizes policies finalized in the FY 2016 Hospice Final Rule relating to the methodology used to calculate hospice cap amounts, as well as hospice cap timeframe and accounting procedures for hospices. The same CR implements policy recognizing Physician Assistants (PAs) as designated hospice attending physicians, in addition to physicians and nurse practitioners. Sandy advised PAs cannot certify or re-certify an individual as terminally ill.

Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospice Pricer for FY 2019

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10631.pdf>

Nykesha apprised the group MLN article MM10631 provides hospice payment rate information for FY 2019 and is a good point of reference for hospice providers. Additionally, CGS has updated our Hospice Payment Rates Web page, as well as the Hospice Payment Calculator with this information, https://www.cgsmedicare.com/hhh/claims/fees/hospice_rates.html.

Redesign of Hospice Periods – Additional Requirements

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10967.pdf>

The group was informed of CR10967 which corrects a variety of processing issues arising from the redesign of hospice periods in the Common Working File (CWF). Nykesha asked the group to refer to the scenarios outlined in the association MLN article, MM10967 additional information.

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 providers inquiry screens such as ELGA, ELGH, HIQA, HIQH and HUQA. Nykesha asked the group to please ensure hospice 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 - Updated with latest reported issues/resolutions

- **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:** Hospice Top Medical Review Denial Reason Codes, https://www.cgsmedicare.com/hhh/medreview/hos_denial_reasons.html - Includes most recent quarterly data
 - **Updated:** Medical Review Activity Log, <https://www.cgsmedicare.com/hhh/medreview/activitylog.html> - Updated in November with current TPE edits
- Additional Resources
 - **Updated:** Frequently Asked Questions, <https://www.cgsmedicare.com/hhh/education/faqs/index.html> - Last quarterly review completed by POE in September, due again this month (December)
 - **Updated:** Ask-the-Contractor (ACT) Questions and Answers, https://www.cgsmedicare.com/hhh/education/faqs/act_faqs.html - Updated with any Q&As posed prior and during our ACTs; be sure to check out the hospice event held in October
 - **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

- Future education events are posted to the “Home Health and Hospice Calendar of Events” Web page, https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/HHH_Report.asp – Group reminded to stay tuned to the calendar of event for upcoming education and asked to let CGS POE staff members know if they need speakers for their events.

CGS Data Analysis

- Claim submission data, Claim Submission Errors (CSEs) and Top Medical Review Denial Data were distributed to the group and reviewed.

NEXT CGS ADVISORY GROUP MEETING

The next Hospice 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 10:00 a.m. – 1:00 p.m. 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