HOSPICE ADVISORY GROUP MEETING MINUTES

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 10, 2019

Facilitator: Nykesha Scales, CGS J15 Senior Provider Relations Representative and Leah

Lewis, CGS J15 Provider Outreach & Education Manager

Attendees: 16 state/national association representatives & 3 special guests

AGENDA ITEMS

Follow-Up Items from August 13, 2019, Advisory Group Meeting

No comments.

Education Topics for Group Feedback on Education Needs, Group

CERT Conversation

Julene provided the following regarding the National 2019 Error Rate, which was published and released from the CMS Newsroom, https://www.cms.gov/newsroom/press-releases/fiscal-year-fy-2019-medicare-fee-service-improper-payment-rate-lowest-2010-while-data-points.

2019 Medicare Fee-For-Service Improper Payment Rate is Lowest Since 2010

The Medicare FFS estimated improper payment rate decreased to 7.25 percent in FY 2019, from 8.12 percent in FY 2018, the third consecutive year the Medicare FFS improper payment rate has been below the 10 percent threshold for compliance established in the Improper Payments Elimination and Recovery Act of 2010.

Part A East (PAE) Appeals Demonstration Overview

Emily Barnes and Raeshele Clifton from C2C Innovations joined the meeting to discuss the PAE Appeals Demo and field the following questions.

Question: Will the recording of the telephone discussion held with you all be admitted as evidence in ALJ cases?

Answer: Per C2C, this is too costly to provide each time. Emily requested further concerns related to this issue be emailed to her attention.

Question: Which states are involved in the demo?

Answer: For CGS – J15, Colorado, Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia.

Question: What's the timeframe of the demo?

Answer: The demo started in May 2019 and will continue through December 2020.

Question: When did this begin for Home Health and Hospice providers?

Answer: In April 2019, CMS expanded the demonstration activities into the Part A East QIC Jurisdiction and on May 21, C2C conducted the first PAE Appeals Demonstration telephone discussion.

C2C advised the number one reason cases are not reopened is because requested documentation is not received timely. Our Vitas Representative gave kudos to the C2C Representatives regarding recent experiences with the PAE Demo.





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POE AG Covenant Review

Leah reviewed the draft with the group, reminded members of the purpose of the advisory group, and asked for feedback. The group indicated they like the covenant and agree with the contents. The POE AG Covenant will be finalized and will govern advisory group meetings, going forward.

No Longer Accepting Requests to Access CWF Eligibility Systems

CMS published the following announcement, available from URL below, "CMS will begin revoking access to Common Working File (CWF) eligibility transactions HIQA, HIQH, ELGA and ELGH effective February 1, 2020. Submitters that aggregate transactions for otherwise disparate providers (e.g., clearinghouses, billing services, software vendors, etc.) and have both HETS and CWF based eligibility access should use HETS exclusively. CMS will remove HIQA/HIQH/ELGA/ELGH access for these submitters by revoking role-based access for specific CMS RACF IDs. CMS will revoke access starting with high-volume aggregators. Aggregators that use both HETS and CWF based eligibility should assume they must use HETS only no later than February 1, 2020," https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/MCARE-Notification-Archive-Items/MCARE20191101-02.

If you experience any difficulties or have a general question, please feel free to contact the MCARE Helpdesk at mcare@cms.hhs.gov or by phone at 1.866.324.7315. CMS is encouraging providers to keep this in mind and to work with other providers when encountering eligibility issues/conflicts. Nykesha informed the group she has received several provider concerns indicating HETS doesn't always match CWF or provide enough information. These concerns have been shared with CMS and MCARE.

New Medicare Card Transition

Group reminded we are in the home stretch of the transition and for the most part, providers are expected to only use the Medicare Beneficiary Identifier (MBI) on their Medicare clams and transactions on and after January 1, 2020. This includes written correspondence sent to the Medicare Administrative Contractors (MACs). Education has been ongoing since the transition began in April 2018. Members asked to continue to help spread the word.

myCGS Enhancements

No recent enhancements since our last meeting, but the group was asked if they'd like to see future enhancements or had suggestions for other comparative billing reports (CBRs) to be added to the portal. No suggestions were received.

Advisory Group Feedback/Assignment

Prior to the meeting, AG members were asked to share top industry concerns and/or unique, educational forums they'd like to see in 2020. Targeted Probe and Education (TPE), the Notice of Election Statement (NOE) Addendum, Payment Structure Issues, and Documentation Support topped the list of concerns and topics for education. The group was also asked to come up with the top 3 things providers should know about the NOE Addendum prior to our next meeting. All of these concerns and topics will be used for future education as appropriate/feasible.

Open Discussion

Leah explained the new website survey and encouraged members to participate. Members were also informed we will use GotoWebinar for future meetings to assist with audio and visual functionality.

Leasa Novak with the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO), serving CMS Regions 2, 3, 5, 7 & 9, joined our meeting. Advisory group members and providers with QIO related concerns are encouraged to contact Leasa via email at: lnovak@livanta.com.

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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
- Updated: Top Claim Submission Errors (Reason Codes) and How to Resolve, https://www.cgsmedicare.com/hhh/education/materials/cses.html Contains latest monthly statistics

Medical Review

- Updated: Hospice Top Medical Review Denial Reason Codes, https://www.cgsmedicare.com/hhh/medreview/hos_denial_reasons.html Includes most recently quarterly data
- Updated: Medical Review Activity Log, https://www.cgsmedicare.com/hhh/medreview/
 activitylog.html Updated with current TPE edits

Additional Resources

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 and future educational events and asked to share.

CGS Data Analysis

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

Next CGS Advisory Group Meeting

The next Hospice POE AG meeting is scheduled for March 17, 2020, at St. Luke's in Kansas City, MO. Special thanks to Jane Kelly (HH POE AG Member) for arranging this location. We are still in the planning phase. Some members have expressed they'd like to hold separate meetings for Home Health and Hospice. We will do our best to accommodate this request. Teleconference capabilities will be provided for those unable to attend in person. However, we are looking forward to seeing many of our members.

Please RSVP with Nykesha ASAP