

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 29, 2016

Facilitator: Nykesha Scales, CGS Senior Provider Relations Representative

Attendees: 14 association representatives

AGENDA ITEMS

Introductions

New members for Arkansas, Delaware, and Virginia recognized.

Follow-Up Items from December 8, 2015, Advisory Group Meeting

- **Advisory Group Member Survey** – Members were briefed on results from the survey that was disseminated in late December. The goal of the survey is to measure satisfaction and to ensure meetings serve the purpose of establishing a comfortable environment for members to bring provider concerns and suggestions for education to CGS. Feedback suggests members are satisfied but would also like more opportunities for further engagement with CGS. The feedback was shared with upper management for further review and consideration. The survey will continue to be issued on an annual basis.

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

The following website updates were provided to members.

- Claims
 - **Updated:** “Remittance Advice (RA)/ Electronic Remittance Advice (ERA)” Web page, http://www.cgsmedicare.com/hhh/claims/RA_ERA.html
 - Added CMS MLN Product, “Remittance Advice Resources and Frequently Asked Questions (FAQs)” Fact Sheet to ‘Resources’ section
 - **Updated:** “Fiscal Intermediary Standard System (FISS) Claims Processing Issues” Web page, http://www.cgsmedicare.com/hhh/claims/FISS_Claims_Processing_Issues.html
 - Displays most recent information concerning known system issues/resolutions
 - **Updated:** FISS Guide, <http://www.cgsmedicare.com/hhh/education/materials/fiss.html>
 - Changes outlined in red throughout guide; group also reminded of other FISS education such as newly, released online education courses available within the Online Education Center, http://www.cgsmedicare.com/medicare_dynamic/education/001.asp
 - **New:** “Reason Code 7ECBS: Invalid Home Health CBSA Codes” Article, <http://www.cgsmedicare.com/hhh/pubs/news/2016/0116/cope31731.html>
 - Article developed to remind providers to use correct Core Based Statistical Area (CBSA) codes as some codes expired for services provided on and after January 1, 2016

- **Updated:** “Top Claim Submission Errors for Home Health Providers: Error 31790” Web page, <http://www.cgsmedicare.com/hhh/education/materials/31790.html>
 - Web page updated to include new G codes created by Change Request (CR) 9369 developed to differentiate Licensed Practical Nurse (LPN) and Registered Nurse (RN) services
- Financial/Rates & Fees
 - **New:** “Stop Payment Affidavit” Form, <http://www.cgsmedicare.com/hhh/financial/forms/index.html>
 - Form added to Financial/Audit Reimbursement Forms Web page allows providers to complete form online instead of requesting a Customer Service Representative fax the form to them for completion
- Medical Review
 - **Updated:** “Home Health Probe and Educate Medical Review” Web page, http://www.cgsmedicare.com/hhh/medreview/hh_probe_educate_mr.html
 - Now includes “Missing Home Health Face-to-Face Encounter Documentation” Article in ‘Resources’ section
 - **New:** “Missing Home Health Face-to-Face Encounter Documentation” Article, <http://www.cgsmedicare.com/hhh/pubs/news/2016/0116/cope31607.html>
 - Article developed based on Medical Review request, CERT data and Probe and Educate reviews indicating home health providers were not sending the actual face-to-face encounter note in response to requests for medical documentation.
 - **Updated:** “Medical Review Additional Development Request (ADR) Process” Web page, http://www.cgsmedicare.com/hhh/medreview/adr_process.html
 - Additional information concerning the ADR checklist – preferred order now available
 - **Updated:** “Home Health Top Medical Review Denial Reason Codes” Web page, http://www.cgsmedicare.com/hhh/medreview/hh_denial_reasons.html
- Medicare Secondary Payer (MSP)
 - **Updated:** “Medicare Secondary Payer (MSP) Overview” Web page, <http://www.cgsmedicare.com/hhh/education/materials/msp.html>
 - **Updated:** “Submitting Medicare MSP Claims and Adjustments” Web page, http://www.cgsmedicare.com/hhh/education/materials/Submitting_MSP.html
 - **Updated:** “Medicare Secondary Payer (MSP) Billing & Adjustments” Quick Resource Tool, http://www.cgsmedicare.com/hhh/education/materials/pdf/MSP_Billing.pdf
 - Resources updated in light of CR 8486 (MLN referenced below)
- Provider Enrollment
 - **Updated:** Provider Enrollment FAQs, http://www.cgsmedicare.com/hhh/education/faqs/PE_FAQs.html
 - **New:** Enrollment Application Status Check Tool, http://www.cgsmedicare.com/medicare_dynamic/pe/login.asp
 - **Updated:** “Provider Enrollment Revalidation” Web page, <http://www.cgsmedicare.com/hhh/enrollment/Revalidation.html>

- **New:** SE1605 Article (Provider Enrollment Revalidation – Cycle 2), <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1605.pdf>
 - Provider enrollment campaign discussed which involves Cycle 2 revalidation efforts as outlined in SE 1605
- Reopenings
 - **Updated:** “Reopenings” Web page, <http://www.cgsmedicare.com/hhh/appeals/Reopenings.html>
 - Now includes “Untimely Filing” section with ‘how to’ instructions related to this topic
- Additional Resources
 - **Updated:** Home Health & Hospice Hot Topics List
 - **Updated:** Quick Links
 - Both resources available from HH&H Homepage; redesigned for easier accessibility
 - **New:** 277CA Edit Lookup Tool, <http://www.cgsmedicare.com/hhh/edi/index.html>
 - New tool allows Trading Partners, billing services, providers and clearinghouses to view easy-to-understand descriptions associated with the edit codes returned on the 277CA – Claim Acknowledgment for 5010A1 claims
 - **Updated:** Sequestration FAQs, http://www.cgsmedicare.com/hhh/education/faqs/sequestration_faqs.html

No additional suggestions or feedback for web updates were received.

Education Topics for Group Feedback on Education Needs

- **Probe and Educate Discussion** - Sandy Decker, CGS Senior Education Consultant discussed the Probe and Educate initiative with the group and advised this initiative is mandated by CMS to enable ALL home health providers who bill for Medicare services the opportunity to receive individual education. Each provider will have 5 individual claims reviewed by medical review and will then receive a summary letter. This letter will inform of the results of the review and briefly explain the decisions for the claims. The provider is encouraged to contact the email address provided in the letter to request individual education. This education will be provided telephonically and will review each claim individually and provide education on how to prevent future denials. For providers with 2 or more denied claims out of the 5 reviewed, this procedure will be repeated in the future. Members were encouraged to review SE1524, Selecting Home Health Claims for Probe and Educate Review: Episodes that Begin on or After August 1, 2015, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1524.pdf>.
- **MM8486, Instructions on Utilizing 837 Institutional Claim Adjustment Segment (CAS) for Medicare Secondary Payer (MSP) Part A Claims in Direct Data Entry (DDE) and 837I 5010 Claims Transactions**, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8486.pdf> - Change Request 8486 brings good news for the provider community. The major take away presented to the advisory group is that providers now have the ability to submit Medicare Secondary Payer (MSP) claims and adjustments via the DDE/FISS system. This CR does require provider effort as certain data elements will be required to ensure claims and adjustments are processed appropriately. Resources mentioned above were updated to be aligned with CR 8486 requirements and additional education is forthcoming as suggested by group members.

- **MM9474, New Condition Code for Reporting Home Health Episodes with No Skilled Visits**, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9474.pdf> - The group discussed CR 9474 which informs providers of revisions of the Medicare billing instructions for home health claims to allow the use of a new condition code -54. This CR has an effective date of July 1, 2016. Condition code -54 indicates that a home health agency (HHA) provided no skilled services during the billing period, but the HHA has documentation on file of an allowable circumstance.
- **myCGS enhancements**, http://cgsmedicare.com/hhh/mycgs/brochures_resources.html - AG members were informed that our free, online web portal, myCGS, has been enhanced to allow providers to submit general inquiries directly to CGS. The newly-created General Inquiry Form, located under the "Secure Forms" option, may be used to submit inquiries related to topics such as appeals, claims processing, finance, medical review, provider enrollment and provider outreach. Members were advised the standard time frame for response to such inquiries is 45 business days. Responses will be mailed to the correspondence address on file. This option doesn't replace other functions available via myCGS.

No suggestions were received for topics that require additional education.

Upcoming CGS Education Events

Upcoming education events are posted on the CGS Calendar of Events Home Health & Hospice Education webpage, <http://www.cgsmedicare.com/hhh/education/Education.html>.

CGS Data Analysis

- Members received a summary of top claim submission errors (CSEs), top MR denials, CERT denials, and top inquiries.
- Group members expressed concerns about MR denial rates and will continue to work with CGS in an effort to reduce these statistics.
- Nykesha asked the group if they would like the CGS CERT Coordinator, Julene Mull, to attend a future meeting to discuss CERT related topics. The group was in support of this idea.

Open Discussion

A question regarding provider enrollment revalidation time frames was posed and additional research was required. Providers may locate their revalidation dates by using the link in article SE1605 and these due dates will be posted on the website six months in advance of the due date. Letters will be mailed to providers 75-90 days before their revalidation due dates. Providers should be aware there will be no extensions offered in light of the advanced notification to revalidate. They should check the website monthly for due dates. Cycle 1 affected providers who did not have a record in PECOS and certain specialties such as home health and hospice providers, to name a few. Cycle 2 will impact providers who weren't included in Cycle 1. The general time frame for revalidation is every five years. However, the time frame may be less than or more than this general time frame in some cases.

Next CGS Advisory Group Meeting

The next Home Health AG meeting will be held on Tuesday, August 16, 2016, from 9:30 -11:30 a.m. (Central Time) via teleconference.