

*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

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**Date:** July 25, 2017

**Facilitator:** Nykesha Scales, CGS Senior Provider Relations Representative

**Attendees:** 9 state/national association representatives

## AGENDA ITEMS

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### Attendance/Roll Call

### Follow-Up Items from April 11, 2017, Advisory Group Meeting

No comments.

### Education Topics for Group Feedback on Education Needs

- **Round 2 - Probe and Educate Update, Sandy Decker**, [http://www.cgsmedicare.com/hhh/medreview/hh\\_probe\\_educate\\_mr.html](http://www.cgsmedicare.com/hhh/medreview/hh_probe_educate_mr.html) - Sandy updated the group on where CGS stands with Round 2 of Probe and Educate and discussed some of the top errors which continue to be face-to-face related issues. Sandy also stressed the importance of reminding providers to request the one on one education as this is being tracked.
- **SE17009: Denial of Home Health Payments When Required Patient Assessment Is Not Received – Additional Information, Sandy Decker**, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE17009.pdf> - Sandy reminded providers of the implementation of Change Request 9585, where CMS directed MACs to automate the denial of HH PPS claims when the condition of payment for submitting patient assessment data has not been met, effective April 1, 2017. Nykesha added this has become a top denial since implementation and all MACs were discussing with CMS. A group member suggested CGS draft instructions concerning clarification on the Appeals process for such denials. As a result, the article entitled, Requesting an Appeal for No Matching OASIS Found was issued on July 28, 2017: <https://www.cgsmedicare.com/hhh/pubs/news/2017/0717/cope3949.html>.
- **CERT Discussion, Julene Lienard** – Julene discussed recent web updates to the CERT page, <https://www.cgsmedicare.com/hhh/education/materials/cert.html>, which include a change in the response time for responding to CERT requests. All documentation related to the services provided must be sent to the CERT Documentation Contractor (CD) within 45 days of the request. An article concerning this change was issued July 21, 2017 outlining new CERT processes, <https://www.cgsmedicare.com/articles/cope3879.html>.

Julene provided the top CERT errors for the meeting minutes which are as follows:

1. Error code 00166: Home Health  
**Example:** Face to face evaluation document insufficient but medical records support medical necessity
2. Error code T8: Home Health-MD certification/recertification  
**Example:** There is insufficient documentation to support the billed subsequent home health services episode for dates 8/27/2014 to 10/25/2014 with a start of care date of 6/26/2003. Missing is the home health certification/plan of care for start of care episode

dated 06/26/2003.

3. Error code T5: Home Health-Oasis not in repository/medical record

**Example:** OASIS SOC assessment dated 07/19/2014 cannot be located in the repository and RHHI extract summary displays the message “No matching record is found” therefore am unable to verify billed HIPPS Code.

4. Error code TD: Home Health – Face-to-Face evaluation is inadequate

**Example:** The face to face encounter documentation submitted is insufficient to meet Medicare requirements with no documentation of the need for assistance or the use of an AD to leave the home and no documentation of a taxing effort or normal inability to leave home.

5. Error code 00181: Technical billing requirement not met

**Example:** Physician who signed the Certification/POC and F2F attestation does not match the physician on the claim or in CWF.

- **Fiscal Intermediary Standard System (FISS)/Direct Data Entry (DDE) User ID Annual Recertification**, <https://www.cgsmedicare.com/hhh/pubs/news/2017/0717/cope3783.html> - Group was reminded of importance for providers to complete the annual FISS/DDE recertification and informed on how to do so. Provider Outreach and Education (POE) is sending listserv reminders, twice weekly, outlining how many providers have completed this process versus the total number of home health and hospice providers. No confirmation is sent advising the process has been completed. However, providers may contact EDI to verify status at 1.877.299.4500, Option 2. Some members asked if they need to recertify if they use a billing software vendor. If the provider has a RACF ID assigned to their employees, billing service, or any other third party, they will need to recertify or they will lose access. EDI has noticed a number of duplicate submissions for HH+H providers and forms returned with myCGS user IDs instead of the RACF IDs, which are needed to complete the annual recertification. For questions or concerns regarding this process, again contact EDI.
- **Home Health Agency (HHA) Conditions of Participation (CoPs) Effective Date Extension**, <https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html> - Although CGS does not educate on the Conditions of Participation (CoPs), Nykesha advised how to find the HHA CoPs and reiterated CMS has extended the effective date of the final home health agency CoP rule by an additional 6 months beyond the original July 13, 2017, effective date. The new HHA CoPs are now effective January 13, 2018.
- **New Medicare Card Project (formerly known as the Social Security Number Removal Initiative (SSNRI))**, <https://www.cms.gov/Medicare/New-Medicare-Card/index.html> - New Medicare cards are coming soon! Social security numbers are being removed from cards to prevent fraud, fight identity theft, and keep taxpayer dollars safe. Group members were informed that CGS will be adding information regarding this initiative to all upcoming educational events. The group was asked to help spread the word about this project, available resources and to help prepare patients.

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.

- Appeals
  - **Revised:** Appeals/Redeterminations Web page, <https://www.cgsmedicare.com/hhh/appeals/index.html> - Revamped layout with icons for various topics and two new pages created (shown below)

- **New:** When to File Appeal Web page, [https://www.cgsmedicare.com/hhh/appeals/when\\_to\\_file.html](https://www.cgsmedicare.com/hhh/appeals/when_to_file.html)
- **New:** When Not to File Appeal Web page, [https://www.cgsmedicare.com/hhh/appeals/when\\_not\\_to\\_file.html](https://www.cgsmedicare.com/hhh/appeals/when_not_to_file.html)
- **Revised:** Reopenings Web page, <https://www.cgsmedicare.com/hhh/appeals/Reopenings.html> - Note section informing providers to ensure the DCN is submitted when submitting an ordering/referring reopening was moved to be more visible as this is a requirement
- Financial
  - **Revised:** Credit Balance Report Web Page, <https://www.cgsmedicare.com/hhh/financial/CMS-588.html> - Tips for completing a Credit Balance Report (Form CMS-838) Web page updated to include instructions that providers should not submit duplicate reports and to show using myCGS for submission is the preferred method as submitters received instant confirmation of receipt. A section addressing corrections to credit balance reports was added.
  - **Revised:** Interactive Medicare Electronic Remittance Advice (ERA), [https://www.cgsmedicare.com/hhh/education/era\\_tool.html](https://www.cgsmedicare.com/hhh/education/era_tool.html) and Interactive Medicare Standard Paper Remittance (SPR) Advice, [https://www.cgsmedicare.com/hhh/education/spr\\_tool.html](https://www.cgsmedicare.com/hhh/education/spr_tool.html) - Updated to remove CMS link to the Top Ten Frequently Asked Questions About Remittance Advice Fact Sheet and replaced with the Remittance Advice Resources and Frequently Asked Questions (FAQs) Fact Sheet
- Medical Review
  - **Updated:** Comprehensive Error Rate Testing (CERT) Program Web page, <https://www.cgsmedicare.com/hhh/education/materials/cert.html> - Time period in which documentation requested must be sent to CERT Documentation Contractor (CDC) changed from 75 days to 45 days. As such, Web page updated.
  - **Updated:** Medical Review Signature and Attestation Guidelines Web page, [https://www.cgsmedicare.com/hhh/medreview/sig\\_guidelines.html](https://www.cgsmedicare.com/hhh/medreview/sig_guidelines.html) - Now includes information concerning scribe services based on Change Request 10076. CMS does not require the scribe to sign/date the documentation. Related QRT shown below also updated to reflect this information.
  - **Updated:** Signature Guidelines for Home Health & Hospice Medical Review Quick Resource Tool (QRT), [https://www.cgsmedicare.com/hhh/medreview/sig\\_guidelines.pdf](https://www.cgsmedicare.com/hhh/medreview/sig_guidelines.pdf)
- Additional Resources
  - **Updated:** Home Health & Hospice Customer Service Phone/Fax Web page, [https://www.cgsmedicare.com/hhh/cs/cs\\_phone\\_fax.html](https://www.cgsmedicare.com/hhh/cs/cs_phone_fax.html) - Option 5 selection for provider questions about Pre-Claim Review Demonstration removed as this demo is on pause.
  - **New:** Billing Negative Pressure Wound Therapy (NPWT) Web page, <https://www.cgsmedicare.com/hhh/education/materials/3118.html> - Updated to include information about NPWT being provided within a HH PPS episode, or not within a HH PPS episode. REV and HCPC field descriptions revised to specify HCPCS 97607 and 97608 should be reported with revenue code 0559.
  - **Updated:** Frequently Asked Questions (FAQs), <http://www.cgsmedicare.com/hhh/education/faqs/index.html> - POE has completed their quarterly review of all FAQs. The next review is due in September.
  - **Updated:** Top Claim Submission Errors for All Providers: Error U5211 Web page, <https://www.cgsmedicare.com/hhh/education/materials/u5211.html> - Now instructs providers to submit an adjustment instead of a new claim when the claim was rejected due to an incorrect date of death, and the eligibility file has been corrected.

- **Updated:** Home Health No-Payment Billing (Condition Code 21) Web page, [https://www.cgsmedicare.com/hhh/education/materials/hh\\_nopay\\_billing.html](https://www.cgsmedicare.com/hhh/education/materials/hh_nopay_billing.html) - Specific billing instructions revised based on provider feedback and claim processing guidance.
- **Updated:** Provider Enrollment Web page, <https://www.cgsmedicare.com/hhh/enrollment/index.html> - More information added regarding the submission of enrollment applications, enrollment fees, and revalidation process and contact numbers.

### 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

### Next CGS Advisory Group Meeting

The next Home Health AG meeting is being planned and TBD at this time.