

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 12, 2017

Facilitator: Nykesha Scales, CGS Senior Provider Relations Representative

Attendees: 15 association representatives

AGENDA ITEMS

Attendance/Roll Call

Follow-Up Items from July 25, 2017, Advisory Group Meeting

No comments.

Education Topics for Group Feedback on Education Needs - Group

Targeted Probe and Educate (TPE) Process Discussion, Ronda Tipton - Ronda Tipton, the CGS J15 Home Health and Hospice Medical Review (MR) Manager joined the group to discuss TPE, the review process, and its impact to home health providers. The following resources (referenced below) were highlighted, trending questions were mentioned and the group was offered the opportunity to pose their questions/concerns to MR staff.

- CGS TPE Web page, https://www.cgsmedicare.com/hhh/medreview/tpe_process.html
- TPE FAQs, https://www.cgsmedicare.com/hhh/education/faqs/tpe_faqs.html
- Medical Review Activity Log, <https://www.cgsmedicare.com/hhh/medreview/activitylog.html>

These Q&As were posed during the meeting:

- Q:** Are overturned appeals considered when determining which providers are selected for TPE?
- A:** Providers and topics/areas of focus are based on the review of data and what areas stand out during data analysis and some items were already areas of concern and just added to TPE. Providers should refer to CMS TPE Q&As, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/TPE-QAs-10-25-17f.pdf>.
- Q:** How can providers request education?
- A:** Refer to question #10 of the CGS TPE FAQs for the appropriate email address to submit such requests.
- Q:** What does the average TPE timeframe look like?
- A:** When TPE starts for a provider, Round 1, claims are reviewed and the provider receives one on one education from Medical Review. If another round is necessary, it would occur 45 days after the one on one was conducted.
- Q:** How does CGS determine if the education is effective if some data still indicates high error rates?
- A:** Medical Review has a target error rate which is periodically reviewed and based on education; CGS should be below this rate which measure effectiveness.
- Q:** Can state associations participate on a provider's one on one call?

A: This would be up to the individual provider.

CERT Discussion, Julene Lienard – Julene provided the top CERT errors for the meeting minutes which are as follows:

1. Home Health-MD certification/recertification
 - a. MISSING the following:
 - i. Initial physician certification for start of care episode,
 - ii. F2F encounter documentation from the physician's medical record, acute/post-acute facility record and/or HHA documentation incorporated into the physician's medical record to support home health eligibility requirements,
 - iii. Certifying physician's attestation of the F2F documentation/encounter date.
 - b. Without the initial certification/POC, unable to determine who the certifying physician is. Duplicate documentation received back from tech stop. If the initial certification, which includes the face to face encounter documentation, is not valid, then the subsequent recertification episode would also be denied.
 - i. RECEIVED the POC/certification for review episode only,
2. Home Health - Face to face evaluation document insufficient but medical records support medical necessity
 - a. Missing the certifying physician's attestation of a F2F encounter performed by an allowable provider within Medicare time frame guidelines and was related to the primary reason the patient requires HH services.
3. Orders
 - a. Missing orders for therapy services.

Questions were posed concerning new providers having issues obtaining original certifications and overturning previous decisions. Julene is researching issues and Nykesha will share responses once available.

- **Home Health Claims Will Be Returned When No OASIS Is Found** – Nykesha ensured the group had reviewed the following resources which announced a process change for claims with no matching OASIS issues and the rationale. The group was polled to see if this is still a hot topic and what issues they were hearing. Group members expressed they are still hearing issues regarding incorrect Medicare numbers and timelines, but they were unaware if providers were reviewing the resources Nykesha provided. They will obtain further feedback.
 - <https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Downloads/2017-10-12-eNews.pdf>
 - Update to Home Health Claims Being Returned with 37253 (No OASIS Found), <https://www.cgsmedicare.com/hhh/pubs/news/2017/1017/cope4979.html>
- **myCGS Updates**, <https://www.cgsmedicare.com/hhh/mycgs/index.html> - Nykesha advised the group of recent updates regarding myCGS which include a new process for the opt in/opt out selection. Providers who opt in will receive correspondence within the online web portal, and providers who opt out will continue to receive their notifications such as redetermination results and etc. via the normal methods and they will be available within the portal should providers choose to log in and retrieve. Additionally, CGS has launched a Comparative Billing Report (CBR) feature within myCGS for HHH providers. The group was sent an email in advance of the meeting with general instructions and asked to provide feedback on the process as CGS is conducting a review phase of the process. Instructions will be added to the appropriate myCGS User Manuals as soon as possible. Members

expressed concerns regarding the labeling of the column headers in the reports and would like more definitive information as to where the data is derived. These areas of concern were shared with the myCGS Project Team.

- **Special Event for Home Health and Hospice Telephone Inquiries**, <https://www.cgsmedicare.com/hhh/pubs/news/2017/1117/cope5332.html> – Advisory group was thanked for their help in sharing the news of the one time only special event, which kicked off December 4, 2017, which allows provider to ask an unlimited number of inquiries when they contact the HHH PCC and select option 1. This is a pilot project based on MSI feedback. Members were informed this only applies to Customer Service and not the other departments such as EDI, Provider Enrollment or Overpayment Recovery.
- **New Medicare Card Project/Social Security Number Removal Initiative (SSNRI)**, <https://www.cms.gov/Medicare/New-Medicare-Card/index.html> - Group reminded new Medicare cards are coming starting in April 2018 and asked for concerns they are hearing. Members voiced the main concern is when the look-up tool will be made available. Nykesha advised all Medicare providers should have received a 'Dear Medicare Provider' letter in the fall indicating the look-up tool will be available via myCGS, the online Web portal, in June 2018. As mentioned in the July meeting, CGS will continue to add 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.

Claims

- **Updated:** Billing Individual Influenza and Pneumococcal Pneumonia Vaccines, <https://www.cgsmedicare.com/hhh/education/materials/biippv.html> – Includes MLN MM10224, "Influenza Vaccine Payment Allowances – Annual Update for 2017-2018 Season" and SE17026 "2017-2018 Influenza (Flu) Resources for Health Care Professionals" in the Additional Resources section
- **Updated:** Billing Negative Pressure Wound Therapy (NPWT), <https://www.cgsmedicare.com/hhh/education/materials/3118.html> – Added URL to MLN SE17027 under the Additional Resources heading as well as special billing instruction concerning proper remarks necessary for claims processing; group informed NPWT reminder education will be added to all HH events per CMS direction
- **Updated:** Top Claim Submission Errors (Reason Codes) and How to Resolve Web page, <https://www.cgsmedicare.com/hhh/education/materials/cses.html> - Includes most recent monthly data (October) and format of Web page redesigned to convey monthly statistics
- **Updated:** Medicare Secondary Payer (MSP) Overview, <https://www.cgsmedicare.com/hhh/education/materials/msp.html> – URL to the CMS Medicare Secondary Payer Web page added under 'MSP Resources from CMS' header
- **Revised:** Claim Processing Issues Log, https://www.cgsmedicare.com/hhh/claims/fiss_claims_processing_issues.html - Updated to include information as required in Change Request 10258 and revamped to better display the issues

Medical Review

- **New:** Incorporating Home Health Agency Documentation into the Physician's Medical Record: Supporting Eligibility with Home Health Agency Clinician Notes, <https://www.cgsmedicare.com/hhh/pubs/news/2017/1117/cope5302.html> & https://www.cgsmedicare.com/hhh/coverage/Home_Health_Coverage_Guidelines.html – New article resulting from HHH MAC collaboration with Palmetto and NGS Education Sub Group

- **Updated:** Medical Review Activity Log, <https://www.cgsmedicare.com/hhh/medreview/activitylog.html> – New areas of focus added since activity log was posted in October
- **Updated:** Home Health Top Medical Review Denial Reason Codes, https://www.cgsmedicare.com/hhh/medreview/hh_denial_reasons.html - July - September 2017 quarterly data posted

Provider Enrollment

- **New:** Provider Enrollment Application Issues Web page, <https://www.cgsmedicare.com/hhh/enrollment/peai.html> - New Web page created to display monthly data issues with both online PECOS and paper CMS-855 applications
- **Updated:** Tools, Tracking & Resources Web page, <https://www.cgsmedicare.com/hhh/enrollment/tools.html> - URL to the CMS Medicare Enrollment Resources Tool added

Additional Resources

- **Updated:** Frequently Asked Questions (FAQs) Web page, <https://www.cgsmedicare.com/hhh/education/faqs/index.html> - Quarterly review complete; FAQs updated as appropriate
- **Updated:** Ordering/Referring Physician Checklist for Home Health Agencies, https://www.cgsmedicare.com/hhh/education/materials/pdf/ord_ref_phys_checklist_hha.pdf – Added new physician specialty codes based on Change Request 9957
- **Updated:** Reopenings, <https://www.cgsmedicare.com/hhh/appeals/Reopenings.html> - Now includes instructions regarding the REMARKS field when using Condition Code D9
- **Updated:** Self-Service Options Web page, <https://www.cgsmedicare.com/hhh/tools/index.html> – 2018 Provider Contact Center (PCC) calendar including training closures added

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. Additionally CERT, Signature Guidance and TPE education is slated for early 2018.

CGS DATA ANALYSIS

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

OPEN DISCUSSION

The group was informed based on Medicare Satisfaction Indicator (MSI) Survey feedback, which indicated a desire to reduce the amount of listserv notification sent by CGS, CGS will only share listserv messages on Tuesdays and Thursdays, unless otherwise directed by CMS. Nykesha would like for group members to be prepared to discuss any feedback received related to this process change during the March meeting.

<https://www.cgsmedicare.com/articles/cope5584.html>

NEXT CGS ADVISORY GROUP MEETING

The next Home Health AG meeting is scheduled for March 13, 2018. The group revisited the idea of an in person meeting and will look at July 2018 in Nashville, TN at the CGS Headquarters as a meeting location option.