

*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:** August 1, 2017

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

**Attendees:** 16 association representatives

## AGENDA ITEMS

### Education Topics for Group Feedback on Education Needs

- **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 SQ: Hospice-MD certification/recertification
    - a. Missing attending physician's verbal certification for benefit period
  2. Error 00195: Hospice – Inadequate physician narrative as part of the certification/recertification supporting terminal illness
    - a. Missing physician's narrative statement that is composed by the physician and contains sufficient clinical findings to support a life expectancy of less than 6 months or less
    - b. Missing sufficiently detailed hospice physician's recertification narrative statement to support the medical necessity of hospice services
  3. Error SO: Hospice – Plan of Care
    - a. Missing Plan of Care
  4. Error SP: Hospice – Beneficiary election form
    - a. Missing valid election of benefits form with all required components
- **Attending Physician Discussion, Sandy Decker**, <https://www.cgsmedicare.com/hhh/pubs/news/2017/0717/cope3702.html> - Attending physician questions are being addressed by a workgroup from all three Medicare Administrative Contractors (MACs), along with the National Hospice and Palliative Care Organization (NHPCO). This workgroup has been meeting twice a month to work out specific concerns and questions. These questions are being posed to the Center for Medicare and Medicaid Services (CMS) for their feedback and clarification.
- One of the primary items being discussed is the situation where an attending physician does not accept or deny the beneficiary's request in time to sign the certification. The group was asked for additional feedback and suggestions concerning this topic.
- **Required Workaround for Hospices Submitting Routine Home Care (RHC) and Service Intensity Add-On (SIA) Payments at the End of Life**, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE17014>.

[pdf](#) – The group was thanked for their help when CGS asked for a test hospice group to submit a roster or spreadsheet of adjustments outlined in SE17014. We have received their list and worked through the adjustments. The main purpose of this task was to develop a process that can be used for providers to submit a list of adjustments and not have to submit individual adjustments. Group members were curious to know how the adjustments are working and to learn of provider concerns CGS may be hearing. Nykesha informed the group that for the most part, it has been quiet which infers that most providers were waiting until after August 21st to begin submitting adjustments. One group member asked about transfer adjustments. Nykesha advised CGS is doing data analysis to research the number of transfer adjustments and how they are being processed. The group will revisit this topic next meeting.

- **FISS/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 two times per week outlining how many providers have completed this process versus the total number of HH 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. Group was asked to issue weekly reminders to their members, peers, and fellow HHH providers.
- **New Medicare Card Project/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.
- **Change Request 10064/Accepting Hospice Notices of Election via Electronic Data Interchange**, <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3813CP.pdf> – Since Theresa Forester with NAHC has worked hard for the acceptance of electronic NOEs, Nykesha asked her to speak to the group concerning this accomplishment. Theresa reminded the group electronic submission of the NOE is voluntary and not required. As such, providers will need to work with their billing/software vendors to make sure this happens. Nykesha advised the CGS companion manual for this process will be finalized by December 2017. NAHC and NHPCO plan to discuss further educational articles regarding this topic with CMS. Group members questioned if providers will be able to test this prior to implementation. Since the meeting EDI has advised that providers will be offered the opportunity to do front end testing in December. Also, Palmetto, NGS and CGS are working together to develop educational resources to assist providers with required data elements and billing processes required for successful NOE submission via EDI. In regards to concerns about providers speaking with their vendors, CGS developed an article encouraging them to do so which is schedule for dissemination the week of 9/5.

Nykesha advised the group that MSI survey feedback was being reviewed and a workgroup was formed to discuss process improvements based on survey input and results. Group members suggested involving providers in this process and possibly forming a coalition.

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.

- 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 included 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 receive instant confirmation of receipt. A section addressing corrections to credit balance reports was added.
  - **Revised:** Hospice Cap Web page, [https://www.cgsmedicare.com/hhh/financial/hospice\\_caps.html](https://www.cgsmedicare.com/hhh/financial/hospice_caps.html) - Include 2017 changes to the timeframe for counting hospice beneficiaries and payments. Two new articles shown below drafted detailing recent revisions.
  - **New:** "Hospice Cap Changes" Article, <https://www.cgsmedicare.com/hhh/pubs/news/2017/0617/cope3656.html>
  - **New:** "Hospice Self-Determined Aggregate Cap Reminder" Article, <https://www.cgsmedicare.com/hhh/pubs/news/2017/0617/cope3657.html>
  - **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 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 CR 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:** 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:** 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 as well as contact numbers.

### Upcoming CGS Education Events

- Future education events are posted to the “Calendar of Events Home Health & Hospice Education” Web page, <http://www.cgsmedicare.com/hhh/education/Education.html> – 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 December 5, 2017, from 9:30-11:30 a.m. (Central Time).