

*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 2, 2016

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

**Attendees:** 11 association representatives

## AGENDA ITEMS

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

The group was notified of the following updates to the CGS website.

- Claims
  - **Updated:** Claim Page 02 – Entering a Hospice Claim Web page, [http://www.cgsmedicare.com/hhh/education/materials/claim\\_page\\_2.html](http://www.cgsmedicare.com/hhh/education/materials/claim_page_2.html)
    - Now includes instruction indicating separate lines shouldn't be reported for same level of care unless the site of service Q code changes.
  - **Updated:** Top Claim Submission Errors (Reason Codes) and How to Resolve Web page, <http://www.cgsmedicare.com/hhh/education/materials/cses.html>
    - Reason code Web pages that contained screen-prints with the G0154 HCPCS code were updated with the appropriate skilled nursing G codes that became effective 1/1/2016.
  - **Updated:** Untimely Face-To-Face Encounter Web page, [http://www.cgsmedicare.com/hhh/education/materials/untimely\\_ff.html](http://www.cgsmedicare.com/hhh/education/materials/untimely_ff.html)
    - Note added to reflect changes outlined in CR9385, which instructs medical reviewers to apply occurrence code (OC) 48 when the face-to-face encounter is determined to be untimely. Also advises dates of service following the date the encounter was required will be noncovered. The Common Working File (CWF) will automatically be updated to show OC 48 date as the date of revocation on the current benefit period. Therefore, a discharge claim is not required. Once the encounter occurs, the patient can be readmitted, provided they meet all of the eligibility requirements, and a new Notice of Election will need to be submitted.
  - **Updated:** FISS Guide, <http://www.cgsmedicare.com/hhh/education/materials/fiss.html>
    - Numerous updates can be found in red font throughout the FISS Guide. Chapter 1 updated to reflect corrected hours of availability for the FISS Direct Data Entry.
- Medical Review
  - **Updated:** Hospice Top Medical Review Denial Reason Codes Web page, [http://www.cgsmedicare.com/hhh/medreview/hos\\_denial\\_reasons.html](http://www.cgsmedicare.com/hhh/medreview/hos_denial_reasons.html)
    - Quarterly data for April – June 2016 now displayed
- Medicare Secondary Payer (MSP)
  - **Updated:** Submitting Medicare MSP Claims and Adjustments Web page, [http://www.cgsmedicare.com/hhh/education/materials/Submitting\\_MSP.html](http://www.cgsmedicare.com/hhh/education/materials/Submitting_MSP.html)
    - Additional information regarding entering claim adjustment segment (CAS) information on the "MSP Payment Information" screen in the Fiscal Intermediary Standard System (FISS) via Direct Data Entry (DDE) included

- Provider Enrollment
  - **Updated:** Provider Enrollment Revalidation FAQs, <http://www.cgsmedicare.com/hhh/education/faqs/PER.html>
    - All revalidation questions/answers have been removed and replaced with one question related to Provider Enrollment Revalidation – Cycle 2. Additional questions/answers will be added as necessary.
  - **Updated:** Provider Enrollment Revalidation Web page, <http://www.cgsmedicare.com/hhh/enrollment/Revalidation.html>
    - Information related to the initial revalidation process removed to add information concerning Cycle 2. CMS issued MLN Special Edition article, SE1605 with information about Cycle 2.
  - **Updated:** Provider Enrollment Review Process Web page, [http://www.cgsmedicare.com/hhh/enrollment/review\\_process.html](http://www.cgsmedicare.com/hhh/enrollment/review_process.html)
    - Revised to provide high level summary of the time frames involved in the processing of the CMS-855A enrollment application.
  - **Now Available:** April 21, 2016, J15 HHH/Part A Provider Enrollment Revalidation – Cycle 2 Ask-the-Contractor Teleconference (ACT) FAQs, [http://www.cgsmedicare.com/hhh/education/faqs/act\\_faqs.html](http://www.cgsmedicare.com/hhh/education/faqs/act_faqs.html)
    - Questions addressed during the ACT were posted
  - **New:** Provider Enrollment Revalidations: Things You Should Know Article, [http://www.cgsmedicare.com/hhh/pubs/mb\\_hhh/2016/j15\\_hhh\\_07-16.pdf](http://www.cgsmedicare.com/hhh/pubs/mb_hhh/2016/j15_hhh_07-16.pdf)
- Reopenings
  - **Updated:** Reopening Web page, <http://www.cgsmedicare.com/hhh/appeals/Reopenings.html>
    - Informs providers that a hardcopy UB-04 adjustment or a reopening request may be submitted for claims denied with reason code 39011 due to timely filing edits.
- Additional Resources
  - **Updated:** Sequestration Q&A Web page, [http://www.cgsmedicare.com/hhh/education/faqs/sequestration\\_faqs.html](http://www.cgsmedicare.com/hhh/education/faqs/sequestration_faqs.html)
    - Based on CMS instruction, Web page for all lines of business updated to indicate the sequestration order continues until further notice.
  - **Updated:** Frequently Asked Questions (FAQs), <http://www.cgsmedicare.com/hhh/education/faqs/index.html>
    - Quarterly review complete and two new questions added to the Cost Report FAQs (#9 & #10)
    - Change Request 8877 Frequently Asked Questions Web page (#7, Timely Filing of Notices of Election (NOE)), [http://www.cgsmedicare.com/hhh/education/faqs/cr\\_8877\\_faqs.html](http://www.cgsmedicare.com/hhh/education/faqs/cr_8877_faqs.html)
      - > Based on recent CMS clarification and requests from both NHPCO and NAHC, this question was revised and simplified to remove confusing language about when NOEs need to be canceled and resubmitted.
      - > A member did ask if there are other situations CMS has considered other than those mentioned in this FAQ. CMS was contacted and advised the incidents mentioned in the FAQ are the only considerations at this time, however if more examples are brought to their attention they will be open to consideration.
  - **Updated:** myCGS User Manual (Chapter 7), <http://www.cgsmedicare.com/mycgs/manual.html>

- Now includes instructions concerning the new feature allowing providers to submit Cost Reports using myCGS
- **Updated:** Recovery Audit Program Web page, [http://www.cgsmedicare.com/hhh/medreview/recovery\\_audit\\_program.html](http://www.cgsmedicare.com/hhh/medreview/recovery_audit_program.html)
  - Revised to change name of Region C Recover Audit Contractor (RAC), from Connolly, LLC to Cotiviti, LLC
- **Updated:** Checklist for Home Health and Hospice Cost Report Submission Web page, [http://www.cgsmedicare.com/hhh/financial/cost\\_reporting/office\\_checklist.html](http://www.cgsmedicare.com/hhh/financial/cost_reporting/office_checklist.html)
  - Removed references to CMS free software that is no longer supported or updated

### Education Topics for Group Feedback on Education Needs

- Comprehensive Error Rate Testing (CERT) Program Discussion, Julene Mull, CGS CERT Coordinator, <http://www.cgsmedicare.com/hhh/education/materials/cert.html> - CGS CERT Coordinator, Julene Mull joined the group to remind everyone about the CERT program, the program goals, and to discuss some of the common errors. Julene advised, in regards to hospice, what we see are issues with physician certification as top CERT errors. Examples were discussed.
- 2016 MAC Satisfaction Indicator (MSI) Survey – Nykesha thanked the group for their tremendous help in assisting CGS spread the word concerning the MSI survey. Several members included MSI information in their weekly newsletters and drafted special articles to encourage provider participation. The group was advised CGS finished in the top three as it relates to survey counts with 46 more surveys than in 2015. No feedback concerning the MSI or the process was received from the advisory group.
- Updates and Discussion - MM9201: Implementation of the Hospice Payment Reforms, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9201.pdf> – This is a standing agenda item as there are still some unresolved issues related to the 2016 hospice payment reforms. The group didn't have any new issues to discuss but did suggest that CGS publish an article similar to NGS that outlines the outstanding hospice issues with the new payment reforms. This article was published on August 3, 2016, *CMS Hospice Update on Incorrect Payments Identified for the Two Tier Payment and SIA Payments*, <http://www.cgsmedicare.com/hhh/pubs/news/2016/0816/cope33630.html>.
- Calculating and Viewing the Two-Tiered RHC and SIA Payment Article, [http://www.cgsmedicare.com/hhh/pubs/mb\\_hhh/2016/j15\\_hhh\\_04-16.pdf](http://www.cgsmedicare.com/hhh/pubs/mb_hhh/2016/j15_hhh_04-16.pdf) – Since the March meeting, POE developed an article to help providers with calculating the two tiered payment structure, as well as the SIA payment and how to view these payments. The group was informed this is a great point of reference for related provider concerns.
- Notice of election (NOE)/ Disposition of Exception Requests (Volume) Updates – The advisory group was informed that CGS is current with NOE volumes which continue to be steady. However, additional staff was hired to assist with these volumes and there are no current issues of concern.
- MM9575: Making Principal Diagnosis Codes Mandatory for Notice of Election (NOE) to be Accepted, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9575.pdf> – MM9575 was discussed to ensure that all members are aware of the implementation date of October 3, 2016, which means Medicare systems will be editing to ensure hospices report a principal diagnosis code with their NOEs. Failure to submit the principal diagnosis code with the NOE will result in the NOE being returned to the hospice without being processed. CGS believes most hospices are already reporting a principal diagnosis. The group asked if we could run data analysis to see how many providers aren't reporting a principal diagnosis. This

information has been requested and will be sent under separate cover to the group. Also, the group inquired if the return to provider (RTP) process would be something that happens instantly or something that could take a few days. One group member found information indicating the RTP would happen immediately.

- FY 2017 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements; Proposed Rule, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/Hospice-Regulations-and-Notices-Items/CMS-1652-P.html> – Both the proposed and final hospice rulings were mentioned as an awareness for the group. The final rule became available shortly after the agenda was developed and disseminated, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/Hospice-Regulations-and-Notices-Items/CMS-1652-F.html>, and appears to be aligned with the proposed rule based on the payment increase, revisions to the Quality Reporting Program and more information about the Medicare Care Choice Models (MCCM).
- MM9052: Billing of Vaccine Services on Hospice Claims, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9052.pdf> – Implications of MM9052 were mentioned such as effective for dates of services on or after October 1, 2016, Medicare hospice providers may bill for vaccine services on institutional claims. However, since these services aren't part of the Medicare hospice benefit, they must be billed on separate claims that include only the vaccines and their administration.

### 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>

### CGS Data Analysis

Claim submission data, Claim Submission Errors (CSEs) and Top Medical Review Denial Data were distributed to the group and reviewed.

### Open Discussion

Questions were raised surrounding the number of hospice medical review denials. Information on the Hospice Top Medical Review Denial Reason Codes, [http://www.cgsmedicare.com/hhh/medreview/hos\\_denial\\_reasons.html](http://www.cgsmedicare.com/hhh/medreview/hos_denial_reasons.html), for April – June 2016, only reflects 290 total denials for the top 5 denial reasons. However, MR data analysis from January – June 2016 indicates that 12,640 claims were either fully or partially denied. We apologize for the confusion. The 12,640 number includes data from 2014. The actual number of Medical Review claims that were reviewed from January – July 2016 was 2,019 and the number of claims that were fully or partially denied during this same time frame was 1,239 out of 36 possible denial reason codes.

### Next CGS Advisory Group Meeting

The next Hospice POE AG meeting is scheduled for December 6, 2016 from 9:30 - 11:30 a.m. (Central Time).