

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 14, 2021
Facilitator: Nykesha Scales, CGS Provider Outreach & Education Representative
Cari Atkinson, CGS Provider Outreach & Education Consultant
Attendees: 21 state/national association representatives

AGENDA ITEMS

Welcome/Purpose

The primary function of the Advisory Group is to assist the contractor in the creation, implementation, and review of provider education strategies and efforts. The Advisory Group provides input and feedback on training topics, provider education materials, and dates and locations of provider education workshops and events. The group also identifies salient provider education issues and recommends effective means of information dissemination to all appropriate providers and their staff, including the use of the Provider Contact Center (PCC) to disseminate information to providers.

POE AG Recommendations

Frailty as a Hospice and Palliative Care Concept

As a follow up to the discussion from previous meetings, Nykesha shared an update on the Hospice Claims-based Frailty Index (CFI) Pilot. Thus far, four hospices in Palmetto GBA's Jurisdiction have submitted their provider numbers and project champions' information for inclusion in the pilot. We'll soon be launching the utility phase of the project charter. During the utility phase of the pilot, project champions will receive a sample of beneficiaries in distinct CFI categories, review their own records for the sample cases and categorize each case as no, mild, moderate or severe frailty, receive the frequency/distribution of CFI scores for the respective provider numbers. The group will then compare the clinical categorization provided by the champion based on the record review with the categorization based on the calculated beneficiary-specific CFI. POE will continue to keep the group apprised of this workgroup and their findings/outcomes.

Notice of Hospice Election Statement

Katie (NAHC) inquired as to if there are any addendum errors that would be classified as election statement errors which may not be obvious from the aggregate error information and if Medical Review (MR) is seeing any particular items with the addendum since it's a newer aspect of the reviews. Per the CGS MR Team, they aren't seeing any specific issues with it at this time. Question received regarding late processing of the Notice of Election (NOE) billing transaction around Thanksgiving. Nykesha has not heard of any widespread issues. However, the Fiscal Intermediary Standard System (FISS) is not available on Sundays or Federal holidays. Providers should consider this when calculating timely submission of NOEs and etc. The topic of compliance with claim submission when the addendum was requested and not executed for whatever reason resurfaced. Although there is not a way to bill the claim and identify this, CMS is aware of the issue and CGS will inquire about it again. NAHC continues to be in communication with CMS about this issue as well.

Targeted Probe & Educate (TPE)

AG members discussed the resumption of TPE and reviewed CGS website updates. Several questions were posed concerning the error rate calculation used by CGS and if MACs would consider holding providers to the same thresholds and percentages. Nykesha advised she would share these comments with Medical Review (MR) and during our combined MAC meetings. One group member added, “the current explanation posted on the website just uses the term “error rate” and does not specify payment error rate or claims error rate. The CMS site still states claim error rate, and the last information I have from the MACs (2019) that gets specific on which error rate indicates that both are used. If the provider is above the threshold for either the payment error rate or the claim error rate, the provider will continue on with TPE (or be referred to CMS). I believe it is still this way and would like to confirm or correct that understanding, and to ask if it is possible to specify this on the current TPE page.” This question was shared with MR as well and we will share the response when received. Recommendation from the group was to have this clarification added to the TPE main page when received.

Current Tasks

Comprehensive Error Rate Testing (CERT) Program Update

Julene Lienard (CGS CERT Coordinator) shared the following update after the meeting. Each November, the Department of Health and Human Services (HHS) publishes the NATIONAL improper payment rate in the Agency Financial Report at <https://www.hhs.gov/afr>. CMS later publishes more detailed improper payment rate information in the form of the annual Medicare Fee-for-Service (FFS) Improper Payments Report and Appendices. The link below directs you to the list/links to reports produced by the CERT program, including the annual Medicare FFS Improper Payments report.

- <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/CERT-Reports>

The 2021 Report showed that Medicare FFS properly paid an estimated 93.74 percent of total outlays or \$374.74 billion in FY 2021. However, the improper payment estimate for FY 2021 is 6.26 percent of total outlays or **\$25.03 billion**.

There were 4 Service Areas Contributing to the Primary Causes of Improper Payments:

1. **Hospital Outpatient**
 2. **Skilled Nursing Facility**
 3. **Home Health**
 4. **Hospice:** Insufficient documentation is the major error reason for hospice claims.
 - The improper payment estimate for hospice claims increased from 6.69 percent in FY 2020 to 7.77 percent in FY 2021; the change is not statistically significant.
 - The primary reason for these errors is missing or insufficient documentation to support certification or recertification.
- Medicare coverage of hospice services requires physician certification that the individual is terminally ill (42 CFR §418.22) and must meet all coverage criteria (42 CFR §418.200).

Hospice Beneficiary Election Statement/

Addendum Frequently Asked Questions (FAQs) Review

https://www.cgsmedicare.com/medicare_dynamic/faqs/faqshhh/j15hhh.aspx

Group informed and shown recent updates to this category of FAQs based on the FY2022 Hospice Final Rule containing clarifications. For FAQs that are updated, providers will see a statement indicating an update based on the final rule in the answer section.

Value-Based Insurance Design (VBID) Model Hospice Component

For 2022, MACs have been directed to educate on VBID. CGS has educated on VBID since its implementation and will continue to do so. The group stated the administrative burden of submitting claims and notices to both the Medicare Advantage Plan and the MAC continues to be the number one concern amongst providers and their Electronic Medical Record (EMR) systems.

Advisory Group Membership

POE staff discussed importance of group members attending meetings which are held three times a year. We have some members who fail to attend any meetings during the year. As such, a member recruitment campaign has been suggested. The group encouraged this initiative and suggested allowing two to four members per state. CGS will pursue this campaign in the first quarter of 2022.

Future Tasks

- Review of Upcoming Educational Material - Group will be asked to review upcoming presentation material.
- Identify Collaboration Opportunities - As 2022 progresses and based on industry feedback, please identify, and share collaboration opportunities for education/outreach.
- Please continue to attend, provide feedback and suggest future topics, https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/hhh_report/hhh_report.aspx.
- Customer Experience Survey – Please continue to participate in online surveys when prompted and encourage your members/providers to do the same.

CGS Data Analysis

The group reviewed the top Claim Submission Errors (CSEs), and Medical Review denials.

- Group member questioned the total number of MR denials which was 623 hospice postpayment denials during the period of October 2020 – August 2021.

Open Forum

AG members recommended education related to penalties, integration initiatives, survey readiness and timely filing reminders since the Medicare Care Choice Model (MCCM) for Hospice is ending.

CGS Advisory Group Next Meeting Date

March 22, 2022 (Microsoft Teams)