Final Transcript

C2C Formal Telephone Discussion Ask the Contractor Teleconference
June 1, 2016, 1:00 p.m. CDT

SPEAKERS
Emily Stroupe
Peggy Skaflen
Phil DuPont
Dan Roach

PRESENTATION
Moderator
Ladies and gentlemen, thank you for standing by. Welcome to the C2C Formal Telephone Discussion Ask the Contractor. At this time, all participants are in a listen-only mode. Later, we will conduct a question-and-answer session, and instructions will be given at that time on how you can signal for questions. (Operator instructions.)

I would now like to turn the conference over to your host, Emily Stroupe. Please go ahead.

Emily
Thank you, Yolanda. Good afternoon, everyone, and welcome to the C2C Formal Telephone Discussion Ask the Contractor Teleconference. As Yolanda said, my name is Emily Stroupe, and I am the Education and Outreach Specialist here at C2C Innovative Solutions.

Moving forward, the Ask the Contractor Teleconference will be referenced as ACT call. In general, ACT calls are hosted by the DME Provider Outreach and Education staff, or POE. Today we have on the line subject matter experts from C2C Innovative Solutions and Jurisdictions C and D DME MACs, CGS and Noridian.

For this particular ACT call, you may ask questions related to the formal telephone discussion demonstration. Before we begin taking questions I do want to provide background about the demonstration as well as an overview of the formal telephone discussion demonstration and reopening process.

The purpose of the formal telephone discussion demonstration is to conduct formal recorded discussions with suppliers prior to C2C’s reconsideration decision. At this time, the demonstration is limited to oxygen equipment and diabetic testing supplies for DME MAC Jurisdictions C and D.

Discussions are limited to five claims per national provider identification number per discussion. Oxygen and glucose claims were selected because they make up a large portion of appeals.
submitted for second level review. Due to this being a demonstration CMS has decided to limit the scope to specific claim types and jurisdictions.

The process is as follows. First, C2C, the qualified independent contractor or QIC, receives the initial appeal request. Then, the QIC determines if the appeal meets the criteria for a telephone discussion. Next, C2C notifies the supplier of the scheduled discussion date by a mailed notification letter which includes a contact information form to be faxed back to C2C indicating election to participate. If we do not receive your contact information sheet within 14 days of the date of the letter, we will assume you do not wish to participate, and your appeal will be handled through the standard reconsideration process.

At the scheduled date and time, the formal telephone discussion is conducted. During the call, the supplier will have the opportunity to provide verbal testimony, submit any missing or critical documentation needed to further support a favorable decision, and receive feedback or education on CMS policies and requirements.

The formal telephone discussion will be recorded, and a copy of the recording will be placed in the administrative case file. If during the call additional documentation is required to cure claim payment, the supplier will be notified in writing and will have 14 days from the formal telephone discussion to submit the additional documentation.

After the formal telephone discussion, C2C will review the verbal testimony and written documentation in the case, apply Medicare policies, and make a decision on the case. The formal telephone discussions offered under this demonstration have a modified timeframe for the issuance of the decision. Instead of the standard 60 days, CMS has extended the timeframe to issue a decision under this demonstration to 120 days. If you are dissatisfied with our decision, you will continue to have appeal rights to the administrative law judge.

The 120 days begins from the date that C2C receives the initial appeal. This 120-day timeframe is allotted to account for the scheduling of the formal telephone discussion, time to remit the contact information sheet, hold the discussion, and allow for the 14 days that are given to suppliers to submit additional documentation if needed.

I’m now going to turn the call over to Peggy Skaflen, our medical liaison, to present the reopening portion of the demonstration.

Peggy
Thank you, Emily. Under the demonstration, C2C will also conduct reopening of claims that are similar to those selected as part of the formal telephone discussion. The criteria for a reopening are limited to the DME MAC Jurisdictions C and D for glucose testing supplies and oxygen equipment, and cases that include the QIC decision date of January 1, 2013, and after.

The reopening will include claims previously closed by the QIC and/or currently pending but not yet scheduled with the ALJ. C2C will be working closely with the Office of Medicare Hearings and Appeals and the suppliers as part of the discussion process to determine if these claims can be reopened by the QIC.

Claims that will be reopened must have a formal telephone discussion that they are linked to. They must also have a high probability that upon the submission of the additional request for documentation the case may warrant a reopening and result in a fully favorable decision.

I’m not going to turn the call back to Emily.

Emily
Thank you, Peggy. Before we open the telephone lines to questions, please be aware that we are not able to answer questions about individual claims. Please do not provide beneficiary names or Medicare numbers when you verbalize your questions as we want to assure confidentiality and
protect the members’ health information. For questions related to standard appeals that are not related to the telephone discussion demonstration, please refer to the information included in your reconsideration decision letter.

A transcript of today’s call will be added to the CGS and Noridian websites. Please be aware we have a webpage dedicated to the formal telephone discussion demonstration on the C2C home page which is www.C2CINC.com. Here you can find information about the formal telephone discussion demonstration, the reopening process, frequently asked questions, and our quarterly newsletter.

We are now ready to begin the question and answer portion of our call. I want to turn the call back over to our teleconference specialist, Yolanda, who is going to prepare the lines and queue your questions.

**Moderator** Thank you. (Operator instructions.) We’ll take a question from Sharon Gilchrist. Please go ahead.

**Sharon** Yes, hello. I wanted to clarify the reopening process. I know it’s for the oxygen and diabetic claims, and it’s claims that were denied from C2C. I wanted to verify, do those claims have to be sent on to ALJ for those to be reopened? Because sometimes I chose not to send them on. I didn’t want to wait the two years, the equipment was picked up, or there could be other reasons so I chose not to further appeal. Do you understand what I’m asking?

**Dan** Hi. This is Dan Roach, project manager for the phone demonstration. To answer that question, when you run across cases that you have not appealed to the ALJ, and if they are similar in nature to the ones that we’re looking at that are currently at the ALJ level, then we can potentially look at those and get direction from CMS on how to proceed.

Currently, the only ones that we are allowed to go back and review from the period that Peggy spoke of, which was January 2013 until current, we are only allowed to look at the ones at the ALJ level. However, they didn’t totally close the door for us to potentially look at those other ones that you didn’t file to ALJ.

**Sharon** Okay. So, the claims that I have at ALJ now, will I be contacted for this reopening process or do I need to contact C2C for the reopening process?

**Dan** Have you participated in a formal telephone discussion?

**Sharon** Yes, I had one last week.

**Dan** And the company that you represent?

**Sharon** Yes.

**Dan** What’s the name of the company that you represent?

**Sharon** Sorry. Texoma Medical Services.

**Dan** Okay. What we do right now is based on the fact that you had a formal telephone discussion, we would have gone into that reopening population that we have and then we would search for those cases.

You should have been provided that list during your telephone discussion or at least the reviewer should have told you about the process, and then we would send you that list. If you haven’t received the list, you can contact the telephone discussion team and the contact information Emily will share at the end of this call for the project. The number is also on our website, you can call us...
and we can get you that information. If you have other appeals that you filed with ALJ but wehaven’t identified them, you can provide those to us as well.

Sharon     Okay.
Dan        As long as they are within the scope of the project.
Sharon     Alright. Thank you.

Moderator (Operator instructions.) We have no further questions in our queue at time. (Operator instructions.) We’ll hear next from Erin Hanussak with Parkway Mobility & Medical Supply. Please go ahead.

Erin       Hello. I recently learned about the C2C solutions provider inquiry form, and we had an oxygen
denial that got denied. I didn’t agree with it and I filled out the form, and I listed on the LCDs why
I thought the denial was incorrect. I kept calling to speak to somebody at C2C, and I just kept
getting a voicemail. I was just wondering is C2C working on having customer service answering
the phones, not just a voicemail?

Phil       This is Phil, I’m the supervisor for the inquiries line. Unfortunately, right now our contract is to
answer those calls by a callback. So, we’re not funded actually for a live customer service center.
We are funded and contracted to make callbacks within the next business day.

Erin       Okay. It’s just hard because I’m not at my desk all the time either. I never can get information on
my voicemail. But, is C2C working on—because when I would get a hold of somebody, they
would say that they were just doing it as a courtesy and it didn’t have to be done. Are you guys
working on more of the provider inquiry, having a timeframe for those to get processed?

Phil       Can I ask a clarifying question here? Is the case of which you’re speaking of that is the root of
your question, is that a phone discussion case, or is that a standard DME case?

Erin       It’s a standard DME case.

Phil        I’m going to ask you to take this offline with me. Would you do me a favor and make a phone call
to our DME inquiries line? You can ask for me by name, and I’ll return your call, okay?

Erin       Okay. And, what was your name again?

Phil        Phil DuPont.

Erin       Okay. Thank you very much.

Phil        Do you have our inquiries number or do you need it?

Erin       No. I’ve got it.

Phil        Alright. Wonderful.

Erin       Thank you.

Phil        Thank you, ma’am.

Moderator Our next question will come from Elizabeth Melendez with Edwards Healthcare Services. Please
go ahead.
Melissa: My name is Melissa, and I had a question regarding the communication between the D MACs. From what I understand, C2C is keeping communication with the D MACs. So, if a decision is overturned by C2C, are they then communicating with the D MACs to determine the root cause? Hello?

Dan: Let me make sure I just understand the question. If once we’ve looked at a phone discussion case and we decided that case could be overturned and it’s now going to be favorable, we do provide that information back to the MACs. We meet with them monthly, and we provide them with our data analysis, we provide them with the results of the phone discussion and what we find. That way if there’s anything that needs to come from a lesson-learned perhaps or process improvements made, those efforts are underway. Did that address the nature of your question?

Melissa: Yes. It did, thank you.

Moderator: (Operator instructions.) We’ll hear next from Sharon Briggman with Prometheus Group. Please go ahead.

Sharon B.: Hello, and thank you for taking my call. Again, it’s Sharon Briggman for Prometheus Group, and I have a question regarding I did contact C2C and I left a detailed message along with callback information and I never received a callback. I do have documentation of the call as well as the time and the phone number. Who can I speak with or who shall I follow-up, or should I call again and leave another message? It was regarding the discussion.

Phil: Hi, Sharon. This is Phil. That would be with me. Let me ask again, a clarifying question, is this for a standard DME case or for a phone discussion case?

Sharon B.: Standard DME case.

Phil: Would you do the same thing for me? Would you call that line back and ask for me by name, and I will make that callback personally. I’d be happy to do it.

Sharon B.: Sure. Thank you. Absolutely. Thank you so very much.

Moderator: It appears we have no further questions in our queue. Miss Stroupe, I’ll turn the call back to you at this time.

Emily: Yolanda, I appreciate your assistance today and thank you, again, to CGS and Noridian for partnering with C2C Innovative Solutions for this ACT call. Our phone number and fax number for the formal telephone discussion demonstration is phone number, 904-224-7349. And our fax number is 904-224-2711. Again, since we don’t have any more questions in the queue, we can end the call. Thank you, everyone. Have a good afternoon.

Moderator: That concludes our conference for today. Thank you for your participation and for using AT&T TeleConference Service. You may now disconnect.