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:** October 11, 2013  
**FACILITATOR:** LJ Smith, Senior Provider Relations Representative, J15 A/B MAC  
**ATTENDEES:**  
**CGS**  
- Annie Scriven, Carol Walter, Jennifer Brown, Judy Thomas, LJ Smith  
**MEMBERS**  
- Angie Carter (guest), Mercy Health  
- Chris Davis for Karen Geisler, Mount Carmel Health Systems  
- Charles Cataline, Ohio Hospital Association (OHA)  
- Connie Aylward, TriHealth  
- Diane Devault, Belmont Dialysis  
- Fran Savard, Leading Age Ohio  
- Irene Hesseling, Kidney Services of W. Central Ohio  
- Jane Arnold, Firelands Regional Medical Center  
- Mary Alexander, Ohio Health Corporation  
- Peggy Lathery (guest), Baptist Healthcare Systems  
- Regina Jackson, The Christ Hospital  
- Rita Tarvin, The Christ Hospital  
- Rob Sikorski, DaVita  
- Robert Swinehart, Ohio Physical Therapy Network  
- Sandra Barnes, Baptist Healthcare Systems  
- Shelly Cusick, Mercy Health  
- Wayne Johnson, Kentucky Assoc. of Health Care Facilities
AGENDA ITEMS

WELCOME: LJ Smith

ATTENDANCE/ROLL CALL: LJ Smith

PURPOSE AND GOALS: LJ Smith

HOT TOPICS

- **Temporary Instructions for Implementation of Final Rule 1599-F for Part A to Part B Billing of Denied Hospital Inpatient Claims - MLN Matters® Article SE1333**: Annie Scriven
  

- **FY 2014 IPPS final rule and CMS guidance**: Annie Scriven
  
  CMS Website: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2014-IPPS-Final-Rule-Home-Page.html
  
  o Offered a brief overview of the MLN SE1333 with a focus on the rebilling of the Part A claims as outpatient. Explained that CMS plans to provide clarification later in the fall; however, with the government shutdown, CGS is still awaiting further instructions and clarification. An Inpatient vs. Outpatient webinar is tentatively scheduled for November 6, 2013. This is a “place holder” only date as we wait for final instructions.

  ▪ **Q**: Regarding billing of the Part A claim, if it is determined through a self-audit that a Part A stay that was not medically necessary, what are our steps?

  **A**: Submit a provider liable claim. If a Part A inpatient claim was submitted, adjust the claim to indicate provider liability (110 TOB, occurrence span code M1, non-covered charges). Once the Part A inpatient provider liable claim is processed, you can submit the outpatient claim(s). Additional information is available in SE1333.

  ▪ **Q**: Do we still need to bill the inpatient claim to track the stay?

  **A**: Yes.

  ▪ **Q**: Do we anticipate a transition period to be extended because of the shutdown?

  **A**: We have no news on that. At this time we are not receiving a lot of new instructions.
Q: Please clarify which services are billed on the 121 and 131 TOB claims.

A: All services provided during the inpatient stay may be billed on a Part B inpatient (121 TOB) claim except services that are always considered outpatient services (i.e., outpatient visits, emergency department visits, observation services). Such outpatient services and services provided within the three-day/one-day payment window can be separately billed on a Part B outpatient (131 TOB) claim.

- Members agreed the best approach for widespread education is to allow the “dust to settle” and wait for CMS’ final direction.

• CERT Issues and CGS initiative – Compliance-Connect: CERT Problem List, Part A: Carol Walter

  - Medical Review, POE and other key staff continue to meet to review the current error rate in an attempt to get a jump on the errors before the official CERT report is published. CGS’ initiative is to share the data with providers as an early warning system.

  - Based on data analysis and audits, the MR department routinely publishes the Top Denial Reason Codes for Medical Review on the CGS website. Latest articles:
    - Inpatient Hospital Services: April – June 2013
    - Outpatient Services: April – June 2013
    - Skilled Nursing Facilities (SNFs): April – June 2013

  - As CGS identifies error trends, POE performs education and develops helpful tools:
    - Skilled Nursing Facility Checklist for Medical Record Documentation

• Current Remittance Advice (RA) issues: Carol Walter

Providers continue to experience problems with the PLB segment codes and not being able to reconcile accounts. CMS Change Request (CR) 8092 was expected to offer needed relief; however, this CR was designed for analysis of the issue. Hopefully, needed information will be available after the first of the year and the Medicare RAs will contain details for account reconciliation. Update: In the interim, providers can contact the PCC to obtain the information missing in the PLB segments and receive help in matching the withholdings to specific beneficiaries.
• **Recovery Auditor (RA) Issues**: Jennifer Brown
  
  o Newest issue posted on the CGI Federal, Inc. website – Other DRG 252 Inpatient Claim – Other Vascular Procedures medical Necessity (update: issue no longer noted on RAC issues list)
  o Discussion about RAs and regions under rebid. Providers are nervous about the possibility of working with a new RA.
  o Speculation about the RA winding down ADRs. Members verified some facilities are still receiving the usual amount of ADRs.

• **Incarcerated Beneficiary– Update**: Jennifer Brown
  
  o Question arose about appeals and good cause. CMS FAQs address this question in the above mentioned document under **Appeals – Q2**.

**OLD BUSINESS**

• **ACT suggestions**: Judy Thomas
  
  o MSP ACTs/webinars with auditor(s) – POE is focused on providing information and feedback from the auditors to the provider community. Upcoming MSP education events will include key staff that perform MSP audits and will help answer providers’ questions.
  
  o Focus on offering facility type basics courses – Members agreed this is the best approach. POE will continue to offer ACTs focusing on facility types and associated updates. The Calendar of Events document demonstrates CGS’s efforts to comply with members’ suggestions.

• **PET scan article to clarify billing requirements and how to correct claims that may have rejected in error**: Jennifer Brown
  
  o The system edit that was causing incorrect denials for PET scans for solitary pulmonary nodules has been corrected. We are not able to automatically adjust these claims, but you may appeal any incorrect denials.

• **HCPCS modifier AY article**: Carol Walter
Carol thanked Rita for her help in developing the article.

Action: Suggestion for an ACT on the published HCPCS modifier AY article. It was agreed the information will be included in the upcoming ESRD Updates/Consolidated Billing ACT on October 30, 2013. Pre-submitted questions on the subject would be beneficial for POE.

- Education article on billing requirements and organ donor charges for kidney transplants: Judy Thomas

New Business

- CY 2014 POE-AG Membership Drive: Jennifer Brown
  - New process to be implemented this fall. Current members need not apply. The hope is that all current members continue to serve since there is no term limit. We recognize that job duties change and some members may want to bow out.
  - The POE-AG membership drive will follow these steps:
    1. Email current members asking if they want to continue to serve – completed
    2. Web notice to announce the membership drive with an application portal/process for prospective members
    3. POE to review applications. By December 2013, the 2014 members will be contacted with a congratulatory email, and then the list of new members announced and published on the CGS website.

- Proposed POE-AG Meeting Dates for 2014: LJ Smith
  - Proposed 2014 meeting dates were presented to members and all agreed with the schedule.
    - January 24, 2014 – Teleconference
    - May 9, 2014 – Face-to-face
    - August 22, 2014 - Teleconference
    - November 7, 2014 – Face-to-face
  - Alternating the meetings between teleconferences and face-to-face sessions is cost-effective for CGS and convenient for the other members. Locations for in-person
meetings were recommended - Columbus, Lexington, Louisville and Cleveland. Locations TBA.

Suggestions for PCC training topics: Judy Thomas

- The POE team will be traveling to Columbia, SC in mid-November to participate in training with the PCC staff. Members were asked for training topics.
  - **Suggestion 1:** TAVR: where does the CT registry number for inpatient claims go on the claim? Instructions state: *Medicare also requires the CT registry number on hospital claims for TAVR for inpatient hospital discharges on or after July 1, 2013. Claims for TAVR for inpatient discharges on or after July 1, 2013 that do not have the registry number will be rejected.* Reference: MLN Matters® article MM8255. **Action:** PCC and POE to determine and share with providers
  - **Suggestion 2:** Process improvement implemented in the PCC when dealing with ADR requests where the date of the letter and the date when the records/documentation are due are the same. Some CSRs will change the date on the letter showing a new due date for documentation, while others do not. **Action:** Which process will the PCC follow when receiving this inquiry? **Note:** for medical review ADRs, the documentation is due 30 days from the date of the letter.

- **News Flash!** Enhancement to the IVR – providers can now obtain Appeal status.

- **Future Enhancements to myCGS Web Portal:** Jennifer Brown

  Working now to implement offsets through the portal. It’s next on list on enhancements. We will keep members posted on others.

  **Questions:**
  - Rita asked about benefits information available through the portal. FISS identifies beneficiary benefits, for ESRD facilities when there is a conflict specific coordination period, will it be available for myCGS? myCGS reads the HETS system for eligibility information, not HIQA. We don’t know what is going to be in place when HIQA goes away. The first date of dialysis is in the Common Working File. We are trying to get this added for the IVR. This is also on the list of suggested enhancements to myCGS (no tentative date available). HIQA is going away because it is not HIPAA-compliant. HIQA does not give the reason why the beneficiary is entitled to Medicare.
  - For new providers using the portal, sometimes a message is displayed showing “No EDI enrollment” when they try to register. Rob will provide examples to CGS. The suggestion to create a “Super-User” ID is also on the list of suggested portal enhancements.

**Website Enhancements —** Carol Walter
• FAQ quarterly review completed – new look and new FAQs added (CERT, CORF, ESRD MSP and Inpatient Hospital)
• Future website enhancements – POE is working on a website redesign. Information by provider/facility type will be one enhancement. **Action:** Suggestion received to show “new or revised” and add the date for articles and FAQs. No other website enhancements were suggested.

**Calendar of Events and Training Needs:** Judy Thomas

• **Action:** Educate on the IPPS final rule and cover observation rules.

**Open Discussion:** LJ Smith

• Concerns about the government shutdown and state surveys on hold
• **Action:** A request for an ACT to address billing requirements and organ donor charges for kidney transplants.
• Incarcerated Beneficiary Claim Rejections – At this time, CMS instructed all Medicare contractors to post the following article on their websites: Demand Letters to Medicare Providers and Suppliers Associated with an Item or Service Provided to Incarcerated Beneficiaries
• Members expressed concerns about updating beneficiary information with the Coordination of Benefits Contractor (COBC). See MLN Matters ® article SE1205:

**Next Meeting:** LJ Smith

Next meeting will be held Friday, January 24, 2014 from 10 a.m. – 3 p.m. ET via teleconference. Thanked members for the successful year and reminded members again about the 2014 POE-AG membership drive.

**Adjourn**