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: June 17, 2016

Facilitator: Judy Thomas, Senior Provider Relations Representative

Attendees:

- Mary Alexander
- Billie Lois Bailey
- Heather Clark
- Janet Creason
- Diane DeVault
- Latisha Fyffe
- Karen Giacomo
- Jann Gravina
- Allison Herring
- Regina Jackson
- Alyce Kalb
- Robert Kaliszewki

- Laura Martucci
- Kathy Nolan
- Cindy Rose
- Dean Shipman
- Michael Shoemaker
- Regina Shorts
- Rob Sikorski
- Shawn Stack
- Christy Stansfield
- Shelli Todd
- Jean Wendland Porter

CGS Staff:

- Annie Scriven
- LJ Smith

AGENDA ITEMS

Welcome – *Judy Thomas*

Attendance/Roll Call – *Judy Thomas*

Purpose and Goals – *Judy Thomas*

Provide 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 PCC to disseminate information to providers.

NEW BUSINESS

Comprehensive Error Rate Testing (CERT) Documentation – *LJ Smith*

- The last CERT report revealed remarkably high improper payments for Part A in Kentucky and Ohio (inpatient and outpatient claims). Error rates in Kentucky and Ohio are 15.9% and 13.7%, respectively.

- When a claim is reviewed, the result of an improper payment is assigned one of five error categories: No Documentation, Insufficient Documentation, Medically Unnecessary, Incorrect Coding and Other.

- Currently, Insufficient Documentation is number one and No Documentation is increasing. It appears facilities are NOT sending the documentation timely. The time limit for sending documentation is 75 days.

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- CERT reports are available on the CMS website: https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/index.html?redirect=/cert.

JW Modifier - (CR9603) – *LJ Smith*

CMS issued CR 9603 to notify Medicare Administrative Contractors (MACs) and providers of the requirement to report discarded Part B drugs and biologicals. **Effective January 1, 2017:**

- Use the JW modifier for claims with unused drugs or biologicals from single use vials or single use packages that are appropriately discarded (except those provided under the Competitive Acquisition Program (CAP) for Part B drugs and biologicals), and;

- Document the discarded drug or biological in the patient's medical record when submitting claims with unused Part B drugs or biologicals from single use vials or single use packages that are appropriately discarded.

MAC Satisfaction Indicator (MSI) Survey – *LJ Smith*

The MSI is a tool utilized by CMS to measure providers' satisfaction with the MACs that serve them. Per CMS' instructions, CGS implemented an extensive education initiative to promote participation in the MSI. The survey closed June 24, 2016 and CGS received a significant number of responses. We greatly appreciate the Advisory Group's assistance in disseminating this information to your members.

Local Coverage Determination (LCD) Denials – *Judy Thomas*

The volume of claims denied in error has been significantly reduced through the LCD edit review and claim correction process. As a reminder, if you disagree with any outstanding claim denials, do not allow the appeal timeline to lapse (120 days from the date of denial) and ensure that medical documentation is submitted with your redetermination request.

Medicare Secondary Payer (MSP) Conditional Payment for Liability Claims in Direct Data Entry (DDE) – *Judy Thomas*

Effective January 1, 2016, MSP claims may be submitted, corrected or adjusted via DDE when the required Claim Adjustment Segment (CAS) codes from the primary payer's remittance are reported on the claim.

We have received several inquiries about the following scenario: The primary insurance is a liability insurer that has not made a payment and a claim for conditional payment from Medicare is being submitted. Which codes are appropriate to report since there is no remittance from the primary insurer? We are currently researching and will provide updates via the CGS website and electronic mailing list.

CMS MLN Matters article MM8486: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8486.pdf

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Medicare Outpatient Observation Notice (MOON) – *Annie Scriven*

The MOON is a standardized notice developed to inform beneficiaries (including Medicare health plan enrollees) that they are an outpatient receiving observation services and are not an inpatient of the hospital or critical access hospital (CAH).

The MOON is mandated by the federal Notice of Observation Treatment and Implication for Care Eligibility Act (NOTICE Act), passed on August 6, 2015. The NOTICE Act requires all hospitals and CAHs to provide written and oral notification under specified guidelines.

The MOON, its instructions, and implementing regulations were published in the Federal Register on April 27, 2016, as part of the FY 2017 Medicare hospital inpatient prospective payment systems (IPPS) proposed rule.

Additional information is available on the CMS Beneficiary Notices Initiative page: https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html

Sequestration Reduction – *Annie Scriven*

It has been brought to our attention that some claims processed on and after April 1, 2016 did not include the required 2% sequestration reduction. This issue was corrected on April 28, 2016 and any claims that processed incorrectly will be adjusted.

Partial Hospitalization Program (PHP) Weekly Requirements (SE1607) – *Annie Scriven*

Three new edits will be implemented on July 5, 2016 to enforce the required minimum of 20 hours per week of therapeutic services and PHP services must be billed weekly. We have received several inquiries seeking clarification of the weekly requirement (i.e., calendar week vs. seven day period). The edit logic is set up to verify 20 hours within a seven day period rather than a calendar week.

CMS MLN Matters article SE1607: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1607.pdf

NOTE: Edits W7095, W7096, and W7097 are being suspended at this time, including the one that enforces weekly billing requirements for PHPs. CMS reminds PHPs that the 20 hours per week minimum PHP service requirement remains in effect, as described in regulation at 42 CFR 410.43(c). https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1607.pdf

OLD BUSINESS

Hospital Billing Requirements for Self-Administered Drugs – *Annie Scriven*

This topic was mentioned during our last meeting in relation to an OIG Policy Statement that was issued. We received a copy and will provide clarification upon further review.

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myCGS Cost Reports/Password Requirements – *LJ Smith*

- Registered users of the myCGS web portal now have the ability to submit cost reports. With the implementation of this capability, there were some reports of the application timing out and documents not being transmitted, but those issues should now be resolved. If you experience any difficulties with myCGS, please report them to EDI.

- POE is tasked with increasing myCGS usage by 2 percent by the end of August. We appreciate your assistance in promoting myCGS and its functions.

- EDI has recently experienced an increase in call volume to reset myCGS passwords. As a reminder, user passwords expire every 60 days. Please utilize and share the password tips and reminders in the myCGS Password Quick Reference Guide: http://cgsmedicare.com/pdf/mycgs_passwordquickrefguide.pdf

- Suggestions from Members: Super user IDs for multiple PTANs, the ability to access redetermination decision letters

WEBSITE ENHANCEMENTS

Upcoming:

- **MSP tool** – *LJ Smith*

  The "Medicare Secondary Payer Billing & Adjustments Quick Resource Tool" is now available on the Part A website: http://cgsmedicare.com/parta/tools/index.html. It will also be added under Claims to allow users easy access in both sections.

- **UB-04 billing examples** – *LJ Smith*

  Still in progress.

- **Quarterly top billing error tip** – *Judy Thomas*

  The first quarterly top billing error tip was published on June 15, 2016: http://www.cgsmedicare.com/parta/pubs/news/2016/06/cope33117. html?wb48617274=BA585A3D. A widget, titled "Save Time and Money! Submit Claims Correctly the First Time." was added to the right side of the J15 Part A Home page and will be updated on a quarterly basis.

Suggestions:

- Medical devices and appropriate modifiers
- Credit calculator for calculating medical devices
- Additional myCGS 'Green Mail' initiative notifications

CALENDAR OF EVENTS AND TRAINING NEEDS – *LJ Smith*

Event Name	Date	Details
CERT Program Basics webinar	06.29.16	• Provide an overview of the CERT program. • Define the roles of the CERT contractors. • Explain the importance of the CERT program as it pertains to the Medicare contractor and providers. • Discuss CERT requests for documentation. • Review the steps providers should take when responding to requests for documentation. • Review available CERT resources.
Partners in Compliance webinar	08.16.16	TBA

Upcoming Event Topics

- Clinical trials and devices
- myCGS
- Quality reporting for Skilled Nursing Facilities (SNFs)
- Medical review of maintenance therapy
- Basics courses will continue to be offered.

PCC Training Opportunities – Judy Thomas

Suggestion: Members would like to receive more detailed information about the status of claims in suspense locations.

OPEN DISCUSSION

Suggestions:

- Information on the Merit-Based Incentive Payment System (MIPS)
- Information on the Payment Error Rate Measurement (PERM) audits in Kentucky
- Conduct POE-AG meetings as a webinar

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NEXT MEETING – FRIDAY, SEPTEMBER 16, 2016, NOON – 3 P.M. ET

This meeting is scheduled as an in-person meeting in Kentucky, but the location is pending. Please let us know if you are willing to host this meeting.

Adjourn

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