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: September 21, 2018
Facilitator: Curtis McFadden, Senior Provider Relations Representative

Attendees:

- Heather Adams
- Jane Arnold
- Heather Clark
- Janet Creason
- Jann Gravina
- Rachel Hager
- Jennifer Hansel
- Alison Herring
- Bob Kaliszewski
- Laura Martucci
- Sarah Miles
- Shellee Myers
- Andrea Plaskett
- Jean Wendland Porter
- Ann Schafer
- Valerie Tapia
- Crystal Wilborn

CGS Staff:

- Judy Thomas
- Annie Scriven

AGENDA ITEMS

Welcome

Attendance/Roll Call

Purpose and Goals

The primary function of the Advisory Group is to assist CGS 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 Advisory 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. The Advisory Group shall be used as a provider education consultant resource and not as an approval or sanctioning authority.

KEPRO Updates – Andrea Plaskett

Andrea provided a brief overview on the progress of KEPRO's Patient Navigation program, which helps patients navigate through their treatment and better understand their care. Members did not offer feedback when asked if they are notifying their patients about the services. Additional information is available on the KEPRO website at: https://www.keproqio.com/pfe/patientnavigation/ or you may contact Andrea directly.

New Business

QIO Determination Letter – Annie Scriven

Medicare Administrative Contractors (MACs) recently received clarification of the follow up actions when Beneficiary Family-Centered Care Quality Improvement Organization (BFCC-QIO) Short Stay Review Denial Determinations are received. Please reference the following article for additional information: https://www.cmsmedicare.com/parta/pubs/news/2018/09/cope9045.html.

Suggested Topics – Annie Scriven

- Shellee Myers suggested a webinar on how to determine the appropriate device code for device-intensive procedures. CMS revised the related system edits in January 2017 and
discontinued publishing the device-to-procedure and procedure-to-device code lists. In the absence of specific reporting instructions from CMS, MACs are not able to advise on CPT/HCPCS coding. The Internet-Only Manual (IOM) states, “If the claim is returned to the provider for failure to pass the edit, the hospital will need to modify the claim by either correcting the procedure code or ensuring that one of the required device codes is on the claim before resubmission”. Additional guidance is available in the reference below and you may also coordinate with coders, clinical staff and device manufacturers to determine the appropriate codes to report on your claim.


- Jann Gravina requested guidance on the appropriate payer for the following scenario: Medicare Advantage plans are recouping payments when patients receive emergency room/observation services and are enrolled in hospice on the date of discharge. Since Medicare Advantage plans operate under separate contracts, benefit policy and claims processing guidelines with CMS, you may review your contract and contact the individual Medicare Advantage plans for guidance.

- Deborah Walton suggested additional resources on cost outlier billing instructions. This topic will be added to our education plan.

TPE/CERT/RAC Updates – Annie Scriven

- **Targeted Probe and Educate (TPE) Process**
  - Please respond to Additional Documentation Request (ADR) letters as soon as possible upon receipt to avoid claim denials and assist Medical Review with processing their workload. We encourage all providers to utilize Direct Data Entry (DDE) and/or the myCGS portal to obtain ADR letters.
  - Comparative Billing Reports (CBRs), which allow you to compare your facility’s specific billing pattern data to your peer groups within the state and the CGS jurisdiction, are also accessible in myCGS. This information is helpful in conducting education and self-audit activity.
  - We encourage all providers to review the most recent TPE results and tips on how to prevent denials: https://www.cgsmedicare.com/parta/pubs/news/2018/08/cope8950.html.

- **Comprehensive Error Rate Testing (CERT) Program**
  The most recent Part A CERT errors include:
  - Error Code 99 (no response) – Please review the Address Updates related to documentation requests on the CERT contractor’s website and ensure these requests are routed to the appropriate person/department for handling: https://certprovider.admedcorp.com/Home/Schedules.
  - Medically unnecessary service or treatment (Two-Midnight Rule) – Please reference the following article, “Two-Midnight Rule: Preventing Denials”, for additional guidance: https://certprovider.admedcorp.com/Home/Schedules.
  - Wrong Discharge Status Code – The most common error is patient discharge status code 06 (Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care) is reported on the claim, but the patient was discharged to home or self-care (01). Please verify beneficiary eligibility on the Common Working File (CWF) prior to submitting a claim to ensure the appropriate patient discharge status code is reported.
• Recovery Audit Contractor (RAC)
  - Continue to monitor the Region 1 CMS Approved Issues at: https://performantrac.com/audit-regions/region-1/.
  - As a reminder, if a RAC review results in a denial of your claim, you may request an open discussion period with the RAC prior to requesting a redetermination (first level of appeal) from CGS. The request form and instructions are available at: https://performantrac.com/region-1/.
  - When submitting medical record documentation via esMD, ensure you are sending it to the appropriate contractor that requested the documentation, as indicated in the ADR letter.

New Medicare Card – Curtis McFadden
Curtis provided an overview of the New Medicare Card Project and shared the most recent updates, including the revised mailing strategy. As a reminder, new information related to the initiative may be obtained from the CMS MLN Connects® Newsletter, which is included in the CGS electronic mailing list each Thursday, and the CMS website at: https://www.cms.gov/medicare/new-medicare-card/nmc-home.html.

DDE Recertification – Curtis McFadden
All DDE users must recertify by September 30, 2018 to avoid deactivation of their DDE user ID: https://www.cgsmedicare.com/forms/annual_dde_pptn_recert_formRE.pdf

myCGS Updates – Judy Thomas
• An “Intro to myCGS” video is available for you to share with anyone who is not familiar with the myCGS portal, its features and the registration process: https://www.cgsmedicare.com/parta/pubs/news/2018/07/cope8270.html.
• Audit & Reimbursement (A&R) Secure Messaging is now available via myCGS. This new feature allows Part A providers to submit sensitive financial information and receive other correspondence securely. Please reference the job aid for additional information: https://www.cgsmedicare.com/parta/pubs/news/2018/08/cope8835.html.
• The new 30-day log-in, indefinite lock-out period changes and the Password Quick Reference Guide will be added to the myCGS Log-In home page as a reminder.
• Several enhancements to the Beneficiary Eligibility tab are in the planning stage.

CPIL Format – Judy Thomas
The Claims Processing Issues Log (CPIL) was reformatted to allow a quick view of current issues with the date reported and a brief description. The full details of the issue, including updates, actions and resolutions, may be accessed by clicking on the description: https://www.cgsmedicare.com/parta/claims/issues_log.html.

A/B MAC POE Collaboration Team – Annie Scriven
The purpose of this workgroup is to ensure consistent communication and education throughout the nation on a variety of topics and assist the provider and physician community with information necessary to submit claims appropriately and receive proper payment in a timely manner. A subheading was added to the Education & Events page that includes materials developed by this collaboration team: https://www.cgsmedicare.com/parta/education/collaboration_team.html.

Calendar of Events – Annie Scriven
Annie provided an overview of the list of scheduled events at: https://www.cgsmedicare.com/medicare_dynamic/wrkshp/PR/PartA_Report.asp. Additional topics were requested, but there were no suggestions provided by the group at this time.
OPEN DISCUSSION

Members were asked to provide feedback on what is working well and what could be improved. Shellee Myers stated she finds the flow charts and decision trees helpful. No other feedback was provided. As a reminder, any suggestions may be sent to: J15_PartA_Education@cgsadmin.com.

NEXT MEETING

December 21, 2018 at 12:00 p.m. ET

ADJOURN