

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 16, 2016

Facilitator: Judy Thomas, Senior Provider Relations Representative

Attendees:

- Billie Lois Bailey
- Diane Burns
- Heather Clark
- Jan Gravina
- Alison Herring
- Regina Jackson
- Janet Lazich
- Laura Martucci
- Cindy Rose
- Mike Shoemaker
- Dean Shipman
- Rob Sikorski
- Christy Stansfield
- Shelli Todd
- Jean Wendland Porter
- Julie McTeague
- Kathy Nolan
- Melody Rice
- Cindy Rose
- Dean Shipman
- Rob Sikorski
- Shawn Stack
- Katie Stevens
- Kyung-Hee Swihart
- Rita Tarvin
- Dave Walchanowicz
- Jean Wendland Porter

CGS Staff:

- Julene Mull
- LJ Smith
- Annie Scriven

AGENDA ITEMS

Welcome

Attendance/Roll Call

Purpose and Goals

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.

Old Business

Direct Data Entry (DDE) Recertification – LJ Smith

Most inquiries, concerns and issues have been completed. There was a small number of providers that were in inadvertently deactivated; however, the majority of deactivations were a result of users not timely recertifying per published instructions. EDI made over 1,000 callbacks to resolve issues.

Helpful tip: In the future, completed applications should contain multiple contact persons with correct telephone/email information. This action will assist EDI with contacting the correct staff such as instances where someone is no longer with the company.

If providers are still having issues, please contact Windy Biggs at 1.615.660.5682.

Medicare Secondary Payer (MSP) Claims in DDE – Annie Scriven

POE received several inquiries related to the appropriate Claim Adjustment Segment (CAS) codes to report when filing a conditional payment claim to Medicare for liability and there is no remittance from the primary insurer. Since Medicare Administrative Contractors (MACs) do not have ownership or publishing rights for CAS codes and since CAS codes have been required on MSP electronic claims for many years, POE suggested that group members obtain this information from their vendors and share any findings with the group. POE has not received any updates on this topic.

Billing Drugs Received at No/Reduced Cost – Annie Scriven

One of the members volunteered to share information with the group related to billing drugs received at no/reduced cost. POE has not received any updates on this topic.

New Business**Comprehensive Error Rate Testing (CERT) Issues – Julene Mull**

- The national CERT denial rate for 2016 is 11 percent. This rate particularly pertains to Inpatient Rehabilitation Facility (IRF) and home health face-to-face encounters. This is a decrease of 12.09 percent from the previous year, driven by a reduction in inpatient hospital claims; with home health (HH) and inpatient rehabilitation facility (IRF) being the major contributors to the error. The CMS goal for 2016 was 11.5 percent. For 2017 the goal is 10.4 percent, and 9.4 percent for 2018.
- CMS determines error rate goals each year and the 2016 goal was met. Skilled Nursing Facility (SNF), inpatient hospital, outpatient hospital and End Stage Renal Disease (ESRD) and Critical Access Hospital (CAH) claims were among the top errors identified in Jurisdiction 15 (J15).
- Currently, the top errors identified include short inpatient stays (the two-midnight rule), IRF, and Diagnosis Related Groups (DRGs).
- 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>.
- If you have questions related to CERT documentation and/or errors, you may contact Julene Mull at 1.615.782.4591.
- Also, the CERT Claim Identifier (CID) Tool is available on the CGS website: http://www.cgsmedicare.com/medicare_dynamic/cid_tool/index.asp

MSP Audit Contact Information – Judy Thomas

The CGS MSP Auditors are experiencing difficulty in identifying the appropriate point of contact when a hospital has been selected for an audit and requested feedback from the group. Members suggested the initial contact could be made to the registration or CFO (administrative) staff.

Provider Contact Center (PCC) and Computer Telephony Integration (CTI) – Judy Thomas

The PCC asked POE to share the following information in response to feedback received related to the CTI system:

- The system allows two attempts to enter information correctly. Beyond that, the Customer Service Representative (CSR) is required to verbally authenticate the information.
- The system does not currently recognize PTANs with an alpha character; therefore, those PTANs will need to be verbally authenticated by the CSR. A system enhancement is scheduled and will be announced when it becomes available.
- The training message played at the beginning of the call is required by CMS.

- CGS is addressing issues related to the system timing out.
- If you have questions or experience any issues, please reference the following documents:
 - CTI User Guide: http://www.cgsmedicare.com/parta/cs/cgs_j15_parta_cs_user_guide.pdf
 - Steps in Using the CTI System: http://www.cgsmedicare.com/parta/cs/cti_jobaid_parta.pdf.

2017 POE-AG Membership Drive – LJ Smith

- The 2017 POE-AG membership drive is in process. An announcement with registration instructions was included in our electronic mailing list. Current members who wish to remain in the group were asked to reply to an email announcement sent on December 20, 2016.
- Members agreed to keep the same meeting schedule in 2017:
 - March 17, 2017
 - June 16, 2017
 - September 15, 2017
 - December 15, 2017

Medical Review Reopenings vs. Redeterminations – LJ Smith

The CGS Appeals department reported that many providers continue to misroute their responses to claims denied for non-receipt of records (reason code 56900) to the Appeals department, which causes delays in processing. As a reminder, please review and share the following article that describes the timeline for requesting a Medical Review reopening rather than a redetermination request: <http://www.cgsmedicare.com/parta/pubs/news/2016/12/cope1384.html>.

Medicare Outpatient Observation Notice (MOON) – Annie Scriven

CMS announced that all hospitals and Critical Access Hospitals (CAHs) are required to issue the MOON beginning no later than March 8, 2017. The approved notice and instructions are available on the CMS Beneficiary Notices Initiative (BNI) website: <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html>

Website Enhancements

POE is currently involved in several projects designed to improve our website:

- Each year, CGS is required to conduct a website validation. The purpose of this process is to review all content to ensure it remains current and valid.
- A workgroup has been implemented to streamline the information available on each page. The initial phase will include a review and redesign of the Customer Service, Education & Events and myCGS pages. The workgroup will then coordinate with the other operational areas to assess their pages.
- To improve the search feature, POE is periodically reviewing the most common search terms, identifying the most relevant resources associated with those terms and ensuring those results appear first.
- Online Education Courses (OECs) continue to be updated and added. The group was polled about the registration requirement to access the OECs. Members stated they find the course completion transcript useful, but a list of courses available upfront would also be beneficial.
- Any suggestions may be submitted to us directly or by completing the Website Feedback form or ForeSee survey.

Calendar of Events and Training Needs

- CMS recently updated its policies and instructs each POE program to utilize the analysis of data to develop its education methodology. In the coming year, you can expect us to offer more training on topics identified related to:
 - Improper payments
 - Error rate reduction
 - Provider inquiries
 - Claim submission errors
 - Errors regarding Medicare policies
 - Medical Review referrals
- Also, as mentioned in the purpose and goals of these meetings, POE is required to consider training topics suggested by this group. One member suggested recurring teleconferences for CAHs.

OPEN DISCUSSION

Members continue to request the ability to access multiple PTANs with one user ID and password for myCGS. POE will continue to submit this important feedback to the appropriate departments

NEXT MEETING

Friday, March 17, 2017 at 12:00 p.m. ET

ADJOURN
