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 12, 2017

Facilitators: Juan Lumpkin, CGS J15 Provider Outreach and Education (POE)

#### Attendees:

- Angela Amey Symphony Diagnostic Services
- Jane Arnold Firelands Regional Medical Center
- Elayne Biddlestone The Academy of Medicine Cleveland & Northern Ohio (AMCNO)
- John Blumenstock PHI Air Medical, LLC
- Dave Dillahunt Ohio Hematology Oncology Society (OHOS)
- Kimberly Dziekan Wright State Physicians
- Debra Farley BillPro Management Systems
- Shelby Gorman UK Healthcare
- Nancy Horn Medical Compliance Services, Inc.
- Phil Horn KAPA
- Jennifer Jones DayStar Billing Services, LLC
- Jennifer Kelley OSU Physicians, Inc.
- Lindy Lady Kentucky Medical Assn. (KMA)
- Maxine Lewis MC]RM
- Cindy Mack Alexander CompuNet Clinical Labs
- Theresa Mandl William Moss, MD
- Kelly Martinelli Healthcare Compliance Assn.
- Sheila Petreguin, Maxx Medical, Inc.
- Mick Polo NCDS Medical Billing

- Jean Pryor St. Elizabeth Physicians
- Georgetta Richardson Norton Healthcare
- Jimelle Rumberg Ohio Foot and Ankle Medical Assn. (OHFAMA)
- · Kelly Rupard UK Healthcare
- · Regina Shorts MetroHealth Medical Center
- Michelle Skinner Ohio Ambulance and Medical Transport Assn. (OAMTA)
- · Frances Voll Advanced Billing Concepts, Inc.
- Berni Willis Mid-American Rehabilitation Network
- Jon Wills Ohio Osteopathic Assn. (OOA)
- Stephanie Woods Greater Louisville Medical Society (GLMS)

#### **CGS Staff**

- Ashley Decoteau JB DME MAC POE
- Julene Lienard Medical Review
- Thaya Morant Medical Review
- Kelly Armstrong Provider Enrollment
- Leah Lewis POE
- Patsy Schwenk POE
- Vanessa Williams POE

# AGENDA ITEMS

### **Opening Remark**

Juan welcomed everyone and reviewed the group's purpose and mission statement.

## **CGS Departmental Updates**

### JB DME MAC POE - Ashley Decoteau

Ashley attended the meeting to introduce herself as a member of the CGS Jurisdiction B DME MAC POE team, which is one of our other lines of business. She invited members to contact her with ideas to address educational needs of the provider community throughout J15. The education would be specific to documentation requirements for ordering durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). Ashley may be contacted directly at ashley.decoteau@cgsadmin.com.

#### CERT Update - Julene Lienard, CGS CERT Coordinator

Julene shared the current top CERT errors:

- **1.** Drug Testing Missing the following documentation:
  - a. Physician's order for or documentation supporting physician intent to order the Presumptive and Definitive Drug Tests
  - b. Clinical documentation supporting the medical necessity of the billed tests
  - c. Results of tests
- 2. Orders Missing the following documentation:
  - a. Physician order or documentation supporting intent to order billed labs





- b. Ordering physician signature
- **3.** Medical Necessity Missing the following documentation:
  - a. Clinical documentation supporting medical necessity
  - b. Treating physician's signed clinical documentation that supports medical necessity
- 4. No response
  - a. Received a note stating "We do not have this date of service"
    - i. Patient was seen in hospital
    - No response was ever received

Julene invited members to contact her with any CERT-related inquiries. Julene can be reached directly at <a href="mailto:julene.lienard@cgsadmin.com">julene.lienard@cgsadmin.com</a>. If you or your members/providers need information regarding the CERT program, please direct them to the CGS CERT Web page (<a href="https://www.cgsmedicare.com/partb/cert/index.html">https://www.cgsmedicare.com/partb/cert/index.html</a>).

Question: If we need to correct our claim, should we submit information with our CERT response?

Answer: If you find an error was made on the claim during/after the CERT review period, please submit an Appeal (<a href="https://www.cgsmedicare.com/partb/appeals/index.html">https://www.cgsmedicare.com/partb/appeals/index.html</a>) of the CERT decision to us (CGS) and include the corrected information.

## Medical Review - Thaya Morant

Thaya attended the meeting to provide information regarding the CMS Targeted Probe and Educate (TPE) Medical Review Strategy (<a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Targeted-Probe-and-EducateTPE.html">https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Targeted-Probe-and-EducateTPE.html</a>). As a result of this strategy, CGS implemented a probe and educate approach based on vulnerabilities and provider utilization outliers identified through data analysis or error rates associated with current edits. She also shared the following information:

- Providers with questions regarding the TPE process or who would like additional education may contact MR directly through the newly created email box specific to TPE, J15BProbeandEducation@cgsadmin.com.
- We also have a dedicated TPE Web page (<a href="https://www.cgsmedicare.com/partb/mr/tpe.">https://www.cgsmedicare.com/partb/mr/tpe.</a> <a href="https://www.cgsmedicare.com/partb/mr/tpe.">httml</a>). Please refer providers there for additional information.
- A set of TPE FAQs (<a href="https://www.cgsmedicare.com/partb/faqs/tpe\_faqs.html">https://www.cgsmedicare.com/partb/faqs/tpe\_faqs.html</a>) are available to address specific questions.
- The MR Activity Log (<a href="https://www.cgsmedicare.com/partb/mr/activity\_log.html">https://www.cgsmedicare.com/partb/mr/activity\_log.html</a>) identifies the status of various review topics.

Thaya reiterated the importance of complying with documentation requests. Providers have 45 days to submit documentation. Sending records timely will reduce automatic denials and avoid an additional 60 days for the Reopening process. Keep in mind - providers may respond to MR ADRs by using myCGS (https://www.cgsmedicare.com/partb/pubs/news/2015/0915/cope30423.html)!

Question: Is notification aggregated by the group or individual NPI?

Answer: Data is reviewed based on the billing practices of the individual provider.

Question: Will the provider know that they are under medical review prior to the probe starting?

Answer: Yes. Please refer to the TPE FAQs #4 (<a href="https://www.cgsmedicare.com/partb/faqs/tpe\_faqs.html">https://www.cgsmedicare.com/partb/faqs/tpe\_faqs.html</a>).

Question: What is passing percentage for a review?

Answer: Our current threshold is 30%.

Question: Will the letter to the provider come through the portal (myCGS)?

Answer: We are planning to notify providers by sending a letter through myCGS Green Mail. Question: How are you identifying services? Are you looking at data that falls outside of the CMS benchmark? Are the topics going to be published?

Answer: Topics are selected based on data analysis. Refer to the MR Activity Log (<a href="https://www.cgsmedicare.com/partb/mr/activity\_log.html">https://www.cgsmedicare.com/partb/mr/activity\_log.html</a>) for the specific topics.

Question: Can the group practice ask that a secondary notice be mailed to the "Pay To" address?

Answer: No, not automatically. The letters are system generated and will be mailed to the address on file. If you need an additional copy of the ADR, you may contact the reviewer directly.

Question: FAQ #12 references a 56900 denial reason code for records not submitted timely. Is that correct?

Answer: Those guidelines are specific to Medicare Part A/HHH. The Part B information is now available.

#### **Provider Enrollment** – Kelly Armstrong

Cycle 2 of the Revalidation process and the accurate completion of enrollment applications continue to be a major education point. To help providers with the completion of applications the following web tools are available:

- Provider Enrollment Application Issues (<a href="https://cgsmedicare.com/partb/enrollment/peai.html">httml</a>) This page was created to identify errors found while processing applications submitted by providers. The analysis of data allowed us to provide solutions to the top issues to help providers avoid them. Data is available for both the web (online PECOS) and paper CMS-855 applications.
- The Provider Enrollment Interactive Help Tool (<a href="https://cgsmedicare.com/partb/enrollment/helptool/index.html">https://cgsmedicare.com/partb/enrollment/helptool/index.html</a>) This tool was designed to help providers determine which application to complete and the specific documentation we need along with the application. If providers are confused on which application we need, just answering a series of YES and NO questions will solve the problem.

### **NEW BUSINESS**

#### **Introduction of New POE Manager, Leah Lewis**

Leah introduced herself as the new J15 POE Manager. She is looking forward to working with the team and being a part of the future education successes of the group. She extended an offer to contact her if there is anything she can do to assist.

### **Physician Certification Statement (PCS) Education**

Medicare may cover repetitive, scheduled, non-emergent transportation by ambulance if medical necessity requirements are met and a physician's written order (Physician Certification Statement (PCS), <a href="https://www.cgsmedicare.com/partb/mr/pdf/ambulance.pdf">https://www.cgsmedicare.com/partb/mr/pdf/ambulance.pdf</a>) is obtained supporting this. We received a suggestion to provide education to hospitals and nursing homes on the PCS and its requirements. We will work with out Part A counterparts to provide this education.

### myCGS Enhancements

Vanessa provided an update on current and future enhancements being evaluated and/or implemented for myCGS.

- Opt IN/OUT of Green Mail (<a href="https://www.cgsmedicare.com/articles/cope5235.html">https://www.cgsmedicare.com/articles/cope5235.html</a>) –
  Providers now have the option to "Opt IN" to receive Green Mail only; or "Opt OUT" to receive BOTH Green Mail and continue to receive hardcopy letters through the mail.
- CGS Account Recertification (<a href="https://www.cgsmedicare.com/articles/cope5670.html">https://www.cgsmedicare.com/articles/cope5670.html</a>) The CGS Account Recertification process is required to verify all Provider Users given access to myCGS by the Provider Administrator. We will be changing the timeframe when we ask you to complete the profile verification and the account recertification. To align with security rules, we are changing the timeframe from every 180 days to every 90 days.
- Comparative Billing Reports (CBRs) for Part B Individual Providers CBRs provide comparative billing data to an individual health care provider. They contain actual datadriven tables and graphs with an explanation of findings that compare a provider's billing

and payment patterns to those of his/her peers within the state and the CGS jurisdiction. (Coming in 2018 for Part A and Part B providers. Currently available for J15 Home Health & Hospice.)

#### **Autumn 2017 PRISM**

Updates to the Autumn 2017 Medicare Part B Update, PRISM, were reviewed. Members were invited to submit ideas to add to the Winter Update on standard items such as CERT, Recovery Auditor, claim and inquiry data, Quality Payment Program (QPP), and myCGS. Suggestions may be sent to J15\_PartB\_Education@cgsadmin.com.

#### 2018 Advisory Group Membership Drive

The 2018 membership drive (<a href="https://www.cgsmedicare.com/partb/pubs/news/2017/12/cope5680.html">https://www.cgsmedicare.com/partb/pubs/news/2017/12/cope5680.html</a>) will take place at the end of 2017. Members were asked to send an email if they can no longer participate in 2018. The Part B email address is <a href="mailto:j15\_PartB\_Education@cgsadmin.com">j15\_PartB\_Education@cgsadmin.com</a>. cgsadmin.com.

# **OLD BUSINESS**

# **The New Medicare Card Project**

Patsy shared information regarding The New Medicare Card Project. New Medicare cards with the system-generated Medicare Beneficiary Identifier (MBI) will be issued from April 2018 to April 2019. A transition period will allow providers to use either the current Health Insurance Claim Number (HICN) or the MBI from April 2018 through December 2019. During this time, CGS will host in-person events, webinars, and teleconferences to ensure providers are aware of the process and the many system updates related to this initiative. We are also planning to work with beneficiary advocacy groups to sponsor shredding events so that patients can destroy their old Medicare cards.

CMS has a dedicated website for providers to stay informed (<a href="https://www.cms.gov/medicare/new-medicare-card/nmc-home.html">https://www.cms.gov/medicare/new-medicare-card/nmc-home.html</a>) of changes and updates. To help promote the initiative, CMS also offers a page to print and order materials (<a href="https://www.cms.gov/Medicare/New-Medicare-Card/Partners-and-Employers/Partners-and-employers.html">https://www.cms.gov/medicare/New-Medicare-Card/Partners-and-Employers/Partners-and-employers.html</a>).

Question: Will the new cards be laminated?

**Answer:** CMS has communicated no information on this. We doubt it, due to production and mailing costs.

### **Announcements and Reminders**

## **PCC** training topics

No topics were shared. Members are welcome to email ideas anytime throughout the upcoming year.

### **Upcoming Educational Events**

In-person events, Ask-the-Contractor Teleconference (ACTs), and webinars will be scheduled through the year. Always refer to the Calendar of Events to see what we are offering!

As always, education is available upon request. Email requests to <a href="J15\_PartB\_Education@cgsadmin.com">J15\_PartB\_Education@cgsadmin.com</a>.

# **POE Advisory Group Meeting Schedule**

Kentucky		Ohio	
March 14, 2018	September 12, 2018	March 13, 2018	September 11, 2018
June 13, 2018	December 11, 2018	June 12, 2018	December 11, 2018

# **ADJOURN**

Meeting was adjourned.