

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 19, 2017

Facilitators: Patsy Schwenk, Provider Outreach & Education (POE), CGS

Attendees:

- Kelly Rupard – UK Healthcare
- Nancy Horn – Medical Compliance Services, Inc.
- Lindy Lady - KMA
- Shelby Gorman – UK Healthcare
- Angela Amey - Symphony Diagnostic Services
- Janet Roe – St. Claire Medical Group
- Darrell Spear – Kentucky Chiropractic Society
- Jean Pryor – St. Elizabeth Physicians
- Theresa Mandl – William Moss, MD
- Candy LeOso
- Alice Morgan
- John Blumenstock - PHI Air Medical
- Hilary Gilliam – PHI Air Medical
- Cindy Glover – PHI Air Medical
- Matt Waldie – Ashland Area Health Alliance
- Stephanie Woods - GLMS

CGS Staff

- Juan Lumpkin – POE
- Thaya Morant – Medical Review
- Julene Lienard – Medical Review
- Kimberly Holden – Medical Review
- Pam Hughes – Provider Enrollment

AGENDA ITEMS

Opening Remark

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

CGS Departmental Updates

CERT Update - Julene Lienard, CGS CERT Coordinator

Julene shared the following top five Kentucky specific CERT errors and examples:

Insufficient Documentation: Signature

- **MISSING:** Attestation to support the entries made in the submitted progress notes that have illegible signatures of the individual who authored the notes
- **RECEIVED:** Progress notes that support a face-to-face visit by a physician but these notes have an illegible signature of the individual who authored the notes.
- **MISSING:** Attestation for the unsigned progress note.
- **RECEIVED:** Physician's progress note for billed DOS with the typed name of the billing provider but no handwritten signature or evidence of an electronic signature.

Orders/Medical Necessity

- **MISSING:**
 1. Treating physician signed clinical documentation to support medical necessity for the billed service.
 2. Treating physician order or intent for the billed service
- **RECEIVED:**
 1. Unsigned order
 2. Lab report except for PCP

3. Received from MRS Call visit note that documents no illicit drug use, no aberrant behaviors, annual exam needs refill
4. Received duplicate documentation from MRS Call.

Insufficient Documentation (General-Though a valid ICD-9/ICD-10 code(s) was submitted, the ICD-9/ICD-10 code(s) alone was insufficient information)

- **MISSING:**

1. clinical documentation supporting necessity for the billed definitive drug test;
2. the physician's order or intent to order the billed drug test.

- **RECEIVED:**

1. an unsigned requisition
2. labs

No documentation was received, or no documentation related to the claim line under review was received from the provider, after full process was pursued and exhausted, and there is no evidence to support another error code

- **MISSING:**

1. clinical documentation supporting necessity for the billed EKG test;
2. an order or intent to order the billed test;
3. the EKG recording with interpretation and report which is signed by the billing provider.

- **RECEIVED:**

1. a note stating "We regret to inform you we are unable to process your request as the patient did not receive services on the date requested"

Service incorrectly coded

- **BILLED SERVICE IS INCORRECTLY CODED:** Documentation supports a down code from CPT 99310 to CPT 99309 with a Detailed History, Comprehensive Exam, and Moderate Complexity Medical Decision Making based on the documentation submitted.

- **RECEIVED:** Authenticated nursing facility visit note that does not meet the required 2 of 3 key components (Comprehensive History/Exam, High Complexity MDM) for the level of E/M service billed.

Julene can be reached at julene.lienard@cgsadmin.com.

Medical Review – Thaya Morant

Thaya shared that the CGS medical review (MR) Improper Payment Reduction Strategy (IPRS) was submitted to CMS in July. She explained that the CGS MR focus will be on Targeted Probe and Educate (TPE) (<https://www.cgsmedicare.com/partb/mr/tpe.html>). We will implement a probe and educate approach based on vulnerabilities and provider utilization outliers identified through data analysis or error rates associated with current edits. A probe sample of 20 to 40 claims will be implemented for providers with a current error rate of 30% or more. After the first review, education will be provided. Then, a second probe will take place. If the error rate remains at or above 30%, education will follow and another probe round will be conducted. If after that round, the error rate remains at or above 30%, additional corrective actions may take place which may include, targeted prepay review, referral to UPIC/ZPIC or other entities as appropriate.

As part of the probe and educate process, we have created a TPE mail box, where providers will be able to submit questions or request additional education regarding their probes.

MR recently published an article and Comparative Billing Report (CBR) on the results of the review nursing facility visits. The article is titled "CPT Code 99310: Prepayment Edit Review Findings" (<https://www.cgsmedicare.com/partb/pubs/news/2017/09/cope4426.html>).

A Lab Services/Orders Fact Sheet has been published and added to our MR Facts Sheets (<https://www.cgsmedicare.com/partb/mr/checklists.html>).

Thaya reiterated the importance of submitting requested documentation at least 45 days upon receipt of receiving an additional documentation request (ADR) letter. Responding timely will reduce automatic denials and reopenings that add an additional 60 days in which your claims may be reviewed.

Kimberly Holden, the CGS Part B Clinical Educator was introduced.

Provider Enrollment – Pam Hughes

A member whose staff attended the September 2017 CMS National Provider Enrollment Conference requested that Pam Hughes of CGS Provider Enrollment join the meeting to discuss the recent event. Pam shared that CMS will partner with each MAC to hold the conference bi-annually. The next one is scheduled for April 2018 in New Orleans, Louisiana. Conference attendees can attend educational breakout sessions on every aspect of Medicare provider enrollment. All MACs participate in the conference as exhibitors. Pam confirmed that CGS will partner with CMS and host an event in the future.

New Business

Reopening Forms and Processes

CGS has introduced a number of new forms to request specific types of Reopenings. This process improvement will help facilitate our efforts to automate Reopenings, which will result in a more efficient process. Currently the following reopening types are automated: Modifier Adjustment (https://www.cgsmedicare.com/forms/rmf_780_job_aid.pdf), Billed Amount and Procedure Code Adjustment (https://www.cgsmedicare.com/partb/forms/pdf/billing_adjustment_form_job_aid.pdf), and Date of Service Adjustment (https://www.cgsmedicare.com/partb/forms/pdf/reopening_dos_adjustment_job_aid.pdf). When the forms for these adjustments are completed correctly, the reopening will be handled through the new automated process. The automation process includes these reopening types submitted through myCGS (<https://www.cgsmedicare.com/partb/pubs/news/2017/04/cope2822.html>). Place of Service reopening form is planned for the future.

myCGS Usage Data

Recent data indicates that we have seen an increase in myCGS usage. We will continue to promote myCGS to increase usage even more. A member mentioned they were experiencing format errors and we referred them to the myCGS minimum system requirement information (<https://www.cgsmedicare.com/partb/mycgs/faqs.html>).

Summer 2017 PRISM

The current educational handout was reviewed. Members were asked for new ideas on how to educate providers on the standard items such as CERT, Recovery Auditor, claim and inquiry data, QPP and myCGS. Suggestions can be sent to J15_PARTB_EDUCATION@cgsadmin.com.

Small Practice Meeting Partnerships

We are currently scheduling small practice meetings throughout Kentucky. Normally, we reserve library educational rooms to conduct these educational events. Members who would like to assist in providing a location can reach out to us at J15_PARTB_EDUCATION@cgsadmin.com.

Advisory Group Membership Drive

The 2018 membership drive will take place at the end of 2017. Members were asked to send an email if they can no longer be part of the group in 2018.

Old Business

New Medicare Card

The initiative is now known as the New Medicare Card. CMS has updated their website address to <https://www.cms.gov/Medicare/New-Medicare-Card/index.html>. New Medicare cards will be

issued from April 2018 to April 2019. We are working closely with provider and patient groups to get the information about the new cards out to everyone affected by the change.

Announcements and Reminders

PCC training topics

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

UPCOMING EDUCATIONAL EVENTS

Review the *Calendar of Events* on our website at http://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/partb_report.asp.

Education upon request: Email requests to J15_PartB_Education@cgsadmin.com

Members suggested we host webinars on the correct completion of CGS forms as well as opt out and Medicare Secondary Payer.

POE ADVISORY GROUP MEETING SCHEDULE

December 12, 2017 - Combined Ohio and Kentucky meeting via teleconference only

ADJOURN

Meeting was adjourned.