CGS Administrators, LLC
Provider Outreach and Education

Ohio Part B Advisory Group Meeting

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 12, 2017

Facilitator: Patsy Schwenk, CGS J15 Provider Outreach and Education (POE)

Attendees:

Kelly Martinelli – Healthcare Compliance Association	Jimelle Rumberg – Ohio Foot and Ankle Medical Association
Debra Farley – BillPro Management	Elayne Biddlestone - AMCNO
Sheila Petrequin, Maxx Medical	Frances Voll – Advanced Billing Concepts
Jennifer Jones – DayStar Billing	**CGS Staff**
Tammy May – Kettering Health	Juan Lumpkin – POE
Todd Baker - Ohio Ophthalmological Society	Vanessa Williams - POE
Melody Hall – Renal Physicians	Thaya Morant – Medical Review
Cindy Mack Alexander – CompuNet	Julene Lienard – Medical Review
Jennifer Kelly - OSU Physicians	Kimberly Holden – Medical Review
Mick Polo – NCDS Medical Billing	Shuanya Lovitt - EDI

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 CERT errors and examples:

Error Code 21: Insufficient Documentation
- Example One
  - MISSING:
    - Treating physician's order or clinical documentation to support the plan or intent to order the specific tests billed for DOS;
    - Treating physician's clinical documentation to support the medical necessity for the tests.
  - RECEIVED:
    - Authenticated CT of abdomen/pelvis report and CT of chest report.
  - RESOURCES
    - SSA 1833(e)
    - PUB 100-04 Chapter 13 § 30 (CT procedures)
    - PUB 100-3 Chapter 1 § 220.1(Computed Tomography)

- Example Two
  - MISSING:
    - Treating physician's order for or clinical documentation to support the plan/intent to order the billed x-ray; and
    - Documentation to support the medical necessity of the billed test.
  - RECEIVED:
    - Radiology report of the abdomen
  - RESOURCES
    - SSA 1833(e)
    - 42 CFR 410.32(a) (Physician's orders)
    - PUB 100-2, Chapter 15 § 80.6.1 (Requirements for Ordering and Following Orders for Diagnostic Tests)
    - PUB 100-8, Chapter 3 § 3.6.2.2 (Reasonable and Necessary Criteria)

Error Code 31: Incorrect Coding
- Example
  - BILLED SERVICE IS INCORRECTLY CODED:
    - Documentation supports a code change from CPT code 99291 to CPT code 99222 with a Comprehensive History, Comprehensive Exam and Moderate Complexity MDM based on the documentation submitted.
  - RECEIVED:
    - Authenticated visit note that does not meet the requirements for critical care service. No critical care was provided to support billed 99291.
  - RESOURCES
    - SSA 1833 (e) (Insufficient Documentation),
    - CPT 2015
    - 1995 E/M guidelines
    - PUB 100-04, Chapter 12§ 30.6.12.B (Critical Care Services and Medical Necessity)
    - PUB 100-04, Chapter 12§ 30.6.12.E (Critical Care and Physician Time)

Error Code 16: No documentation was received, or no documentation related to the claim line under review was received from the provider
- Example
    - RECEIVED:
        - Invoice
    - RESOURCES
        - SSA 1833 (e) (Insufficient Documentation)
        - 42 CFR 410.32(a) (MD orders)
        - PUB 100-2, Chapter 15 §§ 80 (Requirements for Diagnostic X-ray, Diagnostic Laboratory and Other Diagnostic Tests)
        - PUB 100-2 Chapter 15 §§ 80.6.1(Requirements for Ordering and Following Orders for Diagnostic Tests)

Error Code 25: Medically Unnecessary
- Example
    - Per CERT Medical Director "Disagree: Ambulance services not reasonable & necessary: submitted documentation does not support the beneficiary was unable to be safely transported via another method."
    - RECEIVED:
        - Submitted transport form documents possible allergic reaction, no respiratory distress, she ate a piece of cake that she thinks has iodine in it and she's allergic to iodine, no skin reactions or any reaction related to an allergic reaction. Beneficiary ambulated to the cot for transport and from the cot at the ER. No other explanation or documentation to support the beneficiary is bed confined and unable to be safely transported by any other means.
    - RESOURCES
        - SSA 1862(a) (1) (A)
        - 42 CFR 410.40 (d) (Coverage of Ambulance Services-Medical Necessity Requirements)
        - PUB 100-02, Chapter 10 § 10.2(Necessity and Reasonableness)

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). 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".

A Lab Services/Orders Fact Sheet has been published and added to our MR Facts Sheets.

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.

EDI - Shuanya Lovitt
Members were reminded that myCGS providers are required to log in at least once every 60 days and it is recommended to log in every 30 days. EDI is receiving an increase in calls from providers who have been deactivated due to inactivity. It is important that the provider administrator also sign in as this will prevent the administrator and every user under them from being deactivated. EDI suggests that more than one administrator be signed up in myCGS.

Members were informed PPTN recertification is coming to a close at the end of the month and we have about half the users accounted for.

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, Billed Amount and Procedure Code Adjustment and Date of Service Adjustment. 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.

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 asked if a myCGS user could turn off the email notifications associated with myCGS green mail. At this time, the answer is no.

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 Ohio. 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 Web site at http://cgsmedicare.com/medicare_dynamic/wrkshp/pr/partb_report.asp.

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

POE Advisory Group Meeting Schedule

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

Roundtable/ Questions

A member that participates in the CPC+ innovation program asked about a situation involving a newly purchased physician group that participated in the CPC program previously. It was suggested that the member contact the CPC+ Help desk via email at CPCplus@cms.hhs.gov or phone at 1-844-442-2672 from 8:30am -7:30p.m. ET.

Adjourn

- Meeting was adjourned.