*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 13, 2016

**Facilitator:** Vanessa Williams, Provider Outreach and Education (POE), CGS

**Attendees:**

- Jane Arnold – Firelands Regional Medical Center
- Jenny Berkshire – Wright State Physicians
- Elayne Biddlestone – Academy of Medicine of Cleveland & Northern
- Ashley Ciardelli – Ohio State Medical Association
- Dave Dillahunt – Ohio Hematology Oncology Society
- Debra Farley – BillPro Management
- Cari Phillips – Ohio Chiropractic Association
- Jennifer Kelley – OSU Physicians
- Cindy Mack Alexander – Compunet
- Kelly Martinelli – Aultman Medical Group
- Tammy May – Kettering Physician Network
- Mick Polo – NCDS Medical Billing
- Alice Randolph - Ohio Psychological Association

- Michael Ranney – Ohio Psychological Association
- Jimelle Rumberg – Ohio Foot and Ankle Medical Association
- Regina Shorts – MetroHealth
- Bernie Willis – Mid American Rehabilitation Network
- Frances Voll – Advanced Billing Concepts Inc.
- Jon Wills – Ohio Osteopathic Association

**CGS Staff:**

- Patsy Schwenk – POE
- Juan Lumpkin - POE
- Julene Mull – Medical Review
- Thaya Morant– Medical Review

## AGENDA ITEMS

### Opening Remarks

Vanessa welcomed everyone to the meeting.

### CGS Departmental Updates

#### Medical Review (MR) – CERT Errors - Julene Mull, CGS CERT Coordinator

Missing signed order and/or documentation of Medical Necessity.

- Missing physician's order (including dose, route) to support Trastuzumab and administration service

  RECEIVED:

  1. Physician progress note for DOS which supports necessity of medication;
  2. Provider form that includes physician signed treatment orders for Herceptin yet lacks dose and route of administration;
  3. Nurses note for 10/08/2015 which supports administration of medication. No additional documentation received from tech stop.

- MISSING

  1. Order or progress notes that include intent/plan for SPECT myocardial perfusion stress test for 11/23/2015;
  2. Progress notes that include medical necessity for test.

  RECEIVED:

  1. Radiology Report
  2. Received duplicate radiology report after Tech Stop request.

- MISSING

  1. Physician's order or intent to order in the medical record the shoulder x-ray for billed DOS
  2. Documentation to support medical necessity of the billed shoulder x-ray.

  RECEIVED:

  1. Authenticated shoulder x-ray report for DOS.
  2. From tech stop unsigned orders which did not include order for shoulder x-ray.

Service is incorrectly coded

1. Billed Service is incorrectly coded

   - Documentation supports up/down code

Signature Errors

1. Signature is missing
2. Signature is illegible

We have seen a few errors for non-response

- Please be sure to respond to a CERT request for medical records in a timely fashion
- No response will result in a CERT error and monies being recouped

If you have any questions concerning a CERT request please feel free to contact our CERT Coordinator Julene Mull at 1.615.782.4591.

### Medical Review (MR) –Thaya Morant, MR Manager

Recent reviews indicate that coders and electronic software are overlooking Medical Necessity, in the documentation record. Medical necessity must be documented in the medical record.

Members were asked to review the recent results on the Macular Degeneration Probe by the CGS Medical Review department. Information can be found at: http://www.cgsmedicare.com/partb/pubs/news/2016/06/cope33321.html

Members were reminded of the Medical Review Activity log that can be found on the CGS website at: http://www.cgsmedicare.com/partb/mr/activity_log.html

Members were asked to share this information with their co-workers. She also reminded members to do internal audits at a regular basis.

Medical Review future Training and Online Modules:

- Office Visits
- Critical Care
- Prolonged Services

- Modifier 25
- Nursing Facilities

### Provider Contact Center (PCC) – Vanessa Williams

Implementation of the Computer Telephony Intergration (CTI) (http://www.cgsmedicare.com/partb/pubs/news/2016/06/cope33330.html) application. Implementation is scheduled for October 2016.

- When you call the CGS Provider Contact Center, CTI will ask for, capture and authenticate your information.
- Our CTI technology will then automatically transfer and display your information to the next available customer service advocate.
- This improves compliance with Privacy Act requirements and reduces the amount of time needed for us to verify you before providing assistance.

### Provider Enrollment – Vanessa Williams

Revalidation due dates are listed on CMS' website at http://go.cms.gov/Medicare Revalidation

CMS' website for revalidations has been updated to include revalidation due dates from March 1, 2016-March 31, 2017. The February and March due dates were added September

- This list will be updated again around November 1 for due dates April and May 2017.

CMS's website has been updated for affiliations to now include the reassignments AND Physician Assistant Employment relationships.

CGS has mailed revalidation letters for due dates up through November 30, 2016. If you have a due date on the website, and have not received your letter, please feel free to go ahead and send the revalidation application to avoid disruption in payments.

Refer to the CMS Revalidation web page (https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html) for more information. CGS also posted an article (http://www.cgsmedicare.com/articles/cope32947.html), which includes a number of resources and reminders.

## New Business

### POE 2016 Summer Handout Update

FOCUS is the theme for the Summer Update. The Summer Update is somewhat shorter as this was used throughout Ohio for the Ohio State Medical Association Summer Events

Highlights from the packet include:

- CGS and CMS URLs to save
- FAQs focusing on Reopenings and Redeterminations
- Incentive Programs
  - MACRA - http://www.hsag.com/en/medicare-providers/quality-reporting/
- Improper Payment
  - CERT
    - Recent information on the error categories and now include specialty information with these errors. We also provide resources on how to avoid these errors.

> \> No documentation errors are on the rise and we will ramp up our education on this topic.
>   - Recovery Audit Program (RA)
- Top Calls, Written Inquiries, Denials and Rejections
- myCGS web portal and several other website tools
- The 2017 MFFS Proposed Rule

Members were asked for suggestions on the *Fall Focus* handout

Suggestions included:

- Prolonged Services
- Critical care
- Transitional Care Management (TCM)
- Advanced Care Planning
- Chronic Care Management
- Incident to for POS 19
- Annual Wellness Visits
- Medicare Set Aside Accounts
- Education on myCGS Eligibilty Records

### 2017 POE Planning

Members were asked for training topics for 2017 ACT and webinars.

Topics suggested;

- Supplies and Durable Medical Equipment (DME): Which Contractor Processes the Claim (http://www.cgsmedicare.com/partb/pubs/news/2014/0314/cope24801.html)?
  - This information is released each year and posted on the CGS website titled Supplies and Durable Medical Equipment (DME): Which Contractor Processes the Claim

## Old Business

### PCC training topics

No topics were shared. Members were reminded that for FY 2017, POE will paticipate in the the quarterly PCC training classes. Members are welcome to email ideas anytime throughout the upcoming year.

## Announcements and Reminders

### myCGS Usage Initiative

Please continue to encourage your members and colleagues to use myCGS for day to day Medicare office activities like sending in an electronic claim, submitting a reopening, submitting a redetermination or submitting documentation for the MR ADR letters.

## Upcoming Educational Events

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

## J15 Small Provider/Medicare Update Workshops

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

## POE Advisory Group Meeting Schedule

December 13, 2016 – Combined Teleconference for KY and OH POE AGs

## Roundtable/Questions

- A member asked if we could create a place of service tool or chart.

- Vanessa explained that we cannot match CPT codes to place of services codes due to the large number of codes and the consistent changes in technology to render certain services the POS can change per the direction of our CMD's and CMS. Please continue to contact the PCC if a service you are providing is in question where it can be provided.

- A member asked for clarification on POS 31 and 32.
  - 31 – Skilled Nursing, beneficiary is listed as a Part A resident in skilled care, AKA Part A Bed
  - 32 – Nursing Home, beneficiary is listed as a Part B stay
  - Reference MLN Matters 7631 (https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7631.pdf)

- A member asked why when a provider has been under review his or her staff are not able to speak with the reviewer directly, they are told that the provider must contact CGS.
  - Information regarding a review can only be discussed with the the individual that was reviewed, this is a CMS mandate. If a provider wants a staff to discuss their review then they will have to submit a letter using their letterhead to CGS acknowledging who they are allowing to discuss the outcome of their review.

## Adjourn

Meeting was adjourned at 2:20 p.m.