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: March 13, 2018

Facilitator: Vanessa Williams, CGS J15 Provider Outreach and Education (POE)

Attendees:

- Cindy Mack Alexander, CompuNet Clinical Lab
- Jane Arnold, Firelands Regional Medical Center
- Connie Brown, Reid Physician Associates
- Kimberly Dziekan, Wright State Physicians
- Kathryn Fair- Ophthalmic Surgeons Consultants of Ohio, Inc.
- Chris Foster, Ohio Ambulance
- Angela Franketti, Ohio State Medical Center
- Melody Hall, Renal Physicians, Inc.
- Jennifer Jones, DayStar Billing Services, LLC
- Marsha Martin, Mount Carmel Medical Group
- Kelly Martinelli, Aultman Healthcare Compliance
- Sheila Petrequin, Maxx Medical, Inc.
- Angela Osburn, Kettering Health Network/Community Connect
- Mick Polo, NCDS Medical Billing
- Jimelle Rumberg, Ohio Foot and Ankle Medical Association
- Wendy Shade, Kettering Health Network
- Michele Skinner, OAMTA
- Frances Voll, Advanced Billing Concepts, Inc

CGS Staff:

- Leah Lewis, POE
- Juan Lumpkin, POE
- Vanessa Williams, POE
- Patsy Schwenk, POE
- Thaya Morant, Medical Review
- Julene Lienard, Medical Review
- Susan Morris, Appeals/Reopening's
- Jeanne Estep, Appeals/Reopening's
- Karen Hughes, Provider Enrollment

Agenda Items

Opening Remarks

Vanessa 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:

Top Error 5 so far for 2018 reporting period

1. Orders/medical necessity
    a. **MISSING:** 1) physician order/intent to order; 2) clinical documentation supporting medical necessity of the billed Urine Culture and Susceptibility Study
        i. **RECEIVED:** 1) lab result

    References: SSA 1833(e), 42 CFR §410.32(a) (ordering diagnostic tests), Pub 100-08 Chapter 3 § 3.6.2.2 (Reasonable and Necessary), Pub 100-2 Chapter 15 §80.6.1 (Definitions: Order), PUB 100-3, Chapter 1 §190.12 – Bacterial Urine Culture

2. Ambulance
    a. **MISSING:** Copy of the Assignment of Benefits to authorize the provider of ambulance services to bill Medicare, that was signed by the beneficiary or responsible party; or documentation to support that no other qualified person was willing or available to sign the AOB on behalf of the beneficiary

i. **RECEIVED:** 1) Ambulance transport record which has a date that was cut-off; 2) Admission Record/Facesheet dated 04/05/2017. RECEIVED AFTER TECH STOP: 1) Ambulance transport record dated 6/9/17 which documented patient fall between bed and chair resulting in pain left thumb and large hematoma above left eye; 2) Duplicate copy of Admission Record/Facesheet dated 04/05/2017; 3) Billing Authorization/Responsibility For Payment signed but not dated by paramedic.

References: SSA 1833(e), PUB 100-2 Chapter 10 §10 (Ambulance Service), and PUB 100-2 Chapter 10 §20.1.2 (Beneficiary Signature Requirements).

3. Incorrect Coding
   a. **BILLED SERVICE IS INCORRECTLY CODED:** The order provided supports a down code from 81001 to 81003 UA without microscopy, for date of service 04/11/2017
      i. **RECEIVED:** 1) an authenticated order dated 04/11/2017 missing order for column chromatography, and immunoassay of analyte labs; 2) labs dated 04/11/2017; 3) an authenticated progress note dated 04/27/2017 which supports beneficiary with vitamin D deficiency, hypothyroidism, lower extremity edema, an extensive heart history, HTN, impaired glucose tolerance, hyperlipidemia, CKD stage 3.

   References: SSA 1862 (a) (1) (A), 42 CFR 424.5 (a) (6), PUB 100-02 Chapter 15 § 80.6.1 (Requirements for Ordering and Following Orders for Diagnostic Tests), and PUB 100-08 Chapter 3 § 3.6.2.2 (Reasonable and Necessary Criteria).

4. Signatures
   a. **MISSING:** 1) Treating physician signed and dated attestation statement for DOS 06/30/2017
      i. **RECEIVED:** 1) unsigned visit note dated 06/30/2017 2) Received duplicate documentation from tech stop.

   References: SSA 1833(e) (Insufficient Documentation) and PUB 100-8, Chapter 3 § 3.3.2.4 (Signature requirements).

5. Third Party Billing
   a. **MISSING:** 1) Billing provider signed and dated progress note to support the billed subsequent hospital care visit 2) Billing provider signed and dated progress note to support the billed psychotherapy (DOS 06/02/2016)
      i. **RECEIVED:** 1) psych evaluation dated 05/17/2016; 2) lab report; 3) discharge summary; 4) Received note from tech stop that states “Not in our computer system”.

   References: SSA 1833(e) (Insufficient Documentation), PUB 100-4, Chapter 1 § 110 (Categories of Health Insurance Records to Be Retained), and 42 CFR 424.5(a) (6) (Conditions of Medicare Payment-sufficient information).

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

Medical Review – Thaya Morant

Thaya shared an update on Targeted Probe and Educate (TPE). MR is currently reviewing the following services monthly, E/M codes for office, emergency room, in-patient hospital, nursing home, and critical care.

Month end findings on E/M visits are:

- ER - we are finding a lack of documentation for split shared, also issues with Nurse Practitioners billing under the physicians ID, this is not acceptable, NP’s have their own enrollment and are to bill using their NPI
- Hospital visit issues with non-response – we are not receiving the documentation being requested- we ask that you alert the or there was not enough supporting documentation to support the level of service, cloning with the records when this not meeting coding guidelines

- Nursing home – no complaints listed or a plan of care an no advance notification for the services being rendered were documented in the records or provided with the medical record
- Office – misuse of the 25 modifier, the services must be identifiable that they are separate we are finding the documentation does not support the additional service – medical management and decision making or there is no documentation
- Medical Review continues to review documentation on skilled care and critical care

Medical Review has started TPE on Ambulance Transports – we currently have about 65 Ohio requests for non-emergent transports and specialty care transports and 34 for Kentucky. For a complete list of our current and pending TPE please reference our website at https://www.cgsmedicare.com/partb/mr/activity_log.html in the Medical Review section titled MR Activities.

Thaya reiterated the importance of submitting requested documentation at least 45 days upon receipt of receiving an additional documentation request (ADR) letter. Members were also reminded - As part of the probe and educate process, medical review has created a TPE mail box, where providers will be able to submit questions or request additional education regarding their probes at the Part B TPE email box at J15BprobeandEducation@cgsadmin.com

Reopening's – Susan Morris

Susan shared with the members the current Part B Automation Reopenings forms that are available to use in order to correct minor clerical errors and omissions such as changing the following:

- Dates of service
- Places of service
- HCPCS/CPT codes
- Numbers of service Diagnosis codes
- Modifiers
- Submitted amounts

Members were asked to remind staff and associates to complete all entries of the form before printing the paper copy to be submitted, this helps with legibility and corrections to be made timely. Susan reminded everyone of the myCGS self service reopening's Web portal, and the self service options available to those that have access to our Web portal.

- myCGS Self-service Reopenings Options:
- Changing the amount billed
- Canceling the claim or detailed line
- Correcting the date of service
- Adding or changing a modifier
- Changing a procedure code
- Changing a diagnosis

For information on the Part B Automation Reopenings forms visit the CGS website at:

- Reopenings - https://www.cgsmedicare.com/partb/forms/gateways/reopenings.html
- myCGS Self-Service Reopenings - https://www.cgsmedicare.com/partb/mycgs/index.html

Provider Enrollment – Karen Hughes

- Most common errors on applications
  - February 2018 Top Development Reasons for Part B CMS 855 Paper Applications and Top Development Reasons for CMS 855 Internet Based PECOS Applications are available at: https://www.cgsmedicare.com/partb/enrollment/peai.html
- Introducing the CGS Interactive Application Tool are available at: https://www.cgsmedicare.com/partb/enrollment/tools.html

New Business

myCGS Enhancements – Vanessa Williams

CGS recently released the Part A and B Comparative Billing Report - The purpose of the Comparative Billing Report (CBR) is to show providers/suppliers their specific billing pattern data in comparison to peer groups within the state and the CGS jurisdiction. This information is helpful in conducting education and self-audit activity.

- A member asked if a myCGS user could turn off the email notifications associated with myCGS green mail.
  - Answer: At this time, the answer is no, only the admin can opt out of green mail and receive paper mailings only or they can remain opted in and receive green mail and paper mailings.

IVR Polling Survey – Vanessa Williams

Members were asked to participate in 3 surveys for todays meeting

First Poll

Would adding voice recognition to our IVR benefit providers with the new MBI requirements?

- Members surveyed
  - Yes – 11
  - No – 2

Second Poll

IVR Conversion Tool - CGS is looking at creating an IVR Conversion Tool –This would convert PTAN, Medicare Number, and Bene Name into what needs to be keyed into the IVR.

- Members surveyed
  - Yes – 7
  - No - 4

Third Poll

Partnering Collaboration – we recently pulled stats on the top unprocessable denials by Specialty, from December 2017 to February 2018. The chart below identifies the top denials by specialty

Specialty	Specialty Description	NonCovMsg	Number of Claims
30	Diagnostic Radiology	D75	2003
08	Family Practice	D75	1995
11	Internal Medicine	D75	1781
50	Nurse Practitioner	D75	1549
93	Emergency Medicine	D75	1253
06	Cardiology	D75	1015
65	Physical Therapist (Independently Practicing)	D75	823
48	Physical Therapist (Independently Practicing)	B16	777
20	Orthopedic Surgery	D75	710
41	Optometry	D75	679
97	Physician Assistant	D75	620
02	General Surgery	D75	424
48	Podiatry	D75	388

Non-Covered Message

- D75 - Service is missing NPI for referring/ordering provider
- B16 - Service is missing functional reporting G-codes for physical therapy services

Members were asked if they would like to participate in a collaborative effort to work with POE in developing and promoting education to reduce these numbers.

- Members surveyed
  - Yes - 9
  - No - 6

Members that responded YES to partner with POE will be contacted.

2018 MAC Satisfaction Indicator (MSI) – Leah Lewis

Everyone, it's that time again to give us feedback on what you like or dislike about CGS. We are again reaching out to you with a request to complete the CMS MAC Satisfaction Indicator (MSI) survey. Each year the Centers for Medicare & Medicaid Services (CMS) request that you evaluate our services by completing the MAC Satisfaction Indicator (MSI). We are asking that you share the MSI with your associates, members, and staff, in order to evaluate our services. The MAC Satisfaction Indicator (MSI) is the best way to share your opinions of our service directly with CMS. This survey should only take about 10 minutes to complete and it helps us understand how we can provide you with better service.

We found your 2017 feedback helpful, and we made improvements to our services based on your feedback. Again thank you for your 2017 feedback and we look forward to your feedback for 2018.

To take the survey go to https://cfigroup.qualtrics.com/jfe/form/SV_0iaaiJ6oOWShLIF?MAC_BRNC=16&MAC=J15–CGS

Prism Update – Juan Lumpkin

Review of the spring update handout, on the standard items such as CERT, Recovery Auditor, claim and inquiry data, QPP and myCGS. If you have suggestions for the Summer PRISM Update they can be sent to J15_PARTB_EDUCATION@cgsadmin.com

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

- 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 on our Web site at http://cgsmedicare.com/medicare_dynamic/wrkshp/pr/partb_report.asp.
- Documentation Guidelines and Burden Reduction Listening Session
  - Wednesday, March 21st 1:30-3pm
  - CMS is looking for physicians and non-physician practitioners to provide feedback on Evaluation and Management (E/M) services.
  - Target Audience: Individual physicians and non-physician practitioners who perform and bill E/M services; state and national associations that represent healthcare providers; and other interested stakeholders.

https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2018-03-21-Documentation-Guidelines-and-Burden-Reduction.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending

- Medicare Part A and B Road Show
- Cleveland 04/03/2018
- Columbus 04/04/2018
- Cincinnati 04/05/2018
  - Registration is required https://cgsmedicare.com/medicare_dynamic/wrkshp/ab/form.asp
- As always, education is available upon request. Email requests to J15_PartB_Education@cgsadmin.com.

POE Advisory Group Meeting Schedule

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

*NOTE – Kentucky June 2018 date and time change to June 11th 1:00 pm to 3:00pm EST.

Roundtable/ Questions

A member asked if CGS will be adjusting claims that were processed prior to the new ambulance reimbursement was implemented, to reflect the effective date of the implementation to January 1, 2018. Also will CGS adjust all claims that were denied in error due to the SNF/ Consolidated Errors?

- **Answer:** Yes all claims processed prior to the release of the increase will be adjusted during the month of April 2018; in addition all claims affected by the Consolidated denials in error will be adjusted in April of 2018

Adjourn

Meeting was adjourned.