

*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

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**Date:** July 24, 2018

**Facilitator:** Nykesha Scales, CGS Senior Provider Relations Representative

**Attendees:** 10 association representatives

## AGENDA ITEMS

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### Attendance/Roll Call

### Follow-Up Items from March 13, 2018, Advisory Group Meeting

No comments.

### Education Topics for Group Feedback on Education Needs - Group

#### CERT Conversation, Julene Lienard

<https://www.cgsmedicare.com/hhh/education/materials/cert.html>

Julene provided the top CERT errors for the meeting minutes which are as follows:

- Certification
  - Insufficient documentation to support the billed subsequent home health episode for dates 03/06/2017 to 05/04/2017. The home health plan of care/certification for the episode was signed and dated by the physician on 10/19/2017, which is not prior to the claim entry date of 7/30/2017. Per the CMS Internet-Only Manual (IOM), HHAs may not submit this claim until after all services are provided for the episode and the physician has signed the plan of care and any subsequent verbal order.
  - **References:** SSA 1862[a][1][A], 42 CFR 424.5(a)(6) [Conditions for Medicare payment-Suff. Info], 42 CFR 424.22 (Requirements for Home Health Services), IOM 100-01, Chapter 4, Section 30 (Certification and Recertification by Physicians for Home Health Services), IOM 100-04, Chapter 10, Section 10.1.10.4 [Claim Submission and Processing] and IOM 100-08, Chapter 3, Section 3.3.2.4[Signature Requirements].
- Attestation Missing or Inadequate
  - Insufficient documentation to support the billed home health episode. Missing the certifying physician's attestation of a F2F encounter performed by an allowable provider within Medicare time frame guidelines and was related to the primary reason the patient requires HH services. Per CMS, the certifying physician must attest that the Face to Face encounter occurred no more than 90 days prior to the HH SOC or within 30 days of the SOC date, the F2F was related to the primary reason the patient requires HH services, and the F2F was performed by a physician or allowed Non-Physician Practitioner. Home health services were reasonable and necessary for beneficiary with diagnoses of COPD and muscle weakness however the face to face requirements were not met.
  - **References:** SSA 1862(a) (1) (A), 42 CFR 424.22 (Conditions for Medicare Payment-Requirements for Home Health Services) & PUB 100-02 Chapter 7, §30.1.1 (Patient Confined to the Home), §30.5.1 (Content of Physician Certification), §30.5.1.1 (Face to Face Encounter), PUB 100-08, Chapter 6, §6.2.1 (Physician Certification of Patient Eligibility).

- Missing Therapy Notes:
  - MISSING:
    1. Physical therapy home visit notes for billed subsequent episode dates;
    2. Occupational therapy home visit notes for billed subsequent episode;
  - **References:** SSA 1862(a) (1) (A); 42 CFR 424.22 (Requirements for Home Health Services); PUB 100-02 Chapter 7 §10 (HH PPS), §20.1 (Reasonable and Necessary Services), §40.1 (SN), §40.2 (Skilled Therapy Services), §50.1 (SN, PT, SLP, and OT) and PUB 100-04 Chapter 10 §10 (General Guidelines for Processing HHA Claims).
- Missing Orders
  - The adjusted HIPPS code of 5AHK1 for this claim is incorrect. Lack of signed orders to cover the 5 PT visits billed on Lines 8-12 changes the total number of covered rehab visits from 22 to 17. When 17 is entered into WEB HH PPS Review for OASIS Recert date generates HIPPS code of 2BGL1.
  - **References:** SSA 1862[a][1][A], 42 CFR 424.22 [Conditions for Medicare Payment-Requirements for Home Health Services], IOM 100-02, Chapter 7, Section 30.2.5 [Use of Oral (Verbal) Orders], IOM 100-04, Chapter 10, Sections 10.1.7 [Basis of Medicare Prospective Payment Systems and Case Mix], 10.1.8 [Coding of HH PPS Episode Case-Mix Groups on HH PPS Claims], 10.1.19.1 [Adj. Episode Payment -Therapy Threshold] and IOM 100-08, Chapter 3, Section 3.3.2.4 [Signature Requirements]
- Missing Signatures
  1. Physician who signed the Certification/POC does not match the physician on the claim or in CWF.
    - > **References:** SSA 1862(a)(1)(A), CR 8441 (HHA Reporting Requirements for the Certifying Physician and the Physician Who Signs the Plan of Care), 42 CFR 424.22 (Conditions for Medicare Payment-Requirements for Home Health Services), IOM 100-02, Chapter 7, §30.5.1 (Content of Physician Certification), §30.5.1.1 (Face to Face Encounter), IOM 100-04, Chapter 1, §110.1.C (Medical Record Material), Chapter 10, §40.2 (HH PPS Claims), PUB 100-08, Chapter 6, §6.2.1 (Physician Certification of Patient Eligibility), §6.2.1.1 (Certification Requirements), §6.2.3 (Use of the Patient's Medical Record Documentation to Support HH Certification), §6.2.6 (Examples of Sufficient Documentation Incorporated Into a Physician's Medical Record).

Julene reminded the group she is available for CERT related inquiries.

### **Medicare Home Health Prospective Payment System (HH PPS) Rates and Wage Index for Calendar Year 2019 (proposed rule)**

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Home-Health-Prospective-Payment-System-Regulations-and-Notices-Items/CMS-1689-P.html>

Nykesha covered the proposed rule highlights and reminded members of the deadline to submit comments is August 31st. The group advised there are still concerns regarding the proposed groupings model which are being shared with CMS. This topic sparked a quality reporting discussion. CMS has recently mentioned additional outreach and education to ensure providers are compliant with quality reporting and have met with Medicare Administrative Contractors (MACs) for feedback. Group members asked if the listing of non compliant providers can be shared. After discussing this with management, it was deemed not appropriate for us to share such lists. However, CGS strongly encourages state and national associations to offer their own outreach concerning quality reporting.

### **Targeted Probe and Educate (TPE) Process Update**

<https://www.cgsmedicare.com/hhh/pubs/news/2018/0518/cope7655.html>

Sandy covered the referenced article with the group, which provides an update on Round 1 and related findings. TPE is ongoing and continues based on data analysis and the implementation

of edits. Medical Review Manager, Ronda Tipton, shared remarks prior to the meeting advising some providers are being removed from TPE due to lower error rates, while some providers have started Round 2. Group members advised their members and providers have been quiet on this topic, but the findings and reasons for denials continue to be problematic. Sandy informed the group education on the denials and findings, mainly face to face concerns, would continue.

### myCGS Discussion

<https://www.cgsmedicare.com/hhh/mycgs/index.html>

- The group was updated with the latest myCGS portal enhancements: Video recordings, a total of 5 from intro to financial tools and functions within the portal (group asked to help share once made available), Medicare Beneficiary Identifier (MBI) Look-Up Tool has gone live as of April, very user friendly requiring minimal data requirements, Medical Review (MR) Landing Page to be implemented in phases, 1st phase includes detail listing of Additional Documentation Requests (ADRs) for specific provider, Cost Reporting no longer available, as of July 1st, via the portal since CMS has launched MCREP for submissions, and a revised job aid has been made available for CBRs.
- Comparative Billing Report (CBR) Instructions, [https://www.cgsmedicare.com/hhh/education/materials/pdf/mycgs\\_comparative\\_billing\\_reports\\_hhh.pdf](https://www.cgsmedicare.com/hhh/education/materials/pdf/mycgs_comparative_billing_reports_hhh.pdf)
- Nykesha informed the group of survey concerns regarding Multi-Factor Authentication (MFA), an enhanced security requirement enforced by CMS, which went live in July 2017. One enhancement is providers can use the same MFA code for up to 8 hours after issuance. This should help to alleviate provider frustration with MFA.

### New Medicare Card Transition

<https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html>

Group members were apprised of MLN SE18006, revised on July 11, 2018, to inform providers of certain letters that won't be included in the MBI format. The article provides a link to the mailing strategy. At the time of the meeting, mailing waves 1 and 2 were complete, while waves 3 and 4 were in progress. Nykesha reminded the group to ensure providers are prepping and discussing this transition with their patients and family members. CGS will continue to host educational events regarding this topic.

### 2018 Annual Direct Data Entry/Professional Provider Telecommunications Network (DDE/PPTN) Recertification Reminder

Weekly Listserv reminders have been issued, however, the number of responses/forms remains low. Members were asked to assist with pushing the message and urging providers to get this done as soon as possible. The deadline to avoid DDE deactivation is September 30, 2018. Group suggested a completely online process as a way to streamline this process.

There was a suggestion for more consolidated billing education. This suggestion is being evaluated.

### CGS Website Updates

<https://www.cgsmedicare.com/hhh/index.html>

The group was notified that 101 articles/updates have been posted since March's meeting, 45 ListServ messages were sent to subscribers and of the following updates to the CGS website.

- Billing & Claims
  - **Updated:** Claims Processing Issues Log (CPIL), [https://www.cgsmedicare.com/hhh/claims/fiss\\_claims\\_processing\\_issues.html](https://www.cgsmedicare.com/hhh/claims/fiss_claims_processing_issues.html) - Format revised for eased navigation and updated with latest reported issues
  - **Updated:** Top Claim Submission Errors (Reason Codes) and How to Resolve, <https://www.cgsmedicare.com/hhh/education/materials/cses.html> - Contains latest monthly statistics

- **Updated:** FISS DDE Guide, <https://www.cgsmedicare.com/hhh/education/materials/fiss.html> - Various updates and removal of any HICN references as we transition to MBI
- Medical Review
  - **Updated:** Home Health Top Medical Review Denial Reason Codes, [https://www.cgsmedicare.com/hhh/medreview/hh\\_denial\\_reasons.html](https://www.cgsmedicare.com/hhh/medreview/hh_denial_reasons.html) - Includes most recently quarterly data
  - **Updated:** Medical Review Additional Development Request (ADR) Web page, [https://www.cgsmedicare.com/hhh/medreview/adr\\_process.html](https://www.cgsmedicare.com/hhh/medreview/adr_process.html) - ADR Timeliness Calculator added to this page
- Additional Resources
  - **Updated:** Ordering/Referring Physician Checklist for Home Health Agencies QRT, [https://cgsmedicare.com/hhh/education/materials/pdf/ord\\_ref\\_phys\\_checklist\\_hha.pdf](https://cgsmedicare.com/hhh/education/materials/pdf/ord_ref_phys_checklist_hha.pdf) - Now includes new specialties that may order/refer per recent CMS directives
  - **Updated:** Frequently Asked Questions, <https://www.cgsmedicare.com/hhh/education/faqs/index.html> - Quarterly review complete and FAQs are now searchable via keyword
  - **New:** “Avoid Billing Error 38107 – No Matching RAP” Online Education Course (w/ audio), [https://www.cgsmedicare.com/medicare\\_dynamic/education/001.asp](https://www.cgsmedicare.com/medicare_dynamic/education/001.asp) - Online education course includes audio
  - **Updated:** HHH Recorded Webinars, [https://www.cgsmedicare.com/hhh/education/recorded\\_webinars.html](https://www.cgsmedicare.com/hhh/education/recorded_webinars.html) - Providers encouraged to visit this page for past events, updated after each educational webinar
  - **Updated:** Foresee Survey Placement – In an effort to encourage survey completion, this has been moved to the scrolling section of the main page. POE AG members were asked to give it a try.

## UPCOMING CGS EDUCATION EVENTS

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### Calendar of Events Home Health & Hospice Education Web page

[http://www.cgsmedicare.com/medicare\\_dynamic/wrkshp/pr/HHH\\_Report.asp](http://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/HHH_Report.asp)

Members were informed of past educational events and future events. Nykesha advised that POE members are available for state and national association meetings to share Medicare updates.

## CGS DATA ANALYSIS

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Claim submission errors (CSEs), MR denials, and CERT data discussed with advisory group members.

## OPEN DISCUSSION

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The group was advised of a new initiative where CGS will be hosting roadshow events in states that may be underserved because of geographic location and other factors. Group members were asked if they would be willing to help find locations and good times to visit certain areas. More information to come on this initiative.

## NEXT CGS ADVISORY GROUP MEETING

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The next Home Health AG meeting is scheduled for December 18, 2018 via teleconference. CGS would like to host an in person meeting in March 2019 at our Nashville Headquarters. Please let Nykesha know if this is feasible.