

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: December 3, 2019

Facilitator: Leah Lewis, CGS J15 Provider Outreach & Education Manager
and Nykesha Scales, CGS J15 Senior Provider Relations Representative

Attendees: 11 state/national association representatives & 3 special guests

AGENDA ITEMS

Follow-Up Items from July 9, 2019, Advisory Group Meeting

Group informed a Patient Driven Groupings Model (PDGM) calculator was added to the CGS HH&H Homepage based on their recommendation.

Education Topics for Group Feedback on Education Needs, Group

CERT Conversation

Julene provided the following CERT details from the most recent Department of Health and Human Services Fiscal Year (FY) 2019 Agency Financial Report, published in November, <https://www.cms.gov/newsroom/press-releases/fiscal-year-fy-2019-medicare-fee-service-improper-payment-rate-lowest-2010-while-data-points>.

2019 Medicare Fee-For-Service Improper Payment Rate is Lowest Since 2010

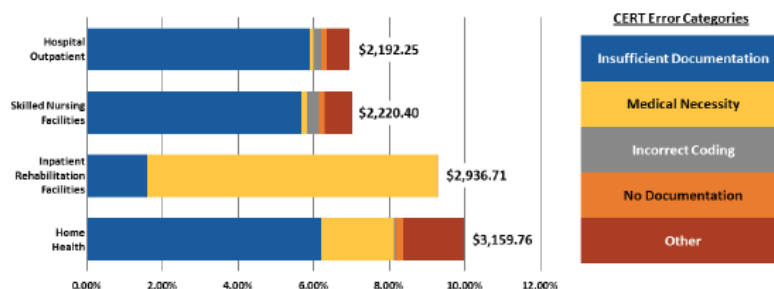
The Medicare FFS estimated improper payment rate decreased to 7.25 percent in FY 2019, from 8.12 percent in FY 2018, the third consecutive year the Medicare FFS improper payment rate has been below the 10 percent threshold for compliance established in the Improper Payments Elimination and Recovery Act of 2010. This year's decrease was driven largely by progress in a number of important areas:

Home health claims corrective actions, including policy clarification and Targeted Probe and Educate for home health agencies, resulted in a significant **\$5.32 billion decrease** in estimated improper payments from FY 2016 to FY 2019.

From the HHS Agency Financial Report: <https://www.hhs.gov/sites/default/files/fy-2018-hhs-agency-financial-report.pdf>

Insufficient documentation for home health claims continues to be prevalent, despite the improper payment rate decrease from 32.28 percent in FY 2017 to 17.61 percent in FY 2018. The primary reason for these errors was that documentation to support the certification of home health eligibility requirements was missing or insufficient. Medicare coverage of home health services requires physician certification of the beneficiary's eligibility for the home health benefit (42 Code of Federal Regulations [CFR] 424.22).

Figure 6: FY 2018 Medicare FFS Percentage and Estimated Improper Payments (in Millions) of Overall Improper Payments for Service Areas Driving Improper Payments by CERT Error Category



Part A East (PAE) Appeals Demonstration Overview

Emily Barnes and Raeshele Clifton from C2C Innovations joined the meeting to discuss the PAE Appeals Demo and field the following questions.

Question: Can you discuss the reopening rate?

Answer: The number 1 reason cases are not reopened is due to lack of response of requested documentation within 30 days. However, providers may ask for an extension. Suggestion from C2C, providers should be attentive and respond.

Question: On the cases you do or can reopen, is the response favorable?

Answer: If C2C does receive the requested documentation, they will reopen the case.

Question: What's the timeframe of the demo?

Answer: The demo started in May 2019 and will continue through December 2020.

Question: When did this begin for Home Health providers?

Answer: In April 2019, CMS expanded the demonstration activities into the Part A East QIC Jurisdiction and on May 21, C2C conducted the first PAE Appeals Demonstration telephone discussion.

The group was asked to provide feedback on the PAE process during our next meeting.

POE AG Covenant Review

Leah reviewed the draft with the group and asked for feedback. No feedback was offered. The Covenant will be finalized and will govern advisory group meetings, going forward.

PDGM

Nykesha informed the group of recent and upcoming PDGM educational activities. Education will continue well into 2020. A FAQ resource is under development, based on questions from recent educational forums, and will be made available as soon as possible.

No Longer Accepting Requests to Access CWF Eligibility Systems

CMS published the following announcement, available from this web page, "CMS will begin revoking access to Common Working File (CWF) eligibility transactions HIQA, HIQH, ELGA and ELGH effective February 1, 2020. Submitters that aggregate transactions for otherwise disparate providers (e.g., clearinghouses, billing services, software vendors, etc.) and have both HETS and CWF based eligibility access should use HETS exclusively. CMS will remove HIQA/ HIQH/ELGA/ELGH access for these submitters by revoking role-based access for specific CMS RACF IDs. CMS will revoke access starting with high-volume aggregators. Aggregators that use both HETS and CWF based eligibility should assume they must use HETS only no later than February 1, 2020," <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/MCARE-Notification-Archive-Items/MCARE20191101-02>.

If you experience any difficulties or have a general question, please feel free to contact the MCARE Helpdesk at mcare@cms.hhs.gov or by phone at 1.866.324.7315. CMS is encouraging providers to keep this in mind and to work with other providers when encountering eligibility issues/conflicts. Nykesha informed the group she has received several provider concerns indicating HETS doesn't always match CWF or provide enough information. These concerns have been shared with CMS and MCARE.

New Medicare Card Transition

Group reminded we are in the home stretch of the transition and for the most part, providers are expected to only use the Medicare Beneficiary Identifier (MBI) on their Medicare claims and transactions on and after January 1, 2020. This includes written correspondence sent to the Medicare Administrative Contractors (MACs). Education has been ongoing since the transition began in April 2018. Members asked to continue to help spread the word.

myCGS Enhancements

No recent enhancements since our last meeting, but the group was asked if they'd like to see future enhancements or had suggestions for other comparative billing reports (CBRs) to be added to the portal. One member requested a report to compare them for behavioral adjustment.

Open Discussion

AG members expressed concerns related to vague face to face denials, the possibility of more specific Medical Review (MR) denial data as well as data indicating the percentage of ADRs submitted and denied, and iQIES/HARP registration process and due date. Additionally, it was suggested that MR attend our next meeting. This information is being conveyed to the appropriate subject matter experts. Our Colorado representative encouraged everyone to start the iQIES registration now and sent the group a detailed summary of industry concerns. NAHC expressed they would be providing iQIES feedback to CMS. Leah explained the new website survey and encouraged members to participate.

Leasa Novak with the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO), serving CMS Regions 2, 3, 5, 7 & 9, joined our meeting. Advisory group members and providers with QIO related concerns were encouraged to contact Leasa via email at:

lnovak@livanta.com.

CGS Website Updates

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

The group was notified 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 - 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:** Billing Negative Pressure Wound Therapy (NPWT) Web page, <https://www.cgsmedicare.com/hhh/education/materials/3118.html> - Updated based on recent CMS instruction concerning how to bill/report number of services

Medical Review

- **Updated:** Home Health Top Medical Review Denial Reason Codes, https://www.cgsmedicare.com/hhh/medreview/hh_denial_reasons.html - Includes most recently quarterly data
- **Updated:** Medical Review Activity Log, <https://www.cgsmedicare.com/hhh/medreview/activitylog.html> - Updated with current TPE edits

Additional Resources

- **Updated:** HHH Recorded Webinars, https://www.cgsmedicare.com/hhh/education/recorded_webinars.html - Providers encouraged to visit this page for past events, updated after each educational webinar

Upcoming CGS Education Events

Calendar of Events Home Health & Hospice Education Web page, https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/HHH_Report.asp - Members were informed of past and future educational events and asked to share.

CGS Data Analysis

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

Next CGS Advisory Group Meeting

The next Home Health POE AG meeting is scheduled for March 17, 2020, at St. Luke's in Kansas City, MO. Special thanks to Jane Kelly for arranging this location. We are still in the planning phase. Some members have expressed they'd like to hold separate meetings for Home Health and Hospice. We will do our best to accommodate this request. Teleconference capabilities will be provided for those unable to attend in person. However, we are looking forward to seeing many of our members.

- Please RSVP with Nykesha ASAP