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 17, 2020

Facilitator: Nykesha Scales & Leah Lewis, CGS Senior Provider Outreach & Education

Attendees: 34 state/national association representatives

AGENDA ITEMS

Roll Call/ Welcome New Members/ Purpose

Follow-Up Items from Previous AG Meetings

- During the December 2019 advisory group meetings, C2C staff joined and presented information concerning the Part A East (PAE) Appeal Demonstration. The group was asked to review the presentation provided then, as well as the recorded webinar, hosted on November 19, 2019, and provide feedback. One group member mentioned their agency has participated in the PAE Demo and was extremely pleased with how it went. More information concerning this demo is available from the following URL, https://www.cgsmedicare.com/hhh/appeals/demo.html.
- Group was informed that Cari Atkinson will join the HHH Provider Outreach & Education Team effective March 23, 2020, as the new Clinical Educator.

CERT Corner

Julene Lienard, the CGS CERT Coordinator, provided the following information.

Home Health Top Errors 1st Quarter

- Billing provider listed on this claim was not actively enrolled in Medicare on the billed DOS. PECOS shows this provider with a deactivation date prior to the billed DOS.
  - 42 CFR 424.505 (Basic Enrollment Requirement) that requires a provider or supplier must be enrolled in the Medicare program in order to receive payment for Medicare items or services; 45 CFR 162.408 (National Provider System); PUB 100-04, Chapter 11 § 30.3 (Data Required on Institutional Claim to A/B MAC (HHH).
- Missing Orders for therapy visits
  - SSA 1862(a)(1)(A), 42 CFR 424.5(a)(6) (Conditions for Medicare payment-Suff. Info), PUB 100-02, Chapter 7, §30.2.2 (Specificity of Orders), PUB 100-04, Chapter 1, §110.1.C (Medical Record Material).
- Missing required content element for advance directives as part of the plan of care.
  - SSA 1862(a)(1)(A), 42 CFR 409.43.a (Plan of Care Requirements -Contents), 42 CFR 484.60 (COP: Care planning, coordination of services, and quality of care) and PUB 100-02 Chapter 7 §30.2 (Services Are Provided Under a Plan of Care Established and Approved by a Physician).
  - CGS Publication: Urgent information for Home Health Providers: Advanced Directives, https://www.cgsmedicare.com/hhh/pubs/news/2019/0119/cope10831.html
  - The Home Health Conditions of Participation 42 CFR 484.60 state the Plan of Care (POC) must include “Information related to any advanced directives.” If a Medicare beneficiary has advanced directives, a home health agency is advised

to indicate this on the POC, which signifies that the specific directives from the beneficiary have been obtained and documented in your records.

- What providers need to know:
  - It is not necessary for home health providers to rebill or adjust previous claims submitted without the advanced directives on the POC.
  - CGS has not received direction from the Centers for Medicare & Medicaid Services (CMS) to begin reviewing for this information on the POC. However, CGS is seeking clarification concerning this matter with CMS.
  - Providers are encouraged to appeal these types of denials from the Comprehensive Error Rate Testing (CERT) program/contractor.
  - The POC is required prior to submitting the claim for payment, so submitting an addendum to the POC to add missing requirements after a claim was submitted would not be acceptable.

Hospice Top Errors 1st Quarter

- Missing physician's signed visit notes for the initial hospital care and subsequent hospital care visits per day.
  - SSA 1862 (a)(1)(A) and PUB 100-04, Chapter 11 § 40 (Billing and Payment for Hospice Services Provided by a Physician).
- Missing IDT/POC update documentation that supports group and hospice physician participation/approval for IDT meetings which cover billed dates of service
  - SSA 1862(a)(1)(A); 42 CFR 418.22 (Certification of terminal illness); PUB 100-2 Chapter 9 §20.2 (Election, Revocation, Change in Hospice); PUB 100-2 Chapter 9 §40 (Benefit Coverage); PUB 100-2 Chapter 9 §40.2.1 (Routine Home Care); PUB 100-2 Chapter 9 §20.1 (Timing and Content of Certification); PUB 100-4 Chapter 11 §30 (General Hospice Services); Local Coverage Determination (LCD): Hospice Determining Terminal Status (L34538) Revision Effective Date 10/1/2015

POE AG Recommendations

- Coronavirus 2019 (COVID-19)
  - Leah informed the group of CGS's dedicated, COVID-19 webpage, https://www.cgsmedicare.com/hhh/topic/covid-19.html, which will house all information shared by CMS for providers. Both Nykesha and Leah assured group members that CGS is here for them, and we will continue with business as usual, as much as possible. The group briefly discussed 1135 waivers and the flexibility offered. CMS has further clarified that telehealth can be used for the Home Health Face to Face encounter (FTF). However, we've not received that direction for Hospice providers as of yet. NAHC offered they have asked CMS for more flexibility and for all considerations to be made retroactive to March 1, 2020.

    UPDATE: Per a March 30, 2020, Press Release at https://www.cms.gov/newsroom/press-releases/trump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19, hospice can now use Telehealth for face-to-face requirement, "CMS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice and home health."
- Targeted Probe & Educate (TPE)
  - Group members expressed concerns about information sharing between CGS and the other HHH MACs when it comes to TPE and some unusual auditing practices resulting in civil penalties and OIG referrals. Nykesha informed the group there is information sharing amongst the HHH MACs via monthly meetings and other interactions that occur more frequently. However, we haven't heard of these practices. The group was encouraged to share this information via email for further review. Group members questioned what

happens after the 3rd unsuccessful round of TPE and what a referral to CMS entails. Nykesha advised that CMS really urges the MAC to continue to work with providers even after 3 rounds of TPE, to continue to educate and assist providers with understanding their denials/errors. Our Medical Review Team agreed when asked.

- Home Health Patient-Driven Groupings Model (PDGM)
  - Aaron Little, BKD, discussed early industry findings concerning PDGM. Aaron indicated providers still struggle with their understanding and application of the face to face (FTF) encounter and suggested specific documentation examples. Other early findings show providers are struggling with iQIES and matching assessment information needed on final claims. Reason code 37253 is now one of the top common claim submission errors (CSEs). Medicare Beneficiary Identifier (MBI) issues, invalid HIPPS codes, early vs late, community vs institutional are other provider concerns/struggles. CGS will offer a webinar in April to highlight this information and other PDGM findings. Group members offered that providers continue to struggle with generic denials that are hard to decipher and truly understand what's missing. Information was shared with our Medical Review Team.
- Hospice Election Statement Addendum
  - This continues to be a concern for Hospice providers. At this time, other than the 2020 Hospice Final Rule, CGS has not received additional instruction regarding the Election Statement Addendum. Nykesha thanked Judi Lund-Person (NHPCO) for sending educational slides to the MACs to have available when fielding questions. One group member asked what the addendum entailed. Nykesha provided the following brief summary:

Effective October 1, 2020 (FY 2021), Hospice election statement will be amended to include:

- Information about the holistic, comprehensive nature of the Medicare hospice benefit
  - A statement that, although it would be rare, there **could be some necessary items, drugs, or services that will not be covered by the hospice** because the hospice has determined that these items, drugs, or services are to treat a condition that is unrelated to the terminal illness and related conditions
  - Information about **beneficiary cost-sharing** for hospice services
- **Required components:**
  - Name of the hospice;
  - Beneficiary's name and hospice medical record identifier;
  - Identification of the beneficiary's terminal illness and related conditions;
  - A list of the beneficiary's current diagnoses/conditions present on hospice admission (or upon plan of care update, as applicable) and the associated items, services, and drugs, not covered by the hospice because they have been determined by the hospice to be unrelated to the terminal illness and related conditions;
  - A written clinical explanation, in language the beneficiary and his or her representative can understand, as to why the identified conditions, items, services, and drugs are considered unrelated to the terminal illness and related conditions and not needed for pain or symptom management.
  - Accompanied by a general statement that the decision as to whether or not conditions, items, services, and drugs is related is made for each patient and
  - The beneficiary should share this clinical explanation with other health care providers from which they seek services unrelated to their terminal illness and related conditions;
  - References to any relevant clinical practice, policy, or coverage guidelines.
  - Information on the following domains:
    - *Purpose of Addendum*
    - *Right to Immediate Advocacy*

- Name and signature of Medicare hospice beneficiary (or representative)
- Date signed
- Statement that signing this addendum (or its updates) is **only acknowledgement of receipt of the addendum (or its updates)** and not necessarily the beneficiary's agreement with the hospice's determinations

CMS states that the addendum would be **provided only upon request**. As more instruction is received, CGS will offer additional education and guidance for Hospice providers.

Current Tasks

- Review of Recent CERT Education, https://www.cgsmedicare.com/hhh/education/recorded_webinars.html
  - Group members were apprised of ongoing CERT education via monthly webinars and encouraged to listen to previous events and register for upcoming events. Feedback on these events is encouraged. A group member commended CGS on our educational offerings and website resources.
- MSI Survey, https://www.cgsmedicare.com/J15MSI/
  - CMS has launched the annual MAC Satisfaction Indicator (MSI) survey which allows providers to rate CGS as their MAC and evaluate our services. Group members were asked to participate and share the information as warranted.
- Annual DDE Recertification
  - Providers continue to struggle with the Annual Direct Data Entry (DDE) Recertification, which usually starts for HHH providers in late summer. Nykesha provided the most recent statistics of providers who failed to recertify for 2019 and asked the group to remind providers of this process.
- myCGS Enhancement
  - myCGS may now be used to submit level 2 appeals, Reconsiderations. These level 2 appeals will continue to be facilitated by the Qualified Independent Contractor (QIC).

Future Tasks

- Review of Upcoming Educational Material
  - Group will be asked to review upcoming presentation material.
- Claim Submission Errors (CSEs), https://www.cgsmedicare.com/hhh/education/materials/cses.html
  - 37402 – Hospice: Sequential Billing Error
  - 38107 – Home Health: FISS Can't Match Claim Billed to Processed RAP
  - Group members were asked to come up with pain points and possible resolutions for the following CSEs, respective to their lines of business and be prepared to discuss in future meetings.
- Identify Collaboration Opportunities
  - As the year progress and based on industry feedback, please identify and share collaboration opportunities for education/outreach.

CGS Data Analysis

- The group reviewed the top CSEs, Medical Review denials, as well as top telephone inquiries received by our Provider Contact Center (PCC).

CGS Advisory Group Next Meeting Dates

- Home Health: July 7, 2020 (teleconference) & December 8, 2020 (teleconference)
- Hospice: July 14, 2020 (teleconference) & December 15, 2020 (teleconference)