

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: July 31, 2018

Facilitator: Nykesha Scales, CGS Senior Provider Relations Representative

Attendees: 16 association representatives

AGENDA ITEMS

Education Topics for Group Feedback on Education Needs

CERT Discussion, Julene Lienard

Julene provided examples of hospice top CERT errors for the meeting minutes.

- **Plan of Care:**

- Submitted documentation is insufficient to support billed services per Medicare requirements. It is noted that the interdisciplinary (IDT) team notes are for 05/04/2017, 05/11/2017, and 05/25/2017. The sign-in sheet for 05/10/2017 is not valid, as it is for Team 1 and the beneficiary is under Team 2. In addition, the submitted narrative, as part of the certification of terminal illness (CTI) for benefit period 17 is a duplicate of the narrative for the CTI for benefit period 16; therefore cannot be supported as adequate in reflecting the beneficiary's current clinical circumstances.
- Submitted were copies of IDT meeting notes and attendance to support MD involvement were received for date 02/16/2017 which covered through 03/01/2017 and for date 03/16/2017 which covered through date 03/29/2017. The IDT note for 03/30/2017 indicated MD not present nor was there MD on the attendance sheet due to vacation. IDT sign in for 02/23/2017 had no MD and there was no note. IDT sign in for date 03/09/2017 had MD signature but there was no note. There is insufficient documentation to support that the requirement for the IDG/IDT updates at a minimum of every 15 days was met. Per Medicare guidelines, the plan of care must be established and periodically reviewed by the attending physician, the medical director, and the interdisciplinary group of the hospice program. Hospice services were R/N for beneficiary who was terminal with pancreatic cancer with metastasis requiring PCA pump for pain control. Services provided included nursing, chaplain and social worker.

SSA 1862[a][1][A], IOM 100-02, Chapter 9, Section 40 [Benefit Coverage], 42 CFR §418.56(COP; Interdisciplinary group, care planning, and coordination of services) and LCD L34538 Hospice -Determining Terminal Status, eff. 10/01/2015.

- **Units of Service**

- INCORRECTLY CODED: BILLED REV 0651 (hospice routine home care) - Q5001 (hospice or home health care provided in patient's home/residence) - 31 days for 1/1-1/31/17. Missing the CTI with narrative for benefit period #2 DOS 11/2/16-1/30/17. Received CTI and face to face attestation for benefit period #3 DOS 1/31/17-3/31/17. Change units of service from 31 to 1.
- BILLED HCPCS and UOS INCORRECTLY CODED.
 1. Review supports beneficiary has resided in nursing home since hospice SOC; provider affirmed HCPCS Q5001 (Hospice or home health care provided in patient's home/residence) was billed in error.

2. Medicare coverage requirements for 01/01/2017 - 01/04/2017 not met; insufficient documentation to support IDT POC review requirements on 12/22/2016. Subsequent IDT POC review on 01/05/2017 meets requirements. Recode HCPCS from Q5001 to Q5003 (Hospice care provided in LTCF or NF). UOS recoded from (26) to (22) to reflect covered days.

SSA §1862(a)(1)(A); HCPCS 2017; 42 CFR §424.5(a)(6)(sufficient documentation) and §418.200 (Requirements for Coverage); IOM 100-2 Ch. 9 §40 (Benefit Coverage); IOM 100-8 Ch. 3 §3.2.3.1.B (Additional Documentation Requests /Plan of Care); and IOM 100-4 Ch. 11 (Hospice) §30.3 (Data Required on the Institutional Claim to A/B MAC HHH; HCPCS Codes).

- **Certification**

1. MISSING:

- Authenticated certification narrative applicable to Benefit Period/ BP#1 (08/12/16 - 11/09/16) in CTI.

SSA1862(a)(1)(A); 42 CFR 418.1 (Hospice; General Provisions) and §418.200 (Requirements for Coverage); IOM 100-1 Ch. 4 §60 (Certification and Recertification by Physicians for Hospice Care); IOM 100-2 Ch. 9 (Coverage of Hospice Services Under Hospital Insurance) §20 (Certification and Election Requirements) and the (LCD): Hospice Determining Terminal Status (L34538); Rev. Eff. 10/01/2015.

- **Missing Notes**

- MISSING:

1. Billable nurse visit note

SSA 1862 (a)(1)(A) and PUB 100-04, Chapter 11 Section 30.2.2 (Service Intensity Add-on (SIA) Payment).

- **GV Modifier**

- BILLED SERVICE INCORRECTLY CODED. The visit on 12/08/2016 was performed by the NP identified on the hospice EOB as the attending physician. Line billed with Revenue Code 0657 (Hospice; physician services) and HCPCS 99343 (home visit- E&M new patient requires 3:3 D- Hx, D- Ex; MC- MDM). Review supports appending GV (Attending physician not employed or paid under agreement by the patient's hospice provider) line-item modifier to service.

SSA 1862(a)(1)(A), HCPCS 2016; IOM 100-2 Ch. 9 §40.1.3 (Hospice Physician Services); and IOM 100-4 Ch. 11 §30 (General Hospice Services), §30.3 (FL 42 Revenue Code 0657), §40 (Billing and Payment for Hospice Services Provided by a Physician), §30.3 FL 42 (Rev. Code 0657) and §40.1.3 (Independent Attending Physician Services)

Julene reminded the group she is available for CERT related inquiries. A group member commented they liked the layout of the top errors and would suggest education using this layout going forward and maybe a CERT Factsheet. The group was informed the CERT online education course is being updated.

Targeted Probe and Educate (TPE) Update

Sandy covered the referenced article (see agenda) with the group, which provides an update on Round 1 and related findings (mainly for home health providers). 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 they felt the TPE education was helpful and didn't believe more was needed at this time. The group was reminded of the TPE resources.

- CGS HHH TPE Web page, https://www.cgsmedicare.com/hhh/medreview/tpe_process.html
- Medical Review Activity Log, <https://www.cgsmedicare.com/hhh/medreview/activitylog.html>

Recent and Upcoming Improvements in Hospice Billing and Claims Processing,

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se18007.pdf>

Nykesha covered the highlights of this article and asked the group what they've heard concerning the cited improvements. The group advised they are happy about the improvements and, so far, it's been pretty quiet. Nykesha advised of issues occurring since the implementation of some of the improvements, all reported on the Claims Processing Issues Log (CPIL). CMS is aware of these issues as they were discussed on our monthly claims call.

CWF Hospice Periods Now Available on the Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE)

<https://www.cgsmedicare.com/hhh/pubs/news/2018/0718/cope8385.html>

The group was reminded of article CGS published to assist providers access the new hospice benefit period. Group asked to use a resource for providers with questions/concerns.

Enhancements to Processing of Hospice Routine Home Care Payments

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10573.pdf>

Effective October 1, 2018, new fields will be added to the hospice pricer output to display hospice days paid at the high vs low RHC (routine home care) rates with value codes 62/high or 63/low. These value codes will be returned to the provider and not something the provider will need to append to their claim submissions. Nykesha asked the group to refer providers to this article to alleviate some confusion. Group expressed this should help with provider record keeping and is a much needed enhancement.

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
- 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 may utilize 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, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE18006.pdf>, 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.

No further suggestions were received for topics that require additional education.

CGS Website Updates

<http://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 - 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:** Hospice Top Medical Review Denial Reason Codes, https://www.cgsmedicare.com/hhh/medreview/hos_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 - ADR Timeliness Calculator added to this page
 - **New:** Hospice Documentation Checklist Tool, https://www.cgsmedicare.com/hhh/education/materials/pdf/j15_hospice_doc_checklistre.pdf – Tool created to assist hospice providers with documentation guidance for CTI, LOC, Terminal Prognosis, POC, FTF and more.
- Additional Resources
 - **Updated:** Submitting Hospice Notice of Change of Ownership QRT, https://www.cgsmedicare.com/hhh/education/materials/pdf/hospice_noc_tob8xe.pdf – Updated to remove information that a 8XE should be submitted when the NPI changes
 - **Updated:** Frequently Asked Questions, <https://www.cgsmedicare.com/hhh/education/faqs/index.html> - Quarterly review complete and FAQs are now searchable via keyword
 - **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
 - **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

- Future education events are posted to the “Calendar of Events Home Health & Hospice Education” Web page, https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/HHH_Report.asp – Group reminded to stay tuned to the calendar of event for upcoming education and asked to let CGS POE staff members know if they need speakers for their

events.

CGS DATA ANALYSIS

Claim submission data, Claim Submission Errors (CSEs) and Top Medical Review Denial Data were distributed to the group and reviewed.

NEXT CGS ADVISORY GROUP MEETING

The next Hospice POE AG meeting is scheduled for December 4, 2018, from 9:30-11:30 a.m. (Central Time). CGS would like to host an in person meeting in March 2019 at our Nashville Headquarters. Please let Nykesha know if this is feasible.