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 9, 2019

Facilitator: Sandy Decker, CGS Senior Provider Outreach & Education

Attendees: 9 state/national association representatives

AGENDA ITEMS

Attendance/Roll Call

Follow-Up Items from December 2018 Advisory Group Meetings

No comments.

Education Topics for Group Feedback on Education Needs - Group

myCGS Recent Enhancements - Juan Lumpkin, Senior Provider Relations Representative

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

Juan thanked all who volunteered to be a member of the myCGS focus group. The group contains members from all lines of business (Part A, Part B, and HHH) and provides feedback on myCGS functions and enhancements. He also offered the following myCGS reminders and asked all to share the information and articles with their members:

- **myCGS Registration Process -** There has been an increase in calls regarding the myCGS registration process. Please share the following articles with their members and staff:

  - Registering for myCGS? Check here first! https://www.cgsmedicare.com/hhh/pubs/news/2019/0519/cope12452.html

  - myCGS Registration Checklist https://www.cgsmedicare.com/partb/mycgs/mycgs_checklist.pdf

  - An Ask-the-Contractor Teleconference (ACT) on the myCGS registration process is scheduled on July 10, 2019. Please register if you would like to learn more about the process.

- **MR Dashboard –** Members were reminded all additional development request (ADR) letters from our medical review (MR) department are all available on the MR Dashboard. To respond to an ADR, please use the 'Submit Documents' option. Providers are using the 'Ask a Question' button to send medical records, which can not be matched to the pending ADR. More on this process is available at https://www.cgsmedicare.com/hhh/pubs/news/2018/1118/cope9820.html.

- **Provider Admins –** Juan also reminded members the first person who registers for myCGS is considered the admin. If the admin does not comply with the mandatory 30-day log-in requirement, which was established by CMS, the admin will be deactivated as well as all provider users established by the admin. To avoid this, we encourage all admins to assign at least one additional admin who can assume the role just in case of an extended absence. An article on this is available at https://www.cgsmedicare.com/partb/pubs/news/2014/0614/cope25954.html.

- **Question:** If we have three admins assigned and one is out for an extended period of time and does not log in, will all users still be deactivated?

   Answer: No. If there are additional admins assigned, the admins and users will be fine in this scenario. Only the admin that does not log in within a 30 day period will be deactivated.

- **Question:** Can you change the 30-day log-in requirement?

   Answer: Unfortunately, this requirement is not one that was established by CGS, but CMS. We share provider feedback with CMS including this one. If/when this timeframe is changed, we will be sure to inform all providers throughout J15.

CERT Corner - Julene Lienard

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

Reminder to submit confirmation of OASIS submission to repository when submitting documentation.

Top Errors for June

- **Certification**
   - **Inadequate**
      - **MISSING:** 1) Face to face encounter documentation in the physician's medical record and/or acute/post acute facility record which supports home health eligibility requirements for billed SOC episode date 09/14/2017 and which was completed 90 days prior to start of care or 30 days after start of care date of 09/14/2017. 2) Home health plan of care/certification for review episode dates 07/11/2018 to 09/08/2018 which includes information related to advanced directives.
   - **Signed by wrong provider**
      - Physician who signed the home health plan of care/certification for dates 02/02/2018 to 04/02/2018 does not match the physician and NPI reported by the provider on the claim or in CWF
   - **Signature**
      - **MISSING:** 1) Certifying physician attestation of the Face to Face encounter date to support home health SOC episode dates 08/23/2018-09/07/2018.
   - **Not in Oasis**
      - The OASIS recertification assessment document for Home Health subsequent episode dates 11/18/2017-01/16/2018 cannot be found in the repository therefore the billed HIPPS cannot be verified.
- **Missing Orders**
   - Valid physician order which covers PT

EDI Feedback Request - Gloria Lucas, EDI Team Lead

https://www.cgsmedicare.com/edi_connection/winter_2019.pdf

- It is time again for our annual DDE recertification. Each year, Medicare providers are required to recertify their FISS Direct Data Entry (DDE) user access. The recertification period for J15 Home Health and Hospice providers started July 1.
- **Please complete the Annual DDE PPTN Recertification Form as soon as possible.** Verify all User IDs, indicate if the User ID is active or inactive, and include an authorized signature, contact email, and phone number.
- **FAX the Annual DDE PPTN Recertification Form to CGS at: 1.615.664.5947. Please keep a copy of the form for your records. When contacting Medicare about your form you will need to give the EDI Helpdesk representative the 1st user ID you listed on the form.**

- Please be aware that failure to recertify your FISS DDE access will result in the termination of your DDE User ID. You will need to submit a DDE application to reinstate your users.

- If you have any questions concerning the DDE recertification process, please contact the CGS J15 EDI department at 1.877.299.4500 and select Option 2.

- Our regular CGS EDI Application was recently updated you may download the new form from our website. Please remember to send in current forms as outdated forms will be returned to you.

Targeted Probe and Educate (TPE) Process Update

https://www.cgsmedicare.com/hhh/pubs/news/2019/0519/cope12494.html

Top home health denial reasons Jan 1, 2019 – March 31, 2019

1. **Face-to-Face missing/incomplete/untimely**

   - **FTF Documentation Denials** accounted for approximately 30% of the total Targeted Probe and Educate denials.

     > Actual FTF encounter document not submitted

     > Certifying physician did not document the date of the FTF encounter

     > CGS **Home Health Physician Certification** Web page - https://www.cgsmedicare.com/hhh/pubs/news/2018/0118/cope5731.html

     > Community physician was not identified when a physician who would not be following the patient after discharge signed the certification

     > Required elements for initial certification (initial plan of care, initial certification, initial encounter documentation) were not submitted for recertification

2. **Initial certification invalid**

   - **Initial certification invalid** accounted for approximately 14% of the total Targeted Probe and Educate denials.

3. **Therapy visits not medically necessary**

   - **Documentation did not support medical necessity of therapy services** accounted for approximately 7% of the total Targeted Probe and Educate denials.

4. **Recertification estimate missing/invalid**

   - **Recertification estimate missing/invalid** accounted for approximately 6% of the total Targeted Probe and Educate denials.

     > **Dates of Service before January 1, 2019.** The physician's estimate of how much longer skilled services will be required

     > Is the physician's estimate stated in a measurable unit of time (i.e. days, weeks, months, years)?

5. **The order(s) are incomplete**

   - **The order(s) are incomplete** accounted for approximately 6% of the total Targeted Probe and Educate denials.

6. **PDGM Resources and Education:** https://www.cgsmedicare.com/hhh/education/materials/pdgm.html

   PDGM education is being planned and will be presented by both CGS and by a collaboration of the HHH MACs.

7. **MM11104: Manual Updates Related to Home Health Certification and Recertification Policy Changes:** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM11104.pdf

8. **Foot Care:** https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf and https://www.cgsmedicare.com/hhh/pubs/news/2019/0419/cope12296.html

Coverage of routine foot care services such as the cutting or removal of corns and calluses, the trimming, cutting, clipping or debridement of nails and general hygienic or preventative maintenance care are generally excluded by Medicare coverage (only covered with certain exceptions). When these exceptions apply, coverage may be afforded under Medicare with regulations to mitigate against the risks of such services being performed by personnel who lack the appropriate training and qualifications. A skilled nurse would not have the skills and experience necessary to safely perform the procedure when the beneficiary met the qualifications outlined in the manual. Only physicians (MD or DO) and podiatrists possess the training, skills and experience necessary to perform these services safely and effectively. When routine foot care is provided by other than a physician or a podiatrist, it is not medically necessary and therefore not covered.

9. **Therapy Goals Reminder:** https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf

CGS Website Updates (http://www.cgsmedicare.com/hhh/index.html) Group

- In June 2019, the name of the **"IVR and CTI Converter Tools"** self-service option was changed to **"Medicare Beneficiary Identifier (MBI) and Name to Number Converter"** to better identify the tool. A link to this tool was also added to the HHH, Part A, and Part B Quick Links listing.

- In June 2019, the new HHH **"Reason Code Search and Resolution"** self-service option was developed and posted to the website.

- In June 2019, new educational Videos developed and posted. Three videos geared towards providers that are new to Medicare and one Frequently Asked Questions video addressing common clinical questions related to face to face and the plan of care

- A **"myCGS STATUS"** button was added in February to the J15 HHH website, located on the top right corner. When the myCGS STATUS button shows green, the Web portal is up and running normally, yellow means there's an issue with some aspect of myCGS. When the button shows red, the myCGS Web portal is not functional. Simply click on the button to access details of the issue.

- A countdown tool was posted to the Part A, Part B, and HHH home pages showing the number of month until the MBI transition period ends. As January 1, 2020 approaches, this will be revised to show the number of days.

- In June 2019, two new Icons were added to the HHH, Part A, and Part B Contact Information Web pages. Once Icon directs providers to the Education & Resources (HHH) Web page and the Education & Events (A/B) Web page. The second Icon directs providers to the Claims Processing Issues Log (CPIL) for each line of business.

GROUP DISCUSSION

Ideas for upcoming education

- Unsuccessful appeals – how to make them successful
- PDGM
- Therapy Documentation
- PDGM Countdown Calendar
- Complete Plan of Care
- Face-to-Face
- Medical Necessity – discipline specific
- Maintenance Therapy

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 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

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

NEXT CGS ADVISORY GROUP MEETINGS

Please mark your calendars for our next meeting dates:

- August 13, 2019 – Hospice POE AG via Teleconference
- December 3, 2019 – HH POE AG via Teleconference
- December 10, 2019 – Hospice POE AG via Teleconference