

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 7, 2021

Facilitator: Nykesha Scales, CGS Provider Outreach & Education Representative

Attendees: 23 state/national association representatives

AGENDA ITEMS

Welcome/Purpose

- The primary function of the Advisory Group is to assist the contractor in the creation, implementation, and review of provider education strategies and efforts. The Advisory Group provides input and feedback on training topics, provider education materials, and dates and locations of provider education workshops and events. The group also identifies salient provider education issues and recommends effective means of information dissemination to all appropriate providers and their staff, including the use of the Provider Contact Center (PCC) to disseminate information to providers.
- Group members Laura Friend and Carol Whitehair were thanked for their contributions as they head into retirement. Julie Pinkerton was welcomed to the group.

POE AG Recommendations

CY2022 Home Health Prospective Payment System Final Rule

Group discussed highlights from final rule and were asked if there was anything POE should focus on for provider education. The group asked if there was data that could be shared pertaining to cohort data concerning value-based purchasing, such as the breakdown of formulas amongst their peers and total performance. Please refer to the following website for additional information and contacts: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits>.

Notice of Admission (NOA) Readiness

Nykesha shared NOA resources, reminded group of the webinar/related recording availability, and asked if they felt providers are ready for the NOA 2022 implementation. Group advised they are ready as can be and just hope the Medicare systems as well as their software vendors are prepared. Question was posed if condition code 07 indicating hospice would be allowed on NOA to prevent overlapping errors; CMS recently advised there won't be any editing for condition code 07 on NOAs. This will only be edited on final claims. The only allowed condition code, when needed, for the NOA will be condition code 47. The Home Health NOA Top Provider Questions resource will be added to the Claims page as soon as possible. This is a collaboration amongst the HH MACs, Palmetto GBA, NGS and CGS.

Targeted Probe & Educate (TPE)

AG members discussed the resumption of TPE and reviewed CGS website updates. Several questions were posed concerning the error rate calculation used by CGS and if MACs would consider holding providers to the same thresholds and percentages. Nykesha advised she would share these comments with Medical Review (MR) and during our combined MAC meetings. One group member added, "the current explanation posted on the website just uses the term "error rate" and does not specify payment error rate or claims error rate. The CMS site still states claim error rate, and the last information I have from the MACs (2019) that gets

specific on which error rate indicates that both are used. If the provider is above the threshold for either the payment error rate or the claim error rate, the provider will continue on with TPE (or be referred to CMS). I believe it is still this way and would like to confirm or correct that understanding, and to ask if it is possible to specify this on the current TPE page." This question was shared with MR as well and we will share the response when received. Also, an inquiry was made concerning if providers are under ZPIC/UPIC review, can they be selected for TPE. Generally speaking, if a provider is under ZPIC/UPIC review, they will not be placed on TPE simultaneously.

Current Tasks

Advisory Group Membership

POE staff discussed importance of group members attending meetings which are held three times a year. We have some members who fail to attend any meetings during the year. As such, a member recruitment campaign has been suggested. The group encouraged this initiative and suggested allowing two to four members per state. CGS will pursue this campaign in the first quarter of 2022.

RAP Comparative Billing Report (CBR) Availability

Home Health Agencies (HHAs) have access to Request for Anticipated Payment (RAP) CBRs via myCGS. Since RAPs are going away in CY2022, the group was asked how long this functionality should remain available in the portal. The group suggested 6 months to a year.

Future Tasks

Review of Upcoming Educational Material

Group will be asked to review upcoming presentation material.

Identify Collaboration Opportunities

- As 2022 approaches, and based on industry feedback, please identify, and share collaboration opportunities for education/outreach.
- Please continue to attend, provide feedback and suggest future topics:
https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/hhh_report/hhh_report.aspx.

Customer Experience Survey

Nykesha advised the group to take advantage of surveys when visiting our education web page or viewing educational videos.

CGS Data Analysis

The group reviewed the top Claim Submission Errors (CSEs) and Medical Review denials.

Open Forum

Group members suggested short videos for physicians with need to know information concerning home health referrals and documentation requirements as well as provider enrollment resources concerning site visits and info targeted for new agencies. The recommendations will be taken under consideration and implemented as appropriate.

CGS Advisory Group Next Meeting Date

March 15, 2022 (Microsoft Teams)