

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 16, 2021

Facilitator: Nykesha Scales, CGS Provider Outreach & Education Representative
Cari Atkinson, CGS Provider Outreach & Education Consultant

Attendees: 29 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.

Nykesha recapped the recommendations/progress such as development of FAQs regarding Hospice Election Statement/Addendum, adding event handouts to recorded webinars web page, and hospice FAQ revisions, received during the December meeting.

POE AG Recommendations

Notice of Election Addendum Concerns, Becky Martin, Hospice & Community Care

Becky advised the industry is questioning how to proceed when the addendum was requested but not executed timely or at all and discovered upon an internal audit. Agencies are asking how to bill. Nykesha advised this question is popping up amongst all the HHH MACs, and we've referred the issue to CMS for further guidance. The initial response from CMS was there is not a way to bill this on the front end. However, upon Medical Review this situation would be identified. POE will keep the group and providers informed when more information becomes available.

Hospice Quality Reporting Program (HQR), Becky Martin

Quality reporting seems to be moving into a claims-based reporting area. As such, questions are starting to arise. There seems to be an education gap where HQR may be relying heavily on billing. Since HQR has their own education team, MACs don't educate on this topic. However, we will share these concerns with CMS.

Notice of Hospice Election Statement/Attending Physician Signature Clarification

Annette (Iowa Healthcare Association) referenced a recent notice issued by NHPCO advising a discussion held with the Medicare Administrative Contractors (MACs) indicating if patient hasn't selected an attending physician, two signatures are expected from the hospice physician. Judi (NHPCO) added we've been having this conversation since 2017. If the hospice medical director is the attending by choice or by default, historically only one signature was needed. No CMS guidance has been found. The group is seeking clarification as to if two signatures are needed or not. MACs will forward this question to CMS and meet to further discuss. Katie (NAHC) added an attending physician is not required, period, in any regulations. Nykesha mentioned there's a Medicare Review Call this week and we will try to get the topic on that agenda, if possible. Update: This topic didn't make it on that agenda/call due to pre-vetting procedures. However, Nykesha will keep the group updated as to what is received concerning this topic.

“Frailty” as a Hospice and Palliative Care Concept, Cari Atkinson, CGS

Cari referenced the article that was attached to the agenda and included in the handouts regarding the Frailty concept in the hospice benefit. Judi added conversations indicate providers are concerned frailty will become the new failure to thrive and etc. Tammy (SD Association) provided the following weblink to support this discussion, www.patientpattern.com, specifically the frailty tab. Kerry (Vitas) questioned the difference between frailty and debility. Frailty is defined as the condition of being weak and delicate and loss of ability, while debility is defined as physical weakness, especially as a result of illness. Cari discussed findings in the following article, American Journal of Hospice and Palliative Medicine, <https://journals.sagepub.com/doi/10.1177/1049909121995603>. Chris (Hospice Council of WV) commented we do need more direction and a more consistent method of documenting frailty and it should be allowed as a primary diagnosis. Theresa (NAHC) asked if this is a manifestation code. Annette answered it's not, it's more of a symptom code. The group suggested the creation of Local Coverage Determination. Judi will add/keep this on the NHPCO agenda for further development.

Hospice Revocation, Kathy Witcoskie, VNA Health System

Kathy said they are having more and more issues with getting the revocation forms signed timely. Calling the ambulance and family members taking patients to the hospitals are some examples of where these issues arise. Annette asked if contracts were in place. If not, you can't professionally manage the patient, you could consider discharge in lieu of revocation. Kathy followed up with they may have a contract with facility for pain/symptom management, but what happens if patient is taken for another reason such as difficulty breathing, and they could have handled on their own if they were notified. Further research indicates: If there isn't a contract with the hospital, the hospice isn't obligated by contract to pay the hospital. Contract disputes aren't handled by the MAC.

Current Tasks

COVID-19 Education

AG members thanked CGS for their efforts during the pandemic. They appreciated information being put out and available in a consolidated spot on our web page, as well as the increased frequency of educational offerings to verify information received from other sources. Becky really enjoyed the COVID Catch-Up events and said the CGS events were a great complement to the CMS activities/education.

Home Health & Hospice Claims Web page Redesign <https://www.cgsmedicare.com/hhh/claims/index.html>

The group went over the changes to this web page. The page was redesigned to add a chart that clearly delineates home health, hospice and combined topics. Theresa stated she really likes the redesign and the clear distinction between home health and hospice. Nykesha added the CGS website works better when using the Internet Explorer browser. Group excited about the redesign and the additional resources added to the bottom of the page. Barbara and Renee suggested highlighting new resources as they are added to the page.

Comprehensive Error Rate Testing (CERT) Program Education

Attendance for CERT related education continues to be low. CGS is trying to bolster attendance for CERT education since this is an important topic and to assist providers in being proactive rather than reactive when documentation requests are issued. The group suggested hosting a government audits event where CERT and other contractors are highlighted. The CERT improper payment rate (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Improper-Payment-Measurement-Programs/CERT>) is 6.27% representing \$25.74 billion in improper payments. (Compared to 7.25% and \$28.91 billion in FY 2019). Questions concerning documentation frequency as well as if the 10/1/2020 and beyond addendums are being reviewed by CERT were posed. Per our CERT Coordinator, Julene Lienard, frequency of reviews hasn't increased and yes, they are requesting addendum information, if needed.

Hospice Beneficiary Election Statement/Addendum Frequently Asked Questions (FAQs) Review

https://www.cgsmedicare.com/medicare_dynamic/faqs/faqshhh/j15hhh.aspx

Katie sent over several suggested revisions. Nykesha shared these with NGS and Palmetto since these were developed as a collaborative effort. CMS reviewed the FAQs prior to MACs posting to our websites and made their own revisions. The MACs will meet and discuss potential revisions. Theresa added MACs may want to consider adding information about the Addendum for Concurrent Care under the VBID Model since similar language is used and may be confusing to providers.

Value-Based Insurance Design (VBID) Model Hospice Component

Nykesha asked the group if they are hearing VBID concerns surrounding the following topics: eligibility checks, potential screen updates, and billing/claim opportunities for efficiencies. Judi mentioned limited communication between the systems such as MarX, Part C/D and DDE, and HETs. Also, VBID enrollment not clearly identified in HETs or Common Working File (CWF). This information will be shared with CMS during the ongoing analysis discussion meetings.

Future Tasks

Review of Upcoming Educational Material

Group will be asked to review upcoming presentation material.

Identify Collaboration Opportunities

- As 2021 progresses 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 of the new customer experience surveys POE is launching as of this month. These surveys replace the annual MAC Satisfaction Indicator (MSI) survey. POE has five potential surveys providers may take advantage of where QR codes are created for live and recorded surveys. Providers may also 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.

- Regarding MR denials, Judi asked if MR denials include postpayment reviews. According to MR, yes, these denials include postpayment reviews.

CGS Advisory Group Next Meeting Dates

March 16, 2020 (Web Conference)