Transcript

CERT A/B Contractor Task Force Teleconference

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Transcribers: Sue Brewer, WPS, and Barbara Horton, Noridian

Operator: Good afternoon everyone, and welcome to the CERT A/B Contractor Task Force education teleconference. All participants will be in a listen only mode. Should you need assistance, you may signal a Conference Specialist by pressing the star key, followed by "zero." After today's presentation, there will be an opportunity for you to ask questions. Please note that today's event is being recorded.

I would now like to turn the conference call over to Mr. Michael Dorris. Sir, you may begin.

Michael Dorris: Thank you, Jamie. Good afternoon, Part A and Part B providers across the country. Welcome to the CERT A/B Contractor Task Force teleconference call. Please refer to the presentation emailed to you for today's teleconference.

Again, my name is Michael Dorris, and I am with National Government Services (NGS). Joining me today as presenters are Barbara Horton from Noridian Healthcare Solutions and Thaya Morant from CGS Administrators. Additionally, we will have all the Medicare Administrative Contractors available for the question and answer period.

Moving on to the next slide, Number 3.

<Slide 3> With any presentation, we like to give a disclaimer.

The Comprehensive Error Rate Testing (CERT) Part A and Part B (A/B) Contractor Task Force is independent from the Centers for Medicare & Medicaid Services (CMS) CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.

Before we move on to the next slide, I would like to also explain our purpose. The purpose of this task force is to work collaboratively to improve the knowledge and performance of the provider community as it relates to the CERT program and to improve on accurate billing of all Medicare claims.

Let's move on to the next Slide, number 4: Findings

<Slide 4> Improper payments occur when documentation is not available to support a payment.

Documentation is incomplete or missing a legible signature.

Documentation on orders or orders indicate one service but another one is performed and billed, including laboratory services.

Or, funds go to the wrong provider, or the right provider receives the incorrect amount of funds, including overpayments and underpayments.

And finally, the provider uses funds in an improper manner.

The National Coverage Determinations (NCD) or Local Coverage Determinations (LCD) are being overlooked or omitted from the patient's treatment which causes incorrect services to be performed or incomplete medical records. All problems indicated above cause an overpayment or underpayment of the Medicare Trust funds and are considered an error.

Moving on to Slide Number 5: More Findings

<Slide 5> All improper payments cause more work to be performed by the Medicare Administrative Contractors (MACs) and the provider community. When an error is found more research must be conducted to determine the

impact of the error, including selecting claims with that service and requesting supporting medical records from the provider community.

Let's move on to the next Slide, Number 6: The Impacts of those Medicare Payments

<Slide 6> Medicare spends on average $340.7 Billion total payments Fiscal Year for 2012.

The improper payments for Fiscal Year 2012 was $29.6 billion, and this includes all lines of business.

The improper payment rate for Fiscal Year 2012 was 8.5%.

The target goal is to reduce that in 2013 to 8.3%.

The source of this information can be found at the Payment Accuracy.gov website, which is listed on your presentation.

Moving on to the next slide, Number 7: Reducing Improper Payments

<Slide 7> CERT Program- Key program for measuring improper payment errors for Medicare.

Collaboration is the key. Reducing CERT errors requires all Medicare stakeholders to work together. This includes CMS, MACs, providers, suppliers, associations, societies of providers and suppliers; and anyone who may touch the claim, anyone from your billing staff. And Medicare beneficiaries may be part of the solution as well.

Collaboration is the inspiration for the CERT A/B Contractor Task Force.

With that I would like to introduce our new speaker to talk about the next section of our presentation called "Meet the CERT A/B Contractor Task Force", Barbara Horton.

Barbara Horton: Thank you very much, Michael. And thank you, everybody, for listening and participating in today's call. I'm going to discuss who is on the Task Force and our purpose in coming together.

<Slide 9> As slide 9 indicates, there are two different Task Forces which are working collaboratively to help improve the Medicare CERT program and reduce the Medicare error rate.

The A/B Task Force is comprised of volunteers from all A/B MACs and the DME CERT Task Force is comprised of volunteers from all four (4) DME MACs.

CMS issued a directive last year to ensure that all A/B MACs and Title 18 contractors were invited to attend the A/B Task Force meetings. All accepted and participate regularly, and all are taking part in this call today.

<Slide 10> Slide 10 identifies the Project Lead for the CERT A/B Contractor Task Force as Michael Dorris, who was our first presenter today. Michael is the Manager, Congressional Affairs, with National Government Services. Michael's role is to facilitate the CERT A/B Contractor Task Force meetings and communicate with CMS regarding Task Force products, events and/or tips.

<Slide 11> Slide 11 identifies each contractor that is represented in the CERT A/B Task Force. Each MAC has specific participants in the Task Force, typically from the Provider Outreach and Education and Medical Review departments. The participating A/B MACs are:

> Cahaba Government Benefit Administrators
> CGS Administrators
> First Coast Service Options
> National Government Services
> NHIC
> Noridian Healthcare Solutions
> Novitas Solutions
> Palmetto GBA
> and
> Wisconsin Physicians Service Insurance Corporation

<Slide 12> Slide 12 shows the primary purpose of these Task Forces. The Task Forces meet monthly with a primary purpose to leverage education that is specific to common billing errors that have occurred across all jurisdictions. These meetings allow us to present a consistent educational

voice and message to providers and suppliers throughout the United States.

Be advised that the CERT A/B Task Force <u>cannot</u> and <u>will not</u> audit claims. This Task Force utilizes past CERT findings to identify educational areas of focus.

The Task Forces are working to improve knowledge and performance related to the CERT program by collaborating on yearly webinars, question and answer documents and electronic mailing list messages for providers and suppliers. This collaboration ensures consistency in the educational products distributed to providers across the country.

<Slide 13> Our role, as shown on Slide 13, is to support CMS' CERT error rate reduction goals and promote collaboration among MACs. It is important for the MACs to be consistent and unified.

You will be able to identify products created by the CERT A/B Task Force by our logo which is shown in the lower left corner of each slide in this presentation. The logo is green with the logo phrase "Collaborating for Error Free Medicare Claims". The logo will be included on all MAC CERT webpages, listservs, articles and presentations. The logo is a sign that all MACs are working together for the provider community to help reduce the CERT error rate.

<Slide 14> Slide 14 lists a few items that outside the scope of the Task Force.

First, is any policy discussions that are currently in development at CMS. The Task Force will not develop any educational products until a policy is finalized and official directive is issued by CMS.

Also, specific audit review findings are outside the scope of the Task Force. The focus of the Task Force is on the "Big Picture"; common trends in errors seen across the country. You will continue to contact your MAC for questions on any specific CERT errors.

It is also very important to realize that products developed by the Task Force will not replace or contradict any LCDs, coding rules, regulations or laws.

<Slide 15> I now invite Thaya Morant from CGS Administrators to present an overview of the Task Force's educational strategy. Thaya.

Thaya Morant: Thank you, Barbara.

<Slide 16> The educational strategy of the CERT A/B Contractor Task Force is supported by a detailed communication plan approved by CMS and all MACS. Our educational strategy is intended to enhance, and not replace, other education conducted by CMS and the MACs within their jurisdictions.

One to four CERT hot error topics will be identified each year. The education will consist of published scenario-driven articles and CMS Fast Facts. The highlighted scenarios will be included in the MAC's jurisdiction specific educational activities.

<Slide 17> If we move on to the next slide, each contractor will publish the educational products through their education channels and vehicles such as their Listserv, website, educational events, associations and societies. The Task Force will work through each MAC's Provider Outreach and Education Advisory Group to solicit input regarding the educational topics for Task Force consideration. So please stay tuned to your MAC's listserv.

<Slide 18> If we move to the next slide, we'll talk about the examples of education that we will be providing.

First, the CMS Fast Facts are published by CMS on the Provider Compliance page, and the link is shown on the slide that you have before you now.

The CERT A/B Contractor Task Force develops and recommends to CMS items to be included. These are posted once a month and remain on the website page for approximately 30 days. At least 6 Fast Facts will be created each year with content no more than 800 characters in length.

<Slide 19> On the next slide we have another example, an example of the Fast Fact, which will appear on the CMS website as well as our CERT A/B Task Force sections of individual MAC websites.

And the link to those Fast Facts are also listed at the end of the narrative there on the slide.

<Slide 20> As we move on to our next slide, we have another example of education, which are our Task Force Scenarios. These scenarios are more detailed than a Fast Fact. These are based on CERT hot topics and audit findings currently responsible for the highest improper payments. These scenarios provide background education on the hot topics with a general situational scenario.

These will be published on each MAC's dedicated website page for the Task Force.

<Slide 21> If we continue, we will look at our next slide, and we are asking providers: What can you do to help reduce the billing errors?

One thing you can do is to use the educational products such as the scenario articles, the Fast Facts and other education as a guideline for appropriate billing.

Inform billers and providers on what documentation the CERT contractor is reviewing when auditing their claims.

Also, incorporate education products as a resource tool in instructing new providers in your practice on proper documentation.

We also like you to take some of this information and add it to your monthly and weekly newsletters for other providers within your group.

Encourage medical school instructors to use this information in their curriculum as an educational tool for prospective and veteran providers.

And lastly, to encourage compliance officers to use information to educate large groups or providers in which they have oversight.

I will turn the next portion of our presentation over to Michael for our question and answer period. Before opening our lines for questions, we would like to state that we will not address questions that pertain to specific CERT claim issues. We will address questions regarding the CERT A/B Contractor Task Force and its purpose and other general CERT questions.

Thank you. Michael?

Michael Dorris: Thank you, Barbara and Thaya, for that presentation.

<Slide 22> As we pull together –as the operator, Jamie, is pulling together the questions, I want to kind of go over a brief review of the presentation as well as some of the questions we got.

I hope that our presentation today has brought you the purpose and the focus of the CERT A/B Contractor Task Force. And we will be sending out an evaluation to the participants on today's call. So we encourage you to fill out that out and provide that feedback. You should be receiving that in the next several days.

Some of the questions that we have received prior to today's call was:

Q1: How can we influence topics to be pertinent to our field?

A1: As we stated in our presentation, we encourage you at this time to use your Provider Outreach and Education Advisory Groups through your MAC. If that should change, we will give you an update through your listserv to tell you how you can give ideas and suggestions to the A/B Task Force.

Secondly –

Q2: Will our MAC's CERT audits stay the same or will we be receiving more or will they come from a different organization?

A2: No. The audits will still be performed as they currently have, and that is done by the CERT contractor, and those are random samples. And the CMS – the Task Force does not influence on that audit strategy.

Next question we received –

Q3: Do you anticipate that the MACs will eventually all use the same Local Coverage Determinations for coverage determinations?

A3: No. You will continue to use your MAC's Local Coverage Determinations.

And finally –

Q4: How will the CERT contractors provide meaningful education to providers?

A4: Based on that question, the Task Force is using our communication plan to educate on the Task Force, but if you want to receive information about how the CERT contractor performs, you would either go to the CERT contractor's website or utilize the MAC to discuss your error rates.

At this time, we would like to hear questions from you. So Jamie, are there any questions in queue?

Operator: Ladies and gentlemen, we will now begin the question and answer session. To ask a question, you may press star and then 1 using a touchtone telephone. If you are using a speaker phone, we do ask that you please pick up your handset before pressing the keys to ensure good sound quality. To withdraw your question you may press star and then 2.

At this time we will pause momentarily to assemble our roster.

And our first question comes from Chris Davis from Mt. Carmel Health. Please go ahead with your question.

Q5 – Chris Davis: Hi. Thank you. We actually had 2 questions. We were wondering, first, are the CERT Tip Sheets going to continue? And the second question is concerning the topics. Will they be somehow designated by provider type so that they are easily sifted through?

A5 – Rachel Guy: Hi, this is Rachel Guy, with Noridian Healthcare Solutions. And, yes, the Tip Sheets that not only your own contractor produces will continue as well as CMS produces the Fact Sheets and other resources. So, all of those are going to continue to be produced. This is just

one more outlet – one more resource that our provider community can utilize. And, if you could repeat your second question, that would be wonderful.

Q6 – Chris Davis: The second question was concerning the various topics. Will they be sorted out by provider type? For instance, as a hospital, would we be able to easily discern which ones apply to us versus DME and so forth?

A6 – Rachel Guy: Oh you bet. That's a great question. First off, the A/B Task Force, of course, is going to have a different logo than the DME Task Force. So, items produced specific to the DME Task Force will be identified by their logo as well as the subject line itself, as well. As for the A/B information that's being supplied, we will make sure that the title itself will address exactly the key point – who our targeted audience is going to be with that. And it's really going to come down to the trending. If a trending is identifying that we really should be focusing specifically on therapy, for example, we're going to make sure that we address that this is for therapy services. Or, say, like you had mentioned, hospital services. We are certainly going to be as clear as possible in the production of our products.

Michael Dorris: Okay. Next Question?

Operator: Our next question comes from Edwin Sun from Quorum Consulting:

Q7 – Edwin Sun: Hi My name is Edwin. So, we spoke a little bit about how this CERT Task Force intends to improve billing practices on the provider end. And I just wanted to know what, if anything, the Task Forces are empowered to do to make sure that the MACs are also processing claims correctly. Because sometimes the provider community is billing in keeping with the best practice, and it's actually the MACs that sometimes aren't implementing what their billing guidelines are at the actual claims processing level.

A7 – Michael Dorris: Okay. At this time our role is to not look at the claim processing of each of the MACs, but more of the education part of the

CERT findings. If any other additional MAC would like to contribute to that question? If not, we can take it back and give a more detailed response.

Rachel Guy: Hi, this is Rachel with Noridian again. Just to reiterate to what Michael was stating. Yes, he is absolutely correct. We are really focusing on the educational side, following – based on the regulations that are set forth by CMS. And we certainly would want to encourage any provider that feels that their MAC, perhaps, isn't processing things correctly to contact your MAC. Bring that issue up with them directly. Unfortunately, this is something that would be out of the scope of the Task Force itself.

Alicia Forbes: This is Alicia, I'm with NGS and NHIC, and I can add also here that when the CERT contractor does a review they also review for accuracy of the processing by the contractor – by the MACs. Also the coordinators – the CERT coordinators, who receive the feedback from CERT – they also do investigation to ensure that.

Does that help?

Edwin Sun: Yes, yes. Thank you very much.

Operator: Our next question comes from Tina Rottman from Washington Regional Medical Center. Please go ahead with your question.

Q8 – Tina Rottman: Yes, I'd like to confirm – I can't find it on the Novitas website right now, but previously on that website there was a Frequently Asked Question about when we appeal a CERT finding, if we are – if that appeal is overturned and we are considered to have had a correct claim in the first place, that that winning of that appeal would not get reflected back into the error rate, that the error rate would not be re-calculated to show that. Is that still going to be true? That even if we win an appeal, it will still be counted in the error, as an error?

A8 – Jennifer Dupee: This is Jennifer Dupee from the Centers for Medicare and Medicaid Services. We are actually the CERT Team here. That's not true. If a claim is overturned on appeal, that is the final decision on the claim, and that is accounted in the improper payment rate.

Tina Rottman: Well, that's good then. Thank you.

Operator: Our next question comes from Leah Oseas-Cullen from Leah Oseas-Cullen, MD. Please go ahead with your question.

Q9 – Leah Oseas-Cullen: On page 4 on Improper Payments Occur When – I had a question about what you meant when 'provider uses funds in an improper manner.' What was that in reference to?

A9 – Rachel Guy: Just bear with us, here. I'm just going back to the slide here, to take a look here.

Leah Oseas-Cullen: Page 4.

Rachel Guy: This is Rachel with Noridian. The concept behind that bullet – I believe it's slide 4 that she's referencing – is having to do with – An example would be, representing a venipuncture on a claim when you know that the associated laboratory would be non-covered. So it's basically misrepresenting your billing, would be where we were going with that. Does that help?

Leah Oseas-Cullen: But that's not the bullet. The last bullet says, "Provider uses funds in an improper manner." The bullet you're referencing is bullet 3. I'm talking about the very last bullet, bullet 5. "Provider uses funds in an improper manner."

Rachel Guy: And, yes, I understand what you're saying here, and my understanding of bullet 3 would be if a service was ordered, but a different service was performed. For example, a CBC with differential was billed when the order represents only a CBC. My interpretation of the final bullet would be an actual misrepresentation of, again, basically the billing of something as covered when you know it should be non-covered, that was my concept behind that.

Q10 – Leah Oseas-Cullen: OK. Second question. If you find an error in your billing, and you report it to your contractor – You found it. It's a human error. These things happen. And you call up and you say, "I want to give back the money. This is an error." How does that affect the CERT rate?

A10 – Jennifer Dupee: This is Jennifer Dupee from CMS again. When we select claims for CERT review, it's based upon how the claim was originally paid. So, if the MAC did pay that claim originally, even though after a self-audit it was determined to be erroneously billed and paid, that is still counted in the improper payment rate.

Leah Oseas-Cullen: So you're still penalized, even though you found it and corrected it?

Jennifer Dupee: That, I'm going to have to turn over to the MACs for their input, how they handle that after the fact. I can only speak for how we calculate the improper payment rate – the overall national rate.

Alicia Forbes: This is Alicia. The analysis of the error – they take into account any correction that's made within 30 days of the original claim submission. Other than that, yes, the error still stands.

Leah Oseas-Cullen: So, if it's corrected in less than 30 days from the payment, it stands or doesn't stand?

Alicia Forbes: From the original date received of that claim…

Leah Oseas-Cullen: I'm sorry, I didn't get the whole response.

Alicia Forbes: It is calculated from the original date the claim is submitted to the Medicare system.

Leah Oseas-Cullen: Submitted, but not paid. But sometimes you don't find out about it until you're paid.

CERT A/B Contractor Task Force member: Well the error rate is really a general calculation, and it's not – you are not penalized for your individual error rate. We basically use that to educate providers and try to prevent future errors. Does that help?

Leah Oseas-Cullen: Partly, but my concern is many times when we find our own errors, it's after it's paid. Sometimes you do catch it before then, but many times it's when you get the remittance. Then you see the error and call them up.

Kathy Boehm: This is Kathy Boehm with Palmetto GBA, and I think maybe we're talking about 2 different things. When you identify an overpayment due to an error that was made for an omission, then it is still an overpayment that has to be refunded, and it's still managed by the individual MAC contractor. But it is counted as an error in the overall rate. So when you say, "Does it affect the provider? Are you penalized?" that individual MAC will keep control over the number of errors and refunds that a provider makes, and then they have specific directives from CMS on that end. But it is an overpayment that you would identify, bring forward to your MAC, and they would either get the refund from you or take actions to request that refund.

Leah Oseas-Cullen: Okay.

Operator: Our next question comes from Dave Perez from AdvanceMed CERT. Please go ahead with your question.

David Perez: I apologize. Actually don't have a question. My name is Dr. David Perez, I'm one of the two CERT Medical Directors. I actually have a comment. And the comment is that CERT has always been funded to do public relations. When we first started out in the contract, that was meant to be not only to the MACs – or then the contractors, now MACs – but to provider groups. And we used to do some presentations to provider groups early on in our CERT education, when the CERT process was new.

There is still funding to do that. If you are interested in having CERT, the contractor itself, come out to do a presentation for a group, you should submit a request to the current contracting officer who is Jen Dupee and the CERT leader who is Chrissy Fowler. And they will evaluate whether or not there is enough funding for us to do that, and whether they think the meeting is significant enough that we should do a presentation for your group. Thank you.

Operator: And our next question comes from Connie Lippincott from Virtua. Please go ahead with your question.

Q11 – Connie Lippincott: Hello. This – If I understand correctly, this CERT Task Force is going to take over the way the CERT does our accounts now. We will no longer receive CERT requests for audits?

A11 – Kim Karnes: Hi, this is Kim Karnes with First Coast Service Options. And I'd like to take that question. No, actually we are not replacing the CERT contractor's role, which is to measure the improper payment error rate. All we are doing as the MACs are collaborating together on education for providers on how to reduce CERT errors. And we are collaborating together because many of the MACs – their providers experience the same issues and errors. So, by collaborating together we are working on best practices, best communication methods to make sure that we are all being consistent.

Does that help answer your question?

Connie Lippincott: Yes, it does. Thank you.

Kim Karnes: Great. Thank you.

Operator: Our next question comes from Chris Davis, from Mt. Carmel Health. Please go ahead with your question.

Q12 – Chris Davis: Hi. We had another question concerning the information that you provided on page 17. We were curious to know if it would be our obligation to go out to your website to locate this information and set up for the listserv, or would we be receiving an email to invite us to that? And at what point, I guess a date and time, would that become available to us?

Michael Dorris: This is Michael. Do you mean to have a question with your POE AGs or how we are getting the information to you?

Chris Davis: The information to us. It states on page 17 – you know, the educational channels and vehicles that would be used. We were just wondering, (a) when that would be available and how we would sign up for listservs and so forth.

MarySue Gardner: Michael, this –

Michael Dorris: Yep, go ahead.

MarySue Gardner: Oh, I'm sorry.

Michael Dorris: Go ahead.

MarySue Gardner: This is MarySue with WPS. If it's alright, I will go ahead and answer this one.

Michael Dorris: That's fine.

A12 – MarySue Gardner: Whoever your Medicare Administrative Contractor is, Chris, that's whose website you would go out to and sign up for the listservs. Hopefully you're already receiving listservs from your Medicare Administrative Contractor. Through those listservs, any kind of educational product that is developed by this CERT Task Force will also be distributed by us individually as your Medicare Administrative Contractor.

So, your first line of defense in anything that we as a task force team do is to sign up for the listservs and any kind of eNews or email distributions by your local Medicare Administrative Contractor. And then each contractor, as we said earlier in the presentation, has an individual page that is just dedicated to stuff we as a task force are working on as a team. So, that's your first way to get, you know, any kind of information that the task force distributes.

And then, of course, we've said we – a little bit earlier in the presentation, you know, as a team, we also work on some Fast Facts for CMS that are published on the Compliance page of CMS' website. So, if we write a brief little Fast Fact that says, "Hey, Did you know XYZ?" and CMS chooses to use that as a Fast Fact, then they will choose to publish that on their individual website.

Does that help with your question?

Chris Davis: Yes, it does. If I understand the listserv process though, don't we have to specify the various areas that we wish to receive listserv emails

on? We would need to add then the CERT Task Force or would that automatically come based on what we already signed up for?

MarySue Gardner: Yes, depending on who your Medicare Administrative Contractor is, what you can do is go out to their website, to their listserv section, and I think that almost all of us as Medicare Administrative Contractors have a means to update what information you receive.

We at WPS – this will come out in our general listserv. So, if you are signed up to just receive the general listserv, it will come out in that, with all that information, as well. You know, and then other contractors may have specifics, if you just want CERT information, you can just get CERT information. So it's kind of how each individual contractor has their listserv set up. So I suggest that you go out to their website and just login to their listserv request, and it will let you update what information you want to receive.

Chris Davis: OK. Thank you. That's very helpful.

MarySue Gardner: You're welcome.

Operator: Our next question comes from Jill Paiva, from Medicomp Incorporated. Please go ahead with your question.

Ma'am, is it possible your phone is on mute?

Jill Paiva: Hello? Hello?

 Operator: Please go ahead with your question.

Q13 – Jill Paiva: Hi. This is Jill Paiva from Medicomp. I am the Compliance Coordinator here. We're an IDTF. Is there anything out there now? I am actually – Kim, you probably can answer this for me. I'm on First Coast's website now – on any of the documentation issues, anything like that, that has been posted? My – my – I do audits, and I also try to educate our physicians that refer to us. And I've been doing a lot of education on the documentation because they are sending over orders or not documenting in the chart that they are ordering this test which, you know, when we get audited, the money gets taken back from us. Um – so, I've been doing a lot

of educating with my physicians on, you know, the proper documentation. So, is there anything out there now, and where would I find it? Because that would be very helpful for me.

A13 – Kim Karnes: Hi Jill. This is Kim with First Coast Service Options. Thank you for the question. And you are also a very active POEAG member with us. So thank you. Specifically, in relation to your questions about, 'Does the Task Force have any plans for any IDTF education on documentation?' We can certainly take that back. We do meet monthly and we can talk with the group about that. I don't think it's on the first two educational articles that we had in mind, but we can definitely take that and talk about it. So we can do that.

And then separately from that regarding the specific issues, I'll work with you separately on what we can do for any Florida-specific documentation education. Does that sound okay?

Jill Paiva: Yeah. That sounds good because –

Kim Karnes: Great. And I will take as an action item that we'll talk – the Task Force will talk about suggestions for IDTF education on documentation.

Jill Paiva: Okay.

Operator: Our next question comes from Brenda Rodriguez from Premier Gastroenterology. Please go ahead with your question.

Q14 – Brenda Rodriguez: Hi. I was wondering if the CERT had something to do with the incarcerated beneficiary claims that have been reprocessed and money taken back even though the patients weren't incarcerated? Because between, I guess, Social Security and the MACs and CMS there was one box that wasn't checked in some places. And, I have since been told that the record on a few of the patients have been updated to show that they were not incarcerated so the money was actually recouped inappropriately. There seems to be mixed messages. Some things that are coming out from First Coast Service Options that they are putting on there, of course, they refer back to CMS. Some of it says, you know, 'appeal

them,' others say 'no wait we're going to fix it'. There's so much ambiguity about it.

A14 – Kim Karnes: Hi, this is Kim with First Coast. Thank you for that question. For this forum, we're specifically keeping the topic to the Task Force. But please contact our Customer Service and they will be able to – they'll be happy to answer that question for you.

Brenda Rodriguez: So this wasn't handed down from CERT to review claims that were incarcerated.

Kim Karnes: No. No, that is another issue.

Brenda Rodriguez: I have reached out to First Coast several times –

Kim Karnes: But please contact our Customer Service, okay, but please contact our Customer Service, and I think you have my email as well, so we'll make sure to answer that question for you.

Brenda Rodriguez: Okay. Thanks.

Operator: Our next question comes from Maureen Hanlon from Concord Regional VNA. Please go ahead with your question.

Q15 – Maureen Hanlon: Yeah, Hi. I heard you say quite a bit, as far as education goes, to refer back to your own individual MAC for education. What is the proper process to use to contact your MAC for educational needs? I have a hard time getting through our own MAC, the Customer Service department, and when I submit the provider education request form, I have done that twice and have not had it answered in a timely manner. So what are your suggestions for the proper process to use?

Michael Dorris: Yes, what state are you calling from?

Maureen Hanlon: New Hampshire.

A15 – Michael Dorris: New Hampshire. Well, currently we are in – there is a transition that's going on with the New England states into Jurisdiction K. So, right now you are in a transition, but I didn't know if anybody from the

National Government Services NHIT team would like to address that question specifically.

Lucia Maloof: This is Lucia. I'm currently working with NHIC providers and will be working for NGS providers as well. If you would like to contact me directly –

Maureen Hanlon: I have. I have submitted an education form to you that you have not answered. Lucia?

Lucia Maloof: Don't take it personally. But I can give you my phone number. Is that ok to do right now in this forum?

Michael Dorris: Yes, go ahead.

Lucia Maloof: Okay. My phone number is 315-

Maureen Hanlon: I'm sorry, you're very difficult to hear. I don't know why.

Lucia Maloof: I'm sorry, can you hear me better?

Maureen Hanlon: Oh yeah, that's much better.

Lucia Maloof: Okay, sorry about that. My phone number is 315-XXX-XXX. And I will definitely get your issues addressed.

Maureen Hanlon: So, 315-XXX-XXXX.

Lucia Maloof: Yes.

Maureen Hanlon: Okay. Thank you.

Lucia Maloof: No problem.

Jennifer Dupee: Hi. This is Jennifer Dupee again from CMS. I also wanted to put out there, that if anyone ever has questions about who to contact or is having any difficulty you can also email the CERT team here at CERT@CMS.HHS.GOV. Again that is CERT@CMS.HHS.GOV.

Operator: Our next question comes from Stephanie Fulk from Innovative Management Alternatives. Please go ahead with your question.

Q16 – Stephanie Fulk: Hi. This is actually Stephanie Fulk and Susan Harris. I wanted to go back to documentation or orders indicate one service but another one is performed and billed. What is – say it's a hospital-based radiology practice and the referring physician orders a, let's say, a CT with contrast. And the radiologist looks to see what it is and says, you know, a contrast isn't indicated, so he picks up the phone and calls the referring doctor and says, "You really need to be doing this without contrast instead of with contrast." What documentation – and the doctor agrees – but what documentation should either one of them be doing to alter the original order?

Michael Dorris: Okay, and what state are you calling from?

Stephanie Fulk: Virginia.

Michael Dorris: Virginia? Palmetto, are you able to address that question?

Kathy Boehm: Yes, this is Kathy Boehm. And I'm sorry. I'll need to – I apologize – to ask you to repeat that.

Susan Harris: Hi Kathy. It's Susan Harris.

Kathy Boehm: Hi Susan.

Susan Harris: On this issue it says that there, one of the errors occur when the documentation for orders indicate one service is ordered but another one is performed. So, for hospital-based physicians, when let's say the radiologist gets an order from a referring doctor and they are looking at it and they go, "oh, he doesn't want this, he wants this," and he picks up the phone and calls that doctor and discusses it, and sure enough – you know, you know, maybe it was, you know, a nurse that said with contrast but it should've been without contrast, or vice versa. How do – What's the proper method of getting those physicians to document the change in the order, so that when you all are looking at them you are not counting this as an error?

A16 – Kathy Boehm: Well, I think that I a really good question that as a MAC contractor I need to go back to our Medical Review department to find out specifically what they would expect to see in the documentation. And

that is something that the CERT Task Force can discuss along with the CERT contractors to make sure we're all on the same page about what we would expect to see. Because it should be documented that a telephone call was made and that the physician made a telephone change to the order.

But I think to tell you right now specifically, I would be remiss in not making sure we discuss it globally to make sure that we get – we're all on the same page. Because MAC contractors and the CERT contractor are going to review your documentation and see if we can't provide something either through Palmetto, our local contractor to you, or through the CERT Task Force. We can talk about that as well.

Susan Harris: Okay.

Kathy Boehm: But that is a good question.

Susan Harris: All right. I mean, I was just curious, because I know the radiologists typically don't put that in their report, and I'm not sure where that change winds up being in the hospital records –

Kathy Boehm: Well, it needs to be justified –

Susan Harris: – and whether anybody can get access to it. And how do you know? How do you get to it? So that's kind of where I'm coming from. My last question –

Kathy Boehm: Sure. If you'll give us a chance, Susan, to talk about that and from the Palmetto GBA standpoint, we can certainly add something to our website after I have discussed it with our Medical Review folks. Because again, there needs to be documentation to support the change, and, as the provider who's providing the service, it would be your responsibility to get that documentation or to have your radiologists updating your medical record to indicate that the order was changed via telephone and who ordered that change. So, we'll work on that for you Susan. Thank you.

Q17 – Susan Harris: All right. And then I have one more question. You said that – "Communicate information in monthly/weekly newsletters." Are we allowed to post the links in the articles to our website or do we need to get permission? And if so, from who?

A17 – Kathy Boehm: This is Kathy from Palmetto GBA. As long as you are linking it back to your CERT contractor's or the CMS actual article that contains that logo, you are certainly welcome to share that information in your newsletters.

Susan Harris: What about on our website?

Kathy Boehm: As long as you're providing a link so that is always taking them back to the original source of that document.

Susan Harris: Ok. So, could we post the article and then here's the link so they could verify that the article is the same? Or no? Or just the link?

Kathy Boehm: Michael, I think I need to pitch that one back to you.

Michael Dorris: I would like it at this time to take that back and get a clarification on that question. And we will post that on our Question and Answer document.

Susan Harris: OK. Because, sometimes, you know, if you're posting something that, you know, for the physicians to look at, and we got it posted on our website, then they might read it a little faster. And yes, I understand the need for having the link, but, you know, I'm thinking that if we had the article there, they might read the article instead of clicking on the link.

Kim Karnes: And – this is Kim with First Coast, and that was actually an excellent suggestion for the Task Force to talk about. When we do our communication with associations and societies regarding distributing it to their members, we may actually think about suggestions on how they can best distribute it to their members. And it might be creating it for you a short synopsis of the article with the link that you could use on your website.

Susan Harris: That would be great.

Kim Karnes: And I also wanted to clarify, just to make sure that everybody understands that the meetings are monthly of the Task Force. The frequency of the products will not be a monthly frequency. It all depends on the approval process and time frame, but we do hope to have it at least quarterly, some education. Okay?

Kathy Boehm: Thank you.

Operator: Our next question comes from Juli Baxter from Wheaton Franciscan Health Care. Please go ahead with your question.

Q18 – Juli Baxter: Hi. This is Juli. I have a question about the Fast Facts. They are only on the website for – on the CMS website – for 30 days? So, there is not a historical archive of them?

A18 – Michael Dorris: This is Michael. Yes, that is currently the trend, 30 to 45 days. And yes, there is a historical archive; it's on the webpage. And we can certainly get that out on the Question and Answer document as well as through our individual MAC listservs to know specifically where that is.

Jamie, the operator, we'll take one more question.

Operator: And our final question comes from Jennie Bryan from Baptist Health. Please go ahead with your question.

Ma'am, if your line is open, please go ahead with your question.

Is it possible that your phone is on mute?

And we'll proceed to an additional question from Jean Acevedo from Acevedo Consulting. Please go ahead with your question.

Q19 – Jean Acevedo: Hi, thank you. Kim, Jean Acevedo, how are you? So, you made an interesting statement about 10 minutes ago that the Task Force has already identified 1 or 2 educational topics. I was just wondering if you could share what those are with the group.

A19 – Kim Karnes: Okay, thank you, Jean. Yes, medical documentation is one general topic that we have all decided is the number one priority. So,

be on the lookout for that, as well as documentation targeting physical therapy specialty. So, that's something that we have on the docket.

Jean Acevedo: Alright, awesome. Physical Therapy, I think, is obvious to me at least, but for medical documentation, any particular thing besides what I would call probably the obvious of signatures, what else?

Kim Karnes: We're focusing on the major topics that are affecting all the areas. So, it would be the big hitters that you'd mentioned.

Jean Acevedo: Okay, alright. Thank you.

Operator: And with that we'll end today's Question and Answer session. I'd like to turn the conference call back over for any closing remarks.

Michael Dorris: Yes. This is Michael Dorris with the CERT Task Force lead. I just wanted to say thank you for your participation today. We will be communicating with you through our MAC listservs on – from updates from today's call. And please sign up for each of our MACs' listservs. And you might want to go back and look at that from the question earlier and tweak and make sure you are getting our listservs. And visit our webpages for the latest information. You'll be hearing a lot from us in the near future.

Thank you and have a great day.

Operator: And ladies and gentlemen, that does conclude today's conference call. We do thank you for attending today's presentation. You may now disconnect your telephone line.