JURISDICTION C COUNCIL MEETING

July 17, 2013

Medical policy – Dr. Hoover

Regulation about F2F – Enforcement ONLY delayed. Implementation NOT DELAYED. CMS/CGS publishing physician letters and supplier letters. AA Homecare has issues two sets of questions and they will be responded to in writing. Q & A is regarding WOPD + F2F w/6 month evaluation.

CBIC – Grace period for getting new orders. Documentation for CPAP supplies and equip – 120 day grace period. Grace period because of new patients coming in – only for transition. Additionally, suppliers will be held accountable in the case that the patient does not qualify.

Medical review edits. Immunosuppressive drugs. Medical review driven by CERT. High dollar claims get priority. Hospital beds – lower limb prosthetics. New "Medicare Minute segments that will be posted shortly on website – go look.

Hospital bed – Wedge pillows coming out. Physicians rarely document wedge pillow issues. Operationally, very difficult to do. Physicians don't document their thought process to that degree.

Oxygen LCD put out to correct clerical error. Greater than or equal to error. Group I vs. Group II – you stay in the category that you initially qualify with. If length of need expires, on recert CMN, do we get a new recert??? Dr. Hoover will check and get back with us.

New Focus: Beneficiaries who get oxygen, high end mobility and high dollar prosthetics. Many issues. Will put out article/bulletin before they start edits. Edits=prepay reviews.

Elaine Hensley - CBIC

Question about patient who has concentrator under non-contract provider, then portable is issued. Can the supplier who has the concentrator supply the portable? Elaine's best guess – yes, because it is therapy driven. How are systems setup? Mark Loney will research with others and get back with us.

As of Friday, there were only 13-15 complaint calls that have been expedited (not resolved at initial level). Once they receive a complaint, they thoroughly investigate. If you have situations where patients are complaining and cannot get service, the CBIC need DETAILS – beneficiary name, supplier, etc., so they can thoroughly investigate. CBIC will act immediately – within 48 hours or less.

What happens if someone reports that a patient is refused service? CBIC calls patient and supplier to get their side and follow through until resolved. Educate supplier and monitor. Corrective action plan or hearing.

Diabetes strips – being sent out in corn flakes boxes? Get info and get it to Elaine. Don't be fearful of naming companies – CBIC will investigate.

Under CBIC, we presented questions about repair vs. replace. Major thing that makes the difference is whether or not the "repair" is going to make the base item functional, then it would be a repair. Batteries can be considered repair. Only exclusion – component of a "bigger part" - ELRs. Battery, tire, etc. – what is considered a repair vs. replacement. Replacement is replacement of the whole component. Working on a repair/replacement LCD – don't know when it will be released. New add-on components will not be considered a repair. Dec 2011 and March 2013 published information. Elaine will follow-up with NHIC.

Mark Loney – Provider Outreach

Medicare satisfaction index. Random sampling of suppliers. Sign up and answer. CMS will leave registration open until they get a good enough sampling. Suggestion was made by Council that they might get more participation if they listed the anticipated time that it takes to complete the survey.

Fall schedule of workshops. Miami coming up in August.

Webinar attendance leveled off. Good participation. They are continuing to evolve focus on policy to level I and level ii –

Follow-Up Things:

PMD documentation – "To whom it may concern" – Dr. Hoover states that it is not the phrase "To whom it may concern" – it is that the letter seems to be an attestation statement as opposed to a medical record.

Medical record addendum. Two issues – corrections vs. addendums. Correction, strike through, correct, then signature and date (they have talked to CMS to try to change to initial and date). Addendums require signature. CMS has said they should accept initials and date on corrections, but not addendums. Do what the PIM says.

Pre-Pay Audits:

Aerosol medications – Repeat audits on same patient month after month. These seem to have stopped. Lot more audits. Same patient being audited for multiple meds. Medical review strategy. Service-specific are typically HCPCS driven. Probably not going to stop. Can we extend this type of resolution (month after month) – Dr. Hoover will check.

Medical Supply Issues – What type of issues are they seeing at CGS. Per Mark – not a lot of pushback on supplies.

Same/similar and pickup tickets. At some level, they have to find out that the patient doesn't have equipment. Need to appropriately complete what happened with initial rental – why did they stop using it? Did other business go out of business. CGS must resolve. They will take it back and check if anything can be done – can use PWK,

Future Q & A

Kim has reached out to B & D to combine Q & A – provider outreach. Mark will reach out to other jurisdictions.

Regarding old CMNs causing same/similar denials. CGS has never purged a CMN since taking over the contract.

RAC audits – not a request for records. They are automated edits – you will get EOB then demand letter. Because it is automated - you will need to argue the concept of the audit. Why should services be paid by Medicare? It will go to redeterminations if you get recoup – if you disagree with the concept, send to RAC. How do we go back and get them to make the audit a development, not automated. Rebuttal periods do not stop overpayment timeline.

The July Q & A was discussed with a few answers called into question that will be reviewed prior to "final release,"

Additional Discussion:

How does CGS know to pay claims for, let's say, oxygen if previous supplier does not grandfather and it has been paid for 27months? They will have additional edits.

All day Sunday, IVR and myCGS typically down.

PMD – How is it handled if the beneficiary moves from a nonPAR state to a PAR state?, CGS will look into that and get the right information.

ADMC has no effect on RAC audits.

When a patient who does not qualify, but still wants to obtain the equipment/supplies, can a supplier who is contracted in a CBA execute an ABN and collect from the patient? Dr. Hoover asked that we rephrase the question and submit it to him.

Deborah – MR

Nonclinician review. Main problem with diabetic supplies is the refill request – lack of request or invalid refill request. As an example, all requests show 20 strips. Mark to highlight diabetic supplies – how much is left – one supplier says less than two weeks left every time-requirement is specific to situation.

Missing proof of testing. Log is missing information.

Oxygen Top Denials – DOS does not match date of delivery (D/C date). Documentation for tests do not match what is on the CMN.

Hospital bed top denials – No medical documentation. DOS not delivery date. DC date does not match date of service, CMN signed after date of delivery – no dispensing order,

PMD PAR – Ironed out a lot of kinks – issues with addendums. Suppliers are not having 7 element order rewritten. Not giving enough time to respond to PAR request - faxing same information within 48 hours – give them three to five days. They have 10 days on initial and 20 days on resubmission. Suppliers are submitting codes not specific to demonstration project , beneficiary lives in state that does not require PAR. F2F does not show upper body cannot perform propelling of std chair.

EDI

New objectives outbound ESMD. If submitted though ESMD, will respond ESMD – more specific denial codes.

MyCGS – opened up for everyone June 6 – up to over 1000 users about a week ago. Now have 1138 users. Several releases – addressed few issues. Another update next Saturday. The regular CSRs should be able to handle general questions. Two versions of CGS – one is DME another is part B. Do not use AB-MAC version. They are working to change those pages. When you pose a question, do not send it through the feedback page – you will not get a response.

Working on phase 2 of myCGS – A lot more functionality – can submit redeterminations and resubmissions over web portal.

John Kelley – Satisfaction survey. Suppliers are not completing the satisfaction survey. They are increasing awareness of the survey. Based on feedback, they developed enhancements. Primary issues –Navigation.

Barcoding – ES – Barcode with ADR letters. Use barcode sheet as you respond – DO NOT USE COVER SHEET!! If you want to send large batches of claims, use their sheet to send multiple claims/rede-terminations overnight from server. Reconsiderations submissions make sure you are sending it to the right place – it if comes to CGS then it goes into normal workload here and they do not send it quickly enough.

Next meeting: Confirmed dates of October 23, 2013 for next CGS meeting and they will look into holding at the Permobile site. Added April 22-23, 2014 for scheduled meetings.

- Meeting adjourned. -

Revised September 30, 2013