J14 Hospice POE Advisory Meeting
Meeting Minutes
Thursday, February 18, 2010
10:00 a. m. Eastern Time

Attendees: Juliette Chenian, Dr. George Costantino, Emily Fox-Squairs, Corrinne Ball, Christa O'Neill, David Garland, Neil Walsh, Craig Haug, Peter Cobb, Rigney Cunningham, Laura Holcomb, Holly Woodworth, Gloria Guite, Pat Galvin, Maryann Ligotti, Amanda Anderson, Connie Woodworth, Joanne Calderoni

Facilitator/Recorder: Juliette Chenian/Christa O'Neill

Type (IS/A/C)	Description	Responsible Person(s)
IS	**Welcome & Review of Agenda:** Meeting was called to order at 10:06am ET. Juliette Chenian, Manager of Provider Outreach and Education, introduced herself to the group and asked those on the phone to introduce themselves. Juliette then reviewed the agenda items for the call and asked if any agenda items needed to be added. One member asked that we address the Zone Program Integrity Program (ZPIC) – what it is and how it affects providers. David Garland began the information sharing with an update from Audit and Reimbursement.	Juliette Chenian
IS	**Audit and Reimbursement Update** David reminded the group that providers need to register in the Individuals Authorized Access to CMS Computer Services (IACS) system to obtain their Provider Statistical and Reimbursement (PS&R) reports. The PS&R is a	David Garland

	summary of claims for the fiscal year that will help in preparation for the cost report. Providers need to be sure they are registered in IACS and since there have been some delays in providers registering, Dave issued a document that has key links for information and support with registration issues, as well as his contact information for general questions on the PS&R. *Comments/Questions from Members:* • Question: Are the Massachusetts providers registering and using the system? • Response: There is a low percentage of providers registered nationwide as well in this jurisdiction. Many providers are frustrated with the registration process; however, there is help to guide them through the set-up process through the EUSS support (contact information included in the PS&R reminder document). In regards to the ZPIC, CR 6003 (June 2008) provides the CMS manual reference that covers ZPICs. ZPICs will be replacing the Payment Safeguard Contractors (PSC). The following link is to CR 6003; this information can also be found in the CMS Benefit Integrity manual, Pub. 100-08, Chapter 4: http://www.cms.hhs.gov/Transmittals/2008Trans/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=2&sortOrder=descending&itemID=CMS1212098&intNumPerPage=2000	
IS	**Upcoming J14 Trainings:** Emily reviewed all the CY 2010 upcoming trainings. All dates are tentative session dates and Emily said she is open to suggestions for other types of trainings. Emily stated that the previous ACTs had very low attendance and asked that the members encourage the providers to attend the ACT calls. *Comments/Questions from Members:* • Recommendation: Hospice education for the face-to-face sessions should include a combination of claims billing and clinical information. The billing should include billing procedures new to hospice providers (like those outlined in CR 6440), as well as frequent errors (for example, top RTP errors). Clinical should include eligibility and documentation, focusing on where mistakes are being made.	Emily Fox-Squairs

IS=Information Sharing A=Action Item C=Consensus Decision

- One member asked if they should attend the Ask the Contractor Teleconference (ACT) in February or the one in March. Emily clarified that the February ACT is only for NGS providers; the March ACT is for NHIC providers. Juliette stated that about a week before the NHIC transition, J14 providers that were previously NGS providers were advised via email that they would have to deactivate the NGS ListServ. Those that are still receiving emails from NGS need to disenroll from the ListServ. The article that was sent to providers will be sent along with these minutes so that members may forward to providers. The information is also included here:

To unsubscribe via the Listerv Portal page, do the following:
Go to the NGS Web site at: www.ngsmedicare.com

1) Choose the ***Home Health or Hospice*** business type and select any state in the Region tab from the home page
2) Click ‘Accept’ on the HCPCS/CPT code attestation page
3) Click on the ***News and Publications*** tab (on the dark blue line)
4) Click the ***Listserv*** link to access the Listserv Web page
5) Click the ***Login*** link under the **Part A / Home Health / Hospice Listserv** tab
6) Key your email address and password, then click login to access the NGS Listserv Portal page
7) Click the list you would like to unsubscribe from within the ***Your Lists*** menu
8) In the left-hand menu, click on the 'Unsubscribe' link.

To unsubscribe via email, do the following:
From the address with which you subscribed to the list, send an email message to **mlm@ngslistserv.com**.

a. In the subject line of your email, type in: **unsubscribe nameofthelist** (replace 'nameofthelist' by the name of the list you want to unsubscribe from).
b. Leave the message body blank.

NHIC, Corp.
75 Sgt. William Terry Drive
Hingham, MA 02044
www.medicarenhic.com

	NOTE: When unsubscribing via email, there may be a chance that the email is not seen for a while as the Listserv mailbox receives a lot of emails throughout each day. It is recommended to unsubscribe via the NGS Listserv Portal page if possible. • Recommendation: Put more specific information in the subject line of emails going out to the providers and also generate a reminder to providers who register for education sessions. The reminder would be helpful for those who register well in advance of the training sessions. • Recommendation: Spell out acronyms (RTP, ACT, etc.) in training session calendar entries/email reminders. • Question: Will the GIP presentation that Corrinne did in Boston be presented again? • Response: The GIP presentation will be done on June 30th. Emily stated that she's had several communications from providers stating they're receiving an up-front edit for exceeding 450 claim (revenue) lines in FISS when billing electronically. Emily is working with the Claims department to figure out how this issue can be resolved and will let the group know when she has a final answer. The group said they have not heard that this is an issue but will let Emily know if they hear more about this issue.	
IS	**Educational Material Review:** Emily reviewed the Credit Balance (CB) PPT that was distributed to the members prior to the meeting and asked what suggestions/comments/questions they had about the presentation. *Comments/Questions from Members:* • Comment: This PPT will be helpful for providers starting out to help them understand why the Credit Balance report is done as well as include a step-by-step on how to do it. • Comment: The document is nice and clear and can be used to train other billers.	Emily Fox-Squairs

	• Question: Can we email comments on this PPT? • Response: Yes. Email any comments about the PPT to emily.fox-squairs@empireblue.com Juliette asked if it would be helpful to offer the CB PPT to home health and hospice providers together in one session. The members agreed this would be helpful. One member suggested adding information about the RAP within the PPT or at least as a talking point. The suggestion was to mention that the RAP payments that create a credit are not necessarily credits and don't need to be reported on the CB report.	
IS/A	**Questions and Answers:** Emily and Corrinne reviewed the pre-submitted questions and answers. Corrinne provided some more information regarding lost medical records. She said she contacted the Medical Review manager to clarify the process for when medical records are missing. Medical records are scanned into a system when they are received; however, there is currently a backlog in getting records scanned so the claims that have denied with 56900 for records not received timely are being reopened – providers do not have to resubmit the records. NHIC Customer Care will know who to contact in the event that records really are missing. Emily also provided the group with FAQs from the CMS' website related to CR 6440. *Comments/Questions from Members:* • Question: What happens if the provider sent the records to NHIC, they are told the records are lost, but the records are actually in the backlog? • Response: Medical Review will reopen those cases. • Comment regarding the second question (CMS FAQ ID 9970) on 6440 FAQ: The CMS response to the question about social worker calls makes it seem like the only part of the call that can count is when the social worker is talking to the patient or family about coordinating care and the calls about coordinating care to a nursing facility or	Emily Fox-Squairs/Corrinne Ball

	other resources can't count. However, the answer to the last question seems to indicate that calls "arranging for placement" can count. These seem to contradict each other – either one should be removed or corrected. • Response: The last question on the document (CMS FAQ ID 9915) was actually published/answered earlier than FAQ ID 9970 – that one was more recent. The only calls that can count are calls when a hospice is discussing arrangement for placement with a patient or the patient's family. Emily said she will go back to CMS to ask if the wording in CMS FAQ ID 9915 can be re-worked to better fit the answer in CMS FAQ ID 9970.	
IS	**Updates:** Emily covered a couple of upcoming CRs that will affect hospice billing: CR 6540, *Tracking the Hospice Attending Physician's National Provider Identifier (NPI) for Validating Hospice Part B Payments* and CR 6791 *Associating Hospice Visits to the Level of Care*. CR 6540 (MLN Matters article MM6540 Revised) changed the date for mandatory billing for attending physician NPI to April 1st. The MLN Matters article states: "Effective with NOEs/claims with effective dates or dates of service on or after January 1, 2010, hospices may begin to report the National Provider Identifier (NPI) of the attending physician/NP in the attending physician field of the NOE and claim. For NOEs/claims with effective dates or dates of service on or after April 1, 2010, hospices must report this data." CR 6791 requires providers to report the level of care every time the level of care changes. This is effective for dates of service on or after April 29, 2010. *Comments/Questions from Members:* • Comment: It would be more helpful if all of these billing changes were implemented at the same time.	Emily Fox-Squairs
IS	**Advisory Recommendations:** Emily reviewed the recommendations from the 10/28/09 advisory meeting. Members didn't have any further	Emily Fox-Squairs

	comments.	
IS/A	**Data Analysis:** Juliette reviewed the Hospice data information that was distributed to members prior to the meeting. Juliette stated this type of information will only be reported twice a year. *Comments/Questions from Members*: • Question on Slide 28 (Beneficiaries with LOS > 180 days – ME): Has that percentage grown over the years? • Response: We can check on that information but don't have it readily available. Pat Galvin wanted to comment CMS realizes it takes some time for the CR and IOM changes to occur as there are very few people in the Central Office actually writing the instructions. It's a complex process to get the changes implemented and happens over time.	Juliette Chenian
	Meeting Adjourned at 11:28am ET. The next meeting is scheduled for May 6, 2010 via teleconference.	

Published: March 4, 2010