

Jurisdiction C Advisory Council Meeting
Embassy Suites Hotel
April 28, 2009

CIGNA Government Services Attendees: Melissa Kirchenbauer – Contract Director DME MAC, Dr. Robert Hoover – Medical Director, Roc Via – Asst Contract Director, John Kelly – Communications & POE Manager, Trish Zoller – Manager, Overpayment Recovery , Mia Hillman – Supervisor, Customer Service, Tammy Mosley – Supervisor, Customer Service, Ellen Edenfield – Tech Team, John Bergey – Tech Team, Veronica Chavez - POE, Max Garner - POE, Adam Hasty - POE, James Herren - POE, Mark Loney - POE, Yolanda Otero - POE, Taveo Perry - POE, Joy Quernemoen - POE, Ronja Roland - POE, Dante Thomas - POE, and Zita Upchurch - POE.

Jurisdiction C Council-Kim Brummett, Mike Hamilton, Gerry Francisco, Herb Langsam, Jackie Bolt, Susan Guthrie, Preston Schoen, Rick Clark, Claudia Amortegui, Stephanie Hess, Tom Hood, Laura Hafford, Paul Komishock, Sylvia King, Teresa Camfield

Miscellaneous Meeting Information

- Discussion of protocols of Jurisdiction C Council and changes to the membership. There will be two representatives from every association. Dr. Hoover recommends leaving State Associations in our protocol due to the requirement for Cigna to meet with the State Associations. There will be “Draft” watermarks on the Q & A and the minutes until final approval.
- Dr. Hoover would like to look at doing conference calls quarterly and face to face meetings at Medtrade Fall and Spring. There was additional discussion on the format for these meetings and the effectiveness of these meetings. Kim to follow-up with James on future meetings.

CMS Contract Officer-Jurisdiction C

- Conference call with CMS Contracting Officer for JD C and D-Ed Lain. He has been with government for 30 years. He worked with the creation of the DMERCS. New to this role- 3 months. Discussion during the call includes the following: The DME MAC contracts will be up for RFP soon-Jurisdiction A, B, D. Jurisdiction A and B will be awarded in August 2010. Jurisdiction D will be awarded in November 2010. Jurisdiction C will be

awarded in September 2011 awarded. RFP will go out in March 2011. His thoughts include that perception of DME industry is that there is a lot of fraud. His opinion is that there will be a lot of focus put on this in the next few years.

Medical Policy Updates-Dr. Robert Hoover

- There is no update on the draft policies released in the fall. There is currently no timeline for when these will be released.
- Travel Oxygen Document-Article will be released this week with new rules regarding MIPAA and the DRA. Divides what happens during months 1-36 and 37-59. There will be distinctions between “Temporary Billing Supplier” and “Temporary Non-Billing Supplier”. The medical directors are working on updating the Oxygen LCD with the new rulings (DRA, MIPPA). We hope to have it out in the next 3-4 weeks.
- Support Surface-Group 2-E0277-Probe audits almost completed. The major issue is no WOPD on file.
- Enteral Nutrition widespread probe almost completed as well. Biggest issue is on Proof of Delivery, specifically to SNFS. There should be a delivery ticket for this specific patient and not just deliveries to a “Stock Closet”. The true relationship is with the patient and not the facility. The results of this will be on the Listserv soon.
- Blood glucose supplies are still being monitored due to findings in CERT audits.
- The CERT auditors have been instructed to review the claims the way the OIG would review the claims. They will be looking for medical necessity within the last 6 months. Dr. Hoover recommended appealing claims denials for “No documentation in the medical record”. CMS is contemplating the CERT process and changes to this requirement. CMS published a “Technical Direction” to the (JSM/TDL0295) contractors regarding clinical inference verses clinical documentation. Must be documented in the physicians notes the specifics of the claims, i.e. 3/21-tested twice per day, 3/22-tested twice per day. Cannot adjudicate claims without this documentation. There will be no room for Individual Consideration from Dr. Hoover on specific patient situations for coverage. There was discussion on making the policies more “Black and White” and remove the gray areas of coverage. It is going to become more prevalent that there must be documentation of ongoing medical need in the physician’s notes.
- CPAP CMN will not come out for at least 12-18 months. This is something that CMS has required to be reinstated. The medical necessity information on the CMN will be different. Comment period for this closed last year.

Provider Outreach and Education Update-John Kelly, James Herren

- Provider Outreach and Education-Dante Thomas is leaving CGS on May 5th. She will be going to work for the SS Administration.
- 6 new members of POE - Yolanda Otero and Joy Quernemoen are both bilingual. Zita Upchurch, Adam Hasty, Mark Loney, Veronica Chavez are additional new members to POE.
- POE will be increasing the number of webinars to 32 plus per month. Increases participation to 3800 participants per month. Only 40% of the people signing up for webinars are actually attending. The goal of POE is for increased face to face interactions as well. Goal for attendance is 200. Decreased to 100 due to the economy.
- Adam Hasty is working on a series of week long education sessions focused on a specific product.
- Communications staff is working on video format focused on specific pieces of policy.
- Mark Loney is leading team on core curriculum development for new suppliers.
- James Herren discussed that State Associations will be offered an opportunity to have ACT Calls and webinars specific to members of a State Association. Very interactive format on what will be offered based on what the members want. Council members are welcome to attend workshops for free but feedback to the POE is expected. Feedback on webinars is also requested. Online Education Courses (OEC) will be expanded as well. There will be more interaction between the council and the POE on making the education more effective.

Q & A

- Oxygen-Question 1 will be changed to require NTE segment when portable has not been billed due to higher liter flow.
- Oxygen-Question 2-Can specific abbreviations be created for use in NTE segments? Kim will circulate the abbreviations list to the council and submitted to CGS for approval. CGS will review if there is one in the supplier manual currently.
- Oxygen Question 4-Roc will add in the information from Ellen that was given to Teresa.
- Oxygen Question 5-Removed capped rental information on this.
- DME Question 3-Answer changed to "Claims will be processed on a case by case basis."
- Claims will not pend out for all NTE segment notes. This will only pend out if there is some other edit to stop the claim.

- DME Question 6-The answer will be changed to No service fee can be charged. This should be billed as labor. Patient neglect was discussed and can be handled on a case by case basis.
- Question 8-Roc will run information on the CO176 denials and will attempt to get this changed. This is a change for the cmn setup that would fix this issue.
- Claudia to get examples for Rehab Question 4 on the pricing issue.
- Rehab Question 6-Discussion on waiting to do the repair until all documentation is received. It was verified that this is correct.
- Rehab Question 11-should be resubmitted.
- Discussion on if the 7 element order can have the items necessary with blank lines provided to the physician. Dr. Hoover will take it back to the medical directors for clarification. Claudia will email this question to the medical directors.
- Rehab Question 4-inconsistent with other regions. The answer is CGS response and will remain.

Operational Process Review-Roc Via

- Roc Via-Things are quiet on the operational standpoint.
- CGS is processing 100% of all claims within the 30 day mandated timeframe. Pending file is \$250,000. \$106,000 requires manual processing. Big trends are increase in oxygen claims.
- Customer Service-answer calls within 60 seconds. Average time is 50 seconds. Call volume was much higher last month due to oxygen questions.
- Written requests are worked within timeframes 99% of the time. Redeterminations-processed in 60 days-99.9% currently. 13,500 pending currently.
- Overpayments-When appealing these cases-put information on the redetermination request form.
- Redeterminations and reconsiderations will reopen claims from history that are affected by an appeal. This information will be put on the appeal status letter.
- A fax line for Redeterminations has been created. This will go out on the list serve this week. The fax number is 1-615-782-4630.
- 27% of the Reopenings are due to no KX modifier on the claim. CGS is working on options to fix this. There have been some discussions on using another modifier that would go on the claim if KX is not valid.
- Beneficiary owned equipment prior to Medicare requires the NTE segment notes for ongoing supplies on the first claim only.

- Discussion on webinars and review of these prior to publication. Dr. Hoover has recommended having an avenue of submitting questions prior to webinars. The republication of incorrect data was discussed. These are submitted to the people signed up for the webinar.