

Jurisdiction C Council Meeting Minutes
Nashville, TN
January 20, 2010

- I. CMS Update – Ed Lain – Ed did not participate in the meeting
 - PECOS - Still the number one warning code
 - Repair Limitations - No update
 - Rehab Equipment – 7 Element Order - Named forms are producing denials as “leading” the physician. Don’t name the form, especially with PMD.
 - Electronic Signature - A change request is expected soon, but it probably won’t solve many problems. There is legislation in the works, and a CMS specialist assigned to working on issues related to EMR

- II. Medical Policy Updates – Dr. Robert Hoover
 - Heating pad policy coming soon, PAP out next Thursday (interpretation of sleep study for studies completed on or after 1/1/10 subject to the new requirements for physicians). RAD policy to be updated (including hypoventilation syndrome for obese patients). Oral appliance policy will not be combined with PAP policy for a now. Useful lifetime is the issue.

 - a. Audits – Oxygen, PAP Pre-pay Review Provider-specific audits have shifted to prepayment, with others doing post-payments audits. 60 days allowed (by PIM) after all requested information is received. Claim reviews are taking about 55 days, and the time required isn’t expected to be reduced much, but goal is 35-45 days. The speed is greatly affected by the response to development letters, PMDs, oxygen, PAP lead the pack, but other items are included. Look for the year’s plan in the next provider publication.

 - b. Look Back Period Recommendations on the legible signatures issue have gone to CMS, along with look-back period; waiting for response. CERT contractors have instructions from CMS, but if medical directors add look-back to LCDs, the MAC contractor will be required to follow it. Kim asked Dr. Hoover where physicians should express concerns. Medical officer and others in medical review, submitted through state medical societies. CMS is expected to publish something within three weeks. ABMS.org lists groups that might be willing to help. Codes and suppliers selected for audit should produce a high error rate because of the selection process, but the CERT selection process is random, and should produce a lower rate. CAPs will be

developed for suppliers with issues, with the expectation of improving the rate and nature of change in the items causing issues.

III. Provider Outreach and Education – Ronja Roland

Based on supplier suggestions, inquiry process has been enhanced, along with the IVR; CSRs are easier to reach; Spanish translations have been added in several places, and numbers of webinars increased. Associations have helped increase participation in workshops. Other educational materials have been added to the web site. Kim asked for adding patient name to IVR – the problem is text-to-speech software limitations, and spelling out the name letter by letter would take a long time; only feasible if an option to skip can be added to what's available on the keypad. 2010 outreach will soon begin; 28 cities are on the schedule, including several new ones. Tampa, Houston, Miami (inc. Spanish and NCB) Shreveport, Little Rock, others coming in March. Montgomery, AL on April schedule. Joint programs with Part B contractors offer customized class selection, plus some common issues, such as CERT & RAC. Offers some opportunity to get education into physician offices. Conference planning department gets a calendar of major industry events, such as Medtrade. Webinars are done at the rate of 22 per month, some as early as 7:30 AM, and as late as 3:30, 4:30 and 5:30 pm, to help improve availability. General medical review webinar covers ten focus areas; each focus area has a specific webinar. Association visit requires a formal invitation on association letterhead, with agenda and topics you want covered, along with reimbursement offered; goes to CMS for approval. Facebook being used for a lot of information, including where to find things on the web site. Encourage members to become fans /cignagovernmentservices. For providers who have a high level of claims rejected (not PECOS-related), and those who have a lot of re-openings, will get individual education to help them resolve the process causing the rejections, or the need for re-openings.

Deleted: letters have been improved to clearly identify the next level of appeal.

Deleted: 24/7 fax service for redeterminations speeds that process considerably.

Deleted: items

Deleted: item has

IV. RAC Update – Michelle Thomas

Wheelchair and ostomy bundling RAC audits have been processed; now beginning to receive recoupment requests on aerosol medications, codes currently in the audits: Q4099 J7025 J7026.

IV. Q & A Review –

Completed and updated – See final Q & A under separate cover.

V. CEDI Update – Andrea Stark

Andrea was not in attendance at the meeting.

VI. Operation Process Review – Sam Coleman ([Jarel Jackson](#))

Workload capacity affected by shift of reopening to redeterminations and additional audits; staff is being increased, with specific specialists, including nurses and additional support staff. KX & GY modifiers still missing too much; more development shifted to the department.

Redetermination letters have been improved to clearly identify the next level of appeal. 24/7 fax service for redeterminations speeds that process considerably.

There are FAQs on web site and listservs specific to changes. (Dr. Hoover believes that CMS is in a project to rework their web site, producing a specific area for retired NCDs and LCDs) Be sure to provide all available documentation with any request for redetermination, or indicate nothing else is available. That will reduce the time spent on reaching out to suppliers for more.