

Jurisdiction B Durable Medical Equipment

Medicare Administrative Contractor (DME MAC) Council Meeting Minutes

Date:	October 24, 2013
Time:	12:30 p.m. – 3:30 p.m. ET
Attachments Included with Agenda:	<p>2013 Jurisdiction B DME MAC October Council Q & A</p> <p>2013 Jurisdiction B DME MAC October Action Items</p>
1. Introductions – All	
2. Common Electronic Data Interchange (CEDI) <ul style="list-style-type: none"> A. 2013 Trading Partner recertification - 59.84% complete for those who need recertified. B. 2nd round notification sent out to those who have not recertified - must be completed by December 31, 2013. Sending out direct notice rather than list serve message C. New ERA form published on website <ul style="list-style-type: none"> i. Created and published a user guide to help fill out the form. 	
3. National Competitive Bidding Updates – Elaine Hensley <ul style="list-style-type: none"> A. Round 1 Re-compete - still on target to implement on Jan. 1, 2014. <ul style="list-style-type: none"> i. Two rounds of contracts have been sent out. ii. Disqualification letters have not been sent yet. iii. Goal to announce winning suppliers no less than 60 days out - probably around November 1, 2013. iv. If not awarded a contract, can send an inquiry in as to why they were not awarded a contract. Cannot add additional information as can only look at information prior to closing date for submitting a bid. v. If any mistakes found - suggestion is made to CMS to extend a contract offer. vi. Some reversals have occurred. B. Round 2 <ul style="list-style-type: none"> i. CBIC has received some complaints - 325 total as of 10/18/13. ii. 325 represent complaints received by CBIC in call center or liaison department or 1-800 Medicare (beneficiary avenue). <ul style="list-style-type: none"> a. If 1-800 can resolve the issue, then it is not deemed a complaint - deemed an inquiry. iii. Primary goal with complaint is to solve the issue with the beneficiary - 48 hour resolution 	

- target.
- iv. Secret shopper calls could arise out of beneficiary complaints
 - a. Depending on outcome additional education with authorized official may be warranted
 - b. Additional secret shopper calls could occur to ensure compliance
 - c. Corrective action plans may be necessary as prevention to termination.
 - v. Transition process complaints have been documented.
 - a. Documentation on file doesn't meet coverage criteria, doctor's notes are deficient.
 - b. If patient doesn't meet the guidelines, the bid winner does not have to take on the patient. Can re-test the patient to re-qualify them. An ABN can be provided stating why patient doesn't meet the criteria - can't state no documentation - must be specific.
 - c. Even if provider didn't grandfather they can continue to bill for rental until patient is transitioned.
 - d. DMDs have revisited the policies to see if there is any opportunity to provide relief of transitioning patients within the realm of the rule. Have not found any areas as of yet to offer relief but willing to go back and look again.
 - vi. Subcontracting
 - a. Miscommunication is still rampant.
 - b. Regulations are not new and not only a bidding issue.
 - 1. repair
 - c. delivery
 - d. inventory
 - e. Supplier standards say what you can do - they do not state what you can't do.
 - vii. CBIC website is not clear on when to notify CBIC of any updates with NSC.
 - a. Relocating a branch.
 - b. Adding a branch.
 - c. Closing a branch.
 - d. Only need to notify CBIC in advance if purchasing/selling for approval.
 - e. CBIC pulls from PECO's for change of address.
 - f. If change Authorized Official (AO) - must notify CBIC due to change of e-mail address. (They will speak with delegated officials as well.)
 - g. AO can send CBIC written notification authorizing CBIC the right to speak with another person.
 - viii. Claims processing and bidding modifiers
 - a. Modifiers impacted KY, KE and possibly KT issues.
 - b. POE members took examples to claims processing and any issues discovered are being addressed. CMS asked DME MACs for suggestion on educational opportunities.

ix. Capacity

- c. KE and KY modifier tool is being created and will be published. Looking at publishing a grid - not just Jurisdiction B problem. NCART built a chart and it is sitting at CMS. Kim Brummett from AAHomecare will send Dr. Brennan the name of the individual at CMS who has the grid.

- a. Can a Contract Supplier refuse to furnish competitively bid items to beneficiaries within a competitive bidding area (CBA) once it has met the estimated capacity provided on its bid? Question is at CMS right now.

Post-meeting update:

No. When bidding, each bidder must state its expected capacity to furnish the items in each product category for which it is submitting a bid. The estimated capacity is used during bid evaluation for the purpose of selecting a sufficient number of contract suppliers to meet demand for the product category in the CBA. However, the projected capacity submitted by a bidder does not become a binding term of the contract because contract suppliers are required to furnish the items in their contract to all beneficiaries who maintain a permanent residence in the CBA, or who visit the CBA, and who request the items from them. (See Federal regulations at 42 CFR §414.422.)

The Request for Bids clearly indicates that a contract supplier must furnish competitively bid items to any beneficiary who maintains a permanent residence in or who visits a CBA and who requests those items from the contract supplier, starting on day one of the contract period. Furnishing medically necessary contract items to all beneficiaries throughout the CBA is also a term of the competitive bidding program contract.

Suppliers are not allowed to "pick and choose" which beneficiaries they will serve within a CBA. Furthermore, contract suppliers are required to provide beneficiaries with timely service in accordance with the quality standards. Refusing to furnish medically necessary competitively bid items to beneficiaries throughout the entire CBA is a breach of contract, and may lead to contract termination.

- b. Are bid winners without locations in the CBAs tracked?

Post-meeting update: Yes, all contract suppliers are monitored for various reasons including servicing the CBAs for which contracts were awarded and accepted.

4. PMD PAR Update

- A. PA demo has been up and running for about 1 year now.
- B. Noticed a 52% reduction in re-submissions.
- C. Still 2 years remaining on demo project.
- D. Higher affirmation results as the project progresses.
- E. Can submit PMD PARs through Connex - many are using this route rather than fax or mail. Small amounts coming through esMD.
- F. Technical issues:
 - i. If using a fax mark as a date stamp - require who it was faxed to and when - cannot just be a phone number.
 - ii. Proper order of events
 - a. face to face
 - b. order
 - c. DPD
 - d. Face-to-face and order can be the same date.
 - iii. Do not write on original documentation from physicians as it could cover something up or the DMAC cannot be not sure who wrote what.
 - iv. Increase in same or similar - replacement requests for PMDs but not sure why - lost, stolen, damaged, etc.... Please state why replacing.

5. DCR Audit Update

- A. Still auditing oxygen (wide spread but not 100%) - no response rate is 8.7%.
 - i. Top reason for denial is the physician visit within 30 days (over 61% denial rate).
 - ii. 63% appealed with a 40% overturn rate.
- B. 38.6% no response rate on glucose test strips.
 - i. 31.2% denial rate for refill request.
 - a. 64% appealed with 40% overturn rate.
- C. Nebulizer audit went in production this week.
- D. 101 education sessions still occurring - 49 completed this year.
- E. 272 providers pulled off oxygen or diabetic audits.
- F. Providers have received reviews that include face to face requirements - Region B is not including this in their audit requests.
- G. CERT contractor changing from 75 days to 60 days response rate as of 1/1/14.
- H. Walker Unbundling:
 - i. Walkers may or may not include glide brakes. If glide brakes are provided with a walker, they cannot be billed separately. Glide brakes may be covered as repair/replacement parts.
 - ii. Hand brakes can be billed as A9270 (non-covered).

6. DME MAC Medical Policy Update

A. Consolidated Q & A documents.

B. Face to Face regulations - list of equipment about which ACA 6407 pertains is there; only the enforcement is delayed.

- i. DMACs have reminded CMS that they are eager to get education out to the supplier community.

Post meeting update: On December 3, 2013, the CMS published an announcement regarding the delay in enforcement of the face-to-face requirements established by Section 6407 of the Affordable Care Act. This announcement clarified that the enforcement delay only applies to the new DME, face-to-face requirements. While active enforcement of the face-to-face requirements has been postponed until a future date to be announced in Calendar Year 2014, the delay does not impact provisions related to written orders prior to delivery. National Government Services will begin enforcement of the written order prior to delivery requirement for DOS on or after January 1, 2014.

C. Published

- i. August: Oral Anti-emetic drugs - new drugs provided for chemotherapy - NCD change, retro to 05/29/2013.
- ii. Power Mobility - change effective 10/1/13 to add K0013 code and modified policy to removed WOPD due to 7 order element.
- iii. Manual W/C bases - add K0008; added transport chairs and extends eligibility for ADMC for custom manual chairs
- iv. Added Dx for tendon rupture for several orthoses effective 8/15/13.
- v. TENS - CMN requirement for chronic low back pain removed. Removed as criterion for coverage due to NCD change. Even if non-covered still need CMN to get appropriate denial. Included face to face requirement element. Added a KX modifier requirement.

D. Other publications

- i. Dear Physician Letter -- Enteral -- CERT
- ii. List serve message related to documentation of logs for high utilization of glucose test strips.
- iii. Article regarding safety lancets.
- iv. Article regarding nebulizer audits that states medication coverage is hinged on qualifying for nebulizer machine as well.

7. ICD-10 Update

A. Implementation 10/1/14.

B. Publication date for policies impacted by IDC-10 is April 2014.

- i. CMNs - will they be updated since they're reference ICD-9?
- ii. Will any grandfathering occur transitioning between ICD-9 and ICD-10?
- iii. New CMS 1500 form available January 1, 2014 - what is NGS doing to prepare for this and when can they be used with Medicare? NGS will get back with us.

Post-meeting update: National Government Services will begin accepting claims on the revised CMS 1500 form, 02/12, on January 6, 2014 and will continue to accept claims on the old form, 08/05, through March 31, 2014. On April 1, 2014, National Government Services

will accept paper claims on only the revised CMS 1500 claim form, 02/12; and will no longer accept claims on the old CMS 1500 claim form, 08/05. For details, refer to MLN Matters article 8509.

8. Review Action Items

- A. All appear to be alright.

9. Open Discussion - All

- A. Facility performs a Home Sleep Test in the facility rather than a home - is that acceptable? HST in a facility is acceptable.
- B. Signature/date issue - list serve message sent recently that is very clear.
 - i. If an electronic prescription, with an electronic date, but a physical signature - is this acceptable? NGS will check the previous notes for clarification.
Post meeting update: This information was published in the January 24, 2013 JB Council Meeting Minutes: In the case of the DWO, if there is no indication or way for the auditor to know that the date was electronically appended by the physician, the protocol for their electronic documents would be required or the physician may date the order again when he signs.
- C. If you have an item that requires CMN but the HICN is missing - is this a required element? NGS states all must be there and you can't add after the physician signs it.
- D. If patient transitions into Medicare while currently using PAP with oxygen bleed-in, could there be a transition element in the policy for oxygen similar to the PAP policy? In other words looking for ability to not send patient for a titration study.
Post meeting update: This has been clarified recently in a revision of the policy.
- E. Question 6 - What is the effective date of replacing oxygen if previous provider goes out of business? Also, does this apply to bid areas too - full 36 months or only up to 10 months payment. NGS has requested additional information from CMS.
- F. Question 10 - update on 1/1/13 - but more concerned about effective date. Would like to see a revision date in the policy or an updated list serve message clarifying.
Post meeting update: This has been clarified in the Policy.
- G. Question 13 - Understand reason for resubmission--will resubmit several questions.
- H. Question 16 - E1028 not paid with tray but paid with other items patient has on chair - can you talk with the RAC on understanding this? Yes, they are speaking with them. Can we group and appeal rather than submit each one individually. NGS will look at this and get back with us.
Post-meeting update: Multiples claim can be grouped together during the appeal process (claim limit of 299), but the determinations will be to be handled individually (the suppliers will receive individual responses).
- I. RACs are submitting request for take back to DMAC before the supplier has a rebuttal opportunity. Could there be a 15 day delay here? NGS will take to the RACs and look into it.
Post-meeting update: For automated reviews, the request for take-back is generated at the same time the review decision is made. Requests to change this process should be directed to the RAC.

- J. esMD issues - is there a contact person at NGS providers can talk to if they encounter issues with esMD? Charity will get this to Paula.
- K. Question 22 - can this be withdrawn from final release? Yes.
- L. Question 23 - This is in the PIM - the new order requirements state new supplier needs new order. NGS is confirming.
- M. Question 27 - please revise to read that address just needs to be somewhere on the delivery ticket.

10. Next Meeting

- A. Tentative dates for 2014 are:
 - i. January 23, 2014
 - ii. April 24, 2014
 - iii. July 24, 2014
 - iv. October 30, 2014