National Government Services

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Jurisdiction B Durable Medical Equipment Medicare Administrative Contractor (DME MAC) Council Meeting Minutes				
Date:	July 24, 2014			
Time:	12:30 p.m. – 3:30 p.m. ET			
Location:	Castleton Park Conference Center 6415 Castleway West Drive Indianapolis, IN 46250			
Information	Phone #:	1-866-308-0254	Login/Password:	3178414601
Attachments Included with Agenda:	July 24, 2014 DME MAC Council Q and A Jurisdiction B DME MAC Action Items			

Meeting Agenda:

Item		Assigned To	Duration
I.	Introductions	All	10 minutes
II.	Common Electronic Data Interchange (CEDI)	Vicky Combs	5 minutes
III.	National Competitive Bidding Updates	Elaine Hensley	60 minutes
IV.	National Government Services Audit Updates	Nina Gregory	10 minutes
V.	Proof of Delivery Documentation	Nina Gregory	5 minutes
VI.	DME MAC Medical Policy Update	Stacey V. Brennan, MD, FAAFP	30 minutes
VII.	Provider Outreach and Education Updates	Vicky Combs	10 minutes
VIII.	Action Items	POE Department	10 minutes
IX.	Open Discussion	All	30 minutes
X.	Next meeting	All	5 minutes

I. Introductions – All

A. Staffing Announcements

1. Charity Mahurin - Manager of POE Department
2. Hired new POE consultant (New Hampshire) - Kathryn Torro
3. New DME Manager of Medical Review - Katie Striewe (Indianapolis) - (oversees PMD prior authorization)

II. Common Electronic Data Interchange – Vicky Combs

A. CEDI 2014 trading partner recertification began July 1, 2014. The form is located on the CEDI website http://www.ngscedi.com under the link "CEDI Recertification Form 2014." Listserv was sent out on 7/1/14 to announce recertification has begun and provide details.

1. Form is to be completed online - no longer need to fax.
2. Once form received and processed, CEDI will notify the Trading Partner via the e-mail address submitted on the recertification form.

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3. Recertification ends on December 31, 2014. If not recertified by the date the trading partner will be made inactive beginning January 2, 2015.
4. There will be no grace period for the 2014 recertification as there has been in the past.
5. Only the authorized contacts provided on the recertification form are able to request a password change, reset, and have access to restricted information related to the Trading Partner ID.
    a) Please be sure to list all individuals who will need access to this information on the recertification form.
    b) If additional contacts are needed, Trading Partners can complete the Additional Contact Information Form.
    c) If the information changes after the form has been submitted, the Trading Partners should complete and submit a new form.
    d) The 2014 form will remain for this purpose until the 2015 Recertification begins next year.
6. Trading Partners can check the status of their submitted CEDI 2014 Trading Partner Recertification Form on the CEDI website, under Self Service Tools.

B. Question from the council: Dual paper/ERN thing is very confusing. Why are they offering this?
1. List serve message sent 6/3/14 titled Updates to the CEDI ERA Enrollment Form.
    a) Provides new ERA enrollment suppliers the ability to request to receive both the paper remittance and electronic remittance advice for up to 45 days. The supplier gets to choose the date when they will receive only the ERA and not paper remittance - but the max is 45 days.
    b) Suppliers who are currently setup with CEDI do not need to submit an ERA Enrollment form.

III. National Competitive Bidding Update - Elaine Hensley

A. Announcement Round 2 Recompete
1. Same geographic areas that we included in Round 2 except there are now 90 rather than 91 MSAs due to the Office of Management and Budget's updates to MSAs. (Naming differences based on recent Government census)
2. Changed to 117 CBAs to prevent a CBA from encompassing more than 1 state - no multistate jurisdictions to help alleviate licensure issues.
3. Changes to product categories between Round 2 and Round 2 re-compete
    a) TENS – separated into its own category
    b) Nebulizers - separated into its own category
    c) Removed infusion from Round 2 Recompete (does not impact infusion category in original Round 2 or Round 1 re-compete). CMS is determining how to include drugs in the Competitive Bidding Program.
4. Contract period is 6 months shorter - 2 1/2 years rather than 3 years. The contract period is July 1, 2016 through December 31, 2018.
5. Diabetic mail order supply - current contract period is 3 years. NMO Recompete is 2 ½ years.

B. KY modifier
1. DMACs working these on re-openings but they are still awaiting word from CMS.

2. Do not hold claims - being paid incorrectly, but still being paid. Timely filing will be an issue if they are held.
3. Re-openings is still not fixing the issue - some still paying incorrectly, denying, etc.... We need this fixed. If we have examples where the DMAC is advising us to use certain modifiers and the claim is still denied - please get these samples to Elaine and she will look into these.
4. Elaine will ask for a status update on Round 1 Recompete modifiers. NSCAC has questions on modifiers as well. Instruction was sent through - but it has not surfaced yet. Elaine will let us know what she hears and when.
5. Infusion is having issues with the KK modifier - claims are short paying here as well. Elaine stated she cannot find where KK modifier should be used. Per Paula this was part of Round 1 Rebid for wheelchairs; not seen any instruction on where and when not to use for Round 2 or Round 1 Recompete. SPA payment schedule on CBIC website does show the KK modifier for a few items. Modifier instruction for Round 1 Recompete has not been released yet.
6. Round 2 modifier usage clarification has not been released yet.

C. Continue to monitor the program. Calls have gone out on Form Cs - mainly to suppliers who have multiple contracts across the United States to confirm information entered in DBidS to ensure information is still correct and if not, advise the supplier to update.
D. Complaints are less.
E. Council question: Is the CBIC seeing companies closing or filing bankruptcy? CBIC has not had to add additional suppliers if suppliers exit the market. The CBIC offered more contracts upfront to accommodate some contract awardees exiting the market during the 3 year contract period.
F. Council Question: If a PTAN is revoked is the supplier removed from the bid program? Yes, they are removed (receive breach of contract notice and must respond) however if they are reactivated they can let the CBIC know and they will be reactivated in the bid program.

IV. National Government Services Audit Updates - Nina Gregory

A. Glucose - no response error rate is still 40%.
   1. Council Question: If this is a competitive bid item and you have a limited number of bid winners, why is this an issue? The issue is mainly with pharmacies - where the patient walks in to pick up the supplies. DMACs are educating pharmacies and they are seeing better response rates as a result.

B. Nebulizer claims - E0570 is part of Affordable Care Act which requires Written Order Prior to Delivery (WOPD) as of January 1, 2014. Denials have increased because they are finding a physician signature date after date of service. NPI missing is not a huge issue with nebulizer claims.
   1. If deny machine, will deny drugs.
   2. National Government Services are increasing ADR requests for Nebulizers.

C. Medical Review
   1. Catheters
   2. PMD
   3. Portable oxygen
   4. Orthoses

5. Glucose supplies - seeing KS billed when it should be KX and vice versa

V. POD Documentation - Nina Gregory

A. POD is primarily a pharmacy issue. Signature log with xxxxxx script number - if xxxxx goes back to an invoice to see what they got, then NGS will pay. If can't trace xxxxx back to what patient received then it is a problem. Some pharmacies use stickers but can't trace back to all items required for proof of delivery requirements. If the sticker states what the patient receives - then the stickers are fine.

B. If receive an ADR letter for a miscellaneous item - requesting you to provide additional information, can we respond via Connex? Yes, you may.

VI. DME MAC Medical Policy Update - Stacey V. Brennan, M.D.

A. Three draft policies became effective 8/1/14.
   1. Transcutaneous electrical stimulus device - non-coverage policy
   2. Tumor treatment field therapy - non-coverage policy
   3. Vacuum Erection device - provides more medical criteria and what is necessary.

B. Bulletin articles
   1. Medical grade honey as a surgical dressing component (list serve message 4/24/14)
      a) PDAC is looking at the honey related products
   2. Dear Physician letter on home oxygen initial qualification testing (list serve message 4/24/14)
   3. CERT Dear Physician letter on therapeutic shoes for persons with diabetes (list serve message 4/24/14)
   4. Dear Physician letter - Face-to-face and written order requirements for high cost DME (list serve message 2/21/14)
   5. Article on In person visit for ACA (May) - who performs visit and who orders the product (revision) (list serve message 5/30/14)
   6. Correct coding E0986 (list serve message 6/19/14)
   7. Supplier exit from oxygen business - revised (list serve message 6/19/14)
   8. Orthoses: Replacement of components clarification (list serve message 7/10/14)
   9. Orthoses/Prostheses - Coding for Professional Services/Fabrication supplies (list serve message 7/10/14)
   10. AFO walking boots (list serve message 7/10/14)
   11. Functional electrical stimulation (list serve message 7/10/14)
   12. Nasal interfaces and liner article (list serve message 7/10/14)
   13. Continuous Glucose monitor article - non-covered item (list serve message 7/24/14)
   14. Positive Airway Pressure Devices - Coverage beyond 3 months (published today 7/24/14)
   15. Electronic Health Records and addendum article (posted today 7/24/14)

C. CR 8643 regarding proof of delivery
   1. Statement signed by beneficiary attesting to equipment
   2. No new delivery ticket - but date the patient signs the attestation statement is new billing date for Medicare.

D. Council expressed concern with future policies as they relate to ICD-10 implementation, for instance with wheelchair cushions policy - many diagnoses were removed from policy: How will

this impact claims from October 2014 to October 2015 since the future policy has an effective date of 10/1/14? Please provide examples/details to Dr. Brennan as soon as possible. Dr. Brennan hopeful we can resolve simply.

E. Council expressed concern: Portable oxygen delivery list serve message - came as result of a supplier who required patients to pick up portable tanks. Council states the reality is some patients want to pick up their tanks and they should be allowed. The list serve message states "suppliers are reminded they cannot require a beneficiary to pick up oxygen contents...."

VII. Provider Outreach and Education Updates - Vicky Combs

A. List serve message regarding 2014 seminars - 2 different sets of seminars

1. Navigating Medicare in a new Era - 4 one day sessions conducted in 4 cities
    - Go to www.ngsmedicareconvention.com to register
        - Big Rapids, MI
        - Cleveland, OH
        - Middleton, WI
        - Indianapolis, IN
    - Courses offered:
        - Supplier Controlled Documentation Components
        - Oxygen - billing, common audit errors and tips to avoid them
        - NGS Connex
        - Orthotics - bracing for the future
        - Medicare Updates
        - DMEPOS competitive bidding program
        - DME drugs and supplies
    - Appeals - common misperceptions
    - All things Medicare - geared toward Part A and Part B providers but home health and hospice plus DME providers are invited.
    - Talks about how all 4 programs work together
    - POE members will provide one of the sessions in hopes they can educate the referral sources on documentation requirements.
    - POE members will also be present to help address questions that may come up in other sessions.
    - Session to be held between Sept 9 - Oct 16
    - Not DMEPOS specific
    - www.ngsmedicare.com to register
2. NGS will be attending MedTrade and offering two sessions
    - My Medicare updates
    - CERT task force - analysis of common CERT errors
3. NGS Connex updates
    - Entitlement tab -
        - Added incarceration beneficiary dates, plus
        - Added an Alien start date and deportation date
        - Added Part A hospital information

4. Website redesign project - launch date early fall for Phase I
    - Will share sneak peeks in August
    - Site more intuitive and easier to navigate
    - Enhancing search engine capability
    - Phase II will bring Connex into their website - just beginning preliminary work on this phase.

VIII. Action Items - POE Department

A. #1 - Competitive bid modifiers
NGS attending weekly meetings with CMS and CBIC and hoping to provide information to providers soon!!!!

B. #2 - Grandfathering as a company but system not processing claims appropriately
Claims still have issues but if call in and let them know the circumstances they can process the claim. Working on a permanent fix, but not ready yet. Will close now as most of these claims should have surfaced and are being addressed but Council would request still work on a resolution prior to the next bid launch.

IX. Open Discussion - All

A. Region C is sending a letter to supplies with more detail on why a claim is denied for all denied claims. Will Region B do this as well? Update from another supplier: Region C is putting a wizard denial tool in place and the letter should go away as a result.

B. PMD Prior Auth demo
1. Council question: Do you have an update on the expansion process? No update.
2. Comment period ends at end of July.
3. CMS working on electronic template for PMDs for PA demo - will providers not in demo be allowed to use? Not sure when template will be released.
4. PMD PA requests - a provider received denials stating 7-element order is invalid and they are wondering if it was due to Joe instead of Joseph being listed on script.
    - PA department said this is not truly the case; however, they have received a script that states "DJ" with no other indication as to how to identify the patient. When this occurs they will make a courtesy call to confirm/correct. The physician can correct this per PA department.

C. Question and Answers
1. Question1 and 2 - three different answers surprised us. We understand there are some processing edits that may be different. JB responses are: 2 DIFS are required: initial pump and revised for nutrition. JC's response is how they would process if received only one DIF
2. Question 3 - if get an order from a doctor for a cane and doctor not in PECOS. Can we tell patient order is invalid and can they pay for it? Instructions state ABN is not allowed, not a statutorily excluded item. If you have an order, you just have an order that is not from a valid physician. This is not a medical necessity denial.
3. Question 10 - providers are following these steps and the claims are not paying. Can we share examples where denials are received to see why denying? Yes, please get these to Vicky
4. Question 12 - KFO no off shelf item therefore the requirement for physician to document need for custom? Correct.

- Physicians are stating it is not their job to document need for custom. (They don't know difference in criteria between custom and off the shelf.)
- Dr. Brennan suggests a letter from orthotist to physician documenting what the patient needs for custom fabricated items - (no additional doctor appointment) - physician should then put a reference to this in the patient's medical record.
- Dr. Brennan is willing to put a Dear Physician letter together on this issue if that would help.

5. Question 16 - if patient needs oxygen with activity could that translate to portability? Suggestion is to resubmit question without example.
6. Questions 19 - confused on part 2
   - If provider creates WOPD without a start date, physician signs and dates it - the signature date would be the start date.
   - Start date is only needed if the physician wants the patient to receive equipment at a future date.
   - Verbiage in question 2 is confusing.
   - Electronic prescriptions and signature dates - a lot of variation on how date appears on form.
   - Dr. Brennan requests the Councils put one question together to submit in regard to electronic prescription with date printed but a handwritten signature of physician (no field for physician signature date).
7. WOPD and face-to-face requirements should apply to initial order but not revision or renewal situations. Can NGS/CMS look at this? The DMACs updated policies with continuous need and continuous use to use a 12 month time frame, but the ACA WOPD interpretation changed it to 6 months.
8. Date stamps - standard language now states DMEPOS supplier must have documentation in the files before dispensing and therefore must have date stamp or similar to prove.....The DMACs have authority to interpret the policy in this regard.
9. ADMC is medical necessity and technical elements but can't confirm everything such as proof of delivery or hospital stays since have not dispensed yet.
10. Modifiers - MLN states if providing accessory with complex chair that you must give the purchase option. What if you forget purchase option - there is not a scenario to forget. BU modifier does not come into play - only purchase or rental.
11. If WOPD in hand is not valid and patient still wants it - statutorily not covered, no ABN and patient can pay for items. DMAC uncertain if can use GY or EY modifier and will get back with us.

X. Schedule Next Meeting - All

Next meeting date Tuesday, October 14, 2014