JULY 7, 2026

HOME HEALTH PROVIDER OUTREACH & EDUCATION ADVISORY GROUP (POE AG) MEETING MINUTES

The minutes below are a summary of the CGS Advisory Group meeting topics, group discussion, actions, and outcomes as a result of this meeting.

MEETING DETAILS

Date: July 7, 2026

Facilitator: Ariel Taylor, *Sr. Provider Relations Representative*
Nykesha Scales, *CGS J15 POE Manager*

Attendees: 25 state/national association representatives alongside CGS and CMS

AGENDA ITEMS

Welcome/Purpose

- The primary function of the Advisory Group (CMS Manual link for review [https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/com109c06.pdf]) is to assist the contractor in the creation, implementation, and review of provider education strategies and efforts. The Advisory Group provides input and feedback on training topics, provider education materials, and dates and locations of provider education workshops and events. The group also identifies salient provider education issues and recommends effective means of information dissemination to all appropriate providers and their staff, including the use of the Provider Contact Center (PCC) to disseminate information to providers.
  - Jurisdiction 15 Home Health & Hospice Provider Outreach and Education (POE) Advisory Group (https://www.cgsmedicare.com/hhh/education/advisory_groups.html) – New members recognized and welcomed and directed to the CGS POE AG Webpage that houses the group member list, meeting dates and past minutes.

Follow-Up Items from Previous AG Meeting

- CGS Webinar Platform Feedback (https://cvent.me/0X5dDB): **SIGN UP TODAY!** This is mainly for On Demand viewing and options, but you can register for any event from the calendar of events.
  - Feedback On:
    - Ease of Access
      - The consensus was there aren't any issues with accessing the platform, but the Teams platform is preferred over Cvent.
    - Different Modalities (Live, Recorded, On-Demand, Polls, Lecture)-
      - Members expressed they like both the recorded and live sessions and suggested a hybrid option for future presentations.
      - A member advised that notices from the SMRC (Supplemental Medical Review Contractor) and RAC (Recovery Audit Contractor) can sometimes look like phishing attempts. However, these letters are legitimate and related to federal audit programs. Members should not discard them. POE encouraged members to do their due diligence with verifying such requests.
      - POE offered a CVENT/calendar of events demo to display how previous POE AG recommendations were incorporated.

Current Tasks

Targeted Probe & Educate (TPE)

- A member recommended the https://www.cgsmedicare.com/hhh/coverage/hh_coverage_guidelines/hh_ftf_encounter.html be updated.
  - This recommendation was accepted by CGS Medical Review.

- One member praised the TPE email response time and said that it's a great resource for assistance.
- Members noted that although CGS is recognized as having the strongest and most efficient TPE process among the MACs, they continue to experience challenges with the timeliness of updates. Specifically, members reported delays in being informed whether CGS has completed pulling claims or if they are still actively engaged in a review round. This lack of timely communication creates uncertainty and makes it difficult for providers to plan and respond effectively.
  - These concerns were addressed by CGS Medical Review.

KEEP, START, or CHANGE Roundtable

- **myCGS**:
  - Attendees appreciate the Appeal and ADR features available through the portal.
- **Greenmail** (myCGS User Manual - Admin [https://www.cgsmedicare.com/mycgs/mycgs_user_manual_admin.html#admin_main]):
  - No issues were reported with the Green Mail transition.
- **myCGS Terms of Use (TOU) Violations:**
  - CGS sees more portal TOU violations which range from extreme/excessive eligibility queries and the use of automated interfacing to obtain eligibility information. As such, POE added the terms of use to the myCGS webpages as a sub-topic, myCGS Terms of Use (https://cgsmedicare.com/parta/mycgs/terms.html).
  - Reminders for automation and bots within the portal:
    - Definition: A bot, or robot, is essentially any automated software program designed to complete a task.
    - EMRs that may be using automation to check various status inquiries outside of just eligibility: By that definition, yes, the EMR tool would qualify as a bot.
    - Yes, our Terms of Use prohibit the use of bots / automated tools. That EMR feature is in violation of our TOU.

    1. **Security Concerns:** Automated tools can pose significant security risks, including unauthorized access and data breaches. By restricting their use, we aim to protect sensitive information and maintain the integrity of our systems.
    2. **System Performance:** The use of automated interfaces can lead to increased load on our servers, potentially causing performance issues and affecting the user experience for all providers accessing the portal.
    3. **Data Accuracy:** Automated processes may not always handle data with the same level of accuracy as manual input, leading to potential errors and inconsistencies in the information submitted through the portal.
    4. **Compliance:** Our policies are designed to ensure compliance with CMS security regulations, specifically those that govern access and identity management. Restricting the use of automation helps us maintain these standards and protect both our organization and our users.
- **Interactive Voice Response:**
  - No feedback given regarding the IVR.
- **Website:**
  - No new comments from the group.
- **Provider Contact Center:**
  - One member expressed that sometimes questions regarding IRS garnishment cannot be answered. POE advised that those questions would have to be addressed with the IRS directly.

- **Education:**
  - A request was made for additional education regarding the proposed rule for palliative care, particularly as it applies to long-term beneficiaries receiving Home Health services. POE advised if this is implemented in the final rule, Chapter 7 will be updated, and CMS directions will be provided. Members emphasized the need for clearer guidance overall. There is currently a lack of clarity around E&M services within palliative care, and providers would benefit from more concrete, practical examples from Medical Review.

Future Tasks

Review of Upcoming Educational Material

Identify Collaboration Opportunities

- Please identify and share collaboration opportunities for education/outreach.
- Please continue to attend, provide feedback and suggest future topics, https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/hhh_report/hhh_report.aspx
- Members expressed interest in having another RAC collaborative presentation, like the one that was offered last year, and with the SMRC to provide clarity about who appeals are being submitted to and etc.

Customer Experience Survey

- Customer Experience Page Launch (https://www.cgsmedicare.com/hhh/pubs/reviews.html)
  - The group was reminded to take advantage of surveys when visiting our webpage, utilize available resources, and participate in educational events.

CGS Data Analysis

- The group reviewed the top Claim Submission Errors (CSEs), and Medical Review denials.

CGS Home Health & Hospice Data Analysis: January 2026–December 2026

	January - December 2026						
Month	# of HH Claims Submitted	Total # of HH CSEs	HH CSE Error Rate	# of Hospice Claims Submitted	Total # of Hospice CSEs	Hospice CSE Error Rate	# of HH+H Claims Submitted
Jan-26	121,345	16,780	13.83%	113,961	10,221	8.97%	**235,306**
Feb-26	115,135	16,213	14.08%	110,618	9,954	9.00%	**225,753**
Mar-26	129,551	13,979	10.79%	114,329	8,635	7.55%	**243,880**
Apr-26	123,219	20,825	16.90%	113,055	10,732	9.49%	**236,274**
May-26	116,523	22,366	19.19%	111,978	12,452	11.12%	**228,501**
Total	**605,773**	**90,163**	**14.88%**	**563,941**	**51,994**	**9.22%**	**1,169,714**

Home Health Claim Submission Error (CSE) Data: January 2026–December 2026

Rank	Reason Code	Billing Error	# Of Errors
#1	U537F	From date on NOA falls w/in an existing HH admission period	14,301
#2	U5233	Services w/in HMO Period and no Hospice involvement or services not w/in Hospice period	9,221
#3	19963	Statement From Date is on or after 01/01/2022 and less than 24 months from claim Admit Date and a matching Home Health NOA cannot be found	7,119
#4	37253	No OASIS assessment found	6,385
#5	37364	No payment can be made since the corresponding RAP/NOA was received 30 days or more after the claim From date	4,541

Home Health Medical Review (MR) Denial Data: January 2026–February 2026

Rank	Reason Code	Denial Reason	# Of Denials
#1	5HN18	Skilled nursing services were not medically necessary	45
#2	5HC09	Initial certification was missing/incomplete/invalid; therefore, recertification episode is denied	22
#3	5HC01	Physician certification was invalid since the required face-to-face encounter was missing/ incomplete/untimely	20
#4	56900	Requested medical records were not received within the 45-day time limit	-
#5	5HY01	Medical documentation submitted did not show therapy services were reasonable and necessary and at a level of complexity which requires the skills of a therapist	15

OPEN DISCUSSION

Members reminded to submit a survey for POE AG meeting.

CGS ADVISORY GROUP NEXT MEETING DATE

Tuesday, October 20, 2026—Combined Home Health & Hospice meeting