

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: March 10, 2026

Facilitator: Ariel Taylor, Sr. Provider Relations Representative
Nykesha Scales, Outreach & Education Manager, CGS J15

Attendees: 33 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) [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) (https://www.cgsmedicare.com/hhh/education/advisory_groups.html) – Houses manual, covenant, group member list, meeting dates, past minutes. New members recognized and welcomed.
- [Provider Outreach & Education \(POE\) Advisory Group \(AG\) Covenant \(Home Health & Hospice\)](https://www.cgsmedicare.com/hhh/education/pdf/hhh_poe_ag_covenant.pdf) (https://www.cgsmedicare.com/hhh/education/pdf/hhh_poe_ag_covenant.pdf) – Covenant reviewed and discussed to cover responsibilities of membership as outlined.

Follow-Up Items from Previous AG Meeting

- [CGS Webinar Platform Feedback](https://cvent.me/0X5dDB) (https://cvent.me/0X5dDB): **SIGN UP TODAY!**
- Feedback On:
 - Ease of Access
 - » Members expressed partiality towards the CGS platform when compared to other MAC platforms.
 - » A suggestion was made for an option to hide/delete/archive old topics so only current options are available.
 - » There was a request that the CGS website provide an easily accessible link that leads directly to the CGS YouTube page.
 - Please visit <https://cgsmedicare.com/hhh/education/video.html>
 - » CGS management advised that there is currently an evaluation happening for the Demand options, needed updates, and the possibility of moving the OnDemand options to the CGS YouTube channel.
 - » The group loved the idea of going to YouTube for educational training.
 - Different Modalities (Live, Recorded, On-Demand, Polls, Lecture):
 - » Members were given directions on how to access the education platform via the CGS site.

Current Tasks

Targeted Probe & Educate (TPE)

- A member questioned who to contact when having technical issues like, difficulty with uploading TPE documentation via the portal because the “submit button” for documentation was grayed out. POE provided the myCGS Helpdesk contact information for such issues.
- Medical Review advised the group that faxing information is not the most recommended way because some of the details cannot be viewed after transmittal.
- An attendee questioned if the reviewers only look for LCD’s in decline and if the reviewers look at one single month or an overall comprehensive review, because they are seeing uptick in denials overturned.
- Medical Review responded with advice to paint a clinical picture that supports a terminal prognosis by demonstrating measurable, functional, nutritional, cognitive, or disease-specific decline over time. Using graphs starting with baseline to the current DOS of review are very helpful in review. Describe baseline vs. current status for DOS under review. Reviewers need to see change, not just the current condition.
- Example phrasing:
 - “Compared to last recert period...”
 - “Over the past 90 days the patient has demonstrated...”
 - “Decline is evidenced by...”
- Focus on: ADLs, Mobility, Oral intake, Weight/BMI, Mid-arm circumference if used, Symptom burden, Cognitive/functional status, Disease-specific markers (CHF, COPD, dementia, cancer, etc.), Use specific, measurable changes, General statements like “patient declining” don’t meet LCD expectations.
- Better examples:
 - “Weight decreased from 132 lb to 118 lb in 60 days.”
 - “Now requires 2-person assist for transfers; previously stand-by assist.”
 - “PO intake decreased to <25% of meals; previously 50–75%.”
 - “Increase from 1 to 4 falls this benefit period.”
- A member gave advice to the group suggesting that it’s helpful to have the physician to write a narrative that the next step in the patients decline will be death and to coach the physician that is doing the face-to-face encounter to be specific and not general.
- There was a question regarding timing with moving through TPE because they were experiencing large gaps in times and the timeframes often varied.
- Medical Review management advised that they try to get the results letters out by the next quarter and that the MR department is going through some staffing changes, which has contributed to some of the delays. AG reminded to email to the Medical Review TPE Mailbox for specific questions concerning TPE, J15HHPROBEANDEDUCATION@CGSADMIN.COM.
- CGS responded and advised that a collaborative education webinar was done with the Appeals department in March 2026, which was specific to Part A, more line of business specific education is being considered.
- The new Clinical Provider Outreach & Education Specialist for HHH, Kati Lang was welcomed and introduced to the group.

KEEP, START, or CHANGE Roundtable

- **myCGS**
 - A member suggested that a link in the email is added that leads you directly to the notifications in the portal.
 - Another suggestion was to add a running tally of the denial rate to the dashboard for providers on TPE.

- **Greenmail** ([myCGS User Manual - Admin](https://www.cgsmedicare.com/mycgs/mycgs_user_manual_admin.html#admin_main) [https://www.cgsmedicare.com/mycgs/mycgs_user_manual_admin.html#admin_main])
 - CGS advised there are ongoing efforts to provide proper education on how to access Green Mail.
 - Collectively, members expressed that they like Green Mail because they don't have to worry about another department receiving important documents.
- **myCGS Terms of Use (TOU) Violations**
 - CGS is seeing 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) (https://cgsmedicare.com/parta/mycgs/terms.html). Those who are in violation will be contacted via email for awareness and potential termination.
- **Website**
 - The consensus is that the CGS site is better than others, especially with the quick resource tools that are provided.
 - A suggestion was made to refresh or add more tools because they are valuable.
- **Provider Contact Center**
 - Overall good experience for the members.
- **Education**
 - A member suggested a disease specific education like heart disease, COPD, and/or Alzheimer's.
 - An attendee shared that most of the CGS education seems geared towards nursing staff or billing staff and requested that some of the education be for the Physician or practitioner who provide the face-to-face encounters. A request was made for the CGS physician to provide peer-2-peer education.
 - CGS Management responded and advised that Dr. Vidya may be willing to provide peer education and Dr. Vidya confirmed.
 - One member said that the education is great for new staff.
 - Members asked if CGS is able to travel in 2026, and CGS management advised that there has been some progress towards approval for travel, but there is no definitive answer at this time.
- **IVR**
 - POE staff reminded group as of February 28, 2025, eligibility information is no longer obtainable via the Interactive Voice Response (IVR) system per [R12858OTN | CMS](https://www.cms.gov/medicare/regulations-guidance/transmittals/2024-transmittals/r12858otn) (https://www.cms.gov/medicare/regulations-guidance/transmittals/2024-transmittals/r12858otn). Education has been ongoing since late 2024 and will continue to ensure provider awareness.

Suggested Topics

No pre-submitted topics.

Future Tasks

Review of Upcoming Educational Material

- The monthly Welcome Week education course for new providers will continue on a bi-monthly basis due to low attendance numbers. CGS reminded the group that this education was created for the new and onboarding staff to combat the turnover rates.
 - Members advised that the turnover rates are high in quality & compliance manager positions.
 - A suggestion was made for the Welcome Week education be a brief online education course instead of a live presentation.
- Hospice Focus Topics—Call for suggestions from the group.

- The group was reminded to help with spreading the calendar of events and to attend events as this is part of their membership duties.

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
- Please allow at least 1 month for virtual education requests. For travel, more notice is needed to obtain necessary approvals.

Customer Experience Survey

- Group reminded to take advantage of surveys when visiting our webpage, utilizing resources and participating in educational events.
- [Customer Experience Page Launch](https://www.cgsmedicare.com/hhh/pubs/reviews.html) (<https://www.cgsmedicare.com/hhh/pubs/reviews.html>)



CGS Data Analysis

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

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	Total # of HH+H CSEs	HH+H CSE Error Rate
Jan-26	121,345	16,780	13.83%	113,961	10,221	8.97%	235,306	27,001	11.47%
Feb-26	115,135	16,213	14.08%	110,618	9,954	9.00%	225,753	26,167	11.59%
Total	236,480	32,993	13.95%	224,579	20,175	8.98%	461,059	53,168	11.53%

Hospice Claim Submission Error (CSE) Data: January 2026–February 2026
[Reason Code Search and Resolution Tool \(cgsmedicare.com\)](#)

Rank	Reason Code	Billing Error	# Of Errors
#1	37402	Hospice sequential billing error	2,665
#2	U5106	NOE falls within current hospice election	1,839
#3	38200	Duplicate Claim	1,105
#4	U5181	Occ code 27 required when cert date falls within DOS	1,089
#5	34952	SVC facility NPI not included	1,014

Hospice Medical Review (MR) Denial Data: January 2026–February 2026
[Hospice Top Medical Denial Reason Codes \(cgsmedicare.com\)](#)

Rank	Reason Code	Denial Reason	# Of Denials
#1	5PM01	Terminal prognosis not supported	133
#2	5PX06	Notice of election is invalid	101
#3	56900	Medical records not received/not received timely	23
#4	5PC01	Physician narrative missing/invalid	7
#5	5PC02	Certification missing	5

OPEN DISCUSSION

- Request made to change the Notice of Election MR denial verbiage for clarity.
 - Medical Review responded and advised that this is something that they are aware of and that they are working on it to hopefully have it changed soon.
 - A member asked the group what are the top issues seen with the election statement? Is it still the “virtually all care”, or “cost sharing information shared” language?
 - CGS responded, “Yes, mostly the information that was updated on 10/2021 to make sure that the templates have everything on it.”
- Another member question how MR handles a late addendum?
 - Medical Review advised that it will be a full denial if it’s untimely and to always ensure that there is a furnished date, as this is what MR is looking at.
 - A member asked if a signature and not a furnish date is acceptable?
 - Medical Review advised that they would still accept.

CGS ADVISORY GROUP NEXT MEETING DATE

July 14, 2026