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

MEETING DETAILS

Date: June 16, 2017

Facilitator: Judy Thomas, Senior Provider Relations Representative

Attendees:

- Heather Adams
- Mary Alexander
- Billie Lois Bailey
- Damon Blue
- Diane Burns
- Heather Clark
- Janet Creason
- Missy Freeman
- Jann Gravina
- Rachel Hager
- Alison Herring

- Robert Kaliszewski
- Jennifer Lanter
- Janet Lazich
- Laura Martucci
- Andrea Plaskett
- Michael Shoemaker
- Rob Sikorski
- Christy Stansfield
- Katie Stevens
- Shelli Todd
- Deborah Walton

- Jean Wendland Porter
- Crystal Wilborn

KEPRO:
- Andrea Plaskett, MPH, KEPRO Outreach Specialist

CGS Staff:
- Annie Scriven
- Judy Thomas

AGENDA ITEMS

Welcome

Attendance/Roll Call

Purpose and Goals

The primary function of the Advisory Group is to assist the MAC 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 Advisory 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 PCC to disseminate information to providers. The Advisory Group shall be used as a provider education consultant resource and not as an approval or sanctioning authority.

KEPRO Presentation – Andrea Plaskett, MPH, KEPRO Outreach Specialist

A copy of the presentation was included in the meeting email reminder sent on June 13, 2017 and provides an overview of the services KEPRO provides to beneficiaries: discharge appeals and service terminations, beneficiary complaints, and immediate advocacy. Additional information and resources are available on the KEPRO website at: http://www.keproqio.com.

> **Question:** Are the services that KEPRO provides free to the beneficiary?

> **Answer:** Yes, services provided to the beneficiary are free of charge.

Old Business – Annie Scriven

CMS MLN Matters article MM9893, "New Common Working File (CWF) Medicare Secondary Payer (MSP) Type for Liability Medicare Set-Aside Arrangements (LMSAs) and No-Fault Medicare Set-Aside Arrangements (NFMSAs)" was referenced since this topic was suggested during the March meeting. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9893.pdf

New Business – Annie Scriven

Performant Recovery Website

As a reminder, Performant Recovery, Inc. is the Medicare Fee-for-Service (FFS) Recovery Audit Contractor (RAC) for Region 1 (including Kentucky and Ohio) as of October 31, 2016. We encourage you to review the provider information available on their website regularly. Also, during a meeting with the Ohio Hospital Association in May, Performant announced some proposed changes to their website with a possible implementation date in June. However, the website has not been revised to date. https://www.performantrac.com/ContentPages. aspx?Page=ProviderPortal

Social Security Removal Initiative (SSNRI)

CMS released two new articles related to SSNRI:

- 5/30/17 press release - https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2017-Press-releases-items/2017-05-30.html

  Due to comments received during the March meeting, we noted that this article includes the following statement: "Providers and beneficiaries will both be able to use secure look up tools that will support quick access to MBIs when they need them."

- 5 Ways for Healthcare Providers to Get Ready for New Medicare Cards - https://www.cgsmedicare.com/articles/cope3545.html

  Question: Will there be updates closer to the implementation date?

  Answer: Yes, updates will be announced in the CGS electronic mailing list and available on the CGS and CMS SSNRI Web pages:

  - https://www.cgsmedicare.com/articles/cope723.html
  - https://www.cms.gov/Medicare/New-Medicare-Card/index.html

  Question: Since the use of the Medicare Beneficiary Identifier (MBI) will be transitioning over several months, when billing historic claims, will the MBI be required, or will there be a hard date?

  Answer: During the transition period (April 1, 2018 through December 31, 2019), you may submit either the Health Insurance Claim Number (HICN) or the MBI. On and after January 1, 2020, we will only accept the MBI on any transaction. The full implementation date is based on the date of submission of the claim, not the date of service.

  Question: Will MBI numbers be given to deceased patients?

  Answer: Yes, MBIs will be generated for existing (currently active, deceased, or archived) and new beneficiaries.

Additional Documentation Request (ADR) Letters

ADR letters may be accessed by mail, Direct Data Entry (DDE) or the myCGS web portal.

- Hardcopy ADR letters are sent to the correspondence address on the Medicare provider file. This address is populated based on the information submitted on the 855A Provider Enrollment form. If you are unsure which address is assigned as the correspondence address for your facility, you may contact the Part A Provider Contact Center. If you wish to change the address, you may submit an updated 855A Provider Enrollment form.

- Claims that have been selected for medical review are in status location SB6001 in the DDE system. The ADR letter begins on claim page 07. You may either screen print or copy and paste the ADR letter into a Word document and then print and include a copy of the ADR letter with the medical record documentation. You will still receive a hardcopy ADR letter at the correspondence address, but this option allows immediate access to the ADR letter and reduces your chance of not submitting the documentation timely.

- Registered users of the myCGS web portal may now access ADR letters and other correspondence by opting in to green mail. Details and instructions are available in the Website Enhancements section below.

2018 Changes (Therapy, MDS, IMPACT Act, etc.)

We received an agenda item with a request for education on these topics. CMS publishes information and provides education related to CMS proposed rules, demonstrations and other special programs. Since this type of information does not always become final (i.e., through a final rule and/or Change Request) and often applies to a limited population within our jurisdiction, we encourage you to review the information available on the CMS website and included in the CGS electronic mailing list when it becomes available. CGS will continue to focus its education strategy on final policies and reducing error rates as instructed in the CMS Internet-Only Manual (IOM).

We also received agenda items with claim-specific inquiries. These were not included on the agenda since they do not meet the purpose and goals of the meeting. We will review and provide individual responses unless it is determined widespread education is needed.

Website Enhancements – Judy Thomas

myCGS Multi-Factor Authentication (MFA)

Two webinars were conducted to familiarize providers with the authentication process. Providers who did not elect to opt in prior to the July 1, 2017 implementation date were automatically transitioned.

myCGS Green Mail

Selecting this option provides IMMEDIATE access to correspondence sent from CGS. The following article describes the type of correspondence available, details and instructions on how to opt in: https://www.cgsmedicare.com/articles/cope2948.html

Calendar of Events – Annie Scriven

https://www.cgsmedicare.com/medicare_dynamic/wrkshp/PR/PartA_Report.asp

- June 22: Multi-Factor Authentification (MFA) Webinar
- June 22: Long-Term Care Hospital (LTCH) Payment Ask the Contractor Teleconference (ACT)
- June 29: Medicare Credit Balance Reporting & Confirmation Using myCGS

OPEN DISCUSSION

- The Common Working File (CWF) shows the incorrect patient relationship code on some beneficiary's Medicare Secondary Payer (MSP) records. Any MSP record changes must be reported to Benefits Coordination and Recovery Center (BCRC), who is responsible for updating those files. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1416.pdf
- One member presented a concern related to the implementation of CR 9911. Initially, on the remittance advice, it appears that the Qualified Medicare Beneficiary (QMB) will not be billed for balances and this changes data on the remit. Specifically, the BCRC could create confusion on crossover claims because providers may not be able to read or interpret what is due. There could be impact down the road.
- End Stage Renal Disease (ESRD) facilities requested additional clarification of the October 2017 implementation of CMS MLN Matters article MM9989.
- Members discussed their frustration related to claim processing issues that are not being communicated or resolved timely through either the Provider Contact Center or the Claims Processing Issues Log.

NEXT MEETING

Friday, September 15, 2017 at noon ET

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