

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: December 15, 2017

Facilitator: Annie Scriven, Senior Provider Relations Representative

Attendees:

- | | | |
|-----------------------|----------------------|------------------------|
| • Heather Adams | • Jennifer Lanter | • Shelli Todd |
| • Mary Alexander | • Laura Martucci | • Deborah Walton |
| • Billie Lois Bailey | • Julie McTeague | • Jean Wendland Porter |
| • Heather Clark | • Kathy Meyer | • Crystal Wilborn |
| • Daniel Eichelberger | • Andrea Plaskett | • Sandy Young |
| • Rachel Hager | • Melody Rice | |
| • Diane English | • Ann Schafer | |
| • Shellee Myers | • Anita Senters | |
| • Alison Herring | • Regina Shorts | |
| • Regina Jackson | • Rob Sikorski | |
| • Wayne Johnson | • Christy Stansfield | |

CGS Staff:

- Judy Thomas
- Leah Lewis
- Monique Smith
- Cindy Baird

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, Outreach Specialist

Andrea provided an overview of the new Person and Family Engagement Initiative. A Person and Family Engagement toolkit and annual reports were also shared with members via email.

Old Business – Judy Thomas

- **PROPOSED/DRAFT LCD: Frequency of Hemodialysis (DL37575) – Judy Thomas**

Members previously requested clarification of CMS MLN Matters article MM9989, “Implementation of Modifier CG for Type of Bill 72X”. A related draft Local Coverage Determination (LCD) is available for review with a comment period through December 24, 2017.

- **Appeals Decision Letters and Status – Annie Scriven**

POE met with the Provider Contact Center (PCC) management team to provide feedback received during the last meeting related to obtaining original and/or duplicate appeal



decision letters. The PCC staff is not able to provide copies of these letters. As a reminder, appeal decision letters are sent to the correspondence address on file. It is the provider's responsibility to ensure a process is in place to route the letters to the appropriate person/department within your facility and/or to update the correspondence address by submitting the CMS-855A Provider Enrollment form. You may also choose to receive appeal decision letters via myCGS. As a reminder, if you are a myCGS user, ask your myCGS administrator to verify that you have been granted access to the Messages tab. Also, if you opt in, you will only receive green mail; if you opt out, you will receive green mail and regular mail.

The PCC management team also asked us to remind members that the PCC is not able to provide appeal status by phone or written correspondence. Appeal status may be obtained via the Interactive Voice Response (IVR) or myCGS. Detailed information is available in the IVR User Guide: https://www.cgsmedicare.com/parta/cs/cgs_j15_parta_ivr_user_guide.pdf and myCGS User Manual: https://www.cgsmedicare.com/pdf/mycgs/chapter7_parta.pdf.

- **CTI Issues – Annie Scriven**

POE also shared with the PCC management team feedback received during the last meeting related to CTI issues. They were aware of the issues and indicated these had either been resolved or continue to be addressed. Members acknowledged improvement with the CTI process.

New Business – Annie Scriven

- **Membership Drive – Judy Thomas**

POE will launch the POE-AG membership drive for Calendar Year 2018 in January. Current members will receive an email asking you to reply if you wish to continue your membership. No additional action is required. New members will need to complete an application. An announcement will be included in the CGS electronic mailing list when the application becomes available.

- **New Medicare Card – Judy Thomas**

The New Medicare Card Project will be a topic of discussion during each POE-AG meeting and educational event throughout the transition period. Please review and share the following updates and resources:

- New Medicare Card website: <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>
- New Medicare Card Project Milestones: <https://www.cms.gov/Medicare/New-Medicare-Card/NMC-Timeline.pdf>
- Transition to New Medicare Numbers and Cards Fact Sheet: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909365.html>
- Resources: <https://www.cms.gov/Medicare/New-Medicare-Card/Partners-and-Employers/Partners-and-employers.html>
- Provider Ombudsman, Dr. Eugene Freund: NMCProviderQuestions@cms.hhs.gov

- **Comprehensive Error Rate Testing (CERT) Update – Annie Scriven**

The top Part A CERT errors in December 2017 include:

- Incorrect discharge status code
- Missing documentation to support medical necessity
- Incorrect DRG payment due to incorrect coding

- **Targeted Probe and Educate (TPE) Process – Annie Scriven**

CMS instructed Medicare Administrative Contractors (MACs) to phase out widespread service-specific reviews and implement a TPE process effective October 1, 2017. A TPE Process page, which includes a detailed description of the TPE process and resources,

was added to the CGS website under Medical Review: <https://www.cgsmedicare.com/parta/mr/tpe.html>.

- **New Modifiers for 340B Providers** – Annie Scriven

The new modifiers used to report 340B-acquired drugs are addressed in the Hospital Outpatient Prospective Payment System (OPPS) Final Rule. However, the official instructions for MACs, which is the January 2018 Hospital OPPS Updates Change Request, has not been finalized. A “Hospital OPPS Updates” webinar is scheduled on January 16, 2018, and the billing instructions for the new modifiers will be included in that presentation.

- **Beneficiaries in Custody Under a Penal Authority** – Annie Scriven

The following CMS MLN Fact Sheet was referenced and discussed: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Items-Services-Furnished-to-Beneficiaries-in-Custody-Under-Penal-Authority-Fact-Sheet-ICN908084.pdf>. The group determined that the issues with billing these claims are related to coordination among various entities/systems and additional guidance/education is not required.

Website Enhancements – Judy Thomas

- **myCGS Green Mail Opt In/Out Update**

The myCGS green mail opt in/out options have changed. Opt in to receive green mail only; opt out to receive green mail and regular mail. Additional information is available in the following article: <https://www.cgsmedicare.com/articles/cope5235.html>

- **myCGS Qualified Medicare Beneficiary (QMB) Tab**

A new tab was added to myCGS to help you determine the QMB status of your patients. Additional information is available in the following article: <https://www.cgsmedicare.com/parta/pubs/news/2017/11/cope5276.html>

Calendar of Events – Annie Scriven

- Hospital OPPS Updates and a three part CERT Program series are scheduled in January. Event details are available on the Part A Calendar of Events: https://www.cgsmedicare.com/medicare_dynamic/wrkshp/PR/PartA_Report.asp

- **Provider Enrollment Road Show**

POE has begun the initial phase of planning a Provider Enrollment Road Show. We hope to offer an all-day event in five cities across Kentucky and Ohio in which Part A and Part B providers may schedule a one-on-one session with a Provider Enrollment Subject Matter Expert.

To reduce cost, we are asking for volunteers to offer your facility as a venue. Please email us if you have a space available. We will share any additional event details as they become available.

To increase participation, the group suggested including a general education session and/or additional education topics.

OPEN DISCUSSION

Members stated they are not satisfied with the PCC’s handling of claim processing issues. When a provider calls about a claim they believe denied in error, the Customer Service Representatives (CSRs) either refuse to escalate, escalate but the issue is never resolved, or tell the provider to appeal without researching. It was also suggested that CSRs may need additional training on the billing instructions related to reason code 31442. POE will share this information with the PCC management team.

Please Note: POE is not permitted to handle general or claim-related inquiries sent to our personal or Part A Education mailboxes. CMS requires us to route and track such inquiries via

the PCC. You may contact the PCC by phone for immediate handling or submit a written inquiry, in which CMS guidelines allow up to 45 business days to respond. If you contact the PCC and problems persist, you may notify POE, provide call reference numbers, and we will forward as an escalation to the PCC management team.

NEXT MEETING

March 16, 2018 at 12:00 p.m. ET via teleconference

ADJOURN
