



**CGS ADMINISTRATORS, LLC
PROVIDER OUTREACH AND EDUCATION**

KENTUCKY PART B ADVISORY GROUP MEETING

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: SEPTEMBER 19, 2013

FACILITATOR: PATRICIA SCHWENK, PROVIDER OUTREACH AND EDUCATION (POE), CGS

ATTENDEES:

ON-SITE

- Ramona Osborne, CMPEMGMA Legislative Liaison - *MGMA Legislative Liaison*
- Darrell Spear, MCS-P, Kentucky Chiropractic Society
- Stephanie Woods, Greater Louisville Medical Society
- Jennifer J. Brown, POE, CGS
- Melissa Kress, POE, CGS
- Cari Phillips, POE, CGS
- Vanessa Williams, POE, CGS

TELECONFERENCE

- NANCY HORN, MEDICAL COMPLIANCE SERVICES, INC
- TERRI CHRISTIAN, ENDOCRINE & DIABETES ASSOCIATES, PSC
- MATT WALDIE, ASHLAND AREA HEALTH ALLIANCE ASHLAND
- JUAN LUMPKIN, POE, CGS

AGENDA ITEMS

CGS Departmental Updates

- **Provider Enrollment/ Revalidation Update-**

- Revalidation will continue through March 2015. Phase 3 of revalidation efforts will begin soon. Approximately 70% of the J15 Part B providers will be included in phase 3. Additional information regarding this phase will be released in the near future.
- As we enter the next phase of this process, there are some good tips to remember and share with your members:
 - Revalidation requests are mailed to the provider's correspondence and special payment addresses.
 - Make sure to respond immediately when the revalidation request is received. Revalidate by either using the Internet based PECOS or downloading and sending the most current version of the paper application found on the CMS website. Faxed applications will be returned.
 - Checklists are available on the CGS website to assist in revalidation.
 - Revalidation information should be completed, whether via Internet-based PECOS or the paper application process, as a "snapshot in time."
 - Documents **not** routinely required when revalidating are:
Degrees/diplomas, Reassignment of Benefits applications when all active reassignments are identified in Section 4B of the individual's CMS 855I application; and reassignment applications when an entity submits the 855B to revalidate.
 - When entities and sole proprietors identifying an Employer Identification Number are revalidating, an IRS document is required. This document must identify the legal business name and EIN preprinted by the IRS. Any field on the application that requires the legal business name on the application must match the name from the IRS document.

- If an EFT is submitted, a voided check or letter from the bank is required. The check or bank letter identifying account information must also reflect this legal business name.
- Sending a copy of the signor's driver's license or current passport can expedite the process.
- When section 5 of the CMS 855B is completed, a diagram or flowchart is required as an application attachment. This requirement is found in the [CMS Program Integrity Manual \(Pub. 100-08\), chapter 15](#), §15.5.5 – Owning and Managing Organizations.
- If an application is “developed” for missing or incomplete information, this must be provided in full within 30 days from the development request. We encourage providers to respond to the development request as soon as possible as this allows more time to ensure that all missing information has been submitted. If we do not receive the requested documentation within 30 days, we may reject the application and terminate billing privileges. If this occurs, a new application and supporting documents must be submitted.
- Additional Enrollment information and helpful tools are available on the CGS website including the top reasons the application requires development activities from the PE area at:
 - www.cgsmedicare.com/kyb/enrollment/index.html

- **CERT**

- Medicare Signature Requirements: At one time, CGS had a success rate of 99% for receiving documentation meeting Medicare Signature Requirements. Recent findings are now showing our current error rate at 20-25% due to an increase in no response to requests for Attestation Statements.
 - Once it is found that the documentation does not meet Medicare signature requirements, we contact the provider for a completed attestation statement.
 - The provider has 20 days to forward the attestation to CGS.

- If you don't respond, it is very likely your claim will be denied. Getting a denial means you will not be allowed reimbursement for the service date in question and CGS is charged an error.
- If you have any questions on CERT reviews of your claims, you are welcome to contact our CERT analyst, Julene Mull, at:
 - Voice: 615-782-4591
 - Fax: 615-782-4480
- **Suggestions for PCC training topics**
 - As a POE team, we are planning to take an active role in training with the PCC in the upcoming year.
 - **No comments/suggestions at this time**

New Business

- A/B CERT Task Force
 - CMS is now requiring all MACs to collaborate on a combined CERT task force. The A/B CERT Task Force focuses on common CERT errors and will be working to develop educational materials to reduce these errors. The group includes clinical and non-clinical members. CGS and all participating contactors have placed a link to the A/B CERT Task Force website on their individual websites. You will find the link on the CGS website at the following link:
http://www.cgsmedicare.com/kyb/claims/cert/CERT_Task_Force.html
- MyCGS Enhancement
 - We want to thank all who helped in the testing of the myCGS redetermination enhancement. Last week, we received word that testing was completed. Official notification was released on September 17, on submitting Redeterminations through myCGS. The myCGS web portal has been enhanced to now allow Part B providers to submit redetermination requests, including supporting documentation, via the portal. This feature will save mailing time, costs and allow you to monitor the status of your appeal requests.
 - Just a few reminders as we begin this new phase:

- Only those registered for myCGS can submit redeterminations through myCGS.
 - The first person to register for myCGS for each NPI/PTAN combination is considered the Provider Administrator.
 - The Provider Administrator is responsible for registering others in the office (Provider Users) and granting access to the many functions in myCGS.
 - To successfully submit an appeal, the Provider Administrator will have to grant access to secure messaging and secure forms for each Provider User. This is done under the ADMIN tab.
 - Provider Administrators who run into problems can contact our EDI Department at 1.866.276.9558.
- We have shared and will continue to share all of your enhancements ideas with the myCGS staff.

- **POEAG Membership**

- On a monthly basis, we receive requests from people who want to join the POE Advisory Group. In order to respond to these requests and to be sure our group represents as many segments of the Medicare provider community as possible, we have created a formal membership process. On a yearly basis we will have a POE AG membership drive. We will be sending a public announcement for interested individuals to apply to be a member of the POE AG. We will then review the applicants for acceptance. This year, all of the current members will receive an email from Jennifer asking if you are still interested in being a member of the group. Please simply reply yes or no. Next year, we will ask all members to complete an application so we have all of your current contact information. We are not asking anyone to leave; however, we understand some members may have different job duties or time constraints and may want to leave the group.
- Please know that we are very satisfied with the current group's participation and efforts. We really need and value your input and suggestions on what we are doing and how we can improve.

Old Business

- CGS Medical Directors Educational Events
 - Thank you for coming to or getting your physicians to attend the Medical Director events in July 2013.

- We are now in the next planning phase. In speaking with Dr. Berman and Dr. Montijo, we will be contacting state specialty associations to inquire about the possibility of having them speak at their association's annual physician meeting. Please let us know when you are interested in having a CGS Medical Director speak at your associations' upcoming physician meetings.
- We will plan to present the program at Wright State in Dayton, Ohio in the Spring 2014.
- We are hoping to hold a few video broadcasting events in the upcoming year with the help of the Kentucky Medical Association.
 - One member asked if this plan is limited to Medical Associations only, and if practices with a large number of physicians may request a meeting with the CGS CMDs.
 - In addition to working with associations, we are happy to work with group practices and coordinate meetings with our CMDs. Our focus for these sessions is definitely on physicians, so that will be a key in scheduling future meetings.

Announcements and Reminders

- PQRS: Eligible professionals must report at least one PQRS measure in 2013 in order to avoid the 1.5% payment reduction in 2015. See:
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

Upcoming Educational Events

- J15 Small Provider/Medicare Update Workshops- the POE team recently met to plan our 2014 educational year. We will be continuing these events and we are finalizing dates and locations.
- J15 Webinars
 - We continue to host a series of New Provider Webinars and these will continue in 2014. We are working with our webinar company to ensure the quality of these events.
- Updates to CGS Online Education Courses- none at this time.

- Education is available upon request: please e-mail the Part B education address located on this web page:

<http://www.cgsmedicare.com/kyb/education/TrainingRequest.html>

POE Advisory Group Meeting Schedule

- Next meeting: December 5, 2013 – teleconference only

Roundtable/ Questions

- o We discussed a new way to access the CGS in-person seminar materials. Everyone agreed that providing a link to our materials so individuals could print out the presentation or access it on their tablets and/or iPads is a great idea.
- o It was noted that several associations currently use a process of this type by using a link of this type in their announcements for upcoming training where attendees can retrieve presentation material prior to the event. All were open to the new idea.

The meeting was adjourned at 1:48 p.m.