

ACT

ASK THE CONTRACTOR
TELECONFERENCE



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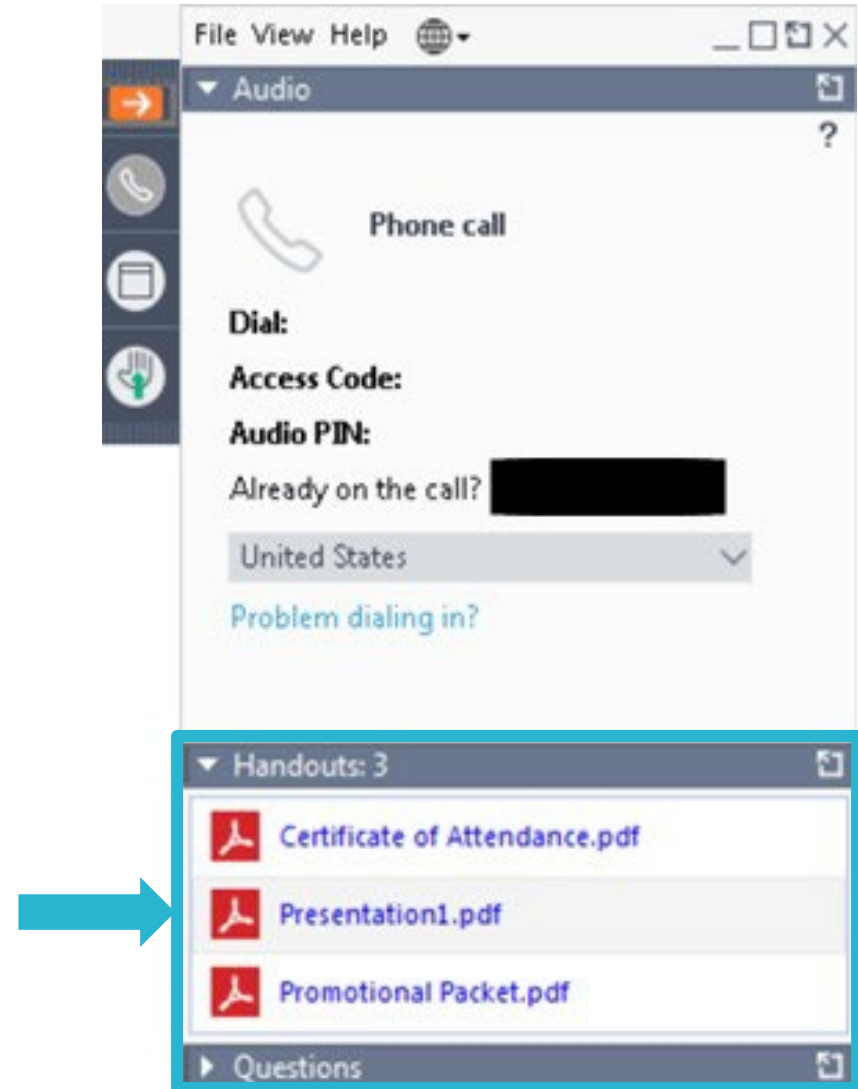
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WEBINAR INSTRUCTIONS

Today's Presentation

- Once you are connected to the webinar, select **Handouts**
- Select the file to download the presentation, Certificate of Attendance, and/or the Promotional Packet

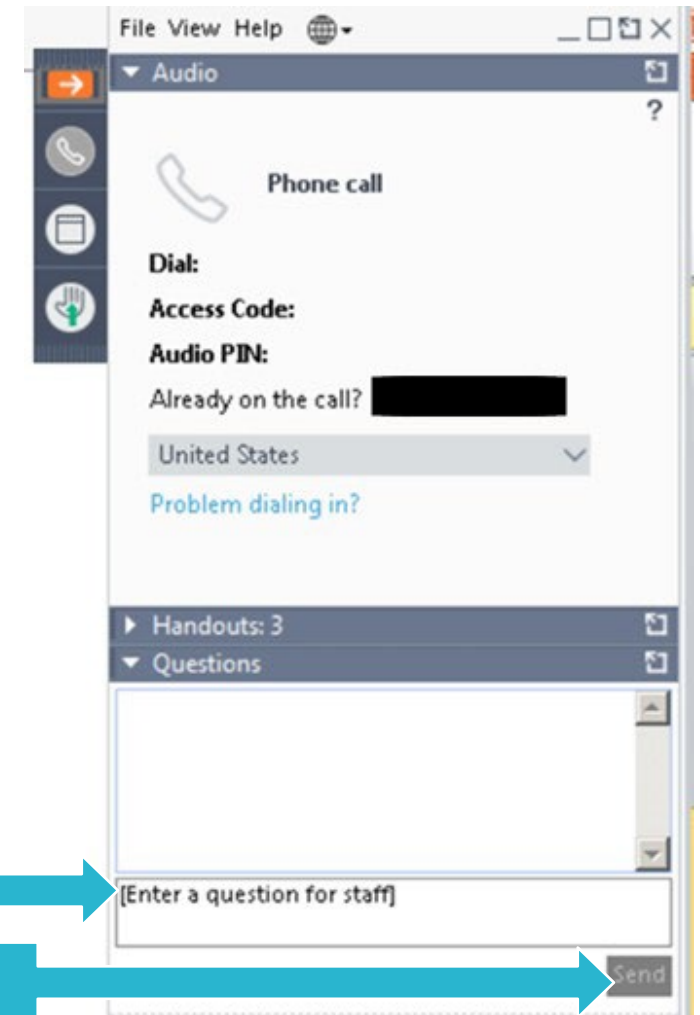




WEBINAR INSTRUCTIONS

Question Box

To ask a question in the question box . . .



Type it here.

Hit send.



J15 Self-Service Options & Other Helpful Tools



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J15 Provider Outreach & Education

March 10, 2022



Let our online tools work for YOU...



Disclaimer

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

This publication is a general summary that explains certain aspects of the Medicare Program but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.

CPT Disclaimer – American Medical Association CPT codes, descriptions, and other data only are copyright 2022 American Medical Association. Applicable FARS\DFARS Restrictions Apply to Government Use. All rights reserved.

Agenda

The CGS tools and job aids are informational and educational resources, designed to assist our Medicare providers and suppliers with submitting claims correctly.

- Self-Service Options
- Stay Connected (Social Media)
- Updates

Did You Know?

- Medicare was signed into law in 1965, for people aged 65, and over.
 - Original enrollment period began September 1, 1965
 - The Part B monthly premium was \$3; the deductible was \$40 for Part A
 - Medicare coverage expanded to disabled, and people with end-stage renal disease (ESRD) in 1972
 - Home Health services were added to Medicare in 1980
 - Hospice services were added to Medicare in 1982
- As the Medicare program expanded and progressed over the decades, so has our technology as a premier Medicare contractor. Our mission is to always improve, by being customer focused, and making a difference in your Medicare experience.

J15 Self-Service Options

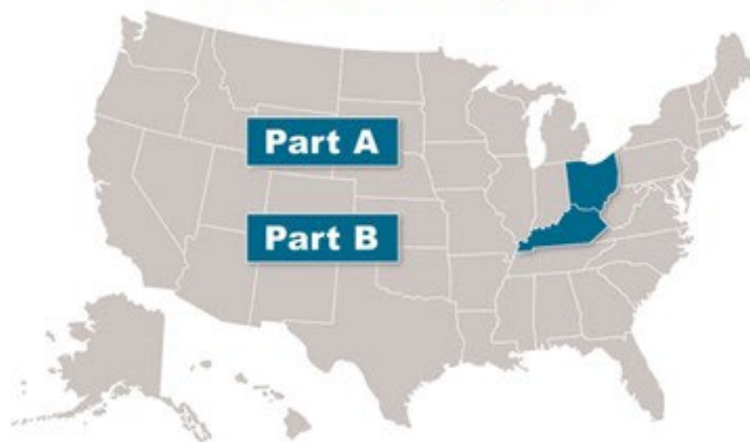
- Each line of business has their own unique set of tools, specific for our provider community. There are tools available for each contract, for different departments such as:
 - Customer Service;
 - Claims;
 - Electronic Data Interchange (EDI);
 - Provider Enrollment; and
 - Medical Review
- Our goal is for providers and suppliers to file services accurately, so that claims are processed correctly. Let our online tools and job aids work for you!

J15 Self-Service Options

Be sure to select the correct line of business (<https://www.cgsmedicare.com>)

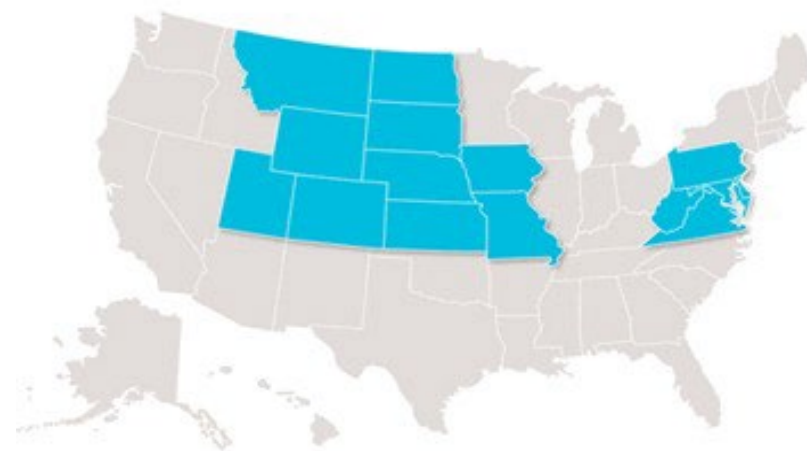
A/B MAC Jurisdiction 15

Select Part A or Part B in the map below



- J15 Part A Home
- J15 Part A Contact Information
- J15 myCGS Web Portal
- J15 Part A News
- J15 Part B Home
- J15 Part B Contact Information
- J15 myCGS Web Portal
- J15 Part B News

HHH MAC Jurisdiction 15



- J15 HHH Home
- Contact J15 HHH
- J15 myCGS Web Portal
- J15 HHH News



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Home Health & Hospice

J15 Self-Service Options - HHH

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[JB DME](#)
[JC DME](#)
[J15 Part A](#)
[J15 Part B](#)
[J15 HHH](#)

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Self-Service Options

The following tools are designed for home health and hospice providers who submit claims to CGS.

Disclaimer: CGS' online tools and calculators are informational and educational tools only, designed to assist Medicare (Providers or Suppliers) with submitting claims correctly. CGS makes no guarantee that this resource will result in Medicare reimbursement for services provided. Although every reasonable effort has been made to provide effective resources to assure correct claim submission, CGS is not responsible for the consequences of any decisions or actions taken in reliance upon or as a result of the information provided by these tools. CGS is not responsible for any human or mechanical errors or omissions.

Note: Hover your mouse over the title to display a complete description.

<p>Appeals</p> <ul style="list-style-type: none"> • Appeals Decision Tree • Appeals Timeliness Calculator <p>Medical Review</p> <ul style="list-style-type: none"> • Additional Documentation Request Timeliness Calculator • CERT Claim Identifier Tool <p>myCGS</p> <ul style="list-style-type: none"> • myCGS • myCGS Comparative Billing Reports (CBR) for Home Health and Hospice Providers 	<p>Claims</p> <ul style="list-style-type: none"> • Home Health Low Utilization Payment Adjustment (LUPA) Threshold Calculator • Home Health Patient-Driven Groupings Model (PDGM) 30-Day Period of Care Billing Calculator • Home Health Patient-Driven Groupings Model (PDGM) Admission Source 14-Day Calculator • Home Health Patient-Driven Groupings Model (PDGM) Final Claim Timeliness Calculator • Hospice Occurrence Code 27 Calculator • Hospice Payment Rates Calculator • Medicare Secondary Payer (MSP) Online Tool 	<p>Electronic Data Interchange (EDI)</p> <ul style="list-style-type: none"> • 277CA Edit Lookup Tool • EDI Report Request Tool • EDI Online Applications Status Check <p>Provider Enrollment</p> <ul style="list-style-type: none"> • Average Provider Enrollment Applications Processing Time • CGS Provider Enrollment Application Status • Provider Enrollment Interactive Help Tool 	<p>General</p> <ul style="list-style-type: none"> • CGS MedicareSM App • Interactive Medicare Electronic Remittance Advice (ERA) • Interactive Medicare Standard Paper Remittance (SPR) Advice • Interactive Voice Response (IVR) System - IVR User Guide PDF • Medicare Beneficiary Identifier (MBI) and Name to Number Converter • Medicare Deductible / Coinsurance Look-Up • Reason Code Search and Resolution
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HHH Top 5 Self-Service Tools

- **HHH top five self-service tools used for 2022:**
 - Home Health Low Utilization Payment Adjustment (LUPA) Threshold Calculator
https://www.cgsmedicare.com/medicare_dynamic/j15/lupa/lupa_threshold.aspx
 - Hospice Payment Rates Calculator
https://www.cgsmedicare.com/medicare_dynamic/hospice_rate_calculator/hospice_rate_calc/index.aspx
 - Interactive Medicare Standard Paper Remittance (SPR) Advice
https://www.cgsmedicare.com/hhh/education/spr_tool.html
 - Reason Code Search and Resolution
https://www.cgsmedicare.com/medicare_dynamic/j15/j15hhh_reasoncodes/j15hhh_reasoncodes.aspx
 - Home Health Patient-Driven Groupings Model (PDGM) 30-Day Period of Care Billing Calculator
https://www.cgsmedicare.com/medicare_dynamic/j15/pdgm_30_day_calc/pdgm_30_day_calc.aspx
- **We also recommend the following:**
 - FISS DDE User Manual (<https://www.cgsmedicare.com/fiss/index.html>)



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Part A

J15 Self-Service Options – Part A

[Medicare Home](#)
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[J15 Part A](#)
[J15 Part B](#)
[J15 HHH](#)

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Self-Service Options

The following tools are designed for Part A providers who submit claims to CGS.

Disclaimer: CGS' online tools and calculators are informational and educational tools only, designed to assist Medicare (Providers or Suppliers) with submitting claims correctly. CGS makes no guarantee that this resource will result in Medicare reimbursement for services provided. Although every reasonable effort has been made to provide effective resources to assure correct claim submission, CGS is not responsible for the consequences of any decisions or actions taken in reliance upon or as a result of the information provided by these tools. CGS is not responsible for any human or mechanical errors or omissions.

Note: Hover your mouse over the title to display a complete description.

<p>Appeals</p> <ul style="list-style-type: none"> • Appeals Decision Tree • Appeals Timeliness Calculator <p>Medical Review</p> <ul style="list-style-type: none"> • Additional Documentation Request Timeliness Calculator • CERT Claim Identifier Tool • Outpatient Department (OPD) Prior Authorization Calculator 	<p>Claims</p> <ul style="list-style-type: none"> • Consolidated Billing • Device-Intensive Procedure and Device Code Search • Medically Unlikely Edits (MUEs) • Medicare Secondary Payer (MSP) Online Tool • Modifier Finder Tool • NCCI Procedure-to-Procedure Lookup • Reason Code Search and Resolution Calculator <p>myCGS</p> <ul style="list-style-type: none"> • myCGS • myCGS Comparative Billing Reports (CBR) for Part A Providers 	<p>Electronic Data Interchange (EDI)</p> <ul style="list-style-type: none"> • 277CA Edit Lookup Tool • EDI Report Request Tool • EDI Online Applications Status Check <p>Provider Enrollment</p> <ul style="list-style-type: none"> • Average Provider Enrollment Applications Processing Time • CGS Provider Enrollment Application Status • Provider Enrollment Interactive Help Tool 	<p>General</p> <ul style="list-style-type: none"> • CGS MedicareSM App • Interactive Voice Response (IVR) System – IVR User Guide PDF • Medicare Beneficiary Identifier (MBI) and Name to Number Converter • Medicare Deductible / Coinsurance Look-Up
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Part A Top 5 Self-Service Tools

- **Part A top 5 self-service tools used for 2022:**
 - Medicare Beneficiary Identifier (MBI) and Name to Number Converter
https://www.cgsmedicare.com/ivr_converter.html
 - EDI Report Request Tool
https://www.cgsmedicare.com/medicare_dynamic/edi_reports/edi_reports/001.aspx
 - Appeals Timeliness Calculator
https://www.cgsmedicare.com/medicare_dynamic/j15/parta_time_limit_calculator/parta_time_limit_calculator.aspx
 - Reason Code Search and Resolution
https://www.cgsmedicare.com/medicare_dynamic/j15/j15a_reasoncodes/j15a_reasoncodes.aspx
 - myCGS
<https://www.cgsmedicare.com/parta/mycgs/index.html>
- **We also recommend the following:**
 - FISS DDE User Manual
<https://www.cgsmedicare.com/fiss/index.html>
 - Consolidated Billing Tool
https://www.cgsmedicare.com/medicare_dynamic/j15/consbill_parta/index.aspx



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Part B

J15 Self-Service Options – Part B

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[JC DME](#)
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[J15 Part B](#)
[J15 HHH](#)

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Self-Service Options

Disclaimer: CGS' online tools and calculators are informational and educational tools only, designed to assist Medicare (Providers or Suppliers) with submitting claims correctly. CGS makes no guarantee that this resource will result in Medicare reimbursement for services provided. Although every reasonable effort has been made to provide effective resources to assure correct claim submission, CGS is not responsible for the consequences of any decisions or actions taken in reliance upon or as a result of the information provided by these tools. CGS is not responsible for any human or mechanical errors or omissions.

Note: Hover your mouse over the title of the self-service option to display a complete description.

<p>Appeals</p> <ul style="list-style-type: none"> • Appeals Decision Tree – Part B • Appeals Timeliness Calculator <p>Medical Review</p> <ul style="list-style-type: none"> • Additional Documentation Request Timeliness Calculator • CERT Claim Identifier Tool <p>myCGS</p> <ul style="list-style-type: none"> • myCGS • myCGS Comparative Billing Reports (CBR) for Part B Providers 	<p>Claims</p> <ul style="list-style-type: none"> • NEW! Cataract Services Decision Tree • Claims Timely Filing Calculator • CMS 1500 Claim Form Instructions Tool • Consolidated Billing • Drugs & Biologicals Decision Tree • Fee Schedule Search Tools • Laboratory Services/Orders Documentation Review Decision Tree • Medically Unlikely Edits (MUEs) • Medicare Secondary Payer Tool • Modifier Finder Tool • NCCI Procedure-to-Procedure Lookup • Outpatient Physical and Occupational Therapy Decision Tree • Reason/Remark Code Search and Resolution 	<p>Electronic Data Interchange (EDI)</p> <ul style="list-style-type: none"> • 277CA Edit Lookup Tool • EDI Report Request Tool • EDI Online Applications Status Check <p>Provider Enrollment</p> <ul style="list-style-type: none"> • Application Status Check Tool • Average Provider Enrollment Applications Processing Time • Provider Enrollment Interactive Help Tool 	<p>General</p> <ul style="list-style-type: none"> • CGS MedicareSM App • Interactive Voice Response (IVR) System PDF • Medicare Beneficiary Identifier (MBI) and Name to Number Converter • Medicare Deductible / Coinsurance Look-Up
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Part B Top 5 Self-Service Tools

- **Part B top 5 self-service tools used for 2022:**
 - NCCI Procedure-to-Procedure Lookup
https://www.cgsmedicare.com/medicare_dynamic/j15/ptpb/ptp/ptp.aspx
 - Fee Schedule Search Tools
<https://www.cgsmedicare.com/partb/fees/index.html>
 - Medicare Beneficiary Identifier (MBI) and Name to Number Converter
https://www.cgsmedicare.com/ivr_converter.html
 - Medically Unlikely Edits (MUEs)
https://www.cgsmedicare.com/medicare_dynamic/j15/mue/mue_tool.aspx
 - Modifier Finder Tool
https://www.cgsmedicare.com/medicare_dynamic/modifiers_ky/modifiers_ky/search.aspx
- **We also recommend the following:**
 - Part B Reason/Remark Code Resolution
https://www.cgsmedicare.com/medicare_dynamic/j15/j15b_reasoncodes/index.asp
 - Consolidated Billing Tool
https://www.cgsmedicare.com/medicare_dynamic/j15/consbill_partb/index.aspx
 - Part B Data Analysis
https://www.cgsmedicare.com/partb/education/data_analysis.html
 - Lab Services/Orders Documentation Review Decision Tree
https://www.cgsmedicare.com/partb/tools/lab_services.html



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J15 Self-Service Tools

Additional Resources

J15 Self-Service Tools

Additional tools and resources that will be helpful to your organization or facility:

- Medical Policies
 - HHH: <https://www.cgsmedicare.com/hhh/coverage/index.html>
 - Part A: <https://www.cgsmedicare.com/parta/education/index.html>
 - Part B: <https://www.cgsmedicare.com/partb/medicalpolicy/index.html>
- Medical Review
 - HHH: <https://www.cgsmedicare.com/hhh/medreview/index.html>
 - Part A: <https://www.cgsmedicare.com/parta/mr/index.html>
 - Part B: <https://www.cgsmedicare.com/partb/mr/index.html>
- GoTo Stage (Recorded Webinars): <https://www.gotostage.com/channel/j15education>
- Online Education Center:
https://www.cgsmedicare.com/medicare_dynamic/education/education/001.aspx

J15 Self-Service Tools

- **Electronic Data Interchange (EDI)**
 - EDI System Status: <https://palmettogba.com/internet/status.nsf/SystemStatus?ReadForm>
 - 277CA Edit Lookup Tool:
https://www.cgsmedicare.com/medicare_dynamic/edi/277CA_edit_lookup_tool/?part=b
 - ACE (Advanced Communication Engine) Smart Edits (Part B Only):
<https://www.cgsmedicare.com/partb/pubs/news/2020/04/cope16935.html>
- **Appeals Decision Tree**
 - HHH: https://www.cgsmedicare.com/hhh/appeals/decision_tree.html
 - Part A: https://www.cgsmedicare.com/parta/appeals/decision_tree.html
 - Part B: https://www.cgsmedicare.com/partb/appeals/decision_tree.html
- **Medicare Secondary Payer Online Tool**
 - HHH: <https://www.cgsmedicare.com/hhh/coverage/msptool.html>
 - Part A: https://www.cgsmedicare.com/parta/claims/msp_tool.html
 - Part B: https://www.cgsmedicare.com/medicare_dynamic/j15/mspcalc/mspcalc.aspx

myCGS

myCGS is a web-based application developed specifically to serve the needs of our provider community and FREE of charge! Access includes:

- Beneficiary eligibility
- Claims status
- View and print Remittance Advices
- Access to financial information
- Submit Redetermination requests
- Receive correspondence from CGS
- Obtain a patient's Medicare Beneficiary Identifier (MBI)
- Check eligibility dates for Medicare-covered preventive services
- Determine Medicare Secondary Payer (MSP) status
- Identify Medicare Advantage (MA) enrollment
- Respond to claims and Medical Review Additional Documentation/Development Request (ADR) letters
- Request Comparative Billing Reports (CBRs)
- And MUCH more

myCGS

myCGS will generally be available 24 hours a day, seven days a week.* Refer to the availability times below for when each function is available.

Claims Data	6:00 a.m. - 7:00 p.m. ET
Remittances	6:00 a.m. - 7:00 p.m. ET
Beneficiary Eligibility	24/7 (except during established myCGS and CMS scheduled maintenance)
Financial Data	6:00 a.m. - 7:00 p.m. ET

** Not all functions will be available.*

If you are not signed up with myCGS (<https://www.cgsmedicare.com/mycgs/index.html>), let us know how we can help!



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Pre-Submitted Questions

From Our Provider Community

Pre-Submitted Question

Question: When a MC claim is denied at clearing house level and they advise us to "call Medicare," what do you advise?

Answer: If the file/claim rejected at the clearinghouse, the clearinghouse should address that error. Medicare does not have access to the edits the clearinghouse has setup in their system.

Pre-Submitted Question

Question: Can the actual providers name be listed/located on the actual claim upon verifying status or at least an account number? (myCGS)

Answer: Currently, the performing provider's name cannot be listed. However, we have forwarded a suggestion to list the performing provider's National Provider Identifier (NPI) on the Detailed Claim Status Information screen.

Pre-Submitted Question

Question: Can you give examples of when to use which self-service tool? Sometimes I start one and realize I am using the wrong one.

Answer: Depending on the type of information you are looking for, would depend on the type of tool needed.

For example, if a service/claim denied or was rejected, providers can use the Reason/Remark Code Tool, to look up the definition of the reason/remark code(s) on their remittance. This tool will also give additional information on how to resolve.

Pre-Submitted Question

Question: Is it possible to get step by step instruction on refunding to Medicare? We find it confusing.

Answer: When you recognize that Medicare overpaid on claim, complete the Voluntary Overpayment Refund form, and include the refund check. If you identify a Medicare overpayment, and **not** going to submit an immediate refund, use the Overpayment Recovery Request Form.

Overpayments and Refunds

- HHH: <https://www.cgsmedicare.com/hhh/overpay/index.html>
- Part A: <https://www.cgsmedicare.com/parta/overpay/index.html>
- Part B: <https://www.cgsmedicare.com/partb/overpay/index.html>

Pre-Submitted Question

Question: May the webinar provide helpful tools for the Pecos Systems?

Answer: Providers submitting enrollment applications (CMS-855, CMS-20134, and CMS-588) through the Medicare Provider Enrollment, Chain and Ownership System (PECOS), the CMS provides step-by-step enrollment tutorials (<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>) for online applications. When using PECOS:

- Applications are processed more quickly than paper applications
- Support is available to help with questions such as registration, access, and application fees

CGS offers additional resources and tools on our Provider Enrollment web pages:

- Home Health & Hospice: <https://www.cgsmedicare.com/hhh/enrollment/index.html>
- Part A Provider: <https://www.cgsmedicare.com/parta/enrollment/index.html>
- Part B Provider: <https://www.cgsmedicare.com/partb/enrollment/index.html>

Pre-Submitted Question

Question: When to [sic] waiver ends for 3-day inpatient hospital stay for skilled nursing coverage, where is the information Medicare uses?

Answer: Providers can reference the CMS MLN Matters article SE2011 and SNF Benefit Period Waiver Claims (<https://www.cgsmedicare.com/parta/pubs/news/2021/05/cope21905.html>).

Pre-Submitted Question

Question: Medicare was allowing home health agencies to bill two Raps at a time. Meaning in December 2021, you could bill a Rap for Dec?

Answer: The Notice of Admission (NOA) replaced RAPs for dates of service on or after January 1, 2022. For guidance related to periods of care that continue from 2021 to 2022, please reference the following:

- Billing the Home Health NOA Electronically (https://www.cgsmedicare.com/hhh/claims/pdf/billing_noa_837elec_version_2022_v1.pdf)
- Billing the Home Health NOA via DDE (https://www.cgsmedicare.com/hhh/claims/pdf/billing_noa_dde_version_2022_v1.pdf)
- Top Provider Questions – Home Health Notice of Admission (NOA) (<https://www.cgsmedicare.com/hhh/dyk/noa.html>)

Pre-Submitted Question

Question: Telehealth bill coding change in April 2022. CPT Code I typically use is 90837. Will telehealth claim now be POS 10, MOD 95?

Answer: Continue to bill how you are currently with POS 11. During the public health emergency (PHE), Medicare does not require use of telehealth Place of Service codes. Any change of policy regarding use of telehealth POS codes following the end of the PHE would be addressed in subsequent instruction. Medicare contractors are to instruct their providers to continue to bill according to current applicable rules.

- MLN Matters Article 12549 - CY2022 Telehealth Update Medicare Physician Fee Schedule (<https://www.cms.gov/files/document/mm12549-cy2022-telehealth-update-medicare-physician-fee-schedule.pdf>)
- CMS Change Request 12427 - New/Modifications to the Place of Service (POS) Codes for Telehealth (<https://www.cms.gov/files/document/r11045cp.pdf>)



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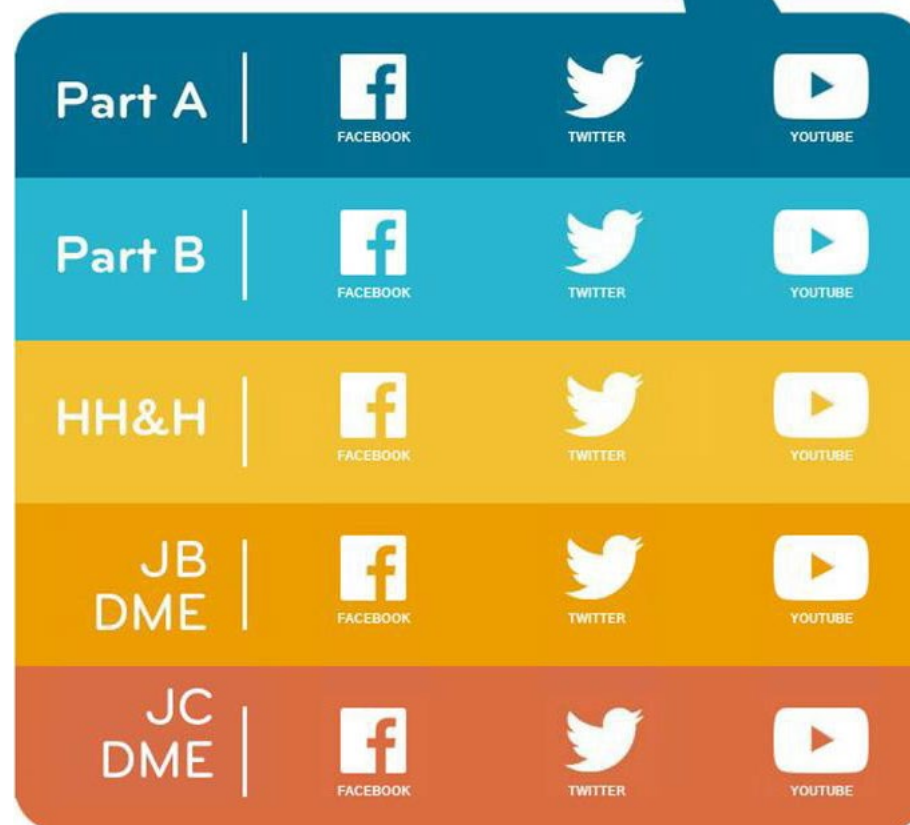
Social Media

Social Media

- Stay connected with us for information and updates!
- Follow (<https://www.cgsmedicare.com/socialmedia/index.html>) us on:
 - Facebook
 - LinkedIn
 - YouTube

CGS SOCIAL MEDIA

Join the conversation...





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CGS Mobile App

CGS Mobile App

- Don't worry about being away from your laptop or desk computer!
- Download our app to your mobile device, now available in the App Store and Google Play store.



CGS Medicare. Any time. Any place.

View Fee Schedules, LCDs/Policy Articles, News & Publications and more on our newly refreshed app.

CGSMedicareSM

Get it on Google play Available on the App Store

The advertisement features a smartphone displaying the app's interface with menu items: J15 PART B, Fee Schedule, LCDs/Policy Articles, News & Publications, and Contract. The background is light blue with a white banner at the top containing the slogan. The bottom right corner includes the app's logo and distribution platform badges for Google Play and the App Store.

CMS Medicare Learning Network®

Stay Informed: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo>

The screenshot shows the Medicare Learning Network (MLN) website homepage. At the top is a navigation bar with links: MLN Homepage, Publications & Multimedia, News & Updates, Events & Training, Continuing Education Credits, and Provider Compliance. The main content area is divided into several sections:

- Did You Know?:** A text box stating, "The Medicare Learning Network is celebrating its 20th anniversary delivering high quality educational resources. Thank you for trusting us as your source for Medicare information."
- National Association Partnerships:** A text box stating, "National provider associations can partner with CMS to share the latest news with their members."
- The Medicare Learning Network®:** A large banner featuring the MLN logo (stylized 'mln' in blue and green) and the tagline "KNOWLEDGE • RESOURCES • TRAINING". To the right of the logo is a circular emblem celebrating "20 YEARS EST. 2002". Below the banner, it says: "Free educational materials for health care professionals on CMS programs, policies, and initiatives. Get quick access to the information you need."
- Publications & Multimedia:** A section with a book icon and links to "Publications", "MLN Matters Articles", and "Multimedia".
- Events & Training:** A section with a person at a whiteboard icon and links to "Calls & Webcasts" and "Web-Based Training".
- News & Updates:** A section with a newspaper icon and links to "MLN Connects® Newsletter", "Electronic Mailing Lists", and "Social Media".
- Association Continuing Education Credit:** A section with an icon of a person reading and a link to "Earn continuing education credit".

At the bottom of the page, the Medicare Learning Network logo is displayed on the left, and a copyright notice on the right states: "The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS)."

Outreach & Education

Check out our calendar of events! Be sure to join us for our upcoming webinars. Click on the link below:

- Home Health & Hospice
 - Home Health and Hospice Calendar of Events (https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/hhh_report/hhh_report.aspx)
- Part A
 - Part A Calendar of Events (https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/parta_report/parta_report.aspx)
- Part B
 - Part B Calendar of Events (https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/partb_report/partb_report.aspx)

Register Today!

Join Us for Our In-Person Event!

PASSPORT *to* MEDICARE
Columbus, OH
April 6 & 7, 2022



Thank You for Joining Us!

Scan the QR code below for our survey. Let us know how we are doing. We would love to have your feedback!



*We **IMPACT** Lives!*