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, *CGS J15 POE Manager*

Attendees: 25 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]) 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) – 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) – 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): **SIGN UP TODAY!**

  - Feedback On:

    - Ease of Access
    - Different Modalities (Live, Recorded, On-Demand, Polls, Lecture)-
      » Haven't used live, only demand.
      » Early afternoon is the preferred time.
      » Midweek is also preferred
    - POE offered a CVENT/calendar of events demo to display how previous POE AG recommendations were incorporated.

Current Tasks

Targeted Probe & Educate (TPE)

- Members shared that they like the new format because it provides more information and that it is the overall preference of the group when compared to other MACs. Additional comments were that CGS seems to have a more transparent process and a fair approach to medical review with quick responses.

- Management announced that Angela French is now the new HHH Senior Medical Reviewer and that Kati Lang is the new POE Sr. Provider Outreach & Education Specialist for HHH.

KEEP, START, or CHANGE Roundtable

- **myCGS**:
- **Greenmail** (myCGS User Manual - Admin [https://www.cgsmedicare.com/mycgs/mycgs_user_manual_admin.html#admin_main]): No issues were reported with the Green Mail transition.
- **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).
  - Reminders for automation and bots within the portal:
    - Definition: A bot, or robot, is essentially any automated software program designed to complete a task.
    - EMRs that may be using automation to check various status inquiries outside of just eligibility: By that definition, yes, the EMR tool would qualify as a bot.
    - Yes, our Terms of Use prohibit the use of bots / automated tools. That EMR feature is in violation of our TOU.
    1. **Security Concerns:** Automated tools can pose significant security risks, including unauthorized access and data breaches. By restricting their use, we aim to protect sensitive information and maintain the integrity of our systems.
    2. **System Performance:** The use of automated interfaces can lead to increased load on our servers, potentially causing performance issues and affecting the user experience for all providers accessing the portal.
    3. **Data Accuracy:** Automated processes may not always handle data with the same level of accuracy as manual input, leading to potential errors and inconsistencies in the information submitted through the portal.
    4. **Compliance:** Our policies are designed to ensure compliance with CMS security regulations, specifically those that govern access and identity management. Restricting the use of automation helps us maintain these standards and protect both our organization and our users.
  - A member suggested education on the use of AI and bots when checking beneficiary eligibility. There was a request for clarity on what is compliant when utilizing that form of technology. In response, CGS advised that this education has been added into the myCGS lunch & learn on the topic of AI and bot usage. Members were encouraged to review the online education resources on the topic.
- **Interactive Voice Response** R12858OTN | CMS (https://www.cms.gov/medicare/regulations-guidance/transmittals/2024-transmittals/r12858otn): POE staff reminded the group as of February 28, 2025, eligibility information is no longer obtainable via the Interactive Voice Response (IVR) system per R12858OTN | CMS. Education has been ongoing since late 2024 and will continue to ensure provider awareness.
- **Website:** POE staff demonstrated the location of the Online Education Portal (https://www.cgsmedicare.com/hhh/education/online-education.html) that was recently updated to remove the login requirement.
- **Call Center:** Attendees expressed appreciation for the FAQs on the CGS website. The consensus was that they like the scenario-based education when reviewing the medical necessity topic.
- **Education:** A member shared how much she loves the available tools and suggested that there be an additional tool that would clearly show examples of how an agency can show collaboration between two physicians/providers—one who did the FTF in the community and the other ordering HH in the community.
- **Provider Contact Center:** There was no feedback provided on the PCC.

Future Tasks

Review of Upcoming Educational Material

- The following pre-submitted topic was discussed: CMS guidance related to the use of AI in completing OASIS—what is permitted and what is not? The release of the final E2 Manual by CMS addressed this concern.
- Another pre-submitted topic discussed was: Late NOAs and exceptions—how to appeal and/or follow up when an exception is not approved. POE worked with the PCC and Claims to resolve this matter.
- CGS advised that the Monthly Welcome Week for New Providers will continue but on a bi-monthly basis due to low attendance. Members expressed that there are still some staffing issues which may be contributing factors to the low attendance.
- One of the members suggested education on signatures and technical components as a lunch & learn.
- Another suggested topic was Home Health F2F. CGS advised that there is recent education provided in the Home Health Elements Series provided by Angela French addressing Home Health F2F. However, we will continue to education on this topic.
- 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
- Members were advised that the POE team can provide education virtually for any of the upcoming conferences and events.

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)

CGS Data Analysis

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

CGS Home Health & Hospice Data Analysis: January 2026–December 2026

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%
Total	121,345	16,780	13.83%	113,961	10,221	8.97%	235,306	27,001	11.47%

Home Health Claim Submission Error (CSE) Data: January 2026–December 2026

Rank	Reason Code	Billing Error	# Of Errors
#1	U537F	From date on NOA falls w/in an existing HH admission period	2,756
#2	U5233	Services w/in HMO Period and no Hospice involvement or services not w/in Hospice period	1,990
#3	19963	Statement From Date is on or after 01/01/2022 and less than 24 months from claim Admit Date and a matching Home Health NOA cannot be found	1,168
#4	37253	No OASIS assessment found	900
#5	31018	Episode "TO" date not 60 days greater than "FROM" date	545

Home Health Medical Review (MR) Denial Data: January 2026–February 2026

Rank	Reason Code	Denial Reason	# Of Denials
#1	5HN18	Skilled nursing services were not medically necessary	45
#2	5HC09	Initial certification was missing/incomplete/invalid; therefore, recertification episode is denied	22
#3	5HC01	Physician certification was invalid since the required face-to-face encounter was missing/incomplete/untimely	20
#4	56900	Requested medical records were not received within the 45-day time limit	16
#5	5HY01	Medical documentation submitted did not show therapy services were reasonable and necessary and at a level of complexity which requires the skills of a therapist	15

OPEN DISCUSSION

Submit Survey for POE AG

CGS ADVISORY GROUP NEXT MEETING DATE

July 7, 2026—(Microsoft Teams)