

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 12, 2024
Facilitator: Katie Monzel, RN | J15 HHH Senior Provider Clinical Education Consultant
Attendees: 29 state/national association representatives alongside CGS and CMS

AGENDA ITEMS

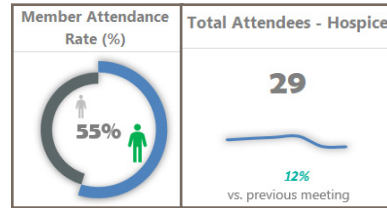
Welcome/Purpose

- 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)

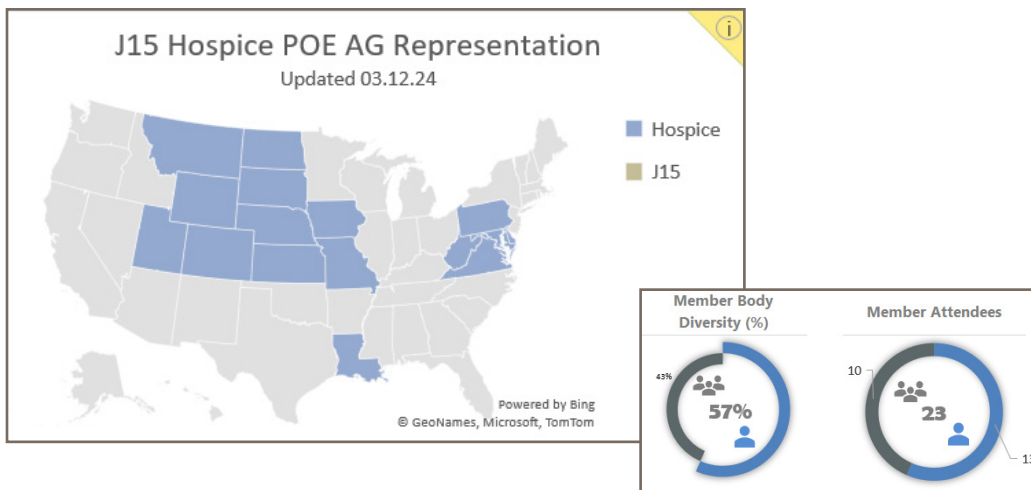
Advisory Group (https://www.cgsmedicare.com/hhh/education/advisory_groups.html) – Houses manual, covenant, group member list (updating after 2024 Membership Drive), meeting dates, past minutes

- 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 and utilization of new internal POE AG Dashboard to monitor key elements including attendance and engagement.



Follow-Up Items from Previous AG Meeting

2024 POE AG Membership Drive



State Represented	Rep Type		State		Grand Total
	Large Chain	National	State	State	
Row Labels	+ Group	+ Assoc	+ State	+ Assoc	
+ Colorado			1		1
+ Delaware	1		2		3
+ Iowa	1			2	3
+ Kansas			3	2	5
+ Louisiana	1				1
+ Maryland			3		3
+ Missouri	2		3		5
+ Montana			1		1
+ Nebraska				1	1
+ North Dakota			1		1
+ Pennsylvania	1		4	1	6
+ South Dakota			1	1	2
+ Utah			2	1	3
+ Virginia		1		1	2
+ Washington, D.C.		1			1
+ West Virginia			1	1	2
+ Wyoming			1		1
Grand Total	6	2	23	10	41

Large chain or national vs individual

- Increased from 33 to **41 state/national association representatives!**
- **ALL CGS J15 Hospice States have representation!!**

56900 Reopening Requests

- Time presented to group for feedback on Process for 56900 Reopening Requests (<https://www.cgsmedicare.com/hhh/pubs/news/2023/08/cope143630.html>) with no questions or concerns expressed. Members voiced not many have utilized this open yet. CGS informed group that Medical Record Nonresponses to Additional Documentation Requests (ADRs) are on the rise with 1st quarter 2024 data, so be sure to disseminate the information on reopenings and keep an eye on any ADRs for timely responses.

To ensure your 56900 reopening requests are routed and handled efficiently, please use one of these options to submit the appropriate request form and documentation:

- **myCGS (preferred method):** The myCGS portal allows you to easily identify claim status, access and complete the appropriate request form, attach documentation, and submit your request electronically. Reference the myCGS User Manual for detailed instructions.
- **56900 Reopening Request Form:** If you still use fax or mail, complete the new 56900 Reopening Request form PDF and send it with a copy of the ADR letter and requested documentation.

Claim denial date < 120 days - Medical Review will complete review without utilizing the Medicare Appeals process

Claim denial date > 120 days - Agency must complete and submit the Redetermination Request form for first level of appeal

[CGS NEW Process for 56900 Reopening Requests Webpage](https://www.cgsmedicare.com/hhh/pubs/news/2023/08/cope143630.html)
[CGS Reopenings](https://www.cgsmedicare.com/hhh/appeals/reopenings.html)

CGS Education Platform Changes

- CGS Webinar Platform (<https://web.cvent.com/event/a64b8e73-c925-4e3f-a190-8d61ecdd86f8/regProcessStep1>) **SIGN UP TODAY!!**

- Members conveyed appreciation for live events with Q&As but also appreciate having on-demand options for scheduling conflicts. Noted new platform is not user-friendly when first using and having issues with initial set up, navigation, adding events to calendar, and joining events that have been registered, which could be impacting attendance. CGS will evaluate against upcoming platform changes and advise at next meeting.
- Reminded members that there will be a combined HH&H POE AG Meeting October 15th, 2024.

Current Tasks

- CGS Re-Award Announcement: J15 A/B Contract!
- <https://cgsmedicare.com/j15award.html>

A/B MAC Jurisdiction 15 Contract Re-Awarded to CGS Administrators!



A CELERIAN GROUP COMPANY

On November 30, 2023, CMS re-awarded the A/B MAC Jurisdiction 15 contract to CGS Administrators

A/B MAC Jurisdiction 15
7-Year Contract

Part A / Part B States	Home Health & Hospice States
<ul style="list-style-type: none"> ▪ Kentucky ▪ Ohio 	<ul style="list-style-type: none"> ▪ District of Columbia ▪ Colorado ▪ Delaware ▪ Iowa ▪ Kansas ▪ Maryland ▪ Missouri ▪ Montana ▪ Nebraska ▪ North Dakota ▪ Pennsylvania ▪ South Dakota ▪ Utah ▪ Virginia ▪ West Virginia ▪ Wyoming

February 13, 2024

[More Information on CGS Contract Re-Award](https://cgsmedicare.com/j15award.html)
<https://cgsmedicare.com/j15award.html>

There will be **NO**:

- Interruptions in processing
- Changes in contact numbers or addresses
- Provider cash-flow interruptions (payment floor drops)
- Web portal changes
- Transition related dark days
- Edit changes
- Enrollment changes

J15 Contract Re-award Questions?
CGS_J15Implementation@cgsadmin.com

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Targeted Probe & Educate (TPE)

Open discussion was presented for feedback on targeted probe and educate process and questions. Members voiced appreciation for the intra-probe process and collaboration during review but that post-review communication has been challenging. Providers have had difficulty understanding case-specific rationales for denials relating to LCD findings. During the meeting, Medical Review noted the concern is not a new one and while the current verbiage is interpreted as denial due to patient not being terminal, some denials relate to documentation not supporting terminal trajectory. This is a distinction the department is currently reviewing to better convey details. Currently CGS is pulling decreased workloads to help reduce burden and will reach out to providers if any needs arise in their specific TPE process.


- Topics Discussed:
 - Navigation of CGSMedicare site for TPE Elements
 - Denial Response and Rates
 - Website TPE Results Update

MLN6922507 – Medicare Payment Systems (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/html/medicare-payment-systems.html#Hospice>)

- General discussion regarding implementation of hospice edits starting May 1, 2024, physicians who certify hospice services must be enrolled in Medicare or validly opted-out. Educational slides reviewed and resources provided. No additional feedback or questions voiced at this during meeting.

- Change Request 13342: Implementation Edits on Hospice Claims (<https://www.cms.gov/files/document/r123300tn.pdf>)
- CGS Opt-Out Affidavit: (https://www.cgsmedicare.com/partb/enrollment/part_b_optout_sample.pdf)

Change Request (CR) 13342 Implement Edits on Hospice Claims


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Effective May 1, 2024!

CMS begins implementing checks to deny hospice claims if the physician in the Attending field is not on the file to enforce this new rule.

Physicians must enroll with the MAC specific to the region where they practice. They can also check in with their MAC, *which may differ from the hospice's MAC*, regarding enrollment status.

3 Enrollment Options for Certifying Physicians

CMS-855I for Physicians and Non-Physician Practitioners (NPPs)


- Individual practitioner or eligible professional who plans to bill Medicare, certify, refer or order services

CMS-855O for Ordering and Certifying Physicians and NPPs

- Individual practitioner or eligible professional and enrolling solely for ordering or certifying items and/or services to beneficiaries in the Medicare program


Opt-Out Affidavit for Eligible Physicians/NPPs

CGS Opt Out Affidavit:
https://www.cgsmedicare.com/partb/enrollment/part_b_optout_sample.pdf

 **CMS Change Request 13342: Implement Edits on Hospice Claims**
<https://www.cms.gov/files/document/r123300tn.pdf>

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Change Request (CR) 13342 Impact to Hospice Claims


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Reason Code 17729	<ul style="list-style-type: none"> • Added April 1, 2024 • ACTIVE May 1, 2024 • Set to deny • Overridden on Claim Page 9 by authorized operator
Reason Code 31130	<ul style="list-style-type: none"> • Will still assign on unauthorized operator attempt to override reason code on Claim Page 9
Reason Code 34963	<ul style="list-style-type: none"> • Will no longer fire on Hospice TOBs
New Report RPT 28663	<ul style="list-style-type: none"> • List physicians added/updated on PECOS type A record

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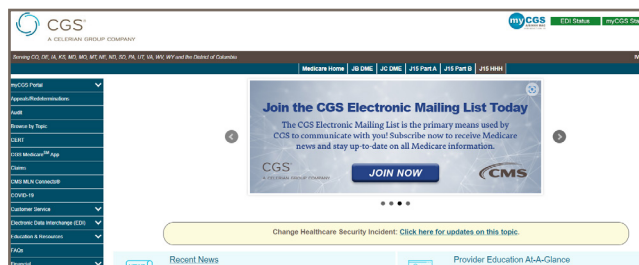
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Above slides and additional resources provided as attachments after minutes

Change Healthcare Security Incident

- <https://cgsmedicare.com/hhh/pubs/news/2024/02/cope151843.html>
- POE AG Members advised an article on CGS homepage related to the Change Healthcare Security Incident will be updated based on the latest directives from CMS and to click the yellow button to find the most



recent information. While this is not a CGS incident, the webpage provides resources to impacted departments and provider guidance. Navigation to homepage and yellow information bar reviewed with POE AG members, no questions or concerns brought forth.

CMS Downloads – Hospice Election Form

- Discussion opened regarding CMS Update of Model Hospice Election Statement Addendum Form to include modification date. Member and NHPCO noted there are still issues in community of providers using outdated forms. CGS confirmed education has been provided in Hospice Election Statement and not using a search engine as primary source for the model, but using the CMS site and navigating to the bottom for the Downloads area to obtain the current and accurate form. (<https://www.cms.gov/medicare/payment/fee-for-service-providers/hospice>)

KEEP, START, or CHANGE Roundtable

- **myCGS:** Member noted changes in myCGS portal inbox and asked if there is a way to change defaults for timeframe of inbox and filtering. Customer Experience Analyst response: 30-day timeframe is default on log-in to inbox but timeframe can be manually updated each time you enter the portal to up to a year. This default can't be changed overall to a greater timeframe as that could impact portal performance. Regarding filtering, 'Submitted by' filter was added as a so users can see submissions at log-in default by user or that filter can be cleared to see any submission from within PTAN/NPI.
- **Website:** Members encouraged to continue utilizing CGSMedicare.com and providing feedback via website surveys to identify areas of opportunity for enhancement.
- **Call Center:** No feedback received.
- **Education:** Last meeting request for education has lead to Provider Enrollment Education Session! The session on April 11, 2024 will discuss what's new with Provider Enrollment across all lines of business and will provide details with guidance resources **regarding recent CMS directives**, including the earlier agenda item of Implementation of Hospice Edits and below resource on Hospice IDT inclusion of MFTs/MHCs.
 - Hospice Benefit Policy Manual Updates Related to the Addition of Marriage and Family Therapists (MFTs) or Mental Health Counselors (MHCs) to the Hospice Interdisciplinary Team | Guidance Portal (<https://www.hhs.gov/guidance/document/hospice-benefit-policy-manual-updates-related-addition-marriage-and-family-therapists-0>)
 - Member requested clarification on adding MFT to IDT being required if they have social worker present in team. As clarification, hospices can now have MFTs/MHCs named in the IDT and participate in plan of care but MFTs/MHCs are not required. This manual update recognizes MFTs can provide counseling as required for COP but it's important to note social work is also a requirement. MFTs, MHCs, and social workers each have their own scope of practice and licensure requirements. If hospice decides to hire MFT they will still require a social worker for social services provided for hospice beneficiaries. The Open Door Forum Q&A document provided by CMS offers a lot of clarification: Hospice Open Door Forum (November 29, 2023) (<https://www.cms.gov/files/document/hospice-open-door-forum-qa.pdf>)

Future Tasks

Review of Upcoming Educational Material

- Group reminded to register for and attend upcoming forums and encourage other staff as well.
- Calendar of Events Home Health & Hospice Education Web page (https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/hhh_report/hhh_report.aspx)

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)

Customer Experience Survey

- Group reminded to take advantage of surveys when visiting our webpage and/or utilizing resources.
- Customer Experience Page Launch
 - CGS launched experience page to give providers better access to all surveys to provide better feedback for direct-action responses to requested items. Customer Experience Analyst provided walk-through and summary of features and website navigation during meeting. We believe healthcare administration should be easy, consistent, and transparent. We simplify the system and deliver valuable solutions that IMPACT lives.
 - <https://www.cgsmedicare.com/hhh/pubs/reviews.html>

**myCGS Portal Enhancements**

- No feedback provided

CGS Data Analysis

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

CGS ADVISORY GROUP NEXT MEETING DATE

July 16, 2024 — Hospice (via Microsoft Teams)