I. Membership Update

Terri announced that we have three new members since the last Provider Outreach and Education (POE) Advisory Group (AG) meeting in August 2017 and asked for each to introduce themselves.

Amanda Pavelich is replacing Mary Anne Bueller. Amanda works with Option Care which is a home infusion company.

She has been with the company for nine years in various positions and now oversees the centralized Medicare billing and collections team.

Kelli Schut is the Medicare Manager with Carelinc Medical and is replacing Cindy Folk. She has been in DME for about 10 years, working with customer service and PAP compliance, and has now been in the Medicare department for about three years.

Lori Zander is with Community Health Network in Indiana and has been with the company for 12 years. She is now quality assurance advisor with revenue cycle, and hopes to ramp up compliance in their quality department.

Terri advised that we have also had three members resign since our August meeting. Deb Roberts retired, Deb Owen accepted a new position at a different company and Kathy Murzyn is doing little Medicare business so she resigned her POE AG position. Terri stated we currently have about 25 POE AG members which we feel is a good number and are not currently accepting applications for new members.

II. National Supplier Clearinghouse (NSC)

Michael Holoman from the NSC joined the call to address POE AG questions that were forwarded to him by Terri. The first question asked for an update on the status of change requests and if the NSC had a backlog. Michael advised the NSC is constantly sending change requests, most of which are enhancements to PECOS, and there is a backlog. The most recent request was a PECOS release where the wording was changed in the e-mail confirming that the application has been accepted. This was done to provide clarification on electronic signature versus written, notifying suppliers that electronic is acceptable.

Next, Michael provided an update on revalidations and when to expect them. He stated the NSC refers to the list on the Medicare website which informs them of when revalidations are due. Suppliers are required every three years to revalidate enrollment with the NSC. A letter is sent out to suppliers 60 days prior reminding them of the enrollment due date. If a supplier’s enrollment is not received by that due date, their supplier number is deactivated.

• A POE AG member asked what if they don’t receive the letter about revalidation and it has been well over three years. Their company has still been billing DME consistently. Michael
asked this member to send him an e-mail so that he may take a look at it.

Michael advised he received a question regarding the time frame to process new applications. The application first goes to the Centers for Medicare & Medicaid Services (CMS) for fingerprinting, only after that does the 60 day time period start to process the application. So if it takes CMS two or three weeks for fingerprinting, those days do not count towards the 60 days to process a new application.

Michael stated the last question he received was about odd visits from inspectors. He advised a new supplier receives a visit from an inspector upon receiving their Provider Transaction Access Number (PTAN), and then four months later the inspector comes again. Michael says visits are spur of the moment with no notification, and suppliers are selected at random.

III. Competitive Bidding Implementation Contractor (CBIC)

Vinsetta Montgomery from the CBIC joined the call to address POE AG questions regarding competitive bid. She is the CBIC liaison for the Midwest region. Currently there are 10 CBIC liaisons, who work with suppliers prior to, during, and after the contract process. They address general questions and concerns, resolve contract issues, monitor contract compliance, and educate supplier groups via workshops and presentations. They also work with beneficiary source groups to provide presentations and training, and to troubleshoot their issues and concerns.

Questions from POE AG members were submitted to Vinsetta in advance. The first question asked for the status of changes and updates to the competitive bidding program for the next round. Vinsetta advised the next competitive bidding round is on delay. On February 8, 2017, CMS announced the temporary delay. As of this time, the CBIC has not received communication about going forward. She asked suppliers to continue to monitor the [https://cms.gov](https://cms.gov) and CBIC website for any updates.

The next question Vinsetta received asked how to report a provider dumping oxygen patients after 36 months. Vinsetta stated that contract suppliers are required to continue servicing oxygen patients after the 36 months. If anyone is aware of suppliers doing this, they should immediately contact the CBIC for further investigation.

The last question asked how to report a provider limiting or charging for oxygen tank refills. Vinsetta stated that if a physician prescribes a particular modality or brand, the contract supplier must ensure the patient receives the needed item. The contract supplier has three possible options when a specific brand or mode of delivery was ordered: provide it, work with the physician to find a similar item and obtain a revised written prescription, or work with the beneficiary to find another supplier who will provide it. The third option of finding a different supplier is only at the beneficiary’s request, meaning the supplier cannot tell the beneficiary that they don’t have the item ordered and won’t provide it. They are required to provide the item ordered because they have a contract. If the contract supplier does not ordinarily carry the item ordered, cannot obtain a revised order, or cannot locate another contract supplier, they are required to provide what was ordered. This information is outlined in a fact sheet on the CBIC website titled “Prescription for Specific Brand or Mode of Delivery to Avoid an Adverse Medical Outcome.”

Vinsetta asked if there were any other competitive bid questions.

- A POE AG member stated that there are companies out that have told patients in months 37 or later, that they have to pay cash for additional tanks. If doctor orders four tanks per week, can we charge for additional tanks at the beneficiary’s request? Vinsetta stated that suppliers are only required to provide what is prescribed by the physician.
- A POE AG member stated they are also confused and thought they must give the patient what they need, that the doctor wouldn't specifically say four tanks per week.
- Vinsetta and Terri agreed to take this question offline because this may not be a CBIC issue and it will need to be discussed further.
- A POE AG member questioned the delay of the next competitive bid round. They wondered what might happen in January 2019 and if the round two contracts expired. Vinsetta stated the CBIC has not received direction from CMS. She does suggest everyone sign up for the CBIC listserv which is where they will post any updates as soon as they are available.

Vinsetta finished up by providing CBIC resources. She advised that if anyone has general competitive bidding questions, they should contact the help desk. She again suggests signing up for the listserv on the competitive bid website under the “Contact Us” section. Vinsetta provided her name and phone number for troubleshooting or in case a supplier needs educational assistance.

IV. ForeSee Website Survey/Scores

Terri stated that in 2017 a total of 398 ForeSee Website Satisfaction surveys were completed for Jurisdiction B (JB). In the 4th quarter alone, 46 were completed by POE AG members, which we greatly appreciate.

- A POE AG member stated that the direct link has helped tremendously in completing the surveys
Terri mentioned that because the pilot was so successful, the direct link will continue to be available for JB and JC. Suppliers may find the direct link at the beginning of every listserv message. Terri proposed to the group that each member complete two surveys per quarter as a part of POE AG membership instead of one, since it is easier to access now. POE AG members had no concerns with this so Terri advised we will move forward and it will be a membership requirement for all POE AG members to complete two surveys per quarter starting immediately. Terri reminded members that they are welcome to complete more than two as well.

Terri mentioned that enhancements to the website search engine were just released January 17, 2018. Suppliers should see improved returns on search topics and will have the option to search by relevance, by date, or by PDF or video. This is considered a “soft launch” which means it is only be promoted to POE AG and JB Council members at this time. We ask POE AG members to test the search engine enhancements and provide any feedback to cgs.jb.msi.comments@cgsadmin.com.

John Kelly/CGS added that any feedback will help drive future enhancements to the search function.

- A POE AG member asked if this enhancement is for both JB and JC. John confirmed this was for both websites. He advised it will also limit search results to the contract page you are searching on, so if you are on the JB site, your results will include only JB content.

Terri asked if anyone has seen the enhancements yet or have any feedback. No one did at this time.

John added that on the direct link pilot for the ForeSee survey, supplier feedback was sent to CMS. As a result of that feedback, CMS is allowing ALL contractors to have a direct link available.

V. myCGS Update

Tracy Sessoms/CGS advised that as of January 4, the myCGS web portal allows for 3rd party billers to register using a new clearinghouse/billing agent (CHBA) role. Prior to the update, there was not a specified role which allowed clearinghouses or billing agents to have access to more than one supplier or tax ID. For registration, there is a revised Common Electronic Data Interchange (CEDI) authorization form which must be completed, even if suppliers already have an agreement with CEDI. Suppliers must complete the CEDI supplier authorization form and mark the check box to allow for a 3rd party biller to access your information. Access is based on what jurisdiction suppliers choose and what access level is selected, such as claims information, eligibility information, etc.

Once the authorization form is complete, the actual clearinghouse or billing agency would register for access to the portal using the trading partner ID of the supplier. The clearinghouse or billing agency may add up to 10 trading partner IDs initially during registration, and can later add more. If you are currently a clearinghouse or billing agency and have a user ID in the portal where you represent a company as an end user or a designated approver, in order to be accepted into the portal, the current user ID would need to be deactivated as there can only be one role per person.

Tracy stated that if suppliers have a clearinghouse but also a billing agency that does not do electronic claim filing or have any remits, they can actually be a subcontractor of the clearinghouse.

- A POE AG member asked for a copy of the presentation from today. Terri advised that we do not usually publish the presentation, but all the information regarding myCGS as well as everything else from today will be included in the minutes.

Next, Tracy provided an update from a previous question asked by the POE AG. The question was if myCGS will be able to store documentation sent via myCGS, including responses to additional documentation requests (ADRs) or with the future enhancements to do reopenings and appeals through the portal. Tracy advised there will be a future enhancement to store documentation within myCGS and we are still looking into the ability to conduct simple reopenings and appeals through the portal. We are currently looking at infrastructure issues with lag time and issues with users being kicked out, as well as incorrect deductible information being returned. We are currently working on those issues, after which we hope to focus on the other requests. We are also working on the Medicare Beneficiary Identifier (MBI) change coming in April, 2019.

Tracy stated there are several avenues to provide us feedback on the myCGS portal including the ForeSee survey, the feedback link at the bottom of the website, and the feedback link within the portal. Feedback from suppliers actually drives enhancements. Please be specific when providing feedback and provide contact information.

Tracy asked for any suggestions on additional avenues to give feedback or any additional questions.

- A POE AG member mentions that since a recent change to myCGS, they have noticed significant time increases on searching and going from one step to another.

Tracy stated this is the latency issue she mentioned. CGS did a push which fixed it for a while. She asked that the POE AG member send specific details of what happens when it is slow, so they can troubleshoot it to find exactly what is causing it.

- Another POE AG member stated they heard the same thing from their billers having these issues.

- A POE AG member stated oxygen is where the latency issue happens for them.
• Another advised that their issues happen mostly with enteral.
Tracy asked that the POE AG members send examples of exactly what is happening so that she can troubleshoot the issues.

A POE AG member stated they also have issues with verifying skilled nursing facility (SNF) stays. They will put in a date span without search results, then change the date and it returns a SNF stay within the original date. They advised they will send these examples.

VI. Feedback: Targeted Probe and Educate (TPE)

Ed Knapp/CGS stated that TPE has been in JB now for about six months. He wanted to give the POE AG the opportunity to provide feedback or ask questions. The current policies in TPE include continuous positive airway pressure (CPAP), diabetic supplies, immunosuppressive drugs, knee orthoses, manual wheelchairs, nebulizer drugs, oxygen, spinal orthoses, surgical dressings, and urological supplies.

Terri asked the group if anyone had been through a TPE audit as of yet.

• A POE AG member stated they just completed one and it went smoothly. Their CGS case manager was very helpful and answered all questions they had.

• Another POE AG member advised they went through TPE on CPAP and it was a very enjoyable experience. They were very happy with feedback from the case manager and the education call.

A POE AG asked if after TPE audits are completed, if the results could be published like with other audits in the past. Ed advised that ways to provide suppliers articles or education has been discussed. We have considered posting policy groups on the Self-Service Tools session twice, at the same time as the policy updates, and a Q&A panel. Terri asked the group what they think the second policy topic should be.

• A POE AG member suggested parental and enteral as people always seem to have questions on those policies.

Terri added that Dr. Brennan, the JB Medical Director, is looking to attend at least three of the four JB workshops and she will do a medical policy update. We are also going to do a “Life of a Claim” session and Terri asked for Stacie McMichel from POE to speak a little on that topic. Stacie advised this session will incorporate some common denials and returned/rejected claims. The workshop surveys JB POE conducted indicated that many suppliers are looking for assistance with what their next steps are. We will navigate what will happen once you send the claim, some of the edits that are in place, help understand why a claim has denied, and some of the steps needed to correct claim denials or rejected claims.

• A POE AG member stated this was a great idea.

Terri stated that the Self-Service Tools session will have a major focus on myCGS. Documentation Requirements is always a top requested session so we plan to include that as well. The Medicare Updates session will incorporate all guest speakers, including the CBIC and possibly A/B MAC speakers. The Q&A panel last year was very successful and was highly requested for this year. Each of our workshops will conclude with a Q&A panel. Terri advised we are considering running the self-service tools session twice, at the same time as the policy sessions. Lastly, rather than having copies of the presentation, four comprehensive workshops in 2018. We were able to visit three states last year and will visit the remaining four JB states this year. We do have tentative dates for the comprehensive workshops, as well as the mega JB and JC workshop. The dates are as follows:

- May 23, 2018 – Minneapolis, MN
- June, 2018 – Nashville, TN (Mega)
- July 11, 2018 – Ann Arbor, MI
- August 8, 2018 – Lexington, KY
- September 12, 2018 – Milwaukee, WI

Terri asked if anyone sees a potential conflict with these tentative dates in regards to state or national meetings, please send her an e-mail and let her know.

• Two POE AG members agreed that the dates and locations looked good.

Terri stated that we are still working on the specific date for the mega workshop with JC and will publish this once it is scheduled.

JB has a list of tentative topics for the workshops, including: medical policy update, life of a claim, self-service tools, documentation requirements, oxygen, medical policy TBD, Medicare updates, and a Q&A panel. Terri asked the group feedback:

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Terri explained that the JB POE team has been meeting to plan our workshops and we have determined we will be hosting.

VII. Feedback: 2018 Workshops

Terri explained that the JB POE team has been meeting to plan our workshops and we have determined we will be hosting
we are considering doing workbooks to make the sessions more interactive.

- A POE AG member advised she participated in a seminar that did that years ago and it seemed to work very well.
- Another POE AG member stated they had a similar experience and they think this would be very beneficial.
- Another POE AG member agrees.

VIII. Upcoming Educational Opportunities

Terri advised that the February webinar schedule was just released. She shared the list of webinars coming up through February 21, 2018.

Next, Terri reviewed the upcoming national and state outreach events. Stacie will be attending the American Academy of Orthotists and Prosthetists (AAOP) meeting this February in New Orleans. Ashley will be attending the Ohio Orthotics & Prosthetics Association meeting in March in Columbus, OH. Terri will be attending Medtrade this March in Las Vegas.

Terri stated we are also planning an Ask-the-Contractor Teleconference (ACT) call and the tentative date is March 14, 2018 at 2 PM EST. We will post an exact date and time in the next few weeks. The topic has not yet been determined and is still under review.

IX. Status of POE AG

Suggestions Received

There are currently no outstanding suggestions.

X. Open Discussion

A POE AG member asked if there are any updates on the new Medicare card change. CMS recently had education scheduled which was postponed. She wondered if this might be insight to the program not starting as scheduled on April 1, 2018. Angie Cooper/CGS stated that the open door forum was postponed due to the government shutdown. Everything else is still on track as scheduled and there is no delay in the implementation.

XI. 2018 Meetings

Terri suggested scheduling the remaining POE AG meetings for the entire year, rather than just by quarter. The proposed dates are as follows: 2nd quarter meeting on April 11; 3rd quarter meeting on July 25; and 4th quarter meeting on October 24. Terri asked if anyone is aware of any conflicts or other educational events.

- A POE AG member mentioned that the Michigan Medicaid Provider Liaison meeting conflicts with the proposed 4th quarter meeting date. Terri advised she will look into changing the 4th quarter date. The final schedule will be published and sent to the POE AG members.