Roc Via introduced himself and advised he is the Jurisdiction B Program Manager for CGS. Roc advised that Pat Stevens from CGS was also in attendance to assist with any questions. Roc advised that he is working with NGS to kick off the implementation process and he discussed the following items with the group:

- The Medicare Modernization Act requires all government contracts to be competitively bid
- The Centers for Medicare & Medicaid Services (CMS) awarded the Jurisdiction B contract to CGS effective 1/4/2016
- There is a six month implementation process from the award date but the final implementation date could change

Roc advised all the DME MACs have significant similarities and he specially pointed out the following:

- Payment policies are the same across all jurisdictions
- Common front-end claim submission so there is no change to how suppliers submit claims electronically
- Standardization of many of the system edits, forms and processes
- Support contractors will remain the same

Roc advised there will be some changes and impacts but they are fairly moderate:

- Mailing addresses for hard copy redeterminations and claims
- Some phone and fax numbers
- Web portal will change from NGSConnex to myCGS

  - Roc stated that suppliers will need to familiarize themselves with finding the features they currently use on NGSConnex when transitioning to myCGS. There also might be some minor changes on how to log into the supplier portal. Roc advised that everyone will be aware of the changes and will be looking for POE members to assist with the transition and give CGS any direction that would be needed for a smooth transition.

- Potential changes in Medical Review strategy

Roc stated that CGS will provide a crosswalk detailing all changes so that suppliers are kept in the know and they will easily be able to find information once the transition is complete.

Roc advised the group what is currently occurring with the transition:
• Proactively communicating with all key stakeholders
• Answering implementation questions via the help desk and email which will be turned into FAQs
• Working with NGS to identify special projects and any unique Jurisdiction B tools and applications
• Setting up exploratory meetings with supplier associations and specialty groups
• Building the Jurisdiction B infrastructure for external and internal systems so to operate Jurisdiction B as a mirror image of Jurisdiction C
• Preparing staff

Roc advised that CGS has a good operating system and they are preparing staff for the transition. CGS is leveraging this effort so this will be seamless to suppliers. In order to stay aware of the changes, Roc advised the group that there is a JB Implementation website which is located at http://www.cgsmedicare.com/jb. The website will be updated with implementation news and activities. He encouraged the group to go to the website and bookmark it as CGS will be updating the website often. He also stated CGS will be looking for support and any information from POE AG members and welcome any feedback to ensure the information is accurate. Any questions or suggestions that are submitted will be used to develop FAQs. Listservs will go out in the near future and CGS will also be updating social media which includes launching a JB Facebook page and Twitter account. The Implementation Help Desk is available Monday-Friday 1p.m.-5p.m. CT. and the telephone number is 1.877.363.8895.

Lastly, Roc advised that NGS will complete processing work on 7/1/2016 and CGS will begin processing work on 7/5/2016. He asked the group to keep in mind the dates could change but as of today, those are the dates.

Roc opened the meeting up for questions regarding the transition.

• A POE AG member asked what kind of CEDI changes will be made so that claims are routed correctly. Roc advised that it will be changing as now the claim will be administered by two contractors. CGS and Noridian.

• A POE AG member advised there is some confusion around the transition date. CMS stated the end of June and now we are being advised it is July. Roc responded that the June date was not set in stone and CGS went back to the government and proposed a different date. To ensure a smooth transition, the date was then changed to 7/1/2016.

• A POE AG member asked if they could go out to CGS now and register for the myCGS portal. Roc advised to hold off from registering at this point. There is a change but advised the government is changing their process for registration.

Currently, changes are being made for their process for 6/1/2016. At this point in time, they members were advised to wait for further instructions.

• Terri Shoup with National Government Services stated that she had been asked by multiple POE AG members if there would be a change to the POE AG membership. Roc advised there will not be a change in membership and CGS will continue to work with the POE AG group.

• Terri also inquired on behalf of the POE AG members as to how Jurisdiction C handles current POE inquiries. Terri advised that in the past Jurisdiction B delegated inquiries by state and consultants were assigned a specific territory. Pat Stevens with CGS advised that CGS also assigns specific consultants per state and they anticipate following that model with the JB implementation.

Terri thanked Roc and Pat for joining the call and providing an update regarding the transition.

EDUCATION REVIEW REQUEST (ERR) PROJECT

(Ashley Barnett, National Government Services)

Ashley advised the group that the ERR project was expanded on 1/5/2016 to include the Standard Manual Wheelchair (K0001), from the Manual Wheelchair Bases policy. Therefore, at this time, they are reviewing documentation pertaining to Hospital Beds and Accessories, Group 2 Pressure Reducing Support Surfaces, Therapeutic Shoes for Persons with Diabetes, Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea, and the K0001. Ashley stated they have also incorporated the capability of submitting documentation to the ERR project via the NGSConnex portal. This enhancement was implemented on 12/28/2015.

Since the last POE AG meeting in October, the ERR team has seen nearly 30 more suppliers participate in the program. For January 2016, PAP devices continued to be the highest percentage of submissions received accounting for 36% of all submissions. Hospital Beds would be next at 27%, Therapeutic Shoes at 18%, Standard Manual Wheelchairs (K0001) at 16%, and Group 2 Support Surfaces at 3%.

Ashley stated that for suppliers who participate in the ERR program; the following decrease has occurred in their claim denials:

• 4% decrease for PAP devices
• 2% decrease for Hospital Beds
• 1% decrease for Therapeutic Shoes

Ashley also advised that 13 suppliers who have participated in the ERR program have improved their denial rates by more than 20%, one of which improved by a 64%.
Ashely asked the group if anyone had questions pertaining to the ERR project.

- A POE AG member asked CGS if the ERR project will be moved to CGS in July. Roc advised that the project is not in the CGS statement of work but they do currently have a similar project to the ERR project. Roc stated that CGS will work with NGS regarding the differences in the two projects and will also look to suppliers to provide feedback regarding the projects.

- A POE AG member asked if oxygen could be added to the ERR project. Ashely advised there is a need for oxygen but at this time NGS cannot implement a new policy. She suggested that CGS could possibly consider adding oxygen to their program if it is not included already. Roc from CGS agreed.

**PERSONALIZED WEB EXPERIENCE**

*(Justin McDowell, National Government Services)*

Justin provided an update on a new feature for the personalized web experience. He advised the group after they log into the web, if they look at the top-right hand corner under the search box they will see the text “Change Line of Business”. If they hover their mouse over the text, a dropdown menu will appear which will provide the option of other lines of Medicare business the supplier selected when they created their account. He advised if they click on another line of business, the personalized page for that line of business will populate. Justin advised that if only one line of business was selected when the supplier was setting up their account, they will not see the dropdown menu.

**SELF-SERVICE TOOLS**

*(Zach Toland, National Government Services)*

Zach provided an update on the personalized provider website and noted that NGS has seen over 1,000 users.

Zach also provided information regarding an enhancement to NGSConnex for the Oxygen Documentation Pre-validation Tool. He advised this is a unique tool for providers and suppliers to use on the NGSConnex portal. There is a set of questions based on orders, visit requirements and proof of delivery. Once the set of questions are answered and submitted, an immediate response will be provided that will state either approved or denied. If the response was a denial, educational references will be provided for the question sets that were denied.

Terri Shoup stated that during the October POE AG meeting, there was a lot of feedback provided regarding the personalized provider website. She asked the group if there are any additional comments they would like to share.

- A POE AG member asked if CGS has a personalized web experience site. Roc Via advised that CGS does not.

- A POE AG member advised she uses the personalized website and likes the fact that the site will auto populate searches she has previously performed.

- A POE AG member advised she likes the personalized website because of the bookmarks and customization. She is able to disseminate what she needs and it is a great time saver.

- A POE AG member advised her supervisors love the personalized experience.

**PRIOR AUTHORIZATION PROCESS**

*(Tamara Hall, National Government Services)*

Tamara advised the group the final rule was issued for the prior authorization process. Under the final rule, the prior authorization process will require the same information that is necessary to support Medicare payment today, just earlier in the process. It will not create new clinical documentation requirements. The prior authorization process assures that all relevant coverage, coding, and clinical documentation requirements are met before the item is furnished to the beneficiary and before the claim is submitted for payment.

The final rule further addresses questionable utilization and improper payments by creating a prior authorization process for certain durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) items beyond power mobility devices (PMDs).

The final rule implements the authority by creating a “Master List” of items that meet specific criteria and are potentially subject to prior authorization, a “Required Prior Authorization List” which is a subset of items on the Master List, and a prior authorization program for the Required Prior Authorization List items.

The Master List is the set of 135 DMEPOS items identified as being frequently subject to unnecessary utilization. Items that meet the specified criteria are included on the Master List and thus potentially subject to prior authorization: items on the DMEPOS Fee Schedule with an average purchase fee of $1,000 or greater, or an average rental fee schedule of $100 or greater, (adjusted annually for inflation). Presence on the Master List does not automatically create a prior authorization requirement for that item. In order to balance minimizing provider and supplier burden with protecting the Medicare Trust Funds and beneficiary access, CMS will initially implement prior authorization for a subset of items on the Master List (referred to as “Required Prior Authorization List”). CMS will publish the Required Prior Authorization List in the Federal Register with
60-days’ notice before implementation of prior authorization for those items.

Prior authorization will be required for those DMEPOS items on the Required Prior Authorization List. The process requires all relevant documentation to be submitted for review prior to furnishing the item to the beneficiary and submitting the claim for processing. CMS or its contractors will review the prior authorization request and provide a provisional affirmation or non-affirmation decision. A claim submitted with a provisional affirmation decision will be paid so long as all other requirements are met. A claim submitted with a non-affirmation decision or without a decision will be denied. Unlimited resubmissions of prior authorization requests are allowed.

Medicare or its review contractor will make a reasonable effort to render an initial prior authorization determination within 10 business days and will make a reasonable effort to render a resubmission prior authorization determination within 20 business days. These are maximum timeframes and will be adjusted downward for items that require less time for making a determination. An expedited review process will be available to address circumstances where applying the standard timeframe for making a prior authorization decision could seriously jeopardize the life or health of the beneficiary. The request for an expedited review must provide rationale supporting the need for the request.

Tamara then showed the group where the FAQs are located for the final rules, legal final rules and master list on the CMS website.

STATUS OF POE AG SUGGESTIONS RECEIVED

(Terri Shoup, National Government Services)

Terri advised there were four open education items that were suggested by the group at our October meeting. The first was a request for an article to educate physicians on invasive/non-invasive ventilators. Terri stated that we are in contact with the POE AG member who requested this educational article and are awaiting further details on what they specifically would like included in the article. Because there is not a policy for ventilators, Terri advised that we are more than likely going to be passing this information along to the DMDs for their consideration of a joint educational article.

The second educational suggestion was for a Tip of the Week or YouTube video which would include billing tips for break in service (BIS) as well as the requirements that should be included in the patient’s file. Terri advised the group that Katheryn Torro with POE will be developing a Tip of the Week for break in service and it will be published the week of 2/15/2016. Katheryn asked the group for the specific information they would like included in this tip.

• A POE AG member advised they would like to see clarification between Break in Need vs. Break in Billing and the documentation that is needed between the two.

• Another POE AG member agreed with this.

• A POE AG member requested POE add the PWK segment into the article as well. Katheryn confirmed she will add this to the tip.

The third educational suggestion was a request for a webinar on billing for repairs. Terri advised the group that there is a webinar scheduled for 3/23/2016 titled “Billing for Repairs”. The 90-minute webinar will be hosted from 10:00–11:30 a.m. ET and registration should be available no later than tomorrow.

The final educational suggestion was for a Webinar or Live Chat regarding pricing of the fee schedule and the single payment amounts that were effective 1/1/2016. Terri advised the group that a News Flash Webinar was presented on 1/22/2016 in which the presenters not only included slides regarding the fee schedule tool itself, but they also provided a live demonstration using multiple examples and codes.

EDUCATION SUGGESTIONS

(Terri Shoup, National Government Services)

Terri asked the group if anyone had any further education suggestions for POE and if so, what format would they like to see the education conducted.

• A POE AG member requested education on how to read oxygen testing, dispensing orders, and detailed written orders. Include what information needs to match so that they can bring this to the physician’s attention. The member requested the education be in the format of an article so that it could be provided to their doctors.

• A POE AG member requested education on the infusion pump policy specific to enteral therapy. A Dear Physician’s letter would be beneficial which could include documentation requirements. A webinar for suppliers specific to inotropic therapy for the policy change that occurred 12/1/2015 would be beneficial as well.

Terri advised POE will discuss and consider these suggestions for future education.

OPEN DISCUSSION

(Terri Shoup, National Government Services)

Terri opened the meeting up for open discussion or questions.

• A POE AG member asked if there is a difference between DME MAC jurisdictions in regards to E0482. They advised when they search on the Jurisdiction A portal for this code, not all the codes come up like they do in Jurisdiction B. Katheryn Torro advised for same/similar from the IVR, they
should be receiving the same information for Jurisdiction A and Jurisdiction B as we work with the same IVR vendor. The provider portals are different and are individualized per jurisdiction. The POE AG member asked CGS if Jurisdiction C gave the same information via the provider portal and the IVR system. Roc Via advised they could not answer the question today as he and Pat did not have the knowledge as to how the systems operate.

• A POE AG member stated they were looking at the CMS prior authorization web page and CMS is advising to allow ten days for a decision. The member wanted to know if there would be an expedited process for when the beneficiary is coming out of the hospital. Tamara Hall advised that more than likely there would be an expedited process. The member specifically questioned CPAP machines and if a beneficiary is being placed on oxygen as well, would there be instances for expediting the process. Tamara advised yes, if it jeopardizes the beneficiary it would be expedited. She advised this information is located in the FAQs on the CMS website.

NEXT MEETING

(Terri Shoup, National Government Services)

Terri advised the group that the next POE AG meeting would take place in April or May and asked what the best date would be to host the meeting. After further discussion, the group as well as CGS agreed that the next meeting would take place on 5/26/2016 from 2:00-4:00 p.m. ET. The meeting would be conducted as a webinar/teleconference.