Meeting date and time:
May 17, 2017 1:00 p.m. – 3:00 p.m. ET
Facilitator: Terri Shoup
CGS Representatives: Terri Shoup, Ashley DeCoteau, Stacie McMichel, Lisa Marie Hofer and Ed Knapp
CMS Representatives: N/A
Advisory Group Members: Barb Stockert, Beverly Powell, Tonia Burrell Pace, Carolyn Basford, Deb Owen, Holly Hamrick, Jera Sitton, Justin Offord, Ken Noth, Keri Harden, Kim Brummett, Marietta Hayes, Mary Ellen Spradlin, Melissa Tomaszewski, Pamela Tilbury, Rose Schafhauser, Tonja Adams, Barb Crosby, and Valarie Sell

AGENDA

I. Attendance and Participation
II. JB POE Staff
III. Website and Website Survey
IV. Condition of Payment Prior Authorization
V. New Advance Beneficiary Notice of Noncoverage
VI. Voluntary Check Refunds
VII. Social Security Number Removal Initiative
VIII. Website Enhancements
IX. Upcoming Educational Opportunities
X. Status of POE AG Suggestions Received
XI. Open Discussion
XII. Schedule Next Meeting

Terri Shoup introduced herself, Ashley DeCoteau and Stacie McMichel from Provider Outreach and Education (POE), as well as Ed Knapp from Medical Review. Stacie took roll for members. Terri reviewed the agenda topics for today.

I. ATTENDANCE AND PARTICIPATION

Terri reviewed attendance and participation requirements. POE Advisory Group (AG) members must attend at least three of the four scheduled meetings per year. If a member is unable to attend, they may send a replacement. Please make sure the replacement is able to provide feedback on the agenda items.

If it is noted that members have not been attending they will be excused from the group and notified by e-mail. Terri reiterated the importance of attending the meetings and asked for members to e-mail her if sending a replacement along with the replacement’s name.

Terri also mentioned how important not only attendance is, but also participation in the meetings in order to remain a POE AG member. We value your feedback and recommendations. Please provide input and feedback on education suggestions, articles, and training topics. We also look to POE AG to participate in pilot projects and work groups.

II. JB POE STAFF

Terri advised who the Jurisdiction B (JB) POE staff members were along with their assigned states. JB POE staff includes Ashley DeCoteau, who is the community coach for IN, KY, and OH, Stacie McMichel is the community coach for IL and is the JB CERT coordinator, and Terri is the community coach for MI, MN, and WI.

III. WEBSITE AND WEBSITE SURVEY

Terri stated that John Kelly usually provides the website and satisfaction survey update but is unable to attend so she will provide the update today. In regards to the ForeSee satisfaction survey, 63 surveys have been completed for JB since the last update in February. JB has a 63 point satisfaction index and CMS mandates a 64 point minimum. JB is required to receive 300 surveys to generate a satisfaction score so we are looking for ways to increase user participation. As part of this, a much shorter survey was initiated on January 3. Terri reminded the group that once you complete the survey, you will not be asked to take the survey again for 30 days. She asked members to be sure to leave feedback that is relevant and detailed and to be specific so we understand how you would like for us to improve.

Terri advised the group that JB is now making it a requirement of POE AG membership to complete at least one ForeSee satisfaction survey per quarter. The survey may be completed by the POE AG member or one of their staff members. Terri requested for the person completing the survey to type in their e-mail address so we can track their participation. Reminder e-mails will be sent to members to complete the survey.

Terri stated that search enhancements are being done to improve the user Web experience. CGS is adding key words to
help enhance the relevant returns. Their was a previous request for the most recent items to be returned first. Terri asked the group to keep in mind that the most recent information with Medicare may not be from the current year and that just because an article is not labeled from 2017 doesn’t mean it’s not the most recent. Terri asked for feedback on the search enhancement:

- A POE AG member stated that she finds the search easier to use but is still trying to get used to the site. She has not had issues with results not being relevant.
- A POE AG member stated that when searching for specifics it is difficult to find relevant results, such as when searching for prior authorization requirements. She has been unable to search once she is in a policy. Terri advised for the member to try to use the ctrl+F function within the policy to search. Another POE AG member suggested they have no issue and that it could be the internet browser.

Terri advised that John Kelly is in the process of forming a website work group and is seeking 3-5 volunteers from POE AG. This should be a minimal time commitment. There will be a few conference calls to start the group then most communication will be via e-mail. Terri stated that volunteers are needed by June 1 and asked if anyone in the group would like to volunteer.

- Barb Crosby volunteered
- Jera Sitton volunteered
- Melissa Tomaszewski volunteered her co-worker John Coolidge
- Marianne Buehler volunteered
- Tonia Burrell Pace volunteered

IV. CONDITION OF PAYMENT PRIOR AUTHORIZATION

Stacie McMichel talked about condition of payment prior authorization. She advised that the only states impacted for CGS are Illinois for JB and West Virginia for JC. She advised that CGS began accepting requests on March 6 and overall the process has been pretty smooth. She reminded the group that the effective date for this to go nationwide is July 17, 2017 and encouraged the members that even if they are not in the state of IL but bill for K0856 and/or K0861, they should move forward in preparing for this to go nationwide. Stacie asked the group if they had questions, no questions were asked.

V. NEW ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

Terri advised that CMS had issued a new version of the ABN. The new version has 03/2020 on the bottom left-hand side of the document and is mandatory as of June 21, 2017. The older version of the ABN, version 03/11, may be used until June 20, 2017. Terri stated to the group that if they bill a claim nonassigned and an ABN is necessary, they need to make a single line strike through the last sentence in blank G, option 1 of the form. This must be done prior to the beneficiary signing the ABN. Terri advised that when striking out option 1 in blank G, the following sentence must also also be included in blank H - “The supplier doesn’t accept payment from Medicare for the item(s) listed in the table above. If I checked Option 1 above, I am responsible for paying the supplier’s charge for the item(s) directly to the supplier. If Medicare does pay, Medicare will pay me the Medicare-approved for the item(s), and this payment to me may be less than the supplier’s charge.” Terri advised that suppliers may make the listed changes to an ABN and make copies so that they do not have to write this each time they bill a nonassigned claim and an ABN is necessary. Terri reiterated to the group that billing an unassigned claim does not mean an ABN is required. Terri asked if anyone had been using the new ABN or if they had issues or concerns.

- A POE AG member stated this was the first she was hearing of a new ABN.
- A POE AG member stated that she had heard of the new ABN but didn’t realize it was mandatory in June. She thought it was optional.

Terri clarified that the ABN is mandatory as of June 21 and CGS will continue to educate regarding this moving forward.

VI. VOLUNTARY REFUND CHECKS

Ashley DeCoteau reminded the group that Jurisdiction B and Jurisdiction C voluntary check refunds must go to separate PO Boxes. The JB PO Box is 953479 and the JC PO Box is 955152. She also advised that if a supplier needs to return money to both jurisdictions, they cannot send one check as this could cause delays. They need to send separate checks and mail them to the separate PO Boxes.

VII. SOCIAL SECURITY NUMBER REMOVAL INITIATIVE

Ashley talked to the group about the Social Security Number Removal Initiative (SSNRI). She advised the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS to remove Social Security Numbers from all Medicare cards by April 2019. A new, randomly generated Medicare Beneficiary Identifier or MBI will replace the SSN-based Health Insurance Claim Number (HICN) on new Medicare cards. Ashley stated that CMS has already started this work and will shift to the new MBIs by April 2018. CMS will start sending the new Medicare cards with the MBI to all people with Medicare no earlier than April 2018.

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Ashley advised that CMS plans to have a transition period where you will be able to use either the HICN or the MBI. The transition period will begin no earlier than April 1, 2018 and run through December 31, 2019.

Ashley also stated that the MBI will be clearly different than the HICN and Railroad Retirement Board (RRB) number. It will be 11-characters in length and made up only of numbers and uppercase letters, no special characters.

Terri asked if members were aware of this and multiple members stated they were.

• A POE AG member asked if there could be a crosswalk in myCGS eligibility from the old number to the new. Terri advised that there had not been any discussion about a crosswalk but she will take this back as a suggestion.

VIII. WEBSITE ENHANCEMENTS

Ed Knapp from Medical Review reviewed CGS Connect with the members. He advised CGS Connect is a concierge type service where suppliers can submit documentation for certain HCPCS and review nurses will respond with a decision. He advised that unsupported decisions will be followed up with a phone call to provide education as to why it was unsupported. Additional information on CGS Connect is available in the Medical Review section of our website. Ed asked the group if they had questions.

• A POE AG member asked if letters also go to the physicians. Ed advised the letter will only go to the supplier.

• A POE AG member asked what the turn around time was. Ed advised if prior to delivery, 10 days but if after delivery, 20 days. He then stated the average turnaround time was usually six to seven days.

Ed then talked about the AESOP program. AESOP stands for Analyze and Educate Suppliers on Policy and CGS identifies suppliers eligible for inclusion to the AESOP program. He advised this is a joint effort between Medical Review and POE.

• A POE AG member asked if CGS has considered doing this for the ADMC and PMD denials. Ed advised that we appreciate the suggestion and will take it back for further consideration.

Terri next talked about the expansion to the MR Denial Tool. She advised that the tool has been expanded to now include all claim denial information, as previously it was only medical review denials. She asked the members if they have utilized the tool since it was expanded and how they would rate their experience.

• A POE AG member stated that her company uses the MR Wizard frequently and they find it very helpful.

• A POE AG member stated her billing department uses MR wizard a lot and they are very excited about it and appreciate the update.

• A POE AG member stated that her staff uses the tool for audits and appeals and it’s very helpful in determining the next steps.

Terri announced that CGS has seven video tutorials coming in the near future for myCGS. Each video focuses on a specific tab/function within myCGS and will help maximize your usage of the tool. A listserv notification will be distributed once the tutorials are finalized.

Terri asked the group if anyone had feedback in regards to the tool. She encouraged the members and their coworkers, especially the ones in the field, to use the app to pull up LCDs, policy articles, MR Wizard, Dear Physician Letters and other useful tools.

A listserv notification will be distributed once the tutorials are finalized.

IX. UPCOMING EDUCATIONAL OPPORTUNITIES

Terri advised to the group that CGS hosts a minimum of 15-20 webinars each month. The webinars are conducted by both Jurisdiction B and C POE and the education is the same across the board so she suggested everyone participate regardless of which jurisdiction you bill.

Terri advised CGS will be attending the National Home Infusion Association (NHIA) from May 22-25. She advised that she and Stacie McMichel recently had attended MAMES, MHHA, and the Great Lakes Home Medical Association meetings. She reminded the group that if they have an association meeting or conference they would like CGS to attend, they can complete the speaker request form on our website.

Terri advised that JB will be conducting four workshops in the near future. The locations for the workshops are Chicago, Indianapolis, Cleveland, and Nashville. The Competitive Bidding Implementation Contractor (CBIC) will be a guest speaker at all of the events. Terri told the group that POE AG members may attend for free but any additional staff must pay. She asked the members to e-mail her directly if they plan on attending a workshop. She also advised that registration is currently available for Nashville which is a mega workshop that will be a combined JB/JC effort but not for the other three locations. JB will send out a listserv once registration is available.
X. STATUS OF POE AG SUGGESTIONS RECEIVED

A POE AG member asked in the last meeting if CGS is looking to be able to store documentation sent via myCGS, so that it can be maintained for 30 days. Terri advised that the myCGS team is currently investigating the potential of documentation retention.

XI. OPEN DISCUSSION

Terri announced that CMS launched the MAC Satisfaction Indicator (MSI) survey on April 5. The survey allows suppliers to evaluate their Medicare contractors and relay their experiences with each operational area. Terri encouraged the members to complete the survey. She advised it is completely anonymous and is conducted by CMS so the results go directly back to CMS. They aggregate the data and provide feedback to each Medicare contractor once the survey deadline has passed. She advised that CGS does read all comments provided and attempts to implement as many of your suggestions as feasible. The survey will be closing on May 24.

Terri opened up the meeting for open discussion:

- A POE AG member asked if Medicare Advantage plans offer something similar to the MSI survey. Terri advised that we are not sure if they do or not.

- A POE AG member stated she was on a webinar last week that mentioned the ability to call a beneficiary to verify receipt for proof of delivery and she was shocked to hear this. Another POE AG member stated that she hadn’t seen anything officially released by CMS regarding this but there were conversations being held. Another POE AG member stated that it shows this update in the standard documentation requirements. Stacie McMichel advised that this is clarification and does not replace the current requirements for proof of delivery. Documentation must be available in case of an audit. The phone call could be a follow-up to verify delivery when a shipping service is used that doesn’t provide the necessary tracking information. A POE AG member asked if a phone call could be used instead of an in-person visit to evaluate a beneficiary’s equipment when they switch from Medicare Advantage to Fee-for-Service Medicare. Stacie clarified that the supplier must assess the equipment and this should not be done over the phone.

- A POE AG member asked about the 21st Century Cures ACT. She asked if a claim is submitted today or next week (for example) for a date of service July through December of 2016, will it pay at the new rate? Terri asked the POE AG member to e-mail her the question and she will research the answer.

- A POE AG member asked if there will be a new remark code that will identify adjustments that are in relation to the 21st Century Cures ACT. Terri advised there has not been a new remark code for these specific adjustments established at this time but she will pass along the suggestion.

XII. SCHEDULE NEXT MEETING

Terri advised that the next POE AG meeting will be August 23, 2017 from 2:00 p.m. - 4:00 p.m. EST.