I. MICHIGAN COMMUNITY COACH

Terri advised that Stacie is going to be the new community coach for the state of Michigan. POE is hiring an additional staff member to take the CERT responsibilities off her plate so that she may focus on outreach and education. The effective date for this change is October 1. Once this change goes into effect, the community coaches will be as follows:

- Ashley DeCoteau – Indiana, Kentucky, Ohio
- Stacie McMichel – Illinois, Michigan
- Terri Shoup – Minnesota, Wisconsin

II. UPDATE ON CURES ACT ADJUSTMENTS

Michael Hanna advised the Cures Act adjustments are going full force. CGS began processing thousands of claims per day in July with the Centers for Medicare & Medicaid Services (CMS) specified due date of November 15 to have all claims adjusted. CGS does not see that we will have an issue meeting this deadline. In fact, we should have all adjustments completed prior to November 15. The remark code to identify the Cures Act adjustments is N689. The message for N689 is “Alert: this reversal is due to a retro active change.” Remits will have the regular remark code as well as the Cures Act remark code. CGS will continue to provide updates to suppliers via ListServ and will post these messages on our website as well. We conducted Live-Line Plus webinars in July and August specific to the Cures Act adjustments. We have another one scheduled for September with the title “Mass Adjustments Based on MM9968 (Cures Act) Live-Line Plus Webinar” so be sure to sign up. We will continue to update the website as well as social media to keep you aware of any changes. Once all of the adjustments have been made, if suppliers feel the KE modifier is needed, these may be submitted to Written Reopenings. CGS will release more information on this in the near future. We are working closely with Noridian to stay aware of any issues that are arising. An example of an issue found during this collaboration was the adjustments for the E1390. It was discovered that the certificates of medical necessity (CMNs) were closed for this code and could not be reopened. In order to adjust these claims, the HCPCS E1390 was changed to E1399.
• A POE AG member asked if the oxygen codes were changed because reprocessed claims were counting towards the oxygen cap. Michael advised that is not the case, but the DME MACs are aware that this is causing oxygen to cap at 35 months instead of 36. The POE AG member stated she has also seen issues for heated humidifiers.

• Another POE AG member stated she has seen issues with heated humidifiers as well. She had issues with oxygen and Customer Service stated they could correct it. Michael says that we are aware of an issue when billing E0562 as a rental instead of a purchase and we are working with Noridian and the system maintainer to fix the issue. Michael asked for examples which the POE AG member advised she would send.

III. WEB ENHANCEMENT GROUP

John Kelly advised that the first website enhancement workgroup meeting occurred via teleconference on June 20. The group decided it was difficult to find time for everyone to meet via teleconference and have since been communicating via email. The purpose of the group is to help identify errors to make improvements to the website quickly and to figure out if we need to procure resources to move forward with future enhancements. John advised that most of the suggestions made by the members were for the myCGS Web portal. He explained that the portal is not housed at CGS, but is housed and maintained by a vendor. There are many updates to myCGS in the works, some of which will be put into place by the end of the year. John reminded everyone that updates to myCGS may take some time as some changes require CMS involvement. One update in the works includes the ability to do uploads. CGS also had recommendations for search improvements and we are working with our search vendor to put significant improvements in place. We will also have searchable FAQs which are currently in testing.

IV. FORESEE WEBSITE SURVEY/SCORES

John then discussed the ForeSee Website Satisfaction Survey. Since January 1, CGS has received 158 surveys for JB. CMS requires 300 surveys to gauge actual satisfaction. JB has a 65 point average which is 1 point higher than the CMS minimum baseline, but is trending 15 points lower than the JC score. John reminded the members they can take the survey via the cgsmedicare.com website or through the myCGS Web portal. Once the survey is taken, it will not pop back up for 14 days.

Terri thanked all the POE AG members as they have done an outstanding job at completing the ForeSee Survey. She advised that 39 surveys have been completed by POE AG members since the survey requirement was implemented May 17. This equated to approximately 24% of all the 2017 JB surveys which is a fantastic statistic and she thanked every one for helping to achieve this number. She reminded the members to include an email address when completing the survey so CGS can track participation. As of August 22, Terri advised that 21 surveys have been completed by POE AG members for the 3rd quarter. There are 13 members who still need to complete a survey by September 30 and Terri will be contacting those members individually via email. If someone is having an issue with the survey not popping up or having another issue with the survey, Terri asked those members to get in touch with her and she will see if CGS can assist in any way. She reiterated that as long as she is aware that a member is trying to complete a survey but having issues, there will not be repercussions to their membership for not completing one.

V. TIPS FOR THE TAX ID PROCESS

Tracy Sessom advised that a ListServ message was published by CGS on June 13 that provided tips for the Tax ID process. She reviewed the process with the members to ensure everyone understood. She advised if an additional Tax ID needs to be added, the Authorized Official (AO) would need to fill out the Tax ID request form. Once the form is processed, CGS will add the additional number. Tracey told the members to keep in mind that when they sign up with their Tax ID, all of the NPIs and PTANs associated with that Tax ID are assigned and accessible to all the users on the account. If they are a designated approver and bill for a specific company and do not want users to have access to all information, they have to go into each individual end user and turn off access. Tracy advised the group that the EIDM account is limited to one tax ID. Additional tax IDs are added within myCGS itself so they should not go through EIDM to add a new account for a new Tax ID as this could cause errors in the account. Tracy showed a visual example of how the process works for the EA’s and end users gaining access to all NPI/PTANS and associated Tax IDs. She advised that no one should be selecting the clearinghouse role as this is for future use only. If this has been chosen by mistake, it should be corrected.

• A POE AG member stated they have been talking to Stephanie with CGS trying to figure out how to change things for this new formula. She has an employee who is a designated approver for all companies. They now understand that anyone she has designated can see all NPIs and Tax IDs and would like to know when the update will happen so they don’t have to go in and block all users. Tracy advised the POE AG member should be able to see all the individuals they have listed. They can run a test and have one of the individuals log in and once they do so, there is a drop down box to choose which Tax ID they want. If the tester can see all the TAX IDs, that means all users can see all TAX IDs.
VI. CONDITION OF PAYMENT PRIOR AUTHORIZATION FEEDBACK

Terri advised that the Condition of Payment Prior Authorization (PA) Program is for HCPCS K0856 and K0861. This was previously a pilot for only the states of Illinois, Missouri, New York and West Virginia but as of July 17, the program went nationwide. Because this is a condition of payment, if a prior authorization is not received prior to delivery of the item, the claim will be denied. CGS has a specific Web page dedicated to this program under the medical review section of the CGSMedicare.com website.

CGS published a Web article and ListServ on August 2 that provided the top reasons for non-affirmative decisions in relation to this program as well as resolutions to assist in decreasing non-affirmative decisions. This information will be published on a monthly basis moving forward.

Terri asked the group if they had any issues, concerns or feedback regarding this program.

• A POE AG member had an issue at the end of June with a request that was submitted as an ADMC request but was kicked back stating it needing a condition of payment prior authorization. This issue was with Jurisdiction C. She has not had issues with JB.

• Another POE AG member stated they are very happy with the process. They also had a couple minor glitches with JC, but no issues with JB. She thought the around time had been great.

VII. TARGETED PROBE AND EDUCATE PILOT FEEDBACK

Terri stated that on June 27, CGS published a ListServ message regarding the Target Probe and Educate (TPE) Pilot which began July 3. The goal of the program is to improve claims payment error rate and reduce volume of appeals through claim review and education. She advised that CGS will continue to use the same data analysis to determine who and what items will be included in the pilot. Suppliers identified for TPE will receive written notice which will include the topics under review, data supporting this and a review of the program process which includes three rounds of education. If after three rounds no improvement is made, the supplier could be referred to CMS for further action. Terri told the members if they are selected for TPE, they would not be excluded from any other auditing activities. CGS will work with other contractors to help ensure we aren’t contacting the same supplier for the same type of review.

Terri asked if any of the POE AG members had been selected for this pilot. Nobody had been selected at this time.

• A POE AG member asked if any specific products are being targeted. Terri stated we have not been made aware of any specific items or groups that are being targeted for TPE.

VIII. FEEDBACK REGARDING WEBINARS/LIVE-LINE PLUS

Terri advised that POE conducts approximately 20 Webinars and Live-Line plus Webinars a month. She explained that Live-Line plus Webinars differ from regular Webinars in that they are hosted one to two business days after a policy specific webinar is conducted and they are dedicated to answering questions specific to that policy webinar. A brief overview is provided during the Live-Line plus Webinar and the remaining time is for supplier questions. Terri asked the group for feedback regarding the Webinars and Live-Line plus Webinars and asked if anyone required their staff to attend so as to further their Medicare education.

• A POE AG member stated that she does have her staff attend webinars to continue their education. She will ask her staff for feedback and forward it on if she receives any.

• A POE AG member stated she requires her staff to attend 26 hours of education per year across the four DME MACs. She will also ask her staff for feedback.

• A POE AG member stated she also requires staff to attend webinars. She will ask staff for feedback, though in the past she has not received any.

Terri requested that if any members receive feedback after this call, she would appreciate it being forwarded to her.

IX. UPCOMING EDUCATIONAL OPPORTUNITIES

Terri talked about upcoming educational opportunities and reiterated that POE conducts approximately 20 webinars each month on both policy specific topics as well as general topics. She showed a slide of upcoming webinars over the next few weeks and reminded everyone that education is the same across both JB and JC so suppliers who bill either jurisdiction can attend any of our webinars. She also reminded the group of the upcoming Cures Act webinar that will take place on September 22 at 2:30 p.m. ET.

Terri next spoke about the JB workshops. She advised that by the time JB finished their last workshop in September, there will be approximately seven POE AG members who attended one of the workshops. She advised that at our next POE AG meeting, we will be soliciting feedback from those specific members who attended. She stated that planning for our 2018 workshops will begin in late October or early November and we intend to visit each of our JB states at least once. More details
will be released in early 2018 so she advised members to watch for announcements on the website and ListServ.

Next Terri talked about upcoming association meetings in which JB POE will be attending. This includes American Orthotic & Prosthetic Association (AOPA), Essentially Women, Midwest Association for Medical Equipment Suppliers (MAMES), and Medtrade. Dates, website links and other information pertaining to each meeting were included on the slide shown to the group.

X. STATUS OF POE AG SUGGESTIONS RECEIVED

Terri advised there was only one POE AG suggestion that was open at this time. A POE AG member had asked in the January meeting if CGS will be able to store documentation that is sent via myCGS. Tracy Sessoms advised that there will be a future enhancement to be able to look at documentation previously submitted but we do not have an ETA at this time. We will close this item but keep everyone posted as we receive further information.

XI. OPEN DISCUSSION

Terri advised she wanted to discuss the New Medicare Card project with the group prior to opening the call up for general discussion. She advised that the project was previously titled the Social Security Number Removal Initiative (SSNRI) but had recently been changed by CMS to the New Medicare Card Project. CMS will begin distributing new Medicare cards in April 2018 and there will be a transition period from April 1, 2018 through December 31, 2019. The health insurance claim number (HICN) is being replaced with the Medicare Beneficiary Identifier (MBI) and the MBI will be 11 characters in length and made up of only numbers and uppercase letters. Terri advised that the HICN or MBI may be used during the transition period.

Terri stated that CMS has hosted multiple open door forums regarding this project and information for these forums is available on their website. CMS also has provided an email for suppliers to submit their questions that are specific to this project if they cannot find what they are looking for on the CMS website. Terri advised there is also a direct link to the CMS Web page for the New Medicare Card Project on the CGS website. She advised she will send all this information to the POE AG members via email in the next couple days.

• A POE AG member stated that she has a project planned around this conversion and she is concerned about transplant patients and the new MBI through this transition. Terri advised that she had received the POE AG member’s email regarding this and replied to her earlier this morning. The POE AG member advised she will review the email following the call.

There were no other questions in relation the New Medicare Card Project so Terri moved into Open Discussion for the members to ask questions.

• A POE AG member asked if condition of payment requests were being accepted via esMD yet. Terri advised she thought they were but she would include the answer in the follow-up email.

• A POE AG member asked if they could receive the slides that were in relation to the TAX ID process. Terri advised she will include this when she sends the follow-up email.

• A POE AG member stated they had been receiving additional documentation request (ADR) denials on nebulizers because there were generic descriptions on the written orders. She stated there was an article published about this and they had been including it when they appealed and they are all being overturned. She stated this is very cumbersome for such a small nebulizer payment when it should be paying in the first place. Terri stated she was not aware of the problem and asked for examples including DCNs so that she may research further.

XII. NEXT MEETING

Terri stated that the next POE AG meeting would be held via teleconference in November. She asked which date would work best for the group and November 8 from 2-4:00 p.m. ET was agreed upon. She stated that next year, we will plan to have three teleconference meetings and one in-person meeting, with the in-person meeting occurring in the second or third quarter.