Meeting date and time: June 20, 2014, 10:30 a.m.
Facilitator: Scott White
CGS Representatives: Scott White
CMS Representatives: Laurie Tan

CGS/CMS UPDATES - SCOTT

Upcoming POE Workshops
- Scott gave a rundown of the upcoming POE Workshops. Starting with the Nashville Workshop that will take place on July 17, 2014.
- Upcoming Mega Workshops include San Antonio, Dallas, and Orlando – Fall 2014
- Upcoming Comprehensive Workshops include Atlanta and Baton Rouge – Fall 2014

POE AG Member Workshop Registration Process
- Scott reviewed the POE AG member workshop registration process. POE AG members get to attend CGS educational offering free of charge.
- POE AG members must register online for each workshop they plan to attend.
  - When selecting a payment method, select “pay by check.” POE AG members will not have to pay but this allows us to clear out the books.
  - Send an email to the CGS POE AG leader informing them of your intention to attend a specific workshop.

myCGS Updates
- Scott informed the group that version 2.06 of myCGS is now available.
  - This updates includes multiple updates to the Beneficiary eligibility tab, including the ability to enter a zip code in the tab and have myCGS tell you if they reside in a CBA.
  - Beneficiary information will also now transfer from one tab to another automatically.
  - A development letter date function has also been added to myCGS. Now suppliers can see when a development letter was sent out on a particular claim. myCGS will give you the date the letter was mailed as well as the date the claim will deny for “no response.”

Medical Review Decision Letters
- Scott reminded the group that as of May 30, 2014, CGS has been sending letters to suppliers who receive an MR denial.
- These letters will initially only be sent for Oxygen and diabetic supply claims but will expand to other DME categories throughout 2014.
- Detailed information on the specific claim line billed is provided in the letter. Including:
  - CCN
  - Provider NPI
  - HICN
  - DOS
  - HCPCS code
  - Number of units
  - Submitted charges
  - Specific reason why the claim denied.

MEMBER SUGGESTED TOPICS

Detailed Written Order Prior to Delivery/F2F Updates
- Scott provided an update on the ACA WOPD and F2F requirements.
- CMS has not set an enforcement date for the F2F portion of the requirement. WOPD has been enforced since 1/1/14.
- Scott stressed the importance of the WOPD contained a detailed description of the item(s) being dispensed. The example that was used was a recent WOPD that
simply said “Hospital Bed” as the item description. This is not considered a valid DWO since the description is not HCPCS code specific. In other words, what type of hospital bed was provided? Semi electric, etc?

- Scott informed the group of the recently added Dear Physician Letter for WOPD and F2F requirements as well as other resources available on the CGS website.
- A recent revision of the requirements adds clarifying information on who may perform the in-person visit and the responsibilities of the ordering physician.
- The treating practitioner that conducted the F2F does not need to be the one who prescribes the DME
  - However, the prescriber must verify that the in-person visit occurred within 6 months prior to the order, and
  - Have documentation that the F2F was conducted.
  - The prescriber must provide a copy of the F2F and the WOPD to the DME supplier before the item can be dispensed.

Meeting Adjourned 11:15 a.m. CDT