

The minutes below are a summary of the Advisory group meeting topics group discussion actions and outcomes as a result of this meeting.

MEETING DETAILS

Date: March 13, 2019

Facilitator: Annie Scriven, Senior Provider Relations Representative

Attendees:

- | | | |
|------------------|---------------------|------------------------|
| • Heather Adams | • Alison Herring | • Yakiesha Stiggers |
| • Jenni Allen | • Regina Jackson | • Deborah Walton |
| • Jane Arnold | • Bob Kaliszewski | • Jean Wendland Porter |
| • Gloria Beazley | • Laura Martucci | • Crystal Wilborn |
| • Janet Creason | • Beverly McCormick | • Sandy Young |
| • Karen Downing | • Stephanie Meinze | |
| • Sue Fager | • Andrea Plaskett | CGS Staff: |
| • Jenn Hansel, | • Tricia Radatz | • Curtis McFadden |
| | | • Leah Lewis |

AGENDA ITEMS

Welcome /Purpose and Goals – Annie Scriven

The primary function of the Advisory Group is to assist us in the creation, implementation, and review of provider education strategies and efforts. Members provide input and feedback on training topics, provider education materials, and dates and locations of provider education workshops and events. The group also identifies widespread provider education needs and assists us in developing solutions and sharing information.

KEPRO Update – Andrea Plaskett

In May 2019, KEPRO's five year contract with CMS will end and transition to a new contract period and scope of work. Under the new scope of work, the Beneficiary Family Centered Care Quality Improvement Organization (BFCC-QIO) structure will change from the current five areas to ten regions that align with the CMS Regional Offices, which may result in a change of contractor. Also, with the new scope of work, the Patient Navigation Program will be terminated. Enrollment for new beneficiaries ended in February 2019 and beneficiaries currently enrolled in the program will continue through April 2019. KEPRO expects a similar program will be implemented, but the effective date is uncertain. Members are encouraged to monitor the website and/or sign up for the newsletter to receive program updates: <https://www.keproqio.com/>.

New Business – Curtis McFadden

- **CMS MLN Matters Article SE18023 Reminders**
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE18023.pdf>
 - Reason codes 34977 and 34978 are scheduled to be activated on April 1, 2019.
 - We encourage you to coordinate with your credentialing staff and vendors/clearinghouses to ensure the address reported on your claim is an exact match to the information in PECOS and that modifiers PN, PO or ER are reported appropriately.
 - A Direct Data Entry (DDE) inquiry screen that allows you to view your practice location addresses as entered in PECOS is also scheduled to be implemented on April 1, 2019.
 - A myCGS inquiry screen is in the development phase.

- A recording of the “Provider-Based Billing” webinar is available at: https://www.cgsmedicare.com/parta/education/recorded_webinars.html
- A “Provider-Based Billing” Ask the Contractor Teleconference (ACT) is scheduled on March 20, 2019 and the Questions and Answers will be posted at: https://www.cgsmedicare.com/parta/education/educational_materials.html
- NOTE: On March 26, 2019, CMS published a new article, SE19007, to notify providers that the DDE inquiry screen will still be implemented on April 1, 2019; however, the activation of the edits will be delayed until July 1, 2019. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19007.pdf>

- **New Medicare Card Update**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18006.pdf>

The New Medicare Card mailing is complete. We are now encouraging all providers to obtain the new Medicare Beneficiary Identifier (MBI) from all of your patients and use them for all of your Medicare transactions to ensure you are prepared for the implementation date on January 1, 2020. CMS has also instructed all Medicare Administrative Contractors (MACs) to begin targeted education for any states/facility types with an MBI submission percentage that is lower than the national average (around 66%).

- **Patient-Driven Payment Model**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE18026.pdf>

CMS published MLN Matters article SE18026, which introduces Skilled Nursing Facility (SNF) providers to the PDPM webpage and the various resources available to prepare for implementation on October 1, 2019. Please review and share this information with your staff/members.

- **MAC Satisfaction Indicator (MSI) and ForeSee Surveys**

The annual MSI survey conducted by CMS will be available in March 2019. Please take a few moments to provide your feedback and share/encourage others to complete the survey. Please also complete the ForeSee (website) survey at least once per quarter. Your feedback is important to us and allows us to better serve you.

- MSI Survey: <https://www.cgsmedicare.com/J15MSI>
- ForeSee Survey:

Website Enhancements – Annie Scriven

- **myCGS Administrator Unlock Feature**

<https://www.cgsmedicare.com/parta/pubs/news/2019/02/cope11469.html>

This feature was implemented on March 1, 2019. If you are a myCGS Provider Administrator, you have the ability to unlock users and additional Provider Administrators when they have been locked out after three unsuccessful attempts within a 120 minute time span.

- **myCGS Status**

<https://www.cgsmedicare.com/parta/pubs/news/2019/03/cope11522.html>

A “myCGS Status” button has been added to the top right corner of each page on the J15 website to let you know if myCGS is up and running, if there is a known issue, or if myCGS is down/not available. If you are experiencing an issue, you may check this page for details prior to calling the Provider Contact Center (PCC). If your issue is not identified, you may contact the PCC to report it.

- **EDI Report Request Tool**

https://www.cgsmedicare.com/medicare_dynamic/edi_reports/001.asp

As a reminder, if you need to request an Electronic Remittance Advice (835) and/or a Claim Response Report (RSP), use the EDI Report Request Tool on our website to save time and a call to the PCC.

- **Medicare Secondary Payer**

<https://www.cgsmedicare.com/parta/claims/msp.html>

For your convenience, the MSP page has been added under Claims in the left navigation menu. In addition, several new resources have been added, including an MSP Billing & Adjustments Online Tool. Please review and share this information with your staff/members. Your feedback/suggestions are also welcome.

- **Reason Code Search and Resolution**

https://www.cgsmedicare.com/medicare_dynamic/j15/j15a_reasoncodes.asp

Based on provider feedback and data analysis, a Reason Code Search and Resolution feature was added to the website, which allows you to enter a reason code/keyword to view the reason code description and steps to resolve/prevent the edit. A complete listing of every possible reason code is not available. Initially, reason codes identified in website searches, top claim submission errors, and phone inquiries were added. We will continue to monitor such data to identify reason codes to be added in the future. Members provided very positive feedback and are welcome to submit any additional suggestions.

Calendar of Events – Curtis McFadden

https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/parta_report.asp

Curtis provided an overview of scheduled events. To improve our attendance, members are encouraged to reference and share the information on this page at least monthly.

OPEN DISCUSSION

- Pre-submitted agenda item: Provider attempted to cancel claims with a medically denied line item, which resulted in a Return to Provider (RTP) edit and the claims cannot be suppressed in DDE. The PCC suggested the provider request a redetermination, but the cancel claims remain in the RTP location.

The Fiscal Intermediary Shared System (FISS) does not permit providers to correct, adjust, or cancel claims with a medically denied line. If a provider attempts to change a claim with a medically denied line, the claim will RTP. Cancel claims that RTP cannot be suppressed in DDE and will remain in the RTP location until the claim becomes inactive. You may request a redetermination if you do not agree with the denial. However, if the appeal decision is to overturn the denial, the original claim will be adjusted, not the RTP claim. Therefore, the only way to prevent such claims in the RTP location is to not submit them.

- Members provided positive feedback related to conducting the meetings as webinars in the future.

NEXT MEETING

June 19, 2019

This meeting will be held in person and in coordination with the Part B POE AG meeting. The meeting location and additional details will be shared when they become available. If you have, or are aware of, a meeting space (preferably in the Cincinnati, OH area that is free of charge), please contact us as soon as possible. If you are unable to attend in person, a teleconference and/or webinar option will also be provided.

ADJOURN
