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 17, 2017  
Facilitator: Annie Scriven, Senior Provider Relations Representative  
Attendees:

- Heather Adams  
- Mary Alexander  
- Jane Arnold  
- Billie Lois Bailey  
- Diane Burns  
- Heather Clark  
- Janet Creason  
- Daniel Eichelberger  
- Missy Freeman  
- Denise Gibson  
- Jann Gravina  
- Rachel Hager  
- Alison Herring  
- Regina Jackson  
- Wayne Johnson  
- Alyce Kalb  
- Robert Kaliszewski  
- Jennifer Lanter  
- Janet Lazich  
- Julie McTeague  
- Andrea Plaskett  
- Patsy Reynolds  
- Melody Rice  
- Ann Schafer  
- Michael Shoemaker  
- Regina Shorts  
- Shawn Stack  
- Christy Stansfield  
- Deborah Walton  
- Crystal Wilborn  
- Sandy Young  

CGS Staff:

- Judy Thomas

AGENDA ITEMS

Welcome

Attendance/Roll Call

Purpose and Goals

The primary function of the Advisory Group is to assist the MAC in the creation, implementation, and review of provider education strategies and efforts. The Advisory Group provides input and feedback on training topics, provider education materials, and dates and locations of provider education workshops and events. The Advisory Group also identifies salient provider education issues, and recommends effective means of information dissemination to all appropriate providers and their staff, including the use of the PCC to disseminate information to providers. The Advisory Group shall be used as a provider education consultant resource and not as an approval or sanctioning authority.

Old Business

N/A

New Business

KEPRO

Andrea Plaskett, an Outreach Specialist with KEPRO, discussed KEPRO’s services and updated the group on some recent changes. KEPRO is one of the Beneficiary and Family Centered Care QIOs under contract with CMS to manage Medicare beneficiary complaints and discharge appeals. Andrea discussed her role as an Outreach Specialist, which includes educating providers, stakeholders, and beneficiaries on KEPRO’s services through outreach, presentations/webinars, and resource sharing. In addition to managing beneficiary complaints through our quality of care review process and reviewing inpatient discharge and skilled service termination appeals, KEPRO also provides Immediate Advocacy to beneficiaries. Immediate Advocacy is an informal process that is used to resolve a complaint quickly. Andrea also
discussed changes to the Short Stay Review sampling process. Beginning in April 2017, CMS will sample the top 175 providers with a high or increasing number of Short Stay claims per Area with a request for 25 cases, and all other providers previously identified as having “Major Concerns” in the prior round of review will have a request for 10 cases. Please visit KEPRO’s website for additional information and resources at [http://www.keproqio.com](http://www.keproqio.com). Andrea will present on KEPRO’s services in more detail during the June meeting.

**Question:** Can a provider fall under both categories and, therefore, receive requests for up to 35 cases?

**Answer:** No, a hospital cannot have 35 samples reviewed as they can only fall into one category. Additional information can be found on the KEPRO website at: [https://www.keproqio.com/twomidnight/Default.aspx](https://www.keproqio.com/twomidnight/Default.aspx).

**Recovery Audit Contractor (RAC) – Region 1**

Performant Recovery, Inc. was awarded the new Medicare FFS RAC contract for Region 1 (including Kentucky and Ohio) on October 31, 2016. CGS partnered with Performant to conduct a webinar on February 23, 2017. A copy of the presentation and the recording is available on Performant’s website. The Ohio Hospital Association is also in the process of coordinating in-person events in Columbus and Cleveland toward the end of May. Also, Performant received CMS approval to begin audit activity on March 8, 2017. For additional information, please visit the Performant website at: [https://www.performantrac.com/default.aspx](https://www.performantrac.com/default.aspx).

**Medicare Outpatient Observation Notice (MOON)**

The MOON was implemented on March 8, 2017. All hospitals and Critical Access Hospitals (CAHs) are required to issue the notice to all patients who receive observation services as an outpatient for more than 24 hours. The notice, instructions and FAQs are available on the CMS Beneficiary Notices Initiative page at: [https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html](https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html). Questions regarding the MOON may be sent to: MOONMailbox@cms.hhs.gov.

**Social Security Number Removal Initiative (SSNRI)**

CMS recently added new details to the SSNRI website at: [https://www.cms.gov/medicare/ssnri/index.html](https://www.cms.gov/medicare/ssnri/index.html)

- How to identify railroad retirement board beneficiaries
- Coordination of benefits with other payers
- Where to direct your patients to correct their addresses so they can receive new Medicare cards

There was a lengthy discussion related to questions and concerns about how providers will be able to obtain the Medicare Beneficiary Identifier (MBI) for patients who do not provide it when they receive their new Medicare card. We encourage you to continue to monitor the CMS SSNRI page(s) which will be updated as new details become available.

**Reason Code 56900 – MR Reopening vs. Redetermination**

CGS continues to receive a high volume of redetermination requests for claims denied for non-receipt of records (reason code 56900). As a reminder, if you are sending documentation within 45 days of the claim denial, you should send it to Medical Review as an MR reopening request. Sending the documentation to Appeals as a redetermination request is incorrect and results in misrouted information and delays in processing. The following article is available on our website for additional information: [https://www.cgsmedicare.com/parta/pubs/news/2016/12/cope1384.html](https://www.cgsmedicare.com/parta/pubs/news/2016/12/cope1384.html)

**When to Appeal – Review Results Letter vs. Demand Letter**

CGS is also receiving redetermination requests for claims denied by the Supplemental Medical Review Contractor (SMRC) and the RAC upon receipt of the review results letter and prior to
receipt of a demand letter. A redetermination request cannot be accepted until the claim is adjusted to reflect the denial and the recoupment takes place. Therefore, the demand letter, which is produced when the claim is adjusted, is your official notification of the recoupment and begins the timeline to request an appeal. The following article is available on our website for additional information: https://www.cgsmedicare.com/articles/cope2416.html

Hospital Department Based Clinic - Facility Charges

Members would like to see additional information related to this topic available on our website.

Website Enhancements

myCGS Multi-Factor Authentication (MFA)

Due to increased CMS security requirements, all myCGS portal users are required to sign up for MFA by July 1, 2017. MFA will help ensure the security of your myCGS account even if someone manages to obtain your password without your knowledge. A webinar that will provide an overview of the requirements and instructions is scheduled on April 6, 2017. Step-by-step instructions are also available in the following article on our website: https://cgsmedicare.com/articles/cope2540.html

Website Workgroup

A workgroup was implemented to improve the CGS website. This will not include a complete website redesign, but you will begin to see some changes. The goal is to be more consistent with the layout of the pages across all lines of business and to streamline the information available on each page. The Customer Service and Education & Events pages for J15 (Part A, Part B, and HHH) have already been updated and the workgroup will coordinate with the other operational areas to update those pages. We want our website to be useful and your first point of contact to address your questions, so please feel free to provide any feedback and/or suggestions at any time.

Calendar of Events


- Suggested topics received as agenda items:
  - Beginner and advanced SNF/swing bed billing
  - MSP type for liability, no-fault and WC et-aside arrangements
  - Bad debt
  - PS&Rs

- Suggested topics discussed during the meeting:
  - LTR days
  - Overlapping discharge dates
  - ESRD CB

OPEN DISCUSSION

There were several questions about different scenarios related to issuing the MOON. If you have reviewed the instructions and FAQs available on the CMS website and still have questions, please send them to: MOONMailbox@cms.hhs.gov.

NEXT MEETING

Friday, June 16, 2017 at 12:00 p.m. ET

ADJOURN