

*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:** September 15, 2017

**Facilitator:** Annie Scriven, Senior Provider Relations Representative

**Attendees:**

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|-----------------------|-------------------|-------------------|
| • Heather Adams       | • Wayne Johnson   | • Shelli Todd     |
| • Jane Arnold         | • Janet Lazich    | • Deborah Walton  |
| • Damon Blue          | • Kathy Meyer     | • Crystal Wilborn |
| • Diane Burns         | • Andrea Plaskett | • Sandy Young     |
| • Karen Downing       | • Patsy Reynolds  | • Debbie Flowers  |
| • Daniel Eichelberger | • Melody Rice     |                   |
| • Denise Gibson       | • Ann Schafer     |                   |
| • Laura Haynes        | • Regina Shorts   |                   |
| • Regina Jackson      | • Susan Albaitis  |                   |

**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.

### KEPRO Presentation – Andrea Plaskett, MPH, KEPRO Outreach Specialist

- New Version of the Important Message from Medicare Form, <https://www.cms.gov/Medicare/Medicare-General-Information/BNL/index.html>

**Reminder:** On June 7, 2017, the Centers for Medicare & Medicaid Services (CMS) posted new versions of the Important Message from Medicare (IM) form (CMS-R-193) and the Detailed Notice of Discharge (DND) form (CMS 10066) on the Beneficiary Notices Initiative webpage. The associated instructions for use are also available. The new version of these forms must be used as of August 28, 2017.

- New Online Scheduling Program, <https://www.keproqio.com/twomidnight/Default.aspx>

KEPRO has implemented an online program that will allow hospital providers to schedule a Short Stay review educational session when they receive an initial determination letter with a Major Concern. This program can be accessed on the KEPRO website and should improve ease of scheduling for these sessions. This should also enhance the timeliness of the educational sessions. We hope that hospital providers will find convenience with the



new online scheduling program and take advantage of this opportunity. If you have further questions about Short Stay reviews or the online scheduling program, please contact 1.813.280.8256, ext. 7480 or [KEPROteleconference.resource@hcqis.org](mailto:KEPROteleconference.resource@hcqis.org).

- Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) Introductory Webinar – September 20, 2017

The webinar announcement and registration information was distributed to the members via email for participation and/or dissemination.

#### Old Business – Judy Thomas

- Clarification of CMS MLN Matters article MM9989, “Implementation of Modifier CG for Type of Bill 72X,” <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9989.pdf>

The guidance included in the article was discussed. CGS will determine and notify the provider community if any edit and/or policy changes will be implemented in the future.

#### New Business – Annie Scriven

- New Medicare Card Project (formerly known as the Social Security Number Removal Initiative (SSNRI)), <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>

The term SSNRI has been replaced with “New Medicare Card” or “New Medicare Card Project”. A New Medicare Card home page has been launched and includes a sample of the newly designed Medicare card that Medicare beneficiaries will receive beginning in April 2018 through April 2019. Links to the Overview and Providers pages are also available and should be referenced for updates throughout the implementation and transition period.

A CMS electronic mailing list including a press release, blog and National Training Program webinar announcement related to the new Medicare card was distributed to the members via email for information and dissemination.

**Question:** Will the new Medicare cards be sent to beneficiaries in a certain order (e.g., alphabetical, date of birth, geographical, etc.)?

**Answer:** There will be geographical waves of successive mailings. To protect people with Medicare from scams associated with sharing the mailing schedule, targeted local outreach will occur, including outreach to health care providers, before cards are due to arrive in a geographical area.

**Question:** Can you clarify when provider systems must be ready for the new Medicare Beneficiary Identifier (MBI)?

**Answer:** Provider systems must be able to send/receive the MBI by April 1, 2018. However, providers are not required to send the MBI until after the transition period.

- Part A Direct Data Entry (DDE) Recertification, <https://www.cgsmedicare.com/parta/pubs/news/2017/09/cope4405.html>

**Reminder:** Each year, Medicare providers are required to recertify their DDE user access. The Part A DDE recertification process began on August 1, 2017. All Part A DDE users must recertify no later than September 30, 2017. Failure to recertify will result in termination of the user ID and access to DDE.

**Question:** Will providers receive a confirmation after the recertification form has been processed?

**Answer:** This suggestion was forwarded to the Electronic Data Interchange (EDI) department for consideration.

- Suggested Agenda Items:
  - DDE, no-pay claims, provider-based departments, urgent care billing
  - One member presented general questions on these topics that were discussed. No education strategies or efforts were identified.

- Medicare Secondary Payer (MSP) claims and open MSP records

Members expressed concerns related to MSP billing and updating a beneficiary's MSP information. POE will develop a series of MSP courses to assist with MSP billing. Providers may reference CMS MLN Matters article SE1416 for additional information on contacting the Benefits Coordination and Recovery Center (BCRC) to update a beneficiary's record:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1416.pdf>

- First level appeal decision letters

Members stated they are experiencing difficulty in obtaining redetermination decision letters. Points of discussion:

- > Redetermination decision letters are only sent if the determination is fully or partially unfavorable. The remittance advice is the official notice for fully favorable determinations.
- > Hardcopy letters are mailed to the correspondence address on the provider file. The correspondence address is populated with the information provided in section 2C of the CMS-855A provider enrollment form. If you are unsure of the address, you may contact the appropriate person at your facility or the Part A Provider Contact Center to obtain it. If you wish to change the address, you may submit an updated CMS-855A provider enrollment form. Providers should ensure a process is in place to route CGS correspondence to the appropriate person/department within your facility.
- > As of May 1, 2017, providers may choose to receive redetermination decision letters (and other CGS correspondence) electronically by opting in to green mail within the myCGS portal. Additional information and instructions are available at: <https://www.cgsmedicare.com/articles/cope2948.html>.
- > Issues with requesting copies from the PCC: Customer Service Representatives (CSRs) are not handling these requests and referring providers to myCGS.
- > Issues with myCGS: Letters are not being received and are not available prior to opting in to green mail.
- > POE will forward these concerns to the appropriate departments and provide clarification of the process.

- CTI issues

Members stated they are experiencing a high volume of calls to the PCC that result in disconnections and system unavailability. POE will forward these concerns to the PCC for resolution.

### Website Enhancements – Judy Thomas

- Provider Enrollment Interactive Help Tool, <https://www.cgsmedicare.com/parta/enrollment/helptool/index.html>

The Provider Enrollment Interactive Help Tool is a new self-service option available for Part A providers. You may determine the appropriate application, sections, supporting documentation and additional forms required for your situation simply by answering a series of questions.

- myCGS Portal, <https://www.cgsmedicare.com/parta/mycgs/index.html>

**Reminder:** CGS has identified that some providers are submitting multiple credit balance reports and/or using multiple submission methods. Please review and share the following tips to avoid submitting duplicate credit balance reports: <https://www.cgsmedicare.com/articles/cope2926.html>.

## OPEN DISCUSSION

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Claim processing issues related to flu vaccines and Veterans Affairs (VA) claims were discussed. Claim examples were requested for research.

## NEXT MEETING

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December 15, 2017, 12:00 p.m. – 3:00 p.m. ET

## ADJOURN

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