

*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:** December 11, 2019

**Facilitator:** Curtis McFadden, Senior Provider Relations Representative

## ATTENDANCE/ROLL CALL

### Attendees:

- |                   |                 |                      |                   |
|-------------------|-----------------|----------------------|-------------------|
| • Crystal Wilborn | • Janet Creason | • Robert Kaliszewski | <b>CGS Staff:</b> |
| • Diane Burns     | • Jann Gravina  | • Sandy Young        | • Curtis McFadden |
| • Gloria Beazley  | • Jenn Hansel   | • Yakiesha Stiggers  | • Annie Scriven   |
| • Heather Adams   |                 |                      | • Patsy Schwenk   |
|                   |                 |                      | • Leah Lewis      |

## AGENDA ITEMS

### Welcome /Purpose and Goals – Annie Scriven

The primary function of the Advisory Group is to assist the contractor 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 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.

### New Business

#### 2020 J15 Combined POE-AG – Curtis McFadden

CGS invites interested parties to participate in our A/B Provider Outreach and Education Advisory Group. Going forward, the Advisory Group will be a combination of both Part A and Part B providers (Facility/hospital/physician association representatives, compliance officers, key personnel who submit Part A or Part B claims). CGS has created the Provider Outreach & Education Advisory Group Covenant that summarizes the purpose and goals of the group. The covenant also details the responsibilities of CGS as the MAC and you as an active member. The covenant can be accessed at: [https://www.cgsmedicare.com/pdf/j15\\_poe\\_ag\\_covenant\\_2019\\_v1.pdf](https://www.cgsmedicare.com/pdf/j15_poe_ag_covenant_2019_v1.pdf).

Registration for the 2020 J15 A/B POE-AG is scheduled to begin November 15th, 2019. Registration is scheduled to close January 15th, 2020. Registration for the 2020 J15 Combined POE-AG can be accessed at: [https://www.cgsmedicare.com/medicare\\_dynamic/poeag/poeag\\_membership\\_request.asp](https://www.cgsmedicare.com/medicare_dynamic/poeag/poeag_membership_request.asp).

#### Provider Enrollment Focus Group – Patsy Schwenk

In efforts to build the relationship between Provider Enrollment and the Part A provider community, Patsy discussed the possibility of providers being a part of a focus group. The focus group will address things like possible changes needed to process applications, response times from Provider Enrollment staff, development requests, and effectiveness of tools. The link to the survey is: <https://www.surveymonkey.com/r/M9TSPHG> and she asked the members to forward it to their enrollment personnel.

**Large Roadshow Event Feedback – Curtis McFadden**

Provider Outreach and Education is in the planning phase for events for 2020 and asked the group for feedback. Topics included:

- Potential Dates (including which days are better)
- Price of Entry Fee
- Price of Vendors and type of vendors
- Food on site

Suggestion was made to send the topics out in survey. This will be sent at a later date.

**New Medicare Card: If an MBI Changes – Curtis McFadden**

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

CMS revised MLN Matters article SE18006 on August 19, 2019, to show that all new Medicare cards have been mailed, to encourage providers to use MBIs now to protect patients' identities, to emphasize that provider must use MBIs beginning January 1, 2020, and to explain the rejection codes providers will get if they submit a HICN after January 1, 2020. Discussion points included how to get the beneficiary's new MBI if an error is received stating it has changed.

**Provider Based Billing Edits Update – Curtis McFadden**

<https://www.cms.gov/files/document/mm11470>

CR 11470 implements the newly approved National Uniform Billing Committee (NUBC) Condition Code "A7" and improved edit criteria in Medicare systems to bypass edits that match service facility location on certain hospital claims. The National Uniform Billing Committee (NUBC) approved Condition Code "A7" to identify claims with hospital services provided in a Mobile Facility or with Portable Units.

**Livanta's MOA for Healthcare Providers – Curtis McFadden**

<https://www.cgsmedicare.com/parta/pubs/news/2019/11/cope14649.html>

Livanta currently finds that many Ohio health care providers – including hospitals, skilled nursing facilities, home health agencies, and hospice organizations – are delinquent in this task. As a key QIO partner and collaborator, CGS will be supporting Livanta in this endeavor. Unless you received an email confirmation from Livanta on October 1, 2019, your organization's MOA has not been received. (Even if your records show that the MOA was sent, there may have been submission or receiving issues.) Livanta is required to report failures to complete the MOA directly to the Centers for Medicare & Medicaid Services (CMS). To avoid this action, please complete your MOA as soon as possible. Livanta has set a deadline of December 31, 2019; after that date, instances of non-compliance will be reported to CMS.

**Hospital Price Transparency Requirements – Curtis McFadden**

<https://www.cgsmedicare.com/articles/cope14785.html>

On November 15, CMS finalized policies that lay the foundation for a patient-driven health care system by making prices for items and services provided by all hospitals in the United States more transparent for patients so that they can be more informed about what they might pay for hospital items and services. The policies in the final rule will further advance the agency's commitment to increasing price transparency. It includes requirements that would apply to each hospital operating in the United States. In response to comments, CMS is extending the effective date to January 1, 2021 to ensure hospital compliance with these regulations. CMS hosted a call Hospital Price Transparency Final Rule Call on December 3, 2019. CMS states the transcript and audio recording will be available two weeks after the call. <https://www.cms.gov/2019-12-03>

**Opioid Treatment Programs – Curtis McFadden**

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program/Index>

Starting January 1, 2020, under the Calendar Year (CY) 2020 Physician Fee Schedule final rule the Centers for Medicare & Medicaid Services (CMS) will pay Opioid Treatment Programs (OTPs) through bundled payments for opioid use disorder (OUD) treatment services in an episode of care provided to people with Medicare Part B (Medical Insurance). Other publications on this impending change can be found at:

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/OTP-enrollment-factsheet-MLN6325432.pdf>
- <https://www.cms.gov/files/document/otp-billing-and-payment-fact-sheet>

**Website Enhancements****Medical Review Activity Log – Curtis McFadden and Annie Scriven**

<https://www.cgsmedicare.com/parta/mr/mral.html>

The activity log displays the medical review Targeted Probe and Educate edits currently in place. It lists edit codes, description, review type, status, and documentation requirement checklist. The Checklist is intended to be utilized by providers as a reference when responding to Additional Documentation Requests (ADR) to ensure each claim meets the policy requirements prior to the ADR submission. Please submit all documentation as required in the LCD or NCD if applicable and in accordance with the Medicare Benefit Policy Manual. It is the responsibility of the provider to submit complete and accurate documentation per the regulatory guidelines for each claim. Ensure the documentation submitted belongs solely to the intended beneficiary and documentation of another beneficiary is not present within any aspect of the medical record. This checklist can also be used by providers that are not on review to self-audit or prepare for one.

**Survey Changes – Curtis McFadden**

<https://www.cgsmedicare.com/parta/pubs/news/2019/12/cope15013.html>

Provider can now share their opinions and suggestions about their online experience by participating in the newly enhanced CGS website survey. When you visit the CGS Jurisdiction 15 (J15) Part A website or myCGS, they will periodically receive the pop-up shown in a message bar appearing at the top of the CGS website (shown below). The survey takes approximately three minutes.

**Calendar of Events – Curtis McFadden**

[https://www.cgsmedicare.com/medicare\\_dynamic/wrkshp/pr/parta\\_report/parta\\_report.aspx](https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/parta_report/parta_report.aspx)

The list of upcoming educational events was reviewed for the end of 2019 and beginning of 2020. Members were asked to continue to review and share this information on a regular basis.

**Open Discussion**

No items discussed.

**Adjourn**