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 21, 2018

Facilitator: Annie Scriven, Senior Provider Relations Representative

Attendees:
- Jane Arnold
- Aleasha Bancroft
- Heather Clark
- Rachel Hager
- Jennifer Hansel
- Wayne Johnson
- Bob Kaliszewski
- Chris Little
- Sarah Miles
- Shellee Myers
- Jean Wendland Porter
- Christy Stansfield
- Crystal Wilborn
- Sandy Young

CGS Staff:
- Curtis McFadden
- Judy Thomas
- Leah Lewis

AGENDA ITEMS

Welcome

Attendance/Roll Call

Purpose and Goals

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. The Advisory Group shall be used as a provider education consultant resource, and not as an approval or sanctioning authority.

KEPRO Update – Andrea Plaskett

Andrea was not able to attend as planned, but she did share the following updates with CGS:

In May 2019, KEPRO’s five year contract with CMS will expire and transition to a new contract period and scope of work. The services available to beneficiaries and providers should not change. However, the Beneficiary Family Centered Care Quality Improvement Organization (BFCC-QIO) structure will change from the current five areas to ten regions that coincide with the CMS Regional Offices, which could possibly result in a change of contractor. Additional information will be provided as it becomes available.

KEPRO’s 2018 Annual Reports and an upcoming webinar announcement were distributed to the group via email.

Old Business – Curtis McFadden

The New Medicare Card mailing strategy was planned through April 2019, but CMS is currently near completion. Since Kentucky and Ohio were in the last mailing wave, continue to notify your Medicare beneficiaries that they will receive a new card so it does not get lost or misplaced. Also, request a copy of the card when they are scheduled to be seen at your facility. If a beneficiary states they did not receive a new card, you may want to help them sign in to MyMedicare.gov to get the new number and print the card. You may also obtain the Medicare Beneficiary Identifier (MBI) from your Remittance Advices (RAs) or the myCGS MBI Look-Up Tool and start submitting them on your claims to ensure you are prepared for the end of the transition period on December 31, 2019.
Other contractors have reported a possible issue with the MBI Look-Up Tool, but CGS members only had positive feedback.

**New Business – Annie Scriven**

Annie provided a brief description of the following resources and encouraged members to disseminate the information as appropriate. No questions, comments or suggestions were received from the group.

- **Medicare Minute: Telehealth Benefit:** [https://www.cgsmedicare.com/jc/education/video/vid_telehealth.html](https://www.cgsmedicare.com/jc/education/video/vid_telehealth.html)

  In this video, Dr. Robert Hoover, the Jurisdiction C Medical Director, discusses Medicare’s Telehealth Benefit and provides insight into various arrangements for telemedicine that all treating practitioners need to consider before engaging in these types of practices.


  This article is related to a recent Office of Inspector General (OIG) report and provides a reminder to hospitals that bill for outpatient IMRT planning services to ensure they bill correctly and avoid overpayments.


  This article notifies OPPS providers that system edits will be activated in April 2019 to ensure the following when a service facility location is reported on a claim: the service facility address is in PECOS, the address is an exact match to the information submitted in PECOS, and a PN/PO modifier is reported on at least one line item on the claim. CMS instructed all contractors to test these edits in November 2018 and a very high volume of claims were impacted. Therefore, members were strongly encouraged to review and share the information as well as the upcoming education opportunities that CGS plans to offer prior to the implementation date.


  Members were reminded that the next quarterly credit balance report is due January 31, 2019. The information in this article may be helpful to avoid any rejections and possible suspension of payment.


  This article includes the appropriate instructions for handling any CGS claim adjustments that may Return to Provider (RTP).

**Website Enhancements**

**myCGS Portal – Judy Thomas**

POE received a pre-submitted agenda topic related to checking the status of inquiries/redetermination requests. Discussion topics included the following:

- For written inquiries, the allowed timeframe to respond is within 45 business days. If you are not opted in to green mail, the response is mailed to the correspondence address on file.

- For redetermination requests, the allowed timeframe to make a decision is within 60 days. A Medicare Redetermination Notice (MRN) is not sent if the initial decision is reversed and the claim is paid in full; the Remittance Advice is the notice of the decision.

- Related resources for additional information:
Judy also reviewed recent myCGS portal enhancements as described in the following articles:


- Self-Service Options – Curtis McFadden

Calendar of Events – Curtis McFadden
Curtis provided an overview of scheduled events and encouraged members to reference the page and share the information often. Additional education topics were also requested. Since no suggestions were offered during the meeting, members were reminded that any future suggestions may be submitted to: [J15_PartA_Education@cgsadmin.com](mailto:J15_PartA_Education@cgsadmin.com).

**OPEN DISCUSSION**

Members were asked to be prepared to discuss or email their myCGS portal “wish list.” No suggestions were received.

Suggestion for improvement: The Qualified Independent Contractor (QIC) does not offer an electronic submission method for reconsideration requests. The QIC is a separate entity with its own contract with CMS. CGS has no jurisdiction/influence over their processes. We suggest a recommendation be made directly with the QIC.

A possible claims processing issue was mentioned. Claim examples were requested for research.

The Patient Driven Payment Model (PDPM) was suggested as an agenda item for future POE-AG meetings.

**NEXT MEETING**

Calendar Year (CY) 2019 meeting dates will be announced and posted on our website along with these meeting minutes. In addition, the CY 2019 membership drive will be announced in January. We will email all current members to ask if you wish to continue your participation or not.

**ADJOURN**