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 21, 2017

Facilitator: Juan Lumpkin, Provider Outreach and Education (POE), CGS

Attendees:

- Shelby Gorman – University of KY Health Care
- Kelly Rupard – University of KY Health Care
- Phil Horn - KAPA
- Nancy Horn – Medical Compliance Services, Inc.
- John Blumenstock – PHI Air Medical, LLC
- Lindy Lady – Kentucky Medical Association (KMA)
- Renee Stamp – Paradigm Management
- Darrell Spear – Kentucky Chiropractic Society
- Georgetta Richardson – Norton Healthcare

CGS Staff

- Patsy Schwenk – POE
- Vanessa Williams – POE
- Julene Mull – Medical Review
- Jessica Brill – Provider Contact Center
- Gloria Lucas – EDI

AGENDA ITEMS

Opening Remarks

Juan welcomed everyone to the meeting.

CGS Departmental Updates

CERT Update - Julene Mull, CGS CERT Coordinator

Julene provided an update on the following CERT related topics:

- Respond to CERT inquiries fully and completely to avoid a claim error and your money from being recouped.
  - If you send in records and receive another request, please contact Julene so we can check to be sure the records were received. This will avoid an error for no response.

- For services performed outside of the office that you are billing, it is the provider's responsibility to obtain records from the 3rd party (i.e., hospital) and submit to the CERT contractor.

- We are still having issues with Signatures. Please advise your billing staff/companies that everything must have a signature. A great resource for billing service staff is available at http://www.cgsmedicare.com/partb/pubs/news/2014/0214/cope24803.html.
  - Illegible signatures - include printed name on documentation, a signature log or attestation statement.
    > Signature log – Using your office letterhead, print the provider(s) name and ask that provider to sign his/her name/initials in every variation he/she might use. Submit this with your documentation.
    > Attestation Statement – if a signature is missing (this will also work for illegible signatures), complete an attestation and submit that with your records.
      - This not only avoids an error with CERT but allows payments from CGS to be processed without the delay of authenticating or requesting an attestation.

CGS
A CELERIAN GROUP COMPANY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

- More on signatures is available at http://www.cgsmedicare.com/partb/pubs/news/2014/0214/cope24803.html.

• In regard to Lab Services, documentation of medical necessity is required.

- When sending requests for labs, please note the reason labs are requested on the requisition; a written statement by the treating physician along with the ICD-10.

- Your help with this issue will help reduce our error rate tremendously and we would appreciate your cooperation. Refer to the CMS fact sheet for additional information. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ProviderComplianceLabServices-Fact-Sheet-ICN909221.pdf

Julene also reminded the members of two email addresses created specifically for provider inquiries:

• CMD.Inquiry@cgsadmin.com – This email address is used to ask questions regarding our local coverage determinations (LCDs), documentation requirements and medical records. Please send inquiries to this email address instead of the medical directors directly, as they often travel and cannot respond timely.

• J15IDE@cgsadmin.com – This email address is used to submit information to CGS regarding approved clinical trials. Additional information on this is available at http://www.cgsmedicare.com/partb/pubs/news/2013/1213/cope24209B.html. IDE submission tips are available at http://www.cgsmedicare.com/partb/pubs/news/2017/02/cope2020.html.

Contact information for Julene and the CERT contractor are available at http://www.cgsmedicare.com/partb/cert/contact.html.

A member asked about *Strategic Health Solutions*. Providers are receiving requests for medical records from this group. Strategic Health Solutions has been awarded multiple prime contracts by CMS, one serving as a Supplemental Medical Review Contractor (SMRC). They are responsible for conducting medical reviews of Medicare Part A, Medicare Part B, and Durable Medical Equipment reimbursement claims submitted by providers and suppliers throughout the United States. Additional information is located at https://strategichs.com/contracts-2/supplemental-medical-review-contractor/. Topics reviewed are determined by CMS. A listing of current projects is located at https://strategichs.com/smrc/current-smrc-projects/.

A member asked if the signature date has to be included in medical records. Yes, the date records are authenticated is also required. Refer to the article located at http://www.cgsmedicare.com/partb/pubs/news/2014/0214/cope24803.html for additional information.

A member asked about the address CERT uses to send ADRs. Many locations do not receive mail at the physical address. When it happens, mail is misrouted, which results in late or no response. Julene is happy to work with providers and CERT to correct issues with mailing addresses.

We also discussed the mailing address used by CGS when sending correspondence. POE will research this and share with the group.

Provider Contact Center (PCC) – Jessica Brill

Jessica provided an update on the claims processing issue that affected the units field. This impacted claims submitted December 31, 2016, through January 5, 2017. We announced that a mass adjustment will be performed on some claims. Details are available at http://www.cgsmedicare.com/partb/pubs/news/2017/02/cope2327.html.

Jessica also reminded the group CSRs participate in training sessions twice each month. Members are welcome to suggest specific training topics for the CSRs.

EDI Department – Gloria Lucus

Gloria provided updates on the following:

- SFTP Front End Update - CGS has begun working with Network Service Vendors (NSVs) to schedule a staggered cutover to migrate to the SFTP connectivity. Submitters are asked to consult with your NSV regarding testing connectivity and switching to the SFTP front end to avoid claim submission problems. All electronic submissions and receipts must utilize SFTP effective April 3, 2017. Additional information in available at http://www.cgsmedicare.com/articles/cope2052.html.

- EDI Applications – We continue to receive EDI applications that cannot be read. This is caused by copying and faxing the same form repeatedly. Please ask providers to download a NEW form to complete each time an application is submitted. Additional information on this is located at http://www.cgsmedicare.com/articles/cope32251.html.

- 277CA Look-Up Tool – This tool provides easy-to-understand descriptions of the error codes received on the 5010A1 277CA (claims acknowledgement) report. Details are available at http://www.cgsmedicare.com/partb/pubs/news/2017/02/cope2183.html.

Provider Enrollment – Juan Lumpkin

CGS recently released the Provider Enrollment Interactive Help Tool. This tool is designed to walk providers through the application process simply by asking a series of questions. The tool is available at http://www.cgsmedicare.com/partb/enrollment/helptool/index.html. We asked that members help us promote it by sharing the attached handout.

A member asked about Opt Out and if physicians allowed to do so are permitted to order services and prescribe for Medicare patients. Yes, we will pay claims as long as the actual services ordered and/or prescribed are not those of the opted out physician. Information on this is located in the IOM 100-02, Chapter 15, Section 40.32, which is located at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

A member also asked if one physician in a group practice can opt out without affecting the group itself. Yes, if an individual physician of a group opts out, the group is still permitted to bill and be paid for the services of the physicians in the group who have not opted out of Medicare. Check IOM 100-02, Chapter 15, Section 40.23, located at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf, for additional information.

New Business

CGS Website Enhancements

Juan discussed changes that will be made to the website.

- The Browse by Specialty section, located at http://www.cgsmedicare.com/partb/specialty/index.html, was created to allow providers one-stop access to information related to their specialty. Members were asked for help in creating specialty-specific information that will help reduce inquiries and save time for their providers and/or members of their associations. Please feel free to submit ideas directly to the POE team at J15_PartB_education@cgsadmin.com.

- The Browse by Topic section, located at http://www.cgsmedicare.com/partb/topic/index.html, is in need of the same type of attention. Looking for suggestions here, as well.

- Changes were recently made to separate the Appeals/Redeterminations page (http://www.cgsmedicare.com/partb/appeals/appeals.html) from the Reopenings page (http://www.cgsmedicare.com/partb/forms/gateways/reopenings.html) to help providers submit requests to the correct workload.

  - New Reopening forms are being introduced in the coming weeks. An article announcing this is available at http://www.cgsmedicare.com/partb/pubs/news/2017/03/cope2396.html.

myCGS Update

Vanessa provided an update on myCGS:

- Self-Service Function – We continue to work to enhance the functions available to you through myCGS. You will soon see changes to the myCGS Reopenings process to coincide with the paper form changes that will be available on the website. Watch for communication on this to help us promote these exciting updates.

- Multi-Factor Authorization (MFA) - MFA is an extra layer of security that will help ensure myCGS accounts and patient's Medicare information is protected. Each time providers access myCGS, they will receive an eight-digit verification code via the option selected (text or email). Once the verification code is entered, providers will gain access to the myCGS website portal.

  - **Part B MFA statistics** – Since our deployment of voluntary MFA on Oct 11, 2016:

    > We currently have a total **217 MFA Users for Part B**.

    > A total of **104 Users** have turned off MFA during this period.

  - **Important Timelines** – myCGS users may sign up for MFA for each active user ID.

    > May 1, 2017 to June 30, 2017: myCGS Users will be required to sign up for MFA at enrollment, password reset and account update.

    > July 1, 2017: myCGS users NOT signed up for MFA will automatically be set to MFA with the email address associated with the user ID.

  - **MFA Education event** – CGS invites you to attend the *Multi-Factor Authentication MFA Webinar* for all J15 lines of business scheduled for Thursday, April 6, 2017, from 11:00 a.m. to 12:30 p.m. EST. To register for this event, please visit our *Calendar of Events* located at http://www.cgsmedicare.com/partb/education/index.html.

  - Resources

    > How to sign up – *myCGS User Manual* – Chapter 1 http://www.cgsmedicare.com/pdf/mycgs/chapter1.pdf

    > Notifications

      ▪ October 2015 (CMS) - https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1548OTN.pdf

      ▪ October 13, 2016 - http://www.cgsmedicare.com/articles/cope805.html

      ▪ October 18, 2016 - http://www.cgsmedicare.com/articles/cope842.html

      ▪ March 6, 2017 - http://www.cgsmedicare.com/articles/cope2326.html

Winter 2017 Medicare Update

Patsy highlighted changes from the Winter 2017 quarterly update, which included:

- The *Medicare Preventive Services Quick Reference Chart* https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html

- Self-service Reopenings http://www.cgsmedicare.com/partb/pubs/news/2016/11/cope1162.html
- Transitional Care Management (TCM) https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Transitional-Care-Management-Services-Fact-Sheet-ICN908628.pdf
- Chronic Care Management (CCM) https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf
    - CCM updates for 2017 https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagementServicesChanges2017.pdf
- Prolonged Services https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm5972.pdf
- Advance Care Planning https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf
- Payment Reduction to technical component of film x-rays https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9727.pdf
- Data collection to accurately value global packages
    - **NOTE: CMS is hosting a conference call on this initiative** https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2017-04-25-Global-Surgery.html
- Payment reduction of CT diagnostic imaging services
- New Recovery Audit (RA) contractors
- Medicare Signature Requirements http://www.cgsmedicare.com/articles/cope1361.html
- 2017 Provider Enrollment Application Fee Amount

Old Business

2017 Moderate Sedation

Beginning 2017, providers may bill moderate sedation. The CPT codes have been processing fine; however, CPT code 99153 is denied when performed in a facility setting. The denial is due to a PC/TC indicator '3,' meaning the code is "technical component only." The rationale for assigning this indicator is because CPT code 99153 represents an additional 15min of moderate sedation, which is typically performed by hospital staff (e.g., nurse) and is, therefore, not payable to a Part B provider in a facility setting. CGS released as article to explain this, which is located at http://www.cgsmedicare.com/partb/pubs/news/2017/03/cope2489.html.

ANNOUNCEMENTS AND REMINDERS

PCC Training Topics

No topics were shared. Members are welcome to email ideas anytime throughout the upcoming year.

MAC Satisfaction Indicator (MSI)

Members were advised they will receive information regarding the 2017 MSI survey.

Upcoming Educational Events

- Review the *Calendar of Events* on our website at http://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/partb_report.asp.

- Education upon request: Email requests to J15_PartB_Education@cgsadmin.com

POE Advisory Group Meeting Schedule

- June 20, 2017

- September 19, 2017

- December 12, 2017 (teleconference only)

ROUNDTABLE/QUESTIONS

- Discussed discrepancy in the way ambulance services are processed. State law requires the date of service to be the date of dispatch. Ambulance services provided before midnight, in some cases, conflict with the claim submitted by the admitting hospital, which has a different date of service (after midnight.) POE believes CWF edits find the discrepancy, which results in overpayment request to the ambulance supplier. It is inconvenient for ambulance suppliers to go through appeals process on these. POE will watch for solutions to this and share with the group.

- A member asked about palliative care and if we had resources specific to patients moving from hospice to palliative care. The information available on the CMS website can be found in the *IOM 100-02, Chapter 9, Section 20.2.1*, located at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c09.pdf. You also find information in the Hospice Toolkit at https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/hospice-overviewbooklet.pdf, and overview documents at https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/hospice-overviewfactsheet.pdf and https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/infograph-PalliativeCare-[June-2015].pdf. As palliative care relates to Advance Care Planning (ACP), the ACP handout references a page to view your State's advance directives. You can view them at http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3289. Specific questions about documentation may be sent directly to the CMD.Inquiry@cgsadmin.com email box.

- A member asked how much advance POE needs to schedule meetings/seminars. We suggest no less than two weeks. Availability may be limited, but we will try to meet your needs the best we can.

ADJOURN

Meeting was adjourned 2:47 p.m.