

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: June 21, 2016

Facilitator: Patsy Schwenk, Provider Outreach and Education (POE), CGS

Attendees:

POE AG Members:

- Nancy Horn – Medical Compliance Services, Inc.
- Jean Pryor – St. Elizabeth Physicians
- Georgetta Richardson – Norton Healthcare
- Stephanie Woods – Greater Louisville Medical Society
- Matt Waldie – Ashland Area Health Alliance
- Darrell Spear – Kentucky Chiropractic Society
- Pat Horvat – John M. Johnstone, MD, FACC, PSC
- Phillip Horn – Medical Compliance Services, Inc.

CGS Staff:

- Patsy Schwenk – POE
- Juan Lumpkin – POE
- Gloria Lucas – EDI
- Karen Hughes – Provider Enrollment

AGENDA ITEMS

Opening Remarks

Patsy reminded everyone of the POE Advisory Group mission and thanked everyone for the assistance they provide in sharing important Medicare and CGS information.

CGS Departmental Updates

ELECTRONIC DATA INTERCHANGE (EDI) – GLORA LUCAS

Gloria shared a new option within the EDI department menu. For DDE or PPTN passwords resets, select Option 4. The call will be forwarded to the CGS Medicare Security Department. They will also assist with account lock-outs.

She reminded all that there is an updated [EDI enrollment application](#) posted on the web site. This copy should be used and is the only one accepted as of June 10, 2016. EDI has returned many applications due to legibility and blurred text. Please share [this article](#) on additional information and tips for providers and trading partners on submitting correct applications.

Administrative Simplification Compliance Act (ASCA) letters were recently sent to providers who submit [paper claims](#). If the provider meets one of the exceptions in the letter, please follow the instructions and inform the CGS EDI department to be able to continue to submit paper claims. The exception letter will be sent every 2 years to ensure the exception still exists.

As a reminder, when submitting [forms through myCGS](#), a confirmation of receipt will be received in your myCGS inbox. EDI can only handle question as to whether or not the form was received by myCGS. All questions regarding the status of the request must be directed to the CGS customer service department.

PROVIDER CONTACT CENTER (PCC)

Patsy reviewed the [menu options](#) currently in place on the PCC toll free number. She reminded the group that in order to receive the quickest service, the caller needs to choose the most appropriate department to handle their question. Providers will receive faster service by calling the correct department.

- Questions regarding claims appearing on the remittance notice (RA) must be directed to Customer Service.
- If the call is regarding a [277CA or 999 front end](#) rejection, the caller would choose the EDI option to speak to an EDI representative.

Once the claim has processed through the Front End edits in EDI, it then moves to Customer Service and EDI can no longer view or assist. This is just a reminder to assure providers receive the assistance they need.

Patsy asked the group's members are having problems with navigating the PCC options to let us know. We may be able to create a tool on the web site that would help providers with navigation, identifying the assistance they can receive under each of the options.

PROVIDER ENROLLMENT – KAREN HUGHES

Revalidation requires all providers/suppliers to resubmit and recertify the accuracy of their enrollment information. DME suppliers are required to revalidate every 3 years; all other providers/suppliers every 5 years. All providers/suppliers must be revalidated under the new enrollment screening criteria. Cycle 1 started in 2011 and finished up earlier this year. Cycle 2 started in March of this year.

Cycle 2 is a more streamlined process that has several process improvements implemented based on feedback from providers as well as MACs. CMS has tried to standardize the process across all MACS.

One of the updates is CMS has established revalidation due dates that are consistent for everyone. Revalidations will be due the last day of the month. Once this due date is set, it will generally remain the same for subsequent revalidation cycles.

CMS has created a [revalidation due date lookup tool](#) on their web site. This lookup tool allows providers to see their due dates in advance. There will be up to 6 months of dates posted and will be updated periodically. The next update is scheduled for around 7/1/16. If a date has not been assigned to the provider, it will show "TBD". In addition to this due date lookup, there will be a crosswalk to the reassignment information.

CGS will continue to issue revalidation notices in addition to the posted list. We will be mailing these notices 2-3 months before the established due date. If you are within 2 months of your listed due date and have not received the notice, you are encouraged to submit your revalidation application. If we do not receive the revalidation application, deactivation may occur, just as in cycle 1.

If a PTAN is deactivated for non response to revalidation, you will be required to submit a complete enrollment application to reactivate. You will maintain the original PTAN, but the reactivation date will be based on the receipt date of the new application. This will cause a gap in reimbursement because the services will not be paid during the period of deactivation. Therefore, we are strongly urging providers to check the website to get their revalidation due date at: <http://go.cms.gov/MedicareRevalidation>

Although we do encourage providers to send application by their revalidation due date, we cannot accept unsolicited revalidations. CMS defines unsolicited revalidation applications as one submitted more than 6 months in advance of the due date. If this occurs, we will return the application. If your intention was to make a change, please submit the application as "Change of information" instead of "revalidation".

Refer to the [CMS Revalidation Webpage](#) for more information. CGS also [posted an article](#), which includes a number of resources and reminders.

Member Question: What is the URL to check the Revalidation due date? The URL is <https://data.cms.gov/revalidation>. The site was modified about a month ago. Fields the say "Provider Name" can be used to search for group or individual provider information.

COMPREHENSIVE ERROR RATE TESTING (CERT)

Patsy covered the national [Comprehensive Error Rate Testing \(CERT\)](#) Error Rates. (Although the error rates are national, they hold true for CGS.)

- Lab Tests is currently the highest error rate: Insufficient documentation 97.8%
 - Missing Signed Orders
 - Missing signed documentation from ordering physician supporting Medical Necessity for the completion of the lab test
- Office Visits (established) Coding Error Rate is also high: Incorrect Coding, 59.7% and Insufficient Documentation; 35.5%
- Missing/Illegible Signature
- Documentation submitted does not adequately describe service
- Hospital Visits (established): Insufficient Documentation 55.9% - Missing/Illegible Signature
- 3rd Part Billing; billing provider not submitting hospital record

If you have CERT questions or if we can assist with obtaining documentation call Julene at 615.782.4591 or email at: julene.mull@cgsadmin.com.

Member Question: How do we obtain a listing of our providers who are under CERT review? Being a large organization, letters are oftentimes misrouted.

Answer: CERT information is tracked by the provider PTAN/NPI. You may use the [CERT ID \(CID\) tool](#). Enter the billing NPI for a list of all claims CERT has pulled for review - along with results if they have completed the review. Additional information on the CID tool is available here.

We also checked to see where ADR letters are being sent. CERT uses the Special Payment Address providers identify when completing the [CMS-855i enrollment application \(Section 4E\)](#). If the provider has [identified a different address specifically for CERT](#), however, ADRs will go to that address.

We are currently researching what address is used by CGS departments sending ADRs and other letters.

MEDICAL REVIEW (MR)

Patsy explained MR is currently reviewing chiropractic claims and subsequent hospital and nursing facility visits. She indicated claims for the [Molecular Diagnostic Service Program \(MoIDX\)](#) are also being reviewed; there are currently no issues. She reminded all that the [MR Activity Log](#) is current and available for providers to review. Patsy reminded the group that the POE team shares the [MR section of the CGS website](#) with providers at every presentation.

NEW BUSINESS

POE Spring Handout Update

We IMPACT Lives is the theme for the Spring Update. We will be switching the theme with the Summer 2016 Handout. Patsy outlined the topics discussed throughout the quarter:

- Improper Payment
 - CERT
 - > We provide information on the error categories and now include specialty information with these errors. We also provide resources on how to avoid these errors.
 - > No documentation errors are on the rise and we will ramp up our education on this topic.
- myCGS web portal and several other website tools
- Social Security Number Removal Initiative (SSNRI)
- PQRS, Value Modifier (VM)
- Top Calls, Written Inquiries, Denials and Rejections
- CGS Departmental Updates
- CMS and CGS Resources

NON-RESPONSE TO MEDICARE REVIEW ADDITIONAL DOCUMENTATION REQUESTS (ADRS)

We have recently seen an increase of non responses to the [Medical Review \(MR\) request for additional documentation](#) to support the claim. Please encourage providers who are receiving these letters to respond and send their medical records. myCGS can be used to send in the documentation electronically.

Patsy explained a project she and Juan are currently on to contact providers who are not responding to MR ADRs.

OLD BUSINESS

PCC training topics

No topics were shared. Patsy reminded the members they can email ideas any time throughout the year.

ANNOUNCEMENTS AND REMINDERS

myCGS Usage Initiative

CGS has a goal to increase usage of [myCGS](#) by 2% by the end of August 2016. Please encourage your members and colleagues to use myCGS for day to day Medicare office activities like sending in an electronic claim, submitting a reopening, submitting a redetermination or submitting documentation for the MR ADR letters. If you or your members have suggestions on features we could add to the portal that will make it even more helpful, please do not hesitate to share!

Small Provider Forums will be scheduled around the state, which will focus heavily on myCGS. We are also happy to meet with some of the larger organizations to assist with utilizing the Reopening or Redetermination submission option through myCGS.

MAC SATISFACTION INDICATOR (MSI)

The MSI Questionnaire is now open. It can be completed online at https://cfigroup.qualtrics.com/jfe/form/SV_bp9wfwWbjvyXhiJ?MAC=J15-+CGS&MAC_BRNC=16. Members were asked to share the URL with their providers and encourage them to leave feedback on our performance as their MAC. (Patsy thanked those who have shared the link via email or posted on their sites!) The MSI is open through June 24, 2016.

UPCOMING EDUCATIONAL EVENTS

Review the [Calendar of Events](#) on our web site. Events listed here are typically ones that CGS hosts. (Usually webinars and teleconferences.)

- OSMA Summer Series – our annual training events throughout Ohio begin at the end of June. (A meeting will be held in Cincinnati if you are interested in attending.)
- J15 Small Provider/ Medicare Update Workshops – we will be focusing on myCGS education and usage increase. If you have space available to sponsor a meeting, please let us know! ☺
- Education upon request
 - Email requests to J15_PartB_Education@cgsadmin.com

POE ADVISORY GROUP MEETING SCHEDULE

- September 20, 2016: Norton Healthcare
Watterson Towers East
1951 Bishop Lane
4th Floor
Louisville KY 40218
- December 13, 2016 – Combined Teleconference for KY and OH POE AGs

ROUNDTABLE/QUESTIONS

We have referred the Ambulance issue to our Medical Director department for comment.

ADJOURN

Meeting was adjourned.