



**CGS ADMINISTRATORS, LLC  
PROVIDER OUTREACH AND EDUCATION**

## **KENTUCKY PART B ADVISORY GROUP MEETING**

*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 20, 2013

**FACILITATOR:** DEANNA CRUSER, PROVIDER OUTREACH AND EDUCATION (POE), CGS

**ATTENDEES:**

#### **ON-SITE**

- JOHN BLUMENSTOCK, PHI AIR MEDICAL, L.L.C.
- NANCY HORN, MEDICAL COMPLIANCE SERVICES, INC.
- RAMONA OSBORNE, MGMA LEGISLATIVE LIAISON
- DARRELL SPEAR, KENTUCKY CHIROPRACTIC SOCIETY
- STEPHANIE WOODS, GREATER LOUISVILLE MEDICAL SOCIETY
- LINDY LADY, KENTUCKY MEDICAL ASSOCIATION
- SHERRY THOMAS, PHIA
- JUAN LUMPKIN, POE, CGS
- VANESSA WILLIAMS, POE, CGS
- PATSY SCHWENK, POE, CGS
- DEANNA CRUSER, POE, CGS

#### **TELECONFERENCE**

- LINDA BASHAM, 911 BILLING SERVICES & CONSULTANT, INC.
- TERRI CHRISTAIN, ENDOCRINE & DIABETES ASSOCIATES, PSC
- RENEE STAMP, PARADIGM MANAGEMENT FAMILY PRACTICE
- MATT WALDIE, ASHLAND AREA HEALTH ALLIANCE
- MELISSA KRESS, POE, CGS
- SUSAN STRAUCHMAN, PROVIDER ENROLLMENT, CGS
- MIKE SWAW, PROVIDER ENROLLMENT, CGS

## AGENDA ITEMS

### **CGS Departmental Updates**

- Provider Enrollment/ Revalidation Update-
  - Revalidation will continue through March 2015. Revalidation requests are mailed to the provider's correspondence and special payment addresses.
  - Don't jeopardize your Medicare billing privileges. Make sure to respond immediately when the revalidation request is received. Revalidate by either using the Internet based PECOS or downloading and sending the most current version of the paper application found on the CMS website. Faxed applications will be returned.
  - Checklists are available at [www.CGSmedicare.com](http://www.CGSmedicare.com) to assist in revalidation.
  - Revalidation information should be completed, whether via Internet-based PECOS or the paper application process, as a "snapshot in time".
  - Documents **not** routinely required when revalidating are: Degrees/diplomas, Reassignment of Benefits applications when all active reassignments are identified in Section 4B of the individual's CMS 855I application; or reassignment applications when an entity submits the 855B to revalidate.
  - Starting with revalidation requests mailed May 15, 2013, and forward, the EFT is identified as a required document for groups, organizations, sole owners and sole proprietors. An EFT is not required from reassignments to a group.
  - The \$532.00 CY 2013 application fee is required from institutional providers.
  - When entities and sole proprietors identifying an Employer Identification Number are revalidating, an IRS document is required. This document must identify the legal business name and EIN preprinted by the IRS. Any field on the application that requires the legal business name on the application must match the name from the IRS document. If an EFT is submitted, a voided check or letter from the bank is required. The check or bank letter identifying account information must also reflect this legal business name.
  - Sending a copy of the signor's driver's license or current passport can expedite the process.

- When section 5 of the CMS 855B is completed, a diagram or flowchart is required as an application attachment. This requirement is found in the IOM publication 100-08 Chapter 15 §15.5.5 – Owning and Managing Organizations.
- If an application is developed for missing or incomplete information, this must be provided in full within 30 days from the development request. We do encourage providers to respond to the development request as soon as possible as this allows more time to ensure that all missing information has been submitted. If not received in 30 days the application may be rejected and billing privileges terminated. If this occurs, a new application and supporting documents must be resubmitted.

Question: For PE questions and revalidation questions, can we get directly to PE rather than going through Customer Service?

Answer: Providers should call the regular Customer Service number, then choose the Provider Enrollment option from the main menu. This will transfer your call to a Tier 2 Customer Service representative in Provider Enrollment.

Question: Does Provider Enrollment accept faxed signatures?

Answer: Only if the signature was received on the original application. *(NOTE: A reminder will be distributed to the enrollment staff to ensure consistency.)*

Question: The Ambulance training session included new requirements with the government letter. To clarify, if government entity is indicated in Section 5, is the government letter required?

Answer: This is required even when Section 5 is not applicable.

Question: A nurse practitioner received correspondence regarding revalidation at an old address. How did that happen?

Answer: Requests to revalidate and development letters are sent to the correspondence address. Please verify the address on file. Also, CMS posts a listing of providers sent requests to revalidate. The listing is located on the CMS web site at

<http://cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html> under the "Downloads" section.

Question: How are site visits scheduled?

Answer: CGS sends requests for site visits to the national site visit contractor CMS selected. Once the site visit is complete, the contractor forwards the results back to CGS to proceed with processing the application.

- Suggestions for PCC training topics

There were no training needs identified. Several members praised the service received by the Provider Contact Center. Members were asked to let us know if they have suggestions in the future.

## **New Business**

- ADR Letters Sent in Error- Physical Therapy Claims in Ohio
  - The letters were mailed from May 8-23, 2013. As of June 11, we have identified and released all claims from the hold for additional documentation. These claims will still continue through the normal processing within the claims system.
  - As these claims are processed, it is possible they will be subject to additional claims edits, which are a normal part of the claims process. We encourage you to check the status of any submitted claims in question by using the myCGS tool on the CGS website or the IVR (1.866.290.4036).
  - The article explaining this is located at <http://www.cgsmedicare.com/ohb/pubs/news/2013/0513/cope22314.html>

## **Old Business**

- There was no old business to discuss.

## **Announcements and Reminders**

- Temporary Delay in Implementing Ordering and Referring Denial Edits
  - CMS has announced that Phase II Ordering/ Referring edits that were set to go live on May 1, 2013, have been delayed.

- Until further notice, we are still operating under Phase 1 edits; claims are processed with informational message codes (N264/ N265) on your remits to notify you when an ordering/ referring provider listed on your claim is not eligible to order/ refer or if they are not currently enrolled in PECOS.
- A listing of providers allowed to order/refer services for Medicare patients and who are enrolled through PECOS is located on the CMS web site at <http://cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/MedicareOrderingandReferring.html>

Question: Does this affect physicians/practitioners who order ambulance services for Medicare patients?

Answer: No, it does not.

Question: Are there stats to show how many providers in Kentucky are not prepared for Phase 2?

Answer: *Stats not available at this time.*

Question: Is there a list of services that require ordering/referring providers to be reported?

Answer: Yes. The list is located in the CMS Internet-Only Manual, 100-04, Chapter 26, Section 10.4 located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf>.

- PQRS: Eligible professionals must report at least one PQRS measure in 2013 in order to avoid the 1.5% payment reduction in 2015. See: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

Question: If you beginning reporting the last 6 months of the year, do you have to use a registry?

Answer: No, you do not. You can still report on a claim-by-claim basis. Please be mindful of the reporting threshold to receive the incentive. If you do not think you will meet the threshold, you may want to consider a registry. Registries are located on the CMS web site

at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>.

- eRx: Eligible professionals submitting at least 10 eRx G-codes prior to June 30, 2013, will avoid the 2014 2.0% payment reduction. Hardship application are also due on June 30, 2013. See: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html>

### Upcoming Educational Events

- J15 Medical Director Update- We are finalizing publicity and contracts now, and will share updates with this group as details are complete. These meetings are intended for the physicians, rather than office staff. The event is scheduled for the evening of July 23 2013, in Louisville.
  - We will ask the POE-AG for assistance in promoting these events once all the details are finalized.

Question: Will video conferencing be made available?

Answer: The video conferencing option has not been discussed but one that will be presented to the planning team.

Question: Will the medical directors add documentation requirements for the *Physician Certification Statement* (PCS) to the agenda?

Answer: We will share this idea with the planning team.

Question: Are you aware of the recent communication saying PCS signers should be checked against the OIG's *List of Excluded Individuals and Entities* (LEIE) every month?

Answer: We have not heard this. The OIG has details located at <http://oig.hhs.gov/exclusions/files/sab-05092013.pdf>, including a link to the database.

- J15 Ask the Contractor Teleconferences
  - Need topic suggestions for upcoming ACTS

- August 8, 2013
- November 14, 2013
  - ICD-10
  - Skilled nursing facility (SNF) coding
    - A teleconference is scheduled for July 17, 2013
  - EHR documentation and cloning records
  - OIG work plan

- J15 Small Provider/ Medicare Update Workshops
  - New format- In the past, we have conducted a small provider workshop in the morning and a Medicare Update workshop in the afternoon. What we found is that many providers signed up for both workshops. The information is very similar and they may not be benefiting from attending both. We have modified how we are advertising these workshops, in an attempt to make sure everyone has an opportunity to receive the education that is right for them.
- J15 Webinars
  - We have completed a series of New Provider Webinars over the past several months; more scheduled again starting in the fall.
- Updates to CGS Online Education Courses-
  - We are currently reviewing all current modules and replacing with new content and in some cases, completely new modules. The CGS Online Education Courses are available here:  
[http://www.cgsmedicare.com/medicare\\_dynamic/education/001.asp](http://www.cgsmedicare.com/medicare_dynamic/education/001.asp)
  - For Webinars and OECs, we are now providing a mechanism to offer CEUs for this type of education.
- Education is available upon request:  
<http://www.cgsmedicare.com/kyb/education/TrainingRequest.html>

### **POE Advisory Group Meeting Schedule**

- September 19, 2013- Louisville, KY (KMA)
- December 5, 2013 - Teleconference

## **Roundtable/ Questions**

No roundtable discussion

## **Adjourn**