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: February 11, 2014

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

Attendees:

- Michael Ranney, Ohio Psychological Association
- Bob Swinehart, Ohio Physical Therapy Network
- Jimelle Rumberg, Ohio Foot and Ankle Medical Association
- Ruth Lander, Ohio Medical Group Management Association
- Sally Streiber, University Hospitals of Cleveland
- Cindy Mack Alexander, CompuNet Clinical Laboratories
- Regina Shorts, MetroHealth Medical Systems
- Pat Mahoney, Ohio State University Physicians
- Randy Leffler, Ohio Association of Ambulatory Surgery Centers
- Cindy Wolfe, Ohio State Medical Association
- Charles Knight, Ohio State University Wexner Medical Center
- Beth Cesta, Premier Health Care Services
- Gail Pfeiffer, Cleveland Clinic Foundation
- Janecia Kennedy, Benchmark Healthcare Services
- Jenny Berkshire, Wright State Physicians
- Jennifer Hayhurst, Ohio State Medical Association
- Belinda Issac, Kettering Health Network
- Christina Stansfield, ProMedica
- Dianne Farabi, Ohio Ambulance and Medical Transportation Association
- Cindy Carr, Lutheran Homes Society
- Ann Silvia, Reid Hospital
- Susan Strauchman, Provider Enrollment, CGS
- Jennifer Brown, POE, CGS
- Juan Lumpkin, POE , CGS
- Patsy Schwenk, POE, CGS
- Vanessa Williams, POE, CGS
- Deanna Cruser, POE, CGS
- Cari Phillips, POE, CGS

AGENDA ITEMS

As a reminder, CGS reviewed the purpose of the Advisory Group, as follows:

The primary function of this group is to assist in the creation, implementation, and review of provider education strategies and efforts. Members provide input and feedback on training topics, provider education materials, and dates and locations of provider education workshops and events. The group also identifies widespread provider education needs and assists in developing solutions and sharing information.

CGS Departmental Updates

- Provider Enrollment/Revalidation Updates

  - Phase 3 of revalidation efforts is now underway, and includes all remaining providers that need to be revalidated. This phase will run through March 2015.
  - CGS has established a new Single Point of Contact (SPOC) process for large groups to assist with revalidation requests. Several members responded positively to the SPOC process and expressed appreciation for the Provider Enrollment team's efforts.
  - Provider Enrollment reiterated the importance of responding immediately to revalidation requests; providers have 60 days from the date of the letter to respond. Non-responses will result in deactivation of the related PTAN(s).
  - Revalidation requests are mailed to providers' correspondence addresses, as identified in PECOS.
  - Revalidations include all active PTANs for a provider. If there is an inactive PTAN that needs to be deactivated, supply the date that the PTAN became inactive.
  - Some providers must pay a fee: ambulance, ASC, IDTF, independent clinical labs, portable x-rays, and mass immunizers.
  - EFT agreements are required with Phase 3 revalidation; applicable to sole proprietors, groups, and organizations. Providers that reassign all benefits (e.g., do not have a sole proprietor PTAN in addition to a group member PTAN) are not required to submit EFTs.
  - CGS plans to post a list of providers that were sent revalidation notices in the near future; in the meantime, access the CMS website for this list: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html.

- Suggestions for PCC training topics

  - The POE team will participate in the PCC training scheduled for February 17, 2014. We will present our current Medicare Update presentation to the group so they are familiar with what providers are hearing in our seminars. We plan to continue to actively participate in these training sessions.
  - One suggestion discussed in the meeting was to address functional limitation coding with CSRs. If the functional limitation discharge code is not reported within a 60-day period, the patient will be automatically discharged, as a self-discharge, and future claims are denied. Refer to CMS MLN Matters article SE1307: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1307.pdf.
  - If future topics come to mind, please e-mail one of the POE team members with your topics.

New Business

- POE-AG Membership Drive

  - CGS welcomed new POE-AG members, expressed appreciation for continuing members, and recapped the most recent membership drive. CGS will conduct an annual membership drive to allow new members an opportunity to join and existing members to continue on or make changes in their membership, as needed.
  - POE-AG members are encouraged to review the POE-AG roster located on the CGS website to verify all information is correct: http://www.cgsmedicare.com/ohb/education/poeag.html. Should any information need to be updated, please contact a member of the POE team.

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- Juan reviewed highlights from the "Medicare Updates" slides for the current quarter, including: fee schedules, Recovery Auditor actions related to claims that exceed the therapy threshold (which applies to Part B of A as well as Part B therapy claims), sequestration, CERT and A/B MAC CERT Taskforce, ICD-10 and available resources.

Link to information on Recovery Audit Prepayment Demonstration for therapy services: http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/TherapyCap.html

- Proposed Updates to CGS website: CGS will be updating our website soon in an effort to categorize information by specialty and topic. We have begun a preliminary review of the current website to determine how best to categorize certain information.

Old Business

- In our last POE-AG meeting, the following topics were suggested for PCC training:
  - The difference between CPT Category 3 codes and regular CPT codes
  - Fax process for initial claims
- POE will address these topics at the upcoming PCC training.

Announcements and Reminders

- myCGS Enhancements
  - The myCGS Web portal was updated in late 2013 to add the ability to submit Redeterminations through the portal. Providers can submit up to five online documents, in a pdf format, to support the redetermination request. Providers also receive a confirmation with a tracking number once the request is submitted.
  - The next planned enhancement is for e-offsets, where providers will be able to authorize an immediate offset through the portal.
  - Future enhancements include the ability to submit reopening requests and eventually to submit claims.

- eRx Program Updates
  - HCPCS code G8553 is no longer valid for 2014 as the eRx incentive program ended in 2013. Refer to this CGS Web article for more details: http://www.cgsmedicare.com/ohb/pubs/news/2014/0214/cope24602.html
  - Details on the eRx informal review process is available on slide 48 (page 24) of the Winter Update that was reviewed during the meeting. The URL to the CMS website is http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Downloads/2014eRxPaymentAdjustment_InformalReviewMadeSimple_10-09-2013.pdf
  - E-prescribing continues as a component of the EHR incentive program.

- ICD-10 Testing
  - Providers interested in participating may register at http://cgsmedicare.com/articles/cope24557.html
  - Testing is set to begin on March 6, 2014, and will run through September.

Upcoming Educational Events

- Calendar of Events
  - Review calendar at: http://www.cgsmedicare.com/medicare_dynamic/wrkshp/PR/OHB_Report.asp

- J15 Medical Director Updates
  - Planned events have been postponed per CMS guidance related to the 2-midnight rule. Education on this topic is pending additional guidance from CMS. We are hopeful to reschedule these events once we have further CMS instruction.
- J15 Small Provider/ Medicare Update Workshops
  - We currently use libraries to host most of our small provider workshops. If anyone has any additional suggestions on alternative locations or would like to host one of these workshops, please email one of the POE team members.
- Updates to CGS Online Education Courses
  - As part of the website redesign, we will be updating courses that are still relevant, retiring old courses, and adding new courses. More to come!
- Education upon request
  - Send requests to: J15_PartB_Education@cgsadmin.com

2014 POE Advisory Group Meeting Schedule

- Next Meeting: May 13, 2014
- August 12, 2014
- November 11, 2014

Roundtable/Questions

Question: If I need assistance with a Medicare Advantage Plan, who can I work with?

Answer: Please try to seek resolution to any MA plan issues with the MA plan directly. If you still need additional assistance beyond that, the CMS contact for MA plans is Raymond Swisher. He may be reached by phone at: 312-353-3620 or by email at: Raymond. swisher@cms.hhs.gov.

Question: What is the timeframe for a response on eRx payment adjustment informal reviews?

Answer: Within 90 days of submission of the request. See CMS Fact Sheet on this topic: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Downloads/2014eRxPaymentAdjustment_InformalReviewMadeSimple_10-09-2013.pdf

Question: I have several outstanding ALJ requests that are not being handled timely. Who can I work with on this?

Answer: CGS does not have jurisdiction over the ALJs. We would encourage you to report your feedback to CMS directly or through a state or national organization.