

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: May 13, 2014

Facilitator: Vanessa Williams, Provider Outreach and Education (POE), CGS

Attendees:

- Michael Ranney, Ohio Psychological Association
- Robert Swinehart, Ohio Physical Therapy Network
- Jennifer Hayhurst, Ohio State Medical Association
- Beth Cesta, Premier Health Care Services
- Dave Dillahunt, OH Hematology/Oncology Society
- Regina Shorts, Metrohealth Medical Systems
- Cindy Wolfe, Ohio State Medical Association
- Michelle Skinner, Ohio Ambulance and Medical Transportation Association
- Sally Streiber, University Hospitals of Cleveland
- Gail Pfeiffer, Cleveland Clinic
- Mick Polo, NCDS Medical Billing
- Cindy Alexander, CompuNet Clinical Laboratories
- Elayne Biddlestone, Academy of Medicine of Cleveland and Northern Ohio
- Jimelle Rumberg, Ohio Foot and Ankle Medical Association
- Dianne Farabi, Ohio Ambulance and Medical Transportation Association]
- Joann Day, Medical Review Department, CGS
- Tracey Loftis, CGS
- Jennifer J. Brown, POE, CGS
- Melissa Kress, POE, CGS
- Juan Lumpkin, POE, CGS
- Cari Phillips, POE, CGS
- Patsy Schwenk, 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**
 - CGS revalidation mailing lists have been added to our website:
<http://cgsmedicare.com/0hb/enrollment/index.html>
 - > Under OH/KY Part B, HH&H, and KY & OH Part A 'Revalidations' are "CGS Revalidation Mailings."
 - These are similar to the national lists on the CMS website but ONLY our regions are identified, making searches much faster.

- Each link has 3 available tabs which reflect the mailing date for each revalidation request letter
 - > Home Health, Hospice, and Part A Organizations,
 - > Part B Organizations, and
 - > Part B Individuals
- This information is also available on the CMS Provider Enrollment website: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html>.
- Effective immediately, Provider Enrollment will no longer require a current driver's license or passport or in order to process applications.
- Revalidation status
- Phase I revalidation is complete
- Phase II will be complete very soon
- Phase III is in process
- Medical Review
 - As part of the Progressive Corrective Action (PCA) process, CGS is initiating two new review topics:
 - > Chiropractic services
 - > Critical Care and Inpatient visits
 - Ongoing audits include initial visits and Home Visits
- **Provider Outreach and Education**
 - Call Center
 - > CGS is considering implementing a new callback function for the Provider Contact Center (PCC) and would like to gather members' feedback
 - > Features of this callback function
 - When your office calls in, and there is a hold time, you will have an option to continue to hold until a CSR is available or you can leave your name and phone number and a CSR will get back with you within a certain time period
 - > We have tested the application, but not during live phone sessions
 - > Once all comments are gathered from Part A and B POE-AG members, Jennifer will provide this feedback to the CGS leadership team
 - CGS Medicare Website: <http://www.cgsmedicare.com>
 - We are in the process of enhancing our line of business websites to better serve our provider community
 - The Part A and Home Health & Hospice web pages have been completed
 - Enhancements include:
 - > New design
 - > Having the ability to review publications by specialty or topic
 - > Hot Topics will be updated on the home page of line of business
 - > Quick Links to access;
 - Forms
 - Frequently Asked Questions (FAQs)
 - Contact Information
 - Medicare Bulletins
 - > Part B Kentucky and Ohio sites are currently being enhanced, and once completed, we will send out a notification to POEAG members.

- > As always, we rely on your feedback, please submit comments and suggestions to us.

- **Suggestions for PCC training topics**

- The POE team will continue to participate in the PCC quarterly training scheduled throughout the CY 2014. We will present our current Medicare Update presentation to the group so they are familiar with what providers are hearing in our seminars.
- Members did not offer any suggested training topics.
- If future topics come to mind, please e-mail one of the POE team members with your topics.

- **EDI**

- We recently notified Dial-up claim submitters that Effective July 1, 2014 via mail and ListServ, that CGS will no longer offer asynchronous (async) and FTP dial-up connectivity.
- This date has been pushed to August 1st, 2014 to allow our providers additional time to transition to another option.
- This change only affects those CGS providers (e.g., Part A, Part B, and home health & hospice) who submit claims to CGS using a dial-up connection. It is imperative that impacted providers read and take action on the following information.
- If you currently submit claims to CGS using a dial-up connection, consider using one of the Network Service Vendors on our approved list below.

> CGS Approved Network Service Vendor List (http://www.cgsmedicare.com/hhh/edi/NSV_List.html)

- We appreciate your support as we endeavor to implement these changes. Please contact us with any questions or concerns:
 - > Part A submitters: 866.590.6703, Option 2
 - > Home Health & Hospice submitters: 877.299.4500, Option 2
 - > Part B submitters: 866.276.9558, Option 2

New Business

- The Physician Fee Schedule was finalized in April 2014, which reflects an overall 0.5% increase from the prior year. This fee schedule is effective until March 31, 2015.
- Sequestration is still set at the 2% level, and that is also effective until March 31, 2015.

Old Business

- N/A

Announcements and Reminders

- myCGS
 - The CGS Web portal tool, offering information to providers and their office staff. Your office can receive check status, claim status, eligibility information, submit redeterminations, and submit offset requests online.
 - The myCGS Web portal was updated in late 2013 to add the ability to submit Redeterminations through the portal. Providers can submit supporting documentation in a file size of up to 5 MB, in a PDF format, to support the redetermination request. Providers also receive a confirmation with a tracking number once the request is submitted.

- We would like to see the numbers increase on providers taking advantage of the Redetermination system. We are working on further enhancements, but we do need offices to sign up. Any promotion from your organizations would be appreciated.
- In April 2014, we added an additional enhancement called e-offsets, where providers are able to authorize an immediate offset through the portal.
- Future enhancements include the ability to submit reopening requests and eventually to submit claims through myCGS. We are always taking suggestions for further enhancements.
- ICD-10 Testing
 - Providers have been notified that the implementation date has been changed to October 1, 2015.
- PQRS
 - Eligible professionals who do not satisfactorily report data on quality measures for covered professional services will be subject to a payment adjustment under PQRS beginning in 2015.
 - The PQRS payment adjustment applies to all of the eligible professional's Part B covered professional services under the Medicare Physician Fee Schedule (PFS).
 - Accordingly, eligible professionals receiving a payment adjustment in 2015 will be paid 1.5% less than the MPFS amount for that service
 - For 2016 and subsequent years, the payment adjustment is 2.0%.
 - Please visit the CMS PQRS website for full details: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>
 - If you have specific PQRS questions, please reach out to the QualityNet help desk.
 - > QualityNet Help Desk: 1.866.288.8912

Upcoming Educational Events

- Calendar of Events
 - Review calendar at: http://www.cgsmedicare.com/medicare_dynamic/wrkshp/PR/KYB_Report.asp
 - Members did not provide any suggestions for additional events or topics.
- 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.
 - Effective May 12, 2014 Dr. Neil Sandler has joined CGS as the CMD for Part A and HH&H.
- 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

- August 19, 2014 at the OSMA
- November 11, 2014 at the OSMA

Roundtable/Questions

- Member asked, what is the turnover rate for Customer Service Representatives?
 - **Jennifer Brown:** Around 50% over the last 6 months or so.
- Member questioned when they are sent a request for documentation, can the PCC identify who is requesting the review?
 - **Vanessa Williams:** When the review is set up by Medical Review, the representative can identify that information by the Additional Development Request (ADR) letter. If it is a Recovery Auditor (RA) or a Comprehensive Error Rate Testing (CERT) letter, and it is post-payment, we can identify the letter, but we cannot identify decisions until after it has completed. If it is a fraud investigation, we can indicate that we have it on file, but we can give no other specific information.
- Member stated that they are receiving claims that need to be appealed for overpayment. We send in the records for the overpayment appeal, however, the takebacks are being processed prior to the appeal. Why?
 - **Jennifer Brown:** If your office is set up for immediate offset, the offset will be processed directly, no matter what status it is in for appeal.

There is an article on our website regarding the RA prepayment review. These prepayment reviews have been suspended based on contract rebidding as of February 28, 2014. For further information: <http://www.cgsmedicare.com/ohb/pubs/news/2014/0314/cope24802.html>