

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 14, 2016

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

Attendees:

- Maxine Lewis – MCJMR
- Melody Hall – Renal Physicians, Inc.
- Cindy Mack Alexander – Compunet
- Regina Shorts – MetroHealth
- Jennifer Jones – Daystar
- Cari Phillips – Ohio Chiropractic Association
- Jimelle Rumberg – Ohio Foot and Ankle Medical Association
- Jennifer Kelley – OSU Physicians
- Debra Farley – BillPro Management
- Dave Dillahunt – Ohio Hematology Oncology Society
- Chris Foster – Ohio Ambulance Solutions
- Michael Ranney – Ohio Psychological Association
- Sheila Petrequin – Maxx Medical Inc.
- Mick Polo – NCDS Medical Billing
- Elayne Biddlestone – Academy of Medicine of Cleveland & Northern Ohio
- Tammy May – Kettering Physician Network
- Connie Brown – Reid Physician Associates
- Kelly Martinelli – Aultman Medical Group

CGS Staff:

- Patsy Schwenk – POE
- Vanessa Williams – POE
- Julene Mull – Medical Review
- Thaya Morant – Medical Review
- Jessica Brill – Provider Customer Service
- Windy Biggs – EDI
- Karen Hughes – Provider Enrollment

AGENDA ITEMS

Opening Remarks

Juan reminded everyone of the POE Advisory Group mission.

CGS Departmental Updates

MEDICAL REVIEW (MR) – JULENE MULL, CGS CERT COORDINATOR

Julene 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

MEDICAL REVIEW (MR) – THAYA MORANT, MR MANAGER

Thaya 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. Juan reminded the group that the POE team shares the [MR section of the CGS website](#) with providers at every presentation.

PROVIDER CONTACT CENTER (PCC) – JESSICA BRILL, TIER 1 SUPERVISOR

Jessica 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.

ELECTRONIC DATA INTERCHANGE (EDI) – WINDY BIGGS, EDI SUPERVISOR

Windy shared the new option on the customer service line menu for passwords and resets. Please listen carefully as the options have changed. She reminded all that there is an updated [EDI enrollment application](#) posted on the web site. The old application is not accepted as of June 10, 2016, therefore please use the current application. Juan reminded all of the recent errors received on paper EDI applications. A major issue is the ineligible paper applications we are receiving. Please share [this article](#) on additional information and tips for providers and trading partners on submitting correct applications. Two webinars were recently held to educate on this issue.

Windy reminded the group of the Administrative Simplification Compliance Act (ASCA) requirements about [paper claims](#). ASCA letters were recently mailed to some providers who are submitting 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.

Juan mentioned that the [Computer Telephony Intergration \(CTI\)](#) application will be coming soon. When you call the CGS Provider Contact Center, CTI will ask for, capture and authenticate your information. Our CTI technology will then automatically transfer and display your information to the next available customer service advocate. This improves compliance with Privacy Act requirements and reduces the amount of time needed for us to verify you before providing assistance. CTI may be coming soon to all CGS LOBS so watch for more information via ListServ and social media messages!

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.

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. Juan reviewed the handout. Some highlights from the packet include:

- 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.
 - RA Recovery Audit Program
 - CGI Federal
 - Advise office to perform internal compliance reviews.
 - MR
- myCGS web portal and several other website tools
- Incentive Programs
- Top Calls, Written Inquiries, Denials and Rejections
- CGS Departmental Updates
- CMS and CGS Resources
- MyCare Ohio

Member Question: Data on Duplicate Denials for Specific Provider Groups. A member asked if CGS can provide a practice with their specific groups duplicate denial information. They are trying to reduce these types of denials. It was mentioned that there may be some cost involved for this data. Juan asked the member to email their specific request to him and he will research the answer.

Member Question: Utilization Data. We also received questions about CMS utilization data. The information is available on the [CMS web site](#). We have not been able to locate data specific to emergency room visits and outpatient therapy services. **We will continue to investigate.**

We reminded the group that the CMS [Comparative Billing Reports \(CBRs\)](#) may have some additional information. CBRs are educational tools (administered by the Centers for Medicare & Medicaid Services (CMS)) that provide insight into billing trends across regions and policy groups. CGS and all A/B MACs have been producing and disseminating limited numbers of CBRs to targeted providers for many years. They are just one tool CMS uses in its ongoing efforts to protect the integrity of the Medicare Trust Fund.

Following the release of each CBR, an educational teleconference or webinar to educate providers on the substance of the CBR and to provide an opportunity for providers to ask questions will be provided by CMS. The program also includes a CBR Support Help Desk and CBR email address for providers to ask questions regarding the CBRs. The Help Desk is available from 9:00 a.m. to 5:00 p.m. (ET) Monday through Friday at 1.800.771.4430. CBR support can be reached via email at: cbrsupport@eglobaltech.com.

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.

OLD BUSINESS

PCC training topics

No topics were shared. Juan 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.

MAC Satisfaction Indicator (MSI)

The MSI Questionnaire is now open. It can be completed online at https://cfgroup.qualtrics.com/jfe/form/SV_bp9wfwWbjvyXhiJ?MAC=J15-+CGS&MAC_BRNC=16 (Survey is now closed). Members were asked to share the URL with their providers and encourage them to leave feedback on our performance as their MAC. 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.
- J15 Small Provider/Medicare Update Workshops – we will be focusing on myCGS education and usage increase.
- Education upon request
 - Email requests to J15_PartB_Education@cgsadmin.com

POE ADVISORY GROUP MEETING SCHEDULE

- September 13, 2016 – The Ohio Foot & Ankle Medical Association (OHFAMA) will be hosting this meeting
- December 13, 2016 – Combined Teleconference for KY and OH POE AGs

ROUNDTABLE/QUESTIONS

No questions from the group.

Vanessa shared a message from our Director regarding our appreciation for all the partnerships and activities throughout the years. He wants to apologize if we have not been as responsive to your partnering requests and needs during the first half of 2016. Please know that we are dedicated to working with you. If you have events scheduled and would like us to participate, please let us know so that we can add your event on our schedules.

ADJOURN

- Meeting was adjourned at 2:24 pm