

JB Council – Implementation Questions

August 9, 2016

1. MyCGS:
 - i. Down more than up. (Is there scheduled down time? 1st of every month)
 1. myCGS is up from 6AM to 8PM M-F and from 6AM to 4PM on Saturdays. It is not scheduled to be available on Sundays.
 2. Any time there is a planned outage, it is posted on the Welcome page, with more detailed information on the News and Information Page.
 3. Because myCGS interfaces with many different systems to ensure you get the most up to date information possible, we are impacted by those systems as well. These include EIDM, HETS, the DME claims processing system and others. There will be times when myCGS is up, but the data is not available because the source system is unavailable. Whenever we receive advance notice of such an outage, we poste it as mentioned in #2 above.
 - ii. Eligibility report inadequate:
 1. Multiple pages not nearly as much information as NGSCONNEX provided.
 - a. We would be more than happy to look at adding information. Please let us know what you'd like to see, and we'll get it scheduled into a release.
 2. Do not want summary pages, give information up front.
 - a. CGS is researching this suggestion. The current design was created because the JC suppliers didn't like having to scroll to the bottom of a long page of information to get what they wanted to see. They requested the summary page so they could then click to precisely the information they wanted. We are working to revamp the page to resolve both issues.
 3. Too many clicks to obtain/view all eligibility information.
 - a. See 2A above.
 4. It does not show history or the name of the primary insurance if Medicare was secondary.
 - a. We will research. Thank you for the feedback.
 5. Eligibility is not working correctly. Sometimes it just spins or does not show any information even if we know they have Medicare.
 - a. Early after transition there were issues with eligibility. They were corrected in mid-July. If you are still having this issue, please contact our Customer Care center and provide specific examples so we can research.
 6. Eligibility verification does not give any historical data on inpatient stays. Also concerns with data re home health episodes

- a. We will research. Thank you for the feedback.
 - 7. Is there an option to get a one page eligibility summary (for provider to download)
 - a. See 2A above.
 - 8. Need an easy re-set or way to clear one person's info before going on to the next
 - a. Thank you for the feedback. We are working to simplify this in a future release.
- iii. Same/similar pulling 'same' but not the 'similar'
 - 1. Thank you for the feedback. We will research.
- iv. CMN status not including any 'update' dates
 - 1. Thank you for the feedback. We will research.
- v. Billing companies experiencing great difficulty in getting Clients signed up to use MyCGS—need to be a designated approver.
 - 1. CGS is working to create a specific process for Billing Agencies and Clearing Houses to register in the portal with a unique role. More to come on this!
- vi. Enrollment issues:
 - 1. Supplier told that once they were set up that all PTAN's would automatically show up and that we could add others as needed. I tried adding them since they didn't automatically show up, like I was told. It doesn't work, so I called. They told me to wait for more thorough instructions. They didn't say when they would have the instructions out, just which it was in process.
 - a. The automated process has been corrected. We have requested a one-time catch-up list from EIDM to re-run all users added from May 1 through August 3rd. This re-run should correct all remaining NPI/PTAN issues, and is tentatively scheduled to occur by 8/15. If, after that date, you still have an issue with locked tabs on approved NPI/PTANS, or missing NPI/PTANS, please contact our customer care center with specific examples we can research.
 - 2. If company did not get AO set up by initial deadline, what is the current timeline for getting enrolled?
 - a. It should take no longer than 2 weeks. However, this assumes all forms are returned via fax as soon as they are received by the designated approver. The longer it takes to get the form back to us, the longer the registration process takes overall.
- vii. Supplier Employee MyCGS Access issues:
 - 1. Suppliers approving users through the CMS portal and for some reason all the account names are not transferring over to the CGS site even though the employees are registering as an end user.

- a. See response to vi.1a above.
 - 2. Employees are not able to access all tabs on the CGS site, even though the administrator is granting access, the changes aren't taking.
 - a. See response to vi.1a above.
 - 3. It does not have all of our NPI and tax ID request approved. They show pending. After several attempts of calling, they informed suppliers that there is a system problem but should be resolved.
 - a. See response to vi.1a above.
 - viii. ETA on when MyCGS will be able to accept Reopening/Redeterminations via the website instead of a fax.
 - 1. CMS added several new web portal security requirements in August. These changes must be in place before we can add new functionality to the portal, which has delayed our implementation of these features. The security requirements are scheduled to implement August 22nd. We hope to resume testing of the new functionality by the end of August, with a late fall implementation.
 - ix. ETA on when MyCGS allow PARs or ADMC requests online.
 - 1. See response to viii.1 above.
 - x. ETA on when we can fax or submit ADR responses thru myCGS
 - 1. See response to viii.1 above.
2. Customer Service:
- i. Customer service call times are excessively long (not hold times, some reporting phone calls are taking 20-25 minutes on average).
 - 1. Lengths of call did vary, as the CSR team was manually walking callers through the registration process.
 - ii. Calling customer service – you have to listen to the whole greeting before pressing your option. If you have a question about myCGS, the person that answers has to transfer to a different department. Then it rings until someone picks up. It does not put you in a queue. Example cited - let it ring for over 10 minutes and someone actually answered.
 - 1. Thank you for the feedback. The proper procedure would have been to transfer to the MyCGS queue, which would route to the next available specialist. From the description, it sounds as if the call was transferred directly to a specialist's extension.
 - iii. Extended times when phone lines have been down.
 - 1. The Implementation Help Desk was operational between 1 & 5 PM Central time, Monday through Friday. When CGS assumed the contract on 7/1, the Provider Contact Center assumed normal hours of operation, 7:00am – 4:00 pm Central (8:00am-5:00 pm Eastern)
 - iv. IVR had issues with PTAN, NPI and tax ID not matching up.

1. There were intermittent outages affecting the IVR systems during the first couple of weeks in July. We have extensively tested and seen a much more stable environment, in the last few weeks.
- v. Calling on ADRs that had been submitted thru NGS, unable to get any denial info other than basic remark codes
 1. During the transition period, CGS had limited visibility on some documentation while it was being ingested. Documentation should be available at this time, however, complex inquiries that include extensive research may be referred to our written correspondence team for review.

3. Claims Processing:

- i. Narratives that were appended to claims sent to NGS did not, apparently, transfer to CGS, so suppliers are receiving denials (are able to get reprocessed, but hold times long).
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We are utilizing the same system that NGS used so we have the same narratives. If you are seeing denials that you believe are in error, we need to see those examples.

4. Re-openings/Redeterminations:

- i. NGS used to allow us to resolve claims through written reopening if a DIF was not attached properly (or was attached properly, but was not received by the contractor). CGS does not allow us to do this and is instead requiring us to submit redeterminations to resolve.
 1. If a supplier has a case that denied due to CGS not receiving the CMN/DIF we request that the supplier resubmit the claim instead of filing a reopening or a redetermination.
- ii. Some re-openings we submitted to NGS appear to have not transferred to CGS and are not found on the IVR.
 1. NGS controlled all work received through 6/24 for redetermination and reopenings, anything with a receipt date of 6/27 and forward was ingested and set up by CGS. Upon transition of the contract to CGS all images received by NGS were provided to CGS as well as corresponding records within the CMS shared system. CGS is working cases not just based on images received but based on open ICOR case to ensure that nothing was missed through the transition. We welcome the opportunity to research specific cases that suppliers have where they had received the NGS confirmation number of receipt the case to root cause.

- iii. Called CGS re-openings to request a date change on a claim, and was told that the rep could take the information down, but was unable to process the reopening. CGS indicated that this is a problem for all date-change re-openings.
 - 1. Due to a CMS shared system issue from July 7th until the 21st CGS was unable to process these type of reopenings. A confirmation number was given to reopening caller's and once the issue was resolved on July 21st, CGS began processing the requested reopenings. The MACr has 60 days from the date of the receipt of the call to complete the reopenings, CGS fully expects to process these cases timely.
- iv. Some re-openings that were submitted to NGS are being processed as redeterminations by CGS (which is a problem because we generally do not send the patient's medical record with a written reopening, so we are expecting these will inappropriately deny).
 - 1. CGS did process a few web portal reopening requests as redeterminations incorrectly. This was due to human error as the form generated by NGS for their web portal submission was the same for reopenings and redeterminations therefore some staff missed that the form indicated reopening versus redetermination. CGS staff were reeducated upon identification of this issue.
- 5. PMD PA and ADMC requests:
 - i. Delays in processing; adding weeks to the time line
 - 1. All of our request are responded to with 10 business days for initial Prior Authorization request, 20 business days for Resubmitted Prior Authorization requests, and 30 days for ADMC requests.
 - ii. Being told that requests can't be seen/found.
 - 1. Right after the transition of JB to CGS, there was an issue with accessing requests that were submitted to NGS; however, the issue has been resolved and CGS is able to access all requests.
 - iii. Being told that there is a big backlog.
 - 1. All requests for ADMC and Prior Authorization are being completed within the timeframes indicated above.
 - iv. Unsure whether to wait or resubmit.
 - 1. Please be sure you are sending your request to the correct JB fax or mailing address. The status of your prior authorization request can be obtained through the CGS JB Web Portal. If you haven't received a response within the timeframes indicated above, you are encouraged to check with JB web portal or JB customer service to confirm receipt.
 - v. Need contact phone number for those departments
 - 1. Any questions about ADMC or Prior Authorization should be directed to the JB PCC (Provider Contact Center)

6. Website:

- i. Medical policies (LCDs). When you search CGS site, it does not include the medical policies since you are redirected to the CMS web site; and these often are not displaying properly
 1. The LCDs can be linked from the home page of the CGS JB website by clicking on the "Local Coverage Determinations" link on the far left side of the page. You will be directed to the a listing of all the LCDs. Once you click on the one you want to look at, you will be directed to the CMS website. After you click agree, you will be directed to the specific LCD that you clicked on within the JB website.
- ii. Very slow, esp the JB tab. Often will not connect. Won't load to get to the LCDs
 1. Testing has been stable over the last couple of weeks. We will monitor.
- iii. Forms have headers, but content/form is blank
 1. Please provide examples for review and clarification
- iv. Will you be doing a website training/tutorial? Much needed

Other

7. IVR and customer service will no longer provide same/similar? Some providers have been told this
 1. The Provider Contact Center CSR line offers assistance on general inquiries and claim denials primarily. Same and Similar information is obtained through our self-service options, such as the IVR or web portal.
8. CSI – Claims Status Inquiry. Need phone #s, not just faxes. Password re-set issues.
 1. All CSI inquiries would go through the Provider Contact Center main line, which is : 866-590-6727.
9. Phone number list sent prior to transition; most of those are fax lines
 1. We apologize for any miscommunication. A full listing of contact numbers can be found on our website, under the Customer Service link.
10. CGS pre-pay audit letters: will they be specific for Region B vs Region C? very important for providers to know which jurisdiction
 1. Yes, in the header near the provider address there will be an indication for either JB or JC. The PO Box for JB is 20007. The letter will also contain specific directions for how to return the requested documentation, which is specific for JB (fax number, mailing address).
11. Will CGS be issuing any audit guidance for B – what area we can expect to see audits this year?
 1. In an effort to minimize disruption, CGS has not added any new audit for JB. Prior to initiation of a new audit, CGS will notify suppliers via the JB

website. Suppliers are encouraged to sign up for the JB ListServe in order to receive timely notifications of this nature.