

Centers for Medicare & Medicaid Services  
Open Door Forum: Physicians, Nurses and Allied Health Professionals  
Moderator: Jill Darling  
March 3, 2021  
2:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the question-and-answer session please press Star 1. Today's conference is being recorded if you have any objections you may disconnect at this time. Now I'd like to turn the meeting over to Jill Darling. Thank you. You may begin.

Jill Darling: Great thanks (Diane). Good morning and good afternoon everyone. Welcome to today's Physicians, Nurses and Allied Health Professionals Open Door Forum. Before we get into today's agenda I have one brief announcement.

This Open Door Forum is open to everyone but if you are a member of the press you may listen in but please refrain from asking questions during the Q&A portion of the call. If you do have any inquiries, please contact CMS at [press@cms.hhs.gov](mailto:press@cms.hhs.gov).

And we'll get right into our pretty short agenda but I'll hand it off to Amy Hammonds who has some Open Payment updates and reminders.

Amy Hammonds: Thank you Jill. Hi everyone. And thank you for giving us some space on the agenda today. We just wanted to touch base on some Open Payments activities that are happening right now and bring everybody up to speed.

So for those of you that might be unfamiliar with Open Payment, it is a national transparency program that requires the transfers of - transfers of value

by drugs, devices, biological and medical supply manufacturers to physicians and teaching hospitals to be published on a public Web site.

So in Layman's terms really what that means is that physicians and teaching hospitals are accepting any forms of payments from the pharmaceutical industry, the pharmaceutical industry collects that and then reports that to CMS and we publish that on our Web site annually.

We do publish the data annually by June 30 but we also refresh the data once a year. And we recently did our refresh on the program year 2020 data. That took place on Friday, January 22. So any updates to the payment - to the payment data that was made since June 2020 has been refreshed and is noted in our system.

So what the refresh include is the changes to records, changes to any delay in publication slides because sometimes reporting entities, that's what we call the industry's side of things, sometimes they might delay a publication so if that was updated that was taken care of in the refresh also any changes to the stated records and any adjustments to records that were deleted since the June 2020 publication would appear in that data refresh.

Again we will be publishing the newest data set in June of this year. And that will be the program year 2020. So right now the reporting entities are in their submission period of that data. That opened on February 1 and will continue through March 31. And again that's for that program year 2020 data so anything that took place in calendar year 2020 is what's coming into us right now.

The biggest reminder for those of you on this call is that with the data submission following that is a prepublication review and dispute period. So

we strongly encourage that those covered recipients physicians and teaching hospitals be registered with Open Payments so you can participate in a review of your data.

That will open on April 1 and continue through May 15. So this is a chance to go into the system and take a look at anything that might be attributed to you and verify that it is accurate before it's published in June. If there's anything that appears to be an accurate you do have the option to dispute it and work directly with the reporting entity that reported the data to get that resolved and taking care of.

As a reminder CMS does not mediate the disputes that is taking care of directly with the covered recipient and reporting entity working together. If you need registration information, if you're not registered and are interested in registering you can find that on our Open Payments Web site. That's Open Payments - or I'm sorry excuse me, it's [scms.gov/openpayments](https://scms.gov/openpayments).

On there you can find a variety of resources and all the information that you need for registration. If you did previously register but you have not accessed your account in 180 days or more you will need to reactivate your account. If your account is in this status you will actually need to call the help desk to get the reactivation completed.

And the help desk phone number is 1-855-326-8366. They are offering extended hours right now since we're in the peak of our program timeline so they are open from 8:30 am to 7:30 pm and their contact information is also on our Web site.

One other update for our program is about our program expansion. Beginning January 1 of 2021 the Open Payments program did expand to include five

additional provider types. The additional provider types that are now included in the program are physician assistants, nurse practitioners, clinical nurse specialist, certified registered nurse anesthetists and that also includes anesthesiologist assistants and certified nurse midwives.

So what this means is that beginning in 2021 reporting entities are now collecting data regarding payments or transfers amount of value made to physicians and teaching hospitals as well as these newly added covered recipients.

The program year 2021 data is what will come in beginning in 2022 and be published in 2022. So the big takeaway for the expansion is if you're affected by the program expansion by either one of these added provider types or you work closely with someone who is, this year is the time to familiarize yourself with the program so you're prepared for taking actions in 2022 which would be participating in review and if necessary dispute of any data that will be attributed to you.

We did release a variety of resources including a newly added covered recipient page on Open Payments Web site. That page is really designed to be a one-stop shop for all of your resources related to the expansion so you can begin learning about the program and familiarizing yourself in preparation for 2022.

We are also putting out a video which will be a brief overview of the program, how it works and what the data is. So that's actually going to be rolled out most likely by the end of this week, so keep an eye out for that. It will also be available on the Web site.

And finally, I would just like to put a plug in for our National Provider Call that we have scheduled for Thursday, March 25. It will be at 2:00 pm Eastern Standard Time. And that will be a deep dive into the programs so if you're interested in learning more details about the specifics of the program and also registration information and what that review and dispute process looks like, that will be a great call for you to join.

Registration information's available on the CMS National Provider Call page as well as Open Payments Events page. And again I would just like to thank you all for giving us some time on the agenda today for these updates. I know it was a lot of information that I probably sped through. So hopefully it was helpful and happy to answer any questions that anyone might have. Jill I will hand it back to you.

Jill Darling: Great, our pleasure Amy. Thank you. Up next we have Lisa Wilson who will talk about the marketplace special enrollment period opportunities.

Lisa Wilson: Thank you so much. Hi all. My name is Lisa Wilson and I'm a Senior Advisor in the Center for Consumer Information and Insurance Oversight. And we're the group that does a lot the policy and most of the operations for private health insurance interaction that CMS has including the marketplace in healthcare.gov specifically.

So in - I'm talking today about the 2021 special enrollment period for the marketplace that is in response to the COVID-19 emergency. I think we have all been living and are acutely aware of the national emergency that has presented such unprecedented challenges for the American public. With millions of Americans facing uncertainty and experiencing new health problems during the pandemic CMS was able to make available through an

exceptional circumstance and the public health emergency a new special enrollment period.

This follows an executive order that was issued by Biden determining the COVID-19 emergency present these exceptional circumstances for accessing health insurance and provides this SEP or Special Enrollment Period as we call it for individuals and families to apply and enroll in the coverage that they need.

So this SEP is actually available to consumers in the 36 states served by marketplaces that use the healthcare.gov platform but we have encouraged states operating their own marketplace platforms to make similar enrollment opportunities available to the consumer's in their state and all states have stepped up.

Some of the details may vary by those state-based marketplaces but the idea of a special enrollment period is available in every state. So let me give you some specifics.

It's starting - it started on February 15, 2021 and continues through May 15, 2021. Again all the folks that are coming in through healthcare.gov will operationalize functionality. We've operationalized functionality to make this SEP available to all marketplace eligible consumers who are submitting a new application or updating an existing application. They can access it through a variety of channels through healthcare.gov directly, the Marketplace Call Center or direct enrollment channels.

And of course folks can always work with our network of over 50,000 agents and brokers who are registered with the marketplace along with over 8000

trained assisters. All of those folks are ready to assist consumers with their application for coverage.

So let me tell you a couple of the top lines of our messaging. You know, you may have even seen some of the commercials that are actually playing out on national TV right now.

So we are of course hailing home that people seeking health insurance can go to [healthcare.gov](https://healthcare.gov) right now until May 15 because of the special enrollment period that nine out of ten people who enroll get financial assistance, that three out of four people currently enrolled found plans for \$50 a month or less after financial assistance.

You know, one of the things that we know is that many of the folks who have lost work or were furloughed in the past year, you know, may have simply been waiting for their next job to get health insurance but they don't necessarily have to wait. This SEP is perfect for them to get coverage. And then when they find a job that offers health coverage they can certainly take that up.

This SEP is one of the Biden administration's first steps in pursuing health equity across the country. And in addition to our work with the - those folks agents and brokers and assisters throughout the country we're working very closely with other community partners to spread the word. So it's very exciting to be on the call of the day to be able to make sure folks are aware of this opportunity.

We do have some really cool materials that are available online. We have a partnership Web site that has - or Web page that is specifically devoted to the special enrollment period. And so we have a ton of materials including things

like collateral materials where if you wanted to put up signs in your office or use some other materials, we have like syllable posters and we have other materials that are in a variety of languages also if your reach goes beyond a population that speaks English as a first language.

So hoping that we can help – work together to spread the word about this special enrollment period that lasts through May 15. Thanks all.

Jill Darling: Wonderful, thank you. (Diane) we will now open the lines for Q&A.

Coordinator: Thank you. We will now begin the question and answer session. If you'd like to ask a question please press Star 1. You'll be prompted to record your name. To withdraw your request please press Star 2.

One moment please to see if we have any questions or comments. And again as a reminder if you do have any questions or comments please press Star 1 and record your name. We do have a question that just came through. One moment.

(Judy Harris), your line is now open.

(Judy Harris): Thank you. I have a question about the 2021 changes to the new and established E&M outpatient codes. If billing by medical decision-making and the provider is reviewing the results of say a basic metabolic panel that he had ordered and the patient had say two weeks prior to coming in for their visit so he's reviewing that BMP and at the conclusion of the visit he plans for the patient to come back in six months and he puts in a new order for another BMP would that be counted as both a review and order? I know they're the same CPT code but they are separate occurrences?



(Gif): Hi. This is (Gif). Would you - if you don't mind just could you repeat that one more time?

(Judy Harris): Sure. So provider had a patient go for lab work say two weeks before they presented for their office visit and they had a basic metabolic panel done. The doctor reviews the result of that basic metabolic panel when this patient presents in the office. And then the plan is for the patient to come back in six months and the physician then orders another basic metabolic panel to be performed prior to that six-month return.

So it's to separate occurrences of the same test at different times. Would that count as both review of labs and an order of a lab?

(Ann Marshall): Hi. This is (Ann Marshall).

(Gif): Go ahead (Ann).

(Ann Marshall): I dropped off the line accidentally. Yes I think that these questions about medical decision-making at this point are for the AMA. You know, they have drafted the guidelines and we adopted those through rulemaking. And I don't think we can expound on them without further rulemaking and we would want to know what their intent was if that makes sense.

(Judy Harris): It makes sense although I know a lot of providers around the country always reach out to their MACs for these types of questions because MACs can, you know, create their own policies.

(Ann Marshall): You could certainly do that as well.

(Judy Harris): Okay thank you.

Coordinator: And again as a reminder if you have any further questions or comments please press Star 1 and record your name. Again please press Star 1. One moment please.

I'll need to get this name. One moment please. Ed Gaines, your line is now open.

Ed Gaines: Thank you operator, thanks CMS. This is Ed Gaines at Zotech Partners. A question about the potential change for documentation guidelines as it relates to emergency physicians. The ED docs were not impacted by the changes developed by the AMA CPT and they're adopted by CMS.

Is there an interest? Can you comment on where the agency is thinking about going as it relates to potential changes similar to what you've done with the office and outpatient codes for the emergency physicians? Thank you.

(Ann Marshall): This is (Ann). I can take that. We know that the AMA has an E&M workgroup that is in the process of revising guidelines and re-surveying the other code sets. So I think at this point we are awaiting to see what the results of that process are.

Coordinator: And again if you do have any further questions or comments please press Star 1 and record your name. Again please press Star 1. We do have another question. One moment. (Joan Hoover) your line is open.

(Joan Hoover): Thank you. Is there any date on when CMS plans to publish new transmittals?

(Gif): New transmittals on any specific topic or just in general?

(Joan Hoover): In general. The last ones were posted it appears January the 20th.

(Gif): I wonder what happened then?

(Lisa Sabatino): Hi.

(Gif): So the yes so that's a great – go ahead (Lisa).

(Lisa Sabatino): This is (Lisa Sabatino). It is my understanding that we are still under a moratorium. Those are being - it is being reviewed but at this time we don't have a further update of the date when those will be provided.

(Joan Hoover): Okay thank you.

Coordinator: (Betsy Nocoletti), your line is now open.

(Betsy Nocoletti): Hi. I just want to thank you for holding these regularly scheduled open-door forms. It's a huge help to those of us who are working in medical practices to just hear this information from you directly so thank you.

Coordinator: And our last question comes from (Judy Harris). Your line is open.

(Judy Harris): Hi. Yes this is (Judy Harris) again. This is more of a comment. It was extremely challenging to educate all of our providers on the new changes for those new and established outpatient E&M codes. You know, we had to create training materials before the final rule was actually out, kept our fingers crossed that nothing was going to change in there. And it's not really a very effective way to do business and use our resources.

So I would hope that - I've been told that by the Nicoletta double AMC that the AMA is working on the inpatient codes, homecare codes and also nursing home codes. I would hope that this time providers would get more time to plan to revise their training materials for providers other than the way it was carried out for the changes which are good changes and we're appreciative of them. We just wish it hadn't been such a harrowing experience and at the last minute requiring over 3000 docs to take this training so thank you.

(Ann Marshall): This is (Ann). Thank you for that.

Coordinator: And again as a reminder if you do have any further questions or comments please press Star 1 and record your name.

Jill Darling: (Ann) go ahead.

(Ann Marshall): Oh I was just going to say that's helpful. The AMA does have a large volume of additional work on code sets coming through. And the way it works is that when the AMA sets – the AMA sets an effective date for the CPT codes so we either adopt a code by those dates or the only alternative is to create G codes and to create sort of our own parallel coding system which carries its own burden as you probably know within itself.

So we will certainly be cognizant of that as we move along and see what comes next from the AMA's workgroup but thank you and we hear you on that.

Coordinator: I show no further questions.

Jill Darling: Well thank you everyone for joining us today. If you do have any follow-up questions please feel free to send it into [partnerships@cms.hhs.gov](mailto:partnerships@cms.hhs.gov). And we

look forward to talking to you at our next Physicians, Nurses and Allied Health Professionals Open Door Forum. Thank you everyone. Have a great day.

Coordinator: This ends today's conference call. Thank you for participating. You may disconnect at this time.

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