Centers for Medicare & Medicaid Services
Physicians, Nurses & Allied Health
Open Door Forum
Moderator: Jill Darling
Wednesday, January 10, 2018
2:00 p.m. ET

Operator: Good afternoon. My name is (Tiffany) and I will be your conference facilitator today. At this time, I would like to welcome everyone to Centers for Medicare & Medicaid Services Physicians, Nurses & Allied Health Open Door Forum.

All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key.

Thank you. Jill Darling, you may begin your conference.

Jill Darling: Thanks, (Tiffany). Good morning and good afternoon, everyone. Happy New Year. This is the first Physician Open Door Forum of 2018. I'm Jill Darling in the CMS Office of Communications. Thanks for joining us today.

Before I hand the call over to Dr. Gene Freund, I have one brief announcement. This Open Door Forum is not intended for the press and the remarks are not considered on the record. 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 us at press@cms.hhs.gov. So on to you Gene.

Gene Freund: Hi, this is Gene Freund. I want to wish you all a New Year and Happy New Year and welcome you to the Open Door Forum. I just want to – before we get in to today's announcements and updates, just invite those in attendance, if

you have topics you would like to see or anything you like to see done differently with these forums, just send us an e-mail.

You can send it directly to me at eugene.freund1@cms.hhs.gov. It's pretty much the first name, last name convention and that's all I have. I'll turn it back to you, Jill.

Jill Darling: All right, thank you, Gene. So first we have Felicia Lane, who will go over the 2018 data refresh on Open Payments.

Felicia Lane: Thank you, Jill. Hello everyone I'm from the Center for Program Integrity Data Sharing and Partnership Group, Division of Data and Informatics. As a reminder for those of you who may not be familiar with the Open Payments program, it is on national transparency program which requires that transfer of value by drug, device, biological and medical supply manufacturers to physician and teaching hospitals be published on a public website.

The Open Payments data is refreshed once annually following its initial publication. The refresh for the Program Year 2016 data will take place later this month. We're looking at around about the 17th which is next Wednesday. The refresh will includes changes to record, changes to delay in publication flags, changes to disputed records and adjustments for records that were deleted since the previous publication which was June the 30th of last year.

CMS will send an announcement via the Open Payments listserv when the data is refreshed. If you do not currently subscribe to the Open Payments data listserv, you may do by visiting our "Contact Us" tab located on the cms.gov/openpayments website.

As we prepare for Program Year 2017 data submission, physicians and teaching hospitals are encouraged to register in the Open Payments system. Physicians and teaching hospitals are able to review data that is attributed to them and affirm its accuracy or if necessary dispute the data. In order to do this, you must be registered in Open Payments system. For more information

regarding the registration in the Open Payments system, and program participation actions such as review and dispute, please visit our Open Payments "Resource" page at cms.gov/openpayments.

That's all I have so far so I'll turn it back over to Jill.

Jill Darling: All right, thank you, Felicia. Up next we have Ronke Fabayo, who has an announcement about the low-volume settlement opportunity.

Ronke Fabayo: Thank you, Jill. Good afternoon. My name is Ronke Fabayo and I'm the Deputy Director for the Division of Medicare Debt Resolution and the Office of Financial Management.

As part of the department's broader effort to improve the appeals process, beginning February 5th, 2018 CMS will make available an administrative settlement option for providers and suppliers or appellants with appeals pending at the Office of Medicare Hearings and Appeals, OMHA, and Medicare Appeals Council at the Departmental Appeals Board.

The low volume appeal settlement option which we're calling LVA will be limited to appellants with the low volume of appeals pending at OMHA and the council. Specifically appellants with fewer than 500 Medicare Part A or Part B appeals pending at OMHA and the council combined as of November 3rd, 2017 with a total billed amount of 9,000 or less per appeal could potentially be eligible if certain other conditions are met.

CMS will settle eligible appeals at 62 percent of the net approved amount. CMS hosted a Medicare Learning Network provider call yesterday to discuss the process in detail. The transcript for this call as well as a YouTube link to the full presentation will be available within the next two weeks on our LVA website.

That website address is go.cms.gov/lva, again it is G-O.C-M-S.G-O-V/L-V-A. Until then, there's a wealth of information regarding the settlement option on the LVA website including the settlement process, document and frequently asked questions. Please note again this process goes live on February 5th.

We're going to also conduct additional or host additional Medicare Learning provider call. One will be on February the 13th and the other one will be on March the 13th about – after the settlement process begins. We encourage the providers or appellants who are interested to visit our LVA website for information on this new opportunity and to attend our future Medicare Learning Network call.

As a reminder the website again is go.cms.gov/lva. If you have any questions related to this process, please contact us at MedicareSettlementFAQs, so that's all one word, MedicareSettlementFAQs@cms.hhs.gov. Thank you very much.

Jill Darling: Thank you, Ronke, and also the website that she had announced is on the agenda as well. So last, we have Denise St. Clair, who has a measure release announcement.

Denise St. Clair: Thanks Jill. This is Denise St. Clair, I'm with the Physician Compare support team. And we just wanted to take the opportunity to announce, if you haven't already heard, that the 2016 performance information went live on the Physician Compare website in mid-December.

So as of right now, we have 2016 measure data available on the site. Specifically, we have 15 PQRS measures that for the first time are being recorded at star rating. And these are for group practices only that we're starting with a phased approach just like we did originally with public reporting. We're phasing in Star Rating, so 15 PQRS group level measures are now on the website as measure level Star Ratings.

In addition, we have CAHPS for PQRS patient experience data available for group practices for 2016 and we have 2016 non-PQRS qualified clinical data registry or QCDR measures available for public reporting on both individual clinicians and group profile pages.

We've also updated the Accountable Care Organization measures into 2016 data. It's now available for Shared Savings Program, Pioneer and Next Gen ACOs as well.

And you can learn more about public reporting on Physician Compare by visiting the Physician Compare initiative page on cms.gov. The easiest way to get there is just go to cms.gov and then in the search bar, put in Physician Compare and it will be your first option. And you can always reach the Physician Compare support team at PhysicianCompare@Westat, W-E-S-T-A-T.com. Thank you.

Jill Darling: All right, thank you, Denise. And that is all of our presentations today. So (Tiffany), we'll go into our Q&A please.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, press star then one on your telephone keypad. If you would like to withdraw your question, please press the pound key. Please limit your questions to one question and one follow-up to allow other participants time for questions. If you require any further follow-up, you may press star one again to rejoin the queue.

Your first question comes from the line of Betsy Nicoletti with Medical Practice. Your line is open.

Betsy Nicoletti: Hi, thank you very much. I have a question about the new prolonged services codes that are add-on codes for wellness visits. These are new HCPCS codes G0513 G0514, and my specific question is about when these are done with – for diagnostic tests. So if it's a screening mammogram and a typical time is 22 minutes, are we counting the clinical staff time, the tech time and putting – adding this one to the technical component?

Male: Yes, in that case that would be for the add-on for the technical component.

Betsy Nicoletti: All right, thank you. And are these following CPT rules where you have to meet 50 percent of the threshold time?

Male: No. Those are – those are the typical time, so you start from the typical time and it's an; add on to the typical time.

Betsy Nicoletti: Yes but is the 30 minutes' time, do we need to meet the full 30 minutes …

Male: The 30 minutes is following CPT rules.

Betsy Nicoletti: CPT rules. Thank you so much.

Operator: Your next question comes from the line of Jeffery Reid with Sharp HealthCare. Your line is open.

Jeffery Reid: Yes, we recently received audits for Medicare cost reports on Allied Health residency programs where there – they have some relationship to the central office or home office. And we heard that the MACs were – received instructions recently to scrutinize home office-related residency programs. And I'm trying to figure out what change because previously we received information that home offices could be involved in a residency Allied Health program, I'm a little confused as to what change.

Jill Darling: Hi, this is Jill. So, we think you're referring to a question for the Hospital Open Door Forum. I can give you an e-mail …

Jeffery Reid: Well, it's Allied Health-related for Allied Health residency.

Male: It's certainly related but the – and that makes a lot of sense. I think the folks who handle the rules regarding those situations though would be for the – would be the hospital payment areas.

Jeffery Reid: OK.

Jill Darling: So, I can give you the Hospital Open Door Forum e-mail, it's hospital_odf@cms.hhs.gov .

Jeffery Reid: Thank you.

Jill Darling: You're welcome.

Operator: Again to ask a question, that is star one on your telephone keypad. Your next question comes from line of Carl Langhoff with MC. Your line is open.

Carl Langhoff: Good afternoon. I actually have a question in regard to the COBA Medicare Crossover Process. In the state of Wisconsin where CMS crosses claims over to Medicaid for dual eligible beneficiaries, the claims are crossing over to both the states and any managed care organizations and it's causing a lot of issues. Has there been any consideration into fixing that process as the mandatory agreement date was January 1st and we've been getting a lot of issues lately?

Gene Freund: This is Gene Freund. You can send that to me or to the (quick) mailbox. I really would have to dig around to figure out how that, you know, what that – what that would cover. I mean we – I think you're talking about a coordination of benefits issue?

Carl Langhoff: Correct, the COBA trading partners and I can definitely send that to you. I wasn't sure if this is the right forum or if there would be a separate coordination of benefits forum but I appreciate you …

Gene Freund: I don't think we have a forum but what we can do is look at it and try to figure out if it's a – two things to figure out. One is, you know, kind of what the issue is and who in CMS owns it and two, you know, whether it's a CMS issue or a state issue which is really important thing with Medicaid.

Carl Langhoff: OK, I appreciate that. Thank you.

Operator: Your next question comes from the line of Ed Gaines with Zotec Partners. Your line is open.

Ed Gaines: Hi, thanks for taking my call. Question on the comparative billing report process that's being conducted right now by CMS contractor and whether or not that is – is there a plan that would become part of the Targeted Probe and Educate process. Are the two programs linked – the CBR process according

to eGlobalTech is educational in nature, and just wondering if there is a tie to the TPE process as well?

Gene Freund: I guess I can thank you for giving us a number of things with those of us in our world can learn about at this point. Because, I think you're talking about the Center for Program Integrity's efforts?

Ed Gaines: Yes, so the CBR program is being run by a CMS contractor, eGlobalTech, and then there is a separate process known as the Targeted Probe and Educate process.

Gene Freund: Right.

Ed Gaines: Being run by largely by the MACs where they were doing probe reviews. And so the question is to what extent if any, the two programs are linked? Because the CBR process is intended according to the letters to be educational and to compare physicians coding, E&M distribution levels to an apples to apples comparison.

And then – and then the TPE process is similar but different and is a three-stage process which can go through two rounds of education. And then, after the third round can then go into something more significant from a broader perspective including referral to the UPIC or an extrapolation audit of some kind.

Gene Freund: Right – yes, that's definitely our Center for Program Integrity's work. They got a lot of moving parts. They do talk to each other but as far as your specific question, I can try to forward that on but it's not really kind of – it's not something we have any of our subject matter experts related for that here, in this particular forum today.

Ed Gaines: OK.

Operator: Your next question comes from the line of Kathy Toonen with BayCare Clinic. Your line is open.

Kathy Toonen: Hi, I was away from my desk when you first started talking about the LVS. So I have a couple of questions, I'm wondering what is the reason for it and does it have to do with the delay of the ALJ hearings or am I way off base on that?

Jill Darling: Hi, thank you. So Ronke had to step away after giving her announcement, so she gave out the Medicare settlement FAQS e-mail, so I can give that to you again. It's Medicare …

Kathy Toonen: OK, so what – OK.

Jill Darling: For the low-volume settlement?

Kathy Toonen: Yes.

Jill Darling: OK. So, it's medicaresettlementfaqs@cms.hhs.gov.

Kathy Toonen: OK, but can you answer – can you tell me what is the reason for it? Does it have anything to do with the huge delay with the ALJ hearings or not?

Jill Darling: Unfortunately, I am not the expert.

Kathy Toonen: Does anybody know that's on the line?

Gene Freund: Well again, Ms. Fabayo who gave the talk did have to leave. She also sent the – provided the web link of http://go.cms.gov/lva, lima, victor, alpha, and that has information about the process. It's basically a way of adjudicating a subset of a backlog of appeals that are going on. I don't have any insight into how that decision to do it that way was derived though which is kind of what you're (answering).

Kathy Toonen: OK. All right but it's for the ALJ hearing mainly, administrative law judge hearing, correct?

Gene Freund: I actually – what I am doing is going to the webpage, ALJs are involved in appeals. I'm sure these appeals go to the ALJ's are not – and I don't find it –

I'm not – I'm not quick enough at scanning a page to answer that information but I'll bet you if you go that link, you will find that information.

Kathy Toonen: All right, thank you.

Operator: Your next question comes from the line of Ed Gaines with Zotec Partners. Your line is open.

Ed Gaines: Hi, separate question related to MIPS and the 2017 performance year data. Does the agency have a sense of all when there will be feedback to the clinician community for the 2017 performance year? Are you expecting that will be some time in the summer of '18 or is there any estimate at this point in terms of timing?

Jill Darling: We're looking, one moment please.

OK. Hi, so taking a little longer than expected but just to help you along the way, if you just want to – go to cms.gov and search and in the search, put MIPS, so hopefully get you – your question answered with the e-mail address, so we do apologize.

Gene Freund: And there is – and that's also the QPP web page and the quality payment program under which MIPS is covered. And the – we don't have the specific experts there at this point and those are the fact sheets that I find right off the bat, you know, basically talked about the process and when they – when you have to submit them and you probably already know about those deadlines.

Ed Gaines: Yes if I could, just a brief follow-up, the 2018 improvement activities list. I haven't studied it in detail, but I take it the agency expanded on the number of improvement activities, you didn't illuminate those from 2017 or is this – our clinicians – should clinicians do a side by side comparison of the 2017 versus 2018?

I know there were – there were 90-some odd improvement activities in 2017. There are over, I want to say, 110 in 2018, so I take it you added to that list and not eliminated ones from 2017, is that correct understanding?

Gene Freund: I would actually do a comparison. I think the goal was to expand the options and not contract them.

Ed Gaines: OK.

Gene Freund: But I would want to make sure that my improvement activities that I'm doing for 2018, if they're the same as 2017 are consistent with 2018 requirements.

Ed Gaines: OK.

Gene Freund: But we just want to double check that.

Ed Gaines: Yes, thank you.

Operator: There are no further questions in queue at this time. I turn the conference back over to our presenters.

Jill Darling: All right. Well, thank you everyone for joining us today and we do apologize not having everyone in the room with us today. Some folks are traveling, or vacation, so – but we do appreciate your time in joining us.

So just to let you know the next Physicians Open Door Forum is scheduled for February 21st but as always the date is subject to change. So, thanks everyone and Happy New Year.

Operator: Thank you for participating in today's Physicians, Nurses and Allied Health Open Door Forum Conference Call. This call will be available for replay beginning at 5:00 p.m. Eastern Time, Wednesday, January 10, 2018 through midnight on January 12th, 2018. The conference ID number for the replay is 31060302. The number to dial for the replay is 855-859-2056.

This concludes today's conference call. You may now disconnect.

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