Centers for Medicare and Medicaid Services
First Friday Call-Clinician Outreach Meeting
Moderator: Jill Darling
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1:30 p.m. ET

Operator: Good afternoon. My name is (Michelle) and I will be your conference operator today. At this time, I would like to welcome everyone to the First Friday Call-Clinician Outreach Meeting.

All lines had been place 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, please press the pound key.

I would now like to turn the call over to Eugene Freund. Please go ahead.

Eugene Freund: OK, thank you very much. Welcome to this week's meeting. I have a fairly full agenda, so I'm not going to filibuster it. I do want to remind everybody that this is a call that is not – is not for the press, it's for information only. If you are from the press, you may direct any inquiries you have to press@cms.hhs.gov, I think I got that right.

And that's basically it, right away I think we'll get into our agenda. We've been asked to present a little briefing and update on the cognition and functional assessment and care planning topic, and how to code for that and some encouragement to use that. And we have Emily Yoder from our Center for Medicare on the line to talk about that.

Emily Yoder: Great, thanks, Gene. So as Gene said I'm Emily, I'm an analyst in the Centers for Medicare in the Hospital and Ambulatory Policy Group. I'm part of the

division that produces the Physician Fee Schedule. PFS we're making, as I'm sure you know, is the vehicle by which Medicare adopts and value CPT codes.

So for 2017, CMS begin making separate payments for HCPCS G code G0505 which is for assessment and care planning for patients with cognitive impairment. We created this G code because we knew that CPT was working on the official CPT code to describe these services and we wanted to facilitate separate payment for this while we waited for the official recommendation from the AMA.

So for 2018, CMS is adopting that CPT code which is CPT code 99483 and deleting the G code. Because we essentially copy the AMA's work and practice expense recommendations through the purposes of the G code, there's very little changing from evaluation perspective for 2018. As of right now, the 99483 pays around $240 in a non-facility setting.

There were also a few very minor changes to the language of the scope of service elements between the G code and the CPT code. But the policies of the CPT code conformed to those that we enumerated in the HCPCS G code and these include things like taking the patient's history, administering standardized cognitive and functional assessment, evaluating home and our motor vehicle safety and developing a care plan.

For the full descriptor with all of the scope of service elements for CPT code 99483, I would encourage people to consult the 2018 CPT manual. And for an overall discussion of the policy rationale behind the adoption of coding for this service, you should see the CY 2017 PFS Final Rule.

As of right now we haven't issued any additional guidance. We've mostly been waiting to see what questions arise as folks begin to bill for this service. And to be frank, we haven't gotten many questions on either the G code or the CPT code. So with that, I'll turn it back to gene. Thank you.

Eugene Freund: OK, thank you. Do we have any questions about this?

Operator: If anybody would like to ask a question, please press star one on your telephone keypad; that is star one on your telephone keypad.

I have no questions at this time.

Eugene Freund: Wait, I have a question in the room.

(Laura Thorne): Hi, this is (Laura Thorne) with the Alzheimer's Association. Hi Emily, I believe that's Emily.

Emily Yoder: Hi.

(Laura Thorne): How are you?

Emily Yoder: I'm doing well. How are you?

(Laura Thorne): Good, thanks. I don't know if you'll be able to speak for this or if it's one of your colleagues but we continue at the association to get questions about how this works with Medicare Advantage. And when the G code was still in effect, we were told that some guidance would be coming but I don't know if that changes with the permanent code or not. Do you have any sense?

Emily Yoder: Unfortunately, I cannot speak to what is …

(Laura Thorne): OK.

Emily Yoder: … going on with Medicare Advantage. If you want to reach out to me via e-mail, I can try to connect you with somebody who can answer that question.

(Laura Thorne): That will be great. Thanks very much.

Emily Yoder: Thank you.

Eugene Freund: Any additional questions?

Operator: I have no questions on the phone.

Eugene Freund: OK, thank you. And thanks for joining us Emily and updating on this. I know that some of our partners including the Alzheimer's Association are interested and encouraging the evaluation and having the coding to do that is certainly a – it's something that can enable that to happen, so thanks for your time.

Emily Yoder: Absolutely. Thanks for having me.

Eugene Freund: Next up we have Glynis Jones and I think (Steven McClane), who were calling in for the Center for Clinical Standards and Quality, talking about the new quality information that's on the Physician Compare website.

Denise St. Clair: Hi, Gene, actually you got Denise St. Clair. Glynis and (Steven) are unable to join.

Eugene Freund: OK, I'm sorry.

Denise St. Clair: No worries. This is Denise St. Clair with the Physician Compare support team. We just wanted to take a quick minute to remind everyone that we had our measure released in the mid-December. So in mid-December, the 2016 performance information was made public on the Physician Compare profile pages.

One of the big announcements is that this is the first time that we released some measure level star rating for group level measures, specifically 15 2016 PQRS group level measures are being publicly reported as Star Ratings. In addition, we also have 2016 CAHPS for PQRS patient experience data available as top-box scores.

And we have 2016 non-PQRS qualified clinical data registry or QCDR measures as performance rates for both clinicians and groups available on the profile pages. And again as in years' past, we have Accountable Care Organization measures available at (12). Specifically, we have measures for the Shared Savings Program, Pioneer, ACOs and Next Gen ACOs currently available on the website.

If you would like more information about public reporting generally or specifically about what was released in December, you can always find a host of materials on the Physician Compare initiative page. The easiest way to find that is to go to cms.gov and just search Physician Compare.

It will be your first option and there's a lot of resources about the specific measures, the submission mechanisms, et cetera available there. And you can always reach out to the Physician Compare support team at PhysicianCompare@Westat, W-E-S-T-A-T.com. So, thank you. Gene?

Eugene Freund: Thank you very much. Do we have any questions about the Physician Compare site?

Operator: If there are any questions on the phone, please press star one on your telephone keypad.

No questions on the phone at this time.

Eugene Freund: OK. Question in the room?

Jennifer McLaughlin: Hi, this is Jennifer McLaughlin with the Medical Group Management Association. I have a question regarding any first reactions you've been getting from beneficiaries about the Star Ratings. I know you all can tell all the user testing that goes into the information that is made available on Physician Compare.

But often some of that doesn't make its way to the physicians and what we often hear from our members is that the patients aren't going on Physician Compare. So, it would be helpful to hear from you about what some of that feedback has been like about the Star Ratings. Have they been found useful or are they generating a lot of questions?

Denise St. Clair: Hi. We have not received any negative feedback on the Star Ratings. We have received positive feedback from some of our users. We do get regular feedback through web survey and our helpdesk, and then as you mentioned we also do user testing. End user testing a star rating tested incredibly well.

Obviously, they make it easier for the patients and caregivers to accurately interpret the information available and put it into context. There are a limited number of measures available at Star Ratings right now on Physician Compare that was a CMS decision to continue the process of the phased approach, the public reporting with Star Ratings when we first started publicly reporting data Physician Compare in 2014 with the 2012 data.

We started with a very small number of group level measure. So considering this is the first time we have Star Ratings, the decision was to, again, start with a small number of group level measures. So, the reality is that not every patient will see Star Ratings because there are limited set of group level measures currently star rated. But we are getting positive feedback from some of our users and we will be continuing to test.

And another point that's important we think, you may have noticed in the rules that was most recently released, there was a discussion of transparency and as much as possible making testing results more easily accessible. So, we will be starting the process of publicly reporting our user testing results. So, we're looking forward to getting some of that out early in the year, so – that you will all able to see that as well.

Jennifer McLaughlin: Thank you.

Eugene Freund: Thank you very much. Additional questions?

Operator: I have no questions on the phone.

Eugene Freund: OK. I know Lisa Wilson is on the line. Thank you for joining us Lisa and …

Lisa Wilson: Hi, Eugene.

Eugene Freund: And give some brief update on the exchange.

Lisa Wilson: I sure do. Thank you for having me here today and for those of you who I don't know, my name is Lisa Wilson. I'm a senior adviser in the Center for Consumer Information and Insurance Oversight and we implement a private health insurance portions of the Affordable Care Act.

Included in that is working on the exchanges and so I wanted to just, you know, give a final enrollment snapshot for the 2018 open enrollment period. Approximately 8.7 million people were selected, were automatically reenrolled in plans using the healthcare.gov platform during the 2018 open enrollment.

That includes 4.1 million people, the last week of open enrollment this year. Many of you may know that this year was a change in open enrollment. It was a shortened – a shortened open enrollment to more closely aligned it with the Medicare and other private health insurance. Open enrollment, you know, typically encourage folks to begin their coverage in January of every year.

So it was, you know, a success in the – we actually can say that we had no down – unexpected – or no – I'm sorry no – no waiting rooms, sorry, this year. And it was a, you know, a big first, so I'm really excited this year about all of the work that went into smooth consumer experience. And you know, we'd also just love to hear from you if you had any experiences around open enrollment.

Eugene Freund: Great. Any questions or comments? One in the room with Mr. (Finiproc).

(Bill Finiproc): Hi, Lisa, this is (Bill Finiproc).

Lisa Wilson: Hi, (Bill).

(Bill Finiproc): Hi. I was curious, the data breakdown I saw was about 6-plus million were returning and about 2-plus million were newly enrolling, and then in the aggregate how that compared to last year. It was, you know, a lot closer than people had anticipated.

But when I look at that too, what that also said was that roughly 2 million people who didn't enroll – who were in last year didn't enroll this year, do you have any sense of where those folks went? Did they go to employer coverage, Medicaid or just dropped insurance altogether or we don't know?

Lisa Wilson: You know, certainly on the healthcare.gov side, we don't know, you know, I can say that you know I follow a lot of researchers. This is a, you know, a big question and there are certainly datasets that are out there that, you know, our colleagues in the academia and other places are analyzing, you know, including like MIPS data for example.

So, it's certainly one of the big questions. I would note though the, you know, the individual insurance market is there for – it's sort of like there for people when they need it. And you know even before the Affordable Care Act came about, you know, what we know is that you know people get employment-based coverage.

You know, they dropped them, individual market. They come back after, you know, a break in their employment. So, it's not unusual to see people have experienced changes in their coverage status in the individual market.

Eugene Freund: OK. Good. Any other questions?

Operator: I do have a question on the phone from (Sherry Woody) from (Packon). Your line is open.

Lisa Wilson: Hi, (Sherry). Go ahead and check your phone. (Sherry), are you …

(Sherry Woody): I'm here.

Lisa Wilson: OK.

(Sherry Woody): I wanted to follow up with actually kind of the same question that I had on our last call a couple of months ago. With the patients that were – I'm in the state of Tennessee, so the patients that were on Humana, then now are on Blue Cross Blue Shield and they are in the middle of treatment. For continuity of care where the physician is not contracted with that particular network, what is happening for those patients? Is there anything that we can do as far as not having to have the patients change doctors?

Lisa Wilson: Yes and I apologize that I hadn't – I feel like I didn't respond to you. I know that I checked with my colleagues. If you want to shoot me a note, I will – it's lisa.wilson@cms.hhs.gov.

(Sherry Woody): OK.

Lisa Wilson: (Easy breezy) and then I'll make sure to get you connected with my colleagues.

(Sherry Woody): OK.

Lisa Wilson: I'm so sorry about that.

(Sherry Woody): It's OK. I just – I mean I know that, you know, I had a question and someone else have one too because what happens is that, you know, the patient is in the middle of cancer treatment and they have to change physicians in the middle of treatment and that's kind of really not fair to them. So, we're trying to figure out how we can, you know, continue continuity of care.

Lisa Wilson: Sure. I definitely want to make sure that we have those appropriate processes in place. OK. Thank you.

Operator: I have no further questions on the phone line.

Lisa Wilson: (Inaudible) well thanks Gene for the opportunity to talk and we'll look forward to talking to folks again you know …

Eugene Freund: Lisa?

Lisa Wilson: Can you hear me?

Eugene Freund: We have one more question in the room, sorry.

Lisa Wilson: Go ahead.

Jennifer McLaughlin: Hi Lisa, its Jennifer with the Medical Group Management Association, thanks for the update. One of the most common questions we get after we talked about the enrollment number from our members is, you know, what is

CMS seeing as far as – I'm sure you don't have the final data, but what's the initial snapshot about the number of those who are enrolled, who are making their premium payments?

Lisa Wilson: Yes and you're right. We don't have that – that data yet but you know we will be issuing more reports on open enrollment soon.

Jennifer McLaughlin: OK, thanks, Lisa.

Lisa Wilson: Yes. And you know at the last call though, I would say that you know obviously we encouraged everybody who interacts with patients to remind them of the importance of paying. You know in insurance industry, we called it their bundle payment. It's like their first month's payment of the New Year.

So it's a – that's probably a really great call to action as a final thought, you know, just selecting a plan as you say isn't – doesn't get you a health insurance card. What gets you the health insurance card is making that first month's premium payment.

So you know, that's a really great place for us to end and just reminder to all of you, you know, with your Listservs and various ways that you can communicate with patients to help them with that reminder.

Eugene Freund: Thank you, Lisa. And then, next we have Felicia Lane with our Center for Program Integrity, reminding us of the status of the open payments program.

Felicia Lane: Great, thank you, Gene. 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.

Are there any questions about open payment?

Eugene Freund: One in the room here.

Felicia Lane: OK.

Male: Hi, Felicia. Just from a process, so I understand what the refresh involved, so this would be if a physician for example had looked at the data for him or her and felt that it was either inaccurate or inadequate and had submitted a request, this is for correction or change. This is where it would show up. So, the notice to members would be if you look at Physician Compare, made a request for a change, go now and to see whether they updated the changes occurred. That's what will be hosted or is this something else?

Felicia Lane: It's a little bit different, for Open Payments our initial publication was June 30th last year, physicians and teaching hospitals are able to review data that is attributed to them and affirm its accuracy or if necessary dispute the data. Also, in order to do this, you must be registered in Open Payments system. The refresh discussed earlier includes changes to records, changes to disputed records, adjustments for records that were deleted since previous publications, and changes to delay in publication flags.

Male: Will now be refreshed to reflect whatever …

Felicia Lane: Yes, the items included in the refresh mentioned earlier.

Male: complaints, concerns were expressed? OK.

Felicia Lane: Physicians and teaching hospitals are able to review data, affirm accuracy or if need be dispute the data.

Male: Thank you.

Felicia Lane: You're welcome.

Operator: I have no questions on the phone.

Eugene Freund: OK. Any others in the room? OK, well thank you very much. Our next speaker is Ms. Ronke Fabayo with our Office of Financial Management, who will present an announcement about an opportunity for low volume appeals settlement. And this is announcement only, Ms. Ronke won't be – or Ms. Fabayo won't be able to answer any questions about that but we'll provide the e-mail address where questions can be more formally submitted.

Ronke Fabayo: Thanks, Gene. Good afternoon. My name is Ronke Fabayo and I'm the Deputy Director for the Division of Medicare Debt Resolution in 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 and the Medicare Appeals Council at the Departmental Appeals Board.

The low volume appeal settlement option or 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 claim appeals pending at OMHA and the council combined as of November 3rd, 2017 with a (bill) 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 on January the 9th to discuss the process and 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 documents and frequently asked questions. Please note CMS will host additional, excuse me, Medicare Learning Network calls on February the 13th and March the 13th after the settlement process begins.

We encourage those who are interested to visit our LVA website for information on this new opportunity and to attend our future Medicare Learning Network calls. As a reminder that website again is go.cms.gov/lva. I also believe the website is included as part of the agenda for the call today.

If you have any questions related to this process, please contact us at medicaresettlementFAQS, again it's medicaresettlementFAQS, all one word, @cms.hhs.gov. Thank you. Thanks Eugene.

Eugene Freund: Thank you very much and I look forward to hearing more about that as it develops. We're not opening that up to questions, so thank you. We can move on to the next thing. I just wanted to spend – or actually the last thing too in our agenda today, I wanted to spend a few minutes just checking in on the new Medicare card effort.

As the provider ombudsman for that effort, it's my role to keep in touch with you all and I guess I have just a reminder as you heard April 1 we will be seeing beneficiaries with new cards, and it's important that anybody who's a Medicare provider not just the clinicians among us is ready for that.

One thing I wanted to kind of float to the group is there are various ways of finding the card. There's the portal for the MAC, finding the new number once people have it. There's a portal for the MAC and also as part of the remittance advices that come in, you're going to be given once someone has one, their new MBI.

It will come in the new identifier field that's part of the remittance advice and I think that's going to helpful but I like some feedback about, you know, kind of how helpful that is to the offices you know. If you use a billing company, you know, do you have a likelihood of being able to have that be returned and that kind of thing. So that's – I'm just kind of curious about that advice.

It strikes me as something that could be useful but I'm looking for real world confirmation or otherwise about how that goes. So, you can follow up with me directly or to the new Medicare card ombudsman e-mail address. They both come to me, so it doesn't really – really matter that much, so I'm kind of trying to track the traffic of the new Medicare card ombudsman mailbox.

So I'll send that when I send out the other links that were given here, I'll include that in my – in my response. I don't have other things to – the other thing is that look for some more potential calls from me about getting materials out as we ramp up for this toward the end of the month. Medicare open enrollment is over and it is time to start making that a little bit more visible – a visible thing.

For obvious reasons, we weren't exactly cluttering people's attention during Medicare open enrollment with the new Medicare card issue. I think my colleagues in the IT world have done a really good job of thinking about a lot of things that need to be done and so far they had precious few questions that didn't have an answer that people thought about. So, I'm encouraged by that but we're still early on and so always looking for any questions you have. And in fact, I can open up the floor to that.

Operator: Again anybody on the phone who has questions, please press star one on your telephone keypad.

Eugene Freund: We have one in the room.

Jennifer McLaughlin: OK, Gene, this is Jennifer with MGMA. We really like the patient-focused resources that have been put out. We're going to be pushing those out to our members to probably in our next week's newsletter. And I just have a sort of a, I guess more of a request than a question.

Eugene Freund: OK.

Jennifer McLaughlin: And we've been seeing a lot of the commercials and the materials about this and I understand the concerns about, you know, the potential for identity fraud and you know this is the vulnerable population, they're seniors, they're elders. But the message has largely been don't share this information with anyone but I think, you know, it needs to be a little more nuance.

Because, we're afraid that the Medicare beneficiaries might take that to mean don't even share with your medical practice's front desk staff, and of course they need to share it with the physician practice, so …

Eugene Freund: OK, yes.

Jennifer McLaughlin: We just want to make sure that they know that it's safe to do it in that instance.

Eugene Freund: So your feedback is it might be a little too, you know, you go to your doctor and the doctor says, you know, can I have your card. And they said, no, I'm

told not to share it and then it's likely don't even have it with you, no I don't, can you look it up and said well I can but I have to asked you for your Social Security number or your date of birth. So that was not the …

Male: You didn't tell me, I couldn't give you that.

Eugene Freund: So yes, so – so OK, so that is – that's good feedback and you know since I'm in the Office of Communications, we meet and talk about these things and we've been getting some of that. That's a – that's helpful feedback that I can – that I can bring back, so.

Jennifer McLaughlin: Thank you.

Eugene Freund: Thank you, Jen. Other questions on the phone?

Operator: I have no questions on the phone at this time.

Eugene Freund: All righty, so April 1, new cards will start going out and we have a long transition period actually through 2019, so that also will ease potential burdens with that.

Male: Do you know how that – is it going to be random or is it going to be regions or alphabetically or …

Eugene Freund: Stay tuned on that.

Male: OK.

Eugene Freund: Yes and again I'll put the link to – it's very easy to find a new Medicare site with the web search too but I'll put that link in there and keep an eye on that and I'll be talking about that as soon as I have news about it too, maybe on the 2nd of February which is our next meeting, so.

OK, so I think I will adjourn at this point, assuming we don't have further questions on the line. I don't want to shut them off.

Operator: I have not further questions.

Eugene Freund: OK. Thank you all for calling in and especially for coming and look forward to seeing many of you on the 2nd of February. Have a good weekend, maybe a long one for some people. OK?

Male: OK.

Female: Right, bye.

Female: Thank you.

Operator: Thank you, everyone. This will conclude today's conference call. You may now disconnect.

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