

Centers for Medicare and Medicaid Services
First Friday Call
Clinician Outreach Meeting
Moderator: Jill Darling
Friday, March 2, 2018
1:30 p.m. ET

Operator: Good Afternoon. My name is (Jaime) 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 have been placed on mute to prevent any background noise. After the speakers' 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.

Dr. Freund you may begin your conference.

Eugene Freund: Thank you all and thanks for -- thanks for calling in. Hopefully, the wind won't blow anybody's voice off the telephone lines. I think it's blowing that much these days. I'm sorry we weren't able to host you in person at the Humphrey Building, but it's closed because of the weather.

One quick reminder, this is an informational only meeting and not for the press. There is a CMS -- press@cms.hhs.gov for press inquiries. And that's basically all the announcements I have at this point.

The first presentation we have up is Rachel Winer with our Office of Communications giving a brief update on the Quality Payment Program. Let's go ahead, Rachel.

Rachel Winer: Right. Thank you. So, we just wanted to provide a reminder to submit 2017 Quality Payment Program participation data through March 31st.

If you're an eligible clinician participating in the Quality Payment Program, you can submit that 2017 performance data using the new feature on the Quality Payment Program website, which is at qpp.cms.gov. And the deadline again is -- so data submission period for 2017 runs through March 31, 2018 with two exceptions; individual eligible for clinicians that submitted data via claim should already submitted their claims for processing; and for groups using the CMS web interface with submission period began on January 22nd and ends of March 16, 2018.

To get started, go to qpp.cms.gov and click Sign In at the top right of the webpage. You'll be required to login to the feature using your Enterprise Identity Management Credentials, username and password. That's called EIDM. If you don't have any EIDM account, you'll need to obtain one. Use the EIDM user guide. It's available on our resource library at qpp.cms.gov to get started.

Please note that receiving approval for EIDM could take several days. Therefore, you are encouraged to apply for an EIDM account as soon as possible. After logging in using EIDM credentials, the feature will connect you to the tax payer identification number associated with your National Provider Identifier.

You'll be able to report data either as individual or as a group. Be sure to log in and get familiar with the feature before you submit your data. You can contact the Quality Payment Program by e-mail like qpp@cms.hhs.gov or toll free call center at 1-866-288-8292 with any help or questions about using the data submission feature.

We also have a data submission fax sheet in the video posted on our resource page at qpp.cms.gov that provides a lot of information to learn about the Quality Payment Program Data Submission Feature. And again, remember that the 2017 data submission period runs through March 31, 2018. That's all I've got.

Eugene Freund: Thank you very much, Rachel. Are there any questions about this?

Operator: As a reminder, please press star one on your telephone keypad to ask the questions. We will pause for just a moment to compile the queue in the roster.

There are no questions at this time.

Eugene Freund: Great. Thanks a lot, Rachel. Is Joseph Schultz in the room? OK. I'll move on at this point and we'll wait if Joe does join us we can hear a little bit about the upcoming National Provider Enrollment Conference.

I did want to give a brief update of some of the March Medicare Learning Network events that are going on sent to us courtesy of Robin Fritter. Again, you can always subscribe to the MLN Matters newsletter also and get word of these. One just went out yesterday and -- but that's important.

Again, the low volume appeals settlement option is having an update call coming up on Tuesday, March 13th from 1:30 to 3:00 p.m. And your agendas all have this and links attached on subsequent pages. It seems that every time we have a presentation that talks about things that have links we can ask for the links. So, I'm trying to be a little smarter about that, include those on the pages. Hopefully, it's not too many pages.

There's an open payments, the program in your roll call scheduled for Wednesday, March 14th, from 2:00 to 3:00; Dementia Care - Person-Centered Care Planning and Practice Recommendations call on Tuesday, March 20th, from 1:30 to 3:00; Documentation Guidelines and Burn Reduction listening session scheduled for Wednesday, March 21st. And, yes, there's a link to the Medicare Learning Network right there on the -- on the last -- on that page of the agenda.

I don't know if anybody has any questions. I can try to answer them if they do.

Operator: Again, that's star one if you would like to ask a question.

There are no questions at this time.

Eugene Freund: OK. And, if you could tell me when Joseph -- if Joseph Schultz has signed back in or signed in at this point. Otherwise, I think we'll move on to Deborah Hunter from our Center for Consumer Information and Insurance Oversight who will provide an update on the essential community provider list and process for that for qualified health plans.

Deborah Hunter: Thank you, Dr. Freund. Hi, everyone. I just wanted to raise awareness that on February 5th, we released our final plan year 2019, Essential Community Provider List for the market place.

This list reflects providers who serve predominantly low-income, medically-underserved individual. CMS uses this ECP List as the basis for determining the number of available ECPs in an Issuer's Qualified Health Plan Service Area and for determining an issuer's satisfaction of the ECP standard.

Additionally, issuers may use provider points of contact on the list to aid in their provider network development. And so, we just want to encourage providers who do not yet appear on the ECP List but believe that they satisfy the ECP Inclusion Criteria to submit an online ECP petition to CMS for inclusion on this ECP List for the 2020 Plan Year.

Providers who wished to submit corrections, updates, and requests for inclusion on the ECP List for the 2020 Plan Year must submit an online ECP petition by no later than August 22, 2018. However, if you happen to identify a correction or addition needed for the Plan Year 2019, you may submit your corrections or additions via the online petition now and they will be included in the available ECP Write-In List for issuers to use for the Plan Year 2019. And that will first be released in April and then we'll do another update in July of 2018.

So, it's still not too late if you are not seeing certain providers that you believe belong on the list to submit a petition via the online platform to be included in the available write-in list. And that petition -- online petition is found I think Dr. Freund sent you the link to the petition in the agenda. It's https://data.healthcare.gov/cciiio/ecp_petition. If you were to just Google ECP

Petition, it's the first hit. So, that's really all you need to know is ECP
Petition.

And so, essentially, I just wanted to remind everyone in this update that the
petition is available essentially throughout the entire year for providers to
submit corrections and updates to their data for future Plan Year releases. So,
thank you and I'll take any questions that folks might have.

Operator: And again, that's star one if you would like to ask a question.

Deborah Hunter: OK. Thanks everyone.

Operator: Sorry, you do have a question from the line of Bill Finerfrock with HBMA.
Your line is open.

Bill Finerfrock: Hey, Deborah. Bill Finerfrock. Couldn't let you get away without a question.
The list comes out and identifies the primary categorization. And then, if the
provider wants, they can have secondary. So, as you know, there's a
designation for rural health clinic. And then, that will show up. But then,
some may have them as their secondary or tertiary designation.

Is there -- so, it makes a little bit hard to try and find exactly how many RHCs
are on the list or any provider for that matter where there could be a secondary
or tertiary identified characteristic. Is there any way to get a discrete list of
every, for example, rural health clinic whether they're identified primary or
secondary or tertiary so that we or others presumably could share it their
groups to say here's the lists of all the entities that have identified themselves
if you're not on this list or is there an easier to try and do that than what it
seems like right now?

Deborah Hunter: Sure. Thanks for asking that question. Yes, there is. On our ECP List, we
have -- you're right. We do have the tertiary ECP categories beyond the
primary sites, larger categories. And the rural health clinic is included in a
little larger category with some other ECPs.

And, what you could do is in the drop down -- in the column on our ECP list that is labeled ECP Category, you can use the filter button. And I can actually -- offline, I can step you through it directly if you would like me to do that with you.

But if you just use the filter button at the top of that column, you can check -- you can select only RHCs and it will pull up any provider who has identified itself as an RHC. Although it may also -- they may have also identified themselves as family planning provider. It could include more than just the RHCs. I think that's in line with what you have been getting at.

Bill Finerfrock: Yes. Because when you, if you just filtered it by that column, all you got is the rural health clinics where it was primary. And I knew just individually looking there were some that were rural health clinics but notice that they had identified it as the secondary or tertiary character.

Deborah Hunter: OK. I totally understand what you're saying now. Yes. I'm sorry. There is another way to do that. I agree with your saying if you just select that box that only pulls that as a primary.

Instead of selecting the box, if you do want to select any provider that has indicated the rural health category as well as -- there's supplemental categories ...

Bill Finerfrock: Right.

Deborah Hunter: ... then instead of selecting the box, you type in the window the words rural health clinic.

Bill Finerfrock: OK.

Deborah Hunter: And then it will pull up anything that any provider that's included rural health clinic even if it's included other categories as well.

Bill Finerfrock: OK. All right. Great. All right. Thank you.

Deborah Hunter: You're welcome.

Operator: There are no further questions at this time.

Eugene Freund: Ms. Hunter, is there also -- when someone does something like Mr. Finerfrock noticed, is it also possible to export the results of that search?

Deborah Hunter: So, we do have an export button on our petition site. There are multiple ways to do that. I find that the easiest way is just to use the Excel spreadsheet because it's already exported directly into Excel format. And then you can filter for it that way and delete the ones that you unfiltered for. So, there are multiple ways to go about that.

But yes, if you have questions regarding any of these approaches to sort of identify subset of ECP providers or any questions for that matter, you can e-mail the Essential Community Provider mailbox. That's essentialcommunityproviders@cms.hhs.gov. And I, as well as several of our contractor staff, are monitoring that regularly and we would be happy to get back to you through e-mail or even on a phone call to help step through any of these.

Eugene Freund: OK. Thank you, Debbie.

Deborah Hunter: Thank you.

Eugene Freund: Next stop, we have Amy Hammonds who is going to update on the open payments effort. Go ahead, Amy.

Amy Hammonds: Thanks, Gene. Hi, everyone. I just have a couple reminders from the Open Payment's team. First of all, we wanted to remind everybody that registration is open in the Open Payment System. So, if you have not previously registered, you can do that now or if you need to re-certify, you can go ahead and do that.

The importance of this is because the review industry period is coming up very soon. I'm sure most of you are aware that right now the open payments cycle we're in the submission period. So, the applicable manufacturers in

group purchasing organizations are submitting all of the program year 2017 data right now.

And then on April 1st is when reviewing dispute will start for physicians and teaching hospitals. So, that's when physicians and teaching hospitals can come in to the Open Payment System and preview that data. They can affirm that everything is correct. And if necessary, work directly with the reporting entities to initiate disputes and resolve anything that might appear to be incorrect. So, that's why registration is key. So, we wanted to remind everybody that that is available.

Also, the registration is through EIDM. And we mentioned this last month on the First Friday Call. So, we just wanted to remind everybody that if you haven't accessed your account in 180 or more days, you'll need to re-activate your account. And, to reactivate, you have to contact our help desk and that phone number is 1-855-326-8366.

And, actually last month, there is a question on a call about if you have an EIDM account for a couple of other systems or anything that crosses over and the answer to that is yes, it does. So, if you have an EIDM for something else and also have an open payments account set up in there, you should be OK. It's just if you haven't been an EIDM at all within 180 days you'd have to do the reactivation.

And then the other thing, which is mentioned earlier on the call, is that we have our national provider call coming on March 14th. And, the link was included with today's agenda for how to register for that and registration is also available on our event page on the CMS Open Payments website. And of course, we always have our quick reference site and tutorials available on our resources page which is at cms.gov/OpenPayments.

So, this is a summary updates. And if anybody has any questions, happy to do my best to answer them.

Operator: And again, that's star one if you would like to ask a question.

There are no questions at this time.

Eugene Freund: OK. Thank you very much, Amy. I appreciate the update on that. It looks like we're giving a number of opportunities to keep their EIDM accounts fresh and I think that's probably a good thing.

So, I know Marge Watchorn is going to be on in a little bit. She is the next on the agenda. I think we'll move things around a little bit. I wanted to talk -- again it's a reminder that the next time we meet on the 6th of April we'll be after the 1st of April. And people could actually have new Medicare Cards by that point. So, it's incumbent on everybody to receive those new Medicare beneficiary identifiers at least for those people and people who will be bringing in their new cards.

And one thing that you might have seen if you prescribe -- subscribe to MLN Matters, yesterday there's a new video about the new Medicare Cards coming that can be placed in offices. It's easy to get online. I will follow up with a link to it after this call. I was having some computer problems yesterday. So, I didn't get it in to the agenda. But I'll include that link to that video in this. I've had a few requests through the provider ombudsman mailbox to actually include -- to such a video so, I got to -- got to dig back into my e-mails and send that out to others.

But if anything you can do to get those videos out, I know a lot of offices have televisions running nowadays and they're actually looking for materials. And so, helping us get those materials out would be greatly appreciated.

I don't have other updates on the new Medicare Card, but I will entertain any questions that people have at this point.

Operator: And again, that's star one if you would like to ask a question.

There are no questions at this time.

Eugene Freund: OK. The other thing is -- and I do not know. I wonder -- we have people who are taking unscheduled leave and the like and not able to call in. And we did

have some offices that showed up. So, I'm not shut down. So, I'm not sure whether we're going to hear from Joe Schultz.

However, I will send out a link, which I haven't sent out yet, about the provider -- the upcoming National Provider Enrollment Conference. I actually when I set the agenda I didn't write down the details about the conference. I will look for that. But, I'll make sure that all of you have that information before the end of the day. Sorry about not including that.

Do we have any questions about any of our previous parts while we wait 2 o'clock?

Operator: And again, that's star one to ask a question.

Eugene Freund: Or even comments about things people would like to see coming up?

Operator: And we do have a question. It's from Eileen Esposito from the American Academy. Your line is now open.

Eileen Esposito: Thank you. Hi, this is Eileen Esposito. I do have a question that's sort of related but not related to our agenda today and that is about when will the providers get some feedback on their success -- hopefully success, and under MACRA in 2017? Normally, we get our reports through the EIDM in late July/early August. But, I was under the impression we were going to get them sooner.

Eugene Freund: I don't know if Rachel is on for that because I know she might have had to had, to leave. I was at the Quality Net Conference a couple of weeks ago. And they, at that time, were answering that questions with "We're working to get it as soon as we can" but they weren't able to make promises. So, I don't think we have an update since that point.

If Rachel is on, she could correct me. But that's -- we do understand that that is something you do want to -- that's a well-found concern. We want that as soon as possible.

Eileen Esposito: Thank you.

Eugene Freund: And I know that people are working on getting that done, but I don't have for you.

Eileen Esposito: OK. Well, thank you so much.

Operator: And we have a question on the line from Bill Finerfrock with HBMA. Your line is open.

Bill Finerfrock: Gene, I was curious on whether do it here or needs or. You ever got anything back on the information about low-dose -- independent imaging facility being able to do the CT for low-dose CT due to the smoking cessation counseling component. Do you remember that issue?

Eugene Freund: I do remember that issue. For those who aren't aware of that issue, this is one that Bill had sent my way wherein it gets a little complicated. But the national coverage decision covering the screening for lung cancer with low-dose CT in former smokers has characteristics that basically require that the facility doing the screening also be able to provide smoking cessation counseling, which is, one, may not be as used as it ought to be, and two, is particularly problematic for the independent diagnostic centers.

The folks in coverage are still working on that question, Bill. I think you kind of as you were sometimes prone to do ask a question that has some importance to it in the grander scheme of things. And it's still being worked. I'm going to follow up with them pretty soon on that. But again, thank you for -- that you for that issue.

Bill Finerfrock: OK. All right. Thanks.

Eugene Freund: Those are the kinds of things that are sort of fun to deal with.

Operator: There are no further questions at this time.

Eugene Freund: OK. We should have Marge pretty soon if there aren't any questions. Cause, she'll be talking about the brief overview of the Medicare Extender Provisions, the things that everybody was looking to see in the Bipartisan

Budget Act of 2018. And I know that she wanted to -- I said asked her to give a little overview of sort of what those are and give people a sense of what to expect going forward about getting those provisions implemented.

So, she will be with us very shortly. She had a meeting that she got called into. And she will be -- she will be with us in a little bit. I apologize for some of the delay. Feel free to provide any questions or concerns.

Operator: And again, that's star one to ask a question. And you have a question from the line of Nancy Fisher with CMS. Your line is open.

Nancy Fisher: I want to make a comment about the question about the feedback for the QPP. As we are going out and we're talking about the feedbacks. The period is April 1st through the end of the year. And of course, we haven't gotten any specific information about how it's being done and whose being going first or what.

So, although you think about it that April 1st that opens up for these feedbacks to begin, it will take some time to do the feedback. And so, it will come incrementally the people over the time. And I suppose since every year we have the same feedback time, probably you will get your feedback like the previous year. But there's no definite date or anything about how it's being done yet.

Eugene Freund: Thank you, Nancy.

Operator: And we have no one else in queue at this time.

Eugene Freund: So, I can give you a head up that the National Provider Conference, which again I'll send you a link to that, is scheduled -- wait a minute. No. Never mind. I'm sorry. I almost gave you the September 2017 provider conference date. My apologies for that. I will send you the link for that. That's what I get for trying to find things while also running the call. And committing ourselves to going back in time which even CMS can't do.

So, is Marge on?

Marge Watchorn: Yes. Hi, Gene. Good afternoon. This is Marge.

Eugene Freund: Hi, Marge. I'm really glad to hear you.

Marge Watchorn: Are you ready for my portion?

Eugene Freund: If you want to go ahead and talk about the Bipartisan Budget Act of 2018.

Marge Watchorn: Sure. And, thank you so much everybody. Appreciate you all being on the line today. I just wanted to present for you a high-level overview of just some of the provisions that were in the Bipartisan Budget Act of 2018 which you may know was enacted by the president on February 9th of this year.

So, the ink is still very fresh. So, we're taking a really close look at all of the provisions. But I just wanted to highlight a few of what we're considering Medicare extenders. So, in many cases, these are provisions which would have otherwise expired most of them at end of 2017. There was a bit of period of time where those provisions had expired. Some of them have been reinstated if you will retroactively.

So, first, within that bill, Section 50201, extends provision under the physician's fee schedule that sets a floor for the work GPCI, the GPCI being the Geographic Practice Cost Index. This is to protect those rural areas in other parts of the country where the work floor would otherwise have been lower than 1.0.

It raises -- reinstates the GPCI floor can be no lower than 1.0 for all of those areas across the country. That provision is extended for an additional two years through January 1, 2020. So, CMS has already re-issued physician fee schedule files to reflect the current law which reinstates that work floor.

Next is family complex provision regarding therapy payments -- outpatient therapy payments Section 50202 repeals the therapy caps as well as the therapy caps exception process. That repeal became effective on January 1, 2018. It actually repeals the caps with payment restrictions to ensure appropriate therapy and it contains a number of kind of sub-provisions within

that relating to the placement of the KX modifier, on claims for outpatient therapy for amounts that are -- over an amount specified in Medicare law.

Those amounts are \$2,010 for occupational therapy and then a combined \$2,010 for physical therapy and speech language therapy, and that's for calendar year 2018. It also establishes a lower threshold amount of \$3,000, which is an annual amount, in effect above which services that exceed that threshold amount would be subject to a targeted medical review.

So, those are some provisions related to therapy that we have already begun to implement instructions. And I should also say that on the all Fee for Service provider's page we recently in the last couple of days provided an updated on these as well as a number of other provisions that are in the new law.

And Gene, I'm not sure -- I'll take -- I'm not sure if we're able to send out that link. But if those of you are not familiar with that link, you can contact me and we can share it. There was also information shared through the Medicare Learning Network. So, we're trying to get information out on a number of various avenues.

Next, I wanted to highlight a couple of provisions related to Medicare Telehealth. In Section 50302, this is an expansion of Telehealth for home-based dialysis services, which goes into effect January 1, 2019. So, that is actually a listing of the previous restrictions for Telehealth where one of the provisions in statutes is that services that are based in home cannot be paid for under the Medicare Telehealth benefit. This essentially lists that restriction specifically for home dialysis services.

There's also an expansion of Telehealth under Section 50325 for stroke-related services. There are some details in the statute about how those -- how those services are defined. The agency has a little bit more time actually to implement the stroke service expansion. That provision goes into effect January 1, 2021.

There's also a bit of a technical payment provision that applies to radiation therapy in Section 51009. We had -- the agency previously had been

essentially required by law to freeze the rates that we pay under the physician fee schedule for radiation therapy services at the 2016 rates. That freeze would have expired. The new law extends that freeze at the 2016 rates for calendar year 2019. So, it's not really a major change, but it is a technical provision that I just wanted to mention.

Another provision is in Section 53106. Again, it's a bit of a technical provision that applies to the physician fee schedule. We have an annual update amount to the conversion factor that's applied to all services that are paid under the physician fee schedule. Prior law had said that that update for 2019 would be 0.5 percent or one-half of a percent. The new law reduces that annual update for 2019 down to one-quarter of a percent or 0.25 percent. So, that provision would be addressed in the upcoming physician fee schedule rulemaking that will go out this year to be in effect for 2019.

And then just the last service I wanted -- the last provision, rather, that I wanted to highlight was in Section 53107. It makes several changes to occupational therapy and physical therapy services that are provided by a therapy assistant -- excuse me -- it requires the agency to establish a modifier for such services that would be effective January 1, 2019.

There's a requirement that claims for services that are provided by a therapy assistant, must include that modifier that we will create effective January 1, 2020, so the following year. It also establishes that payment for such services will be reduced effective January 1, 2022, so two years following that.

Clearly, there's a lot of thinking that the agency needs to do about the implementation of that particular provision for services that are provided by therapy assistants. I don't in any way want to get ahead of all of that work we'll be doing. I believe the statute requires that the implementation of this provision be done through rulemaking. So, definitely, be on the lookout for us to be addressing these requirements in rulemaking over the next several years.

And Gene, that was all I have.

Eugene Freund: OK. Thank you very much, Marge. Are there any questions?

Operator: Again, that's star one if you would like to ask a question. We have a question from the line of Bill Finerfrock with HBMA. Your line is open.

Bill Finerfrock: Sorry about this. You mentioned the outset of GPCI provision. There was some confusion on whether or not that was retroactive. Some of the provisions, it seems obvious that they were retroactive. This is one, it seems more intuitive. But can you clarify that the GPCI is retroactive to January 1?

Marge Watchorn: Yes. Thank you so much for that question, Bill. I apologize for not being clear. The extended provision for GPCIs, essentially, the GPCI's work floor, the previous provision expired at the end of 2017. What this new provision does is it extends -- it extends the work floor for an additional two years. So, it's in effect for the entire 2018 as well as 2019 under current law.

Bill Finerfrock: So, claims that were submitted in January with whoever GPCI would not have been in place. Would they be automatically reprocessed or would those have to be re-filed?

Marge Watchorn: That detail of the -- how the billing is going to be handled, I apologize, I'm not as familiar with it.

Bill Finerfrock: OK.

Marge Watchorn: I'm more familiar with the policy side.

Bill Finerfrock: OK.

Marge Watchorn: But I ...

Bill Finerfrock: We can do that. But the main question was then it was -- were all claims in 2018 GPCI floor would apply?

Marge Watchorn: That's absolutely correct.

Bill Finerfrock: OK. All right. Thank you.

Marge Watchorn: Sure.

Operator: Your next question comes from Nancy Fisher with CMS. Your line is open.

Nancy Fisher: Thank you. Marge, my question was the same as the previous person on the phone. I'm the CMO for region 10 and I'm getting questions about will this be or how will this be done and I didn't know and I didn't know whether they'll put a rule out or what, but you answered the question as much as you can and I thank you.

Marge Watchorn: Sure. That's fine, Nancy. And if you have my -- if you don't have my contact information, I think you can get it from Gene or I'm happy to throw it out there on the call. But if you have further questions that I can be helpful with in the future and get you to the right people, please feel free to reach out by e-mail.

Nancy Fisher: OK. What's your last name?

Marge Watchorn: It's Watchorn with one H - W-A-T-C-H-O-R-N. I'm the only one in the health and human services department.

Nancy Fisher: Oh, thank you.

Marge Watchorn: Great to be unique.

Eugene Freund: Very good.

Operator: There are no further questions at this time.

Eugene Freund: OK. Thank you all very much. Thank you, Marge, for rushing from meeting to meeting to get -- to get together with us. We have our next meeting scheduled for 6 of April, first Friday in April, and I'm looking forward to chatting again when that comes up. And I will be following up in moments with the link to where the video is for the new Medicare cards as well as the provider -- the enrollment conference. So, thank you all very much.

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

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