

Centers for Medicare and Medicaid Services
First Friday Call
Clinician Outreach Meeting
Moderator: Jill Darling
November 3, 2017
1:30 p.m. ET

Operator: Good afternoon, ladies and gentlemen. My name is (Tiffany) 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 wish to withdraw your question, press the pound key. Thank you.

Dr. Eugene Freund, you may begin your conference.

Eugene Freund: Hi, everybody. Welcome to another First Friday Clinician Outreach Meeting. Thank you all for calling in.

The first thing I want to mention is we weren't able to get them on the agenda for today, but you might have noticed a bunch of e-mail from CMS last night about the physician fee schedule, the QPP. A number of final rules have rolled out just in the past day.

Please take a look at them. They're obviously final rules. But thinking about December 1, if you need some further discussion on anything in those, I'm a perfect person to remind to ask, put on – put those on in this agenda if you want to add some discussion about them.

I really don't have subject matter experts from those with us today, so I'm probably not your best source for information without a little bit of warning.

But that's the only announcement or reminder I have. And again, thank you for calling in.

First up, we have a reminder from Robin Usi and Amy Hammonds about the Open Payments, windows that are currently open but closing soon. Go ahead, Amy.

Amy Hammonds: Thanks, Gene. Thanks, Gene. This is Amy. Hi everyone. I'm the with the Open Payments team over in the Centers for Program Integrity. We do just have a couple end-of-year reminders for everyone. I'm sure most of you are familiar with what the Open Payments Program is, but just a quick reminder on that.

The Open Payments Program is a National Transparency Program that requires transfers of value by drug and device biological and medical supply manufacturers to physicians and keeping hospitals to be published. We publish that annually on the Open Payments website and that is openpaymentsdata.cms.gov.

And our end-of-year reminders is just that Physicians and Teaching Hospitals do have until the end of the calendar year to review and dispute any payments that are attributed to them for program year 2016. So, we do encourage Physicians and Teaching Hospitals to go in and review that as that ensures that the data is accurate.

And if you have any questions or need information about registering in the Open Payment system or reviewing and disputing, anything like that at all, we have stuff available on our resources page which is at the cms.gov/openpayment site. So, that's really everything from us this month.

Eugene Freund: OK. Thank you. Do we have any questions? Again, you press pound one or star one to ask a question.

Operator: As a reminder, to ask a question, please press star followed by the number one on your telephone keypad. We will pause for just a moment to compile the

Q&A roster. Again, that is star one on your telephone keypad to ask a question at this time.

There are no questions in queue at this time.

Eugene Freund: OK. Thank you. It's been an ongoing thing. I would have been surprised if we had many or any questions for that one.

Now, feeling I hope a lot better. We have Lisa Wilson on an update from the exchange program. And go ahead, Lisa.

Lisa Wilson: Thank you so much, Dr. Freund. And thanks everyone for having me in the call. It's exciting to meet your folks.

It's open enrollment, I know many of you have actually been here the whole time. So happy open enrolment to those folks and thank you for your continued support.

I know that the biggest question that we keep on getting is sort of how open enrollment is going. And I can tell you that the first day went smoothly and the website performed optimally. And both have a (inaudible), so that was great.

I just wanted to just highlight a few things that are sort of new for this year. There are – there's a new update to kind of (think) across the board and kind of improvement across the board and a few things that are – that are new. There is a new direct (inaudible) we'll have.

Eugene Freund: Lisa? Lisa?

Lisa Wilson: Yes? Yes?

Eugene Freund: Sorry to interrupt. You're kind of doing that auto-tuning effect, like you're kind of fading in and out. I don't know if there's anything you could adjust on your end for that.

(Inaudible)

Eugene Freund: That's good.

Lisa Wilson: OK. So, direct enrollment experience is a new straight line and simplified direct enrollment process. So that consumers can that apply through partner website, so now completes their application using just that one website rather than coming back to healthcare.gov and then going back to the partner website.

We also have this really new cool function called Help on Demand. It's a (inaudible) for agents and brokers and consumers where we will offer increased opportunities for consumers to connect directly with agents and brokers.

We've updated help content and we also – and I know this is a big one for you all. We have an updated provider and drug search directory process, which it kinds of auto fills the provider name as well as the drug name.

I know it's very difficult to (inaudible) spell Xeljanz and things like that. So, and then, you know, sometimes it's hard to remember your doctors exact spelling of their name too. So that's a cool new feature, I think will help folks a lot. And then just like always or just like as in past years, we have window shopping and some other, you know, features like reenrollment.

So, those are some great new features. That's sort of what's going on with open enrollment. The main message this year, I just want to remind everyone is enrollment, you'll have to enroll by December 15th. The enrollment period is shortened so that we can get folks sort of one calendar year of coverage. So make sure that everybody knows that that you're interacting.

The other thing that I (inaudible) is that last Friday was a big day for us. We published our (inaudible) Benefit and Payment Parameter – payment parameters for 2019. This is the proposed – there is a propose we're making and it's continued to increase flexibility in the individual market, increase program integrity, and of course, reduce regulatory burden.

So, if folks have any other questions regarding that, you know, you can feel free to just through the question and answer series, you know, queue things up. So I think that's as far as official update (scheduling).

Eugene Freund: Lisa, could you remind us of the, the comment period for the ...

Lisa Wilson: Yes. I think its November 27th. It's a short – you know, fairly like short comment period that in – right there around thanksgiving.

Eugene Freund: OK. I'll look that up and confirm that before the call is over. Thank you.

Lisa Wilson: OK. And I don't know if you wanted to queue questions now, I'm on.

Eugene Freund: Yes. You know, we can queue questions now.

Lisa Wilson: OK.

Operator: As a reminder, to ask a question, please press star followed by the number one on your telephone keypad.

We have a question from the line of (Jen Towers) with AANP. Your line is open.

(Jen Towers): Will your remarks be put in print somewhere, it was really very difficult to understand you. That going in and out, I think we all had a problem with. But well, even when it was in, sometimes we couldn't tell what you were saying.

Lisa Wilson: Sure. Actually, I was using a couple of spreadsheets that are fact sheets that are posted on the CMS press site. I'll distribute that through Gene.

(Jen Towers): Thank you.

Lisa Wilson: Thanks. Sorry about that.

Eugene Freund: Great. Thank you.

Operator: There are no further – we have a question from the line of (Sherry Woody) with (Fathom). Your line is open.

(Sherry Woody), your line is open.

(Sherry Woody): Sorry. I was just checking. On the – within exchange, I've had questions for patients. And this kind of came up in previous year. If they are enrolling in the State of Tennessee, you only have one option, Blue Cross Blue Shield. Now, the networks have gone from where they're not letting providers in. Therefore, our patients that are having chemo treatment are unable to continue with their same doctor.

Is there going to be some type of provision where the insurance companies are – be I guess basically forced to be able to have continuity of care?

Lisa Wilson: Right. I'm not exactly sure of how that works, I apologize. And I would have to look it up and get back with you.

(Sherry Woody): OK. I just have a lot of questions on my end from that big perspective.

Lisa Wilson: I can understand that.

Operator: There are no further questions.

We now have a question from the line of (Jen Towers) with AANP. Your line is open.

(Jen Towers): Question that you were just asked, I think that's finding out the answer and sharing with all of us, this would be very helpful. And besides, we all ...

Lisa Wilson: Sure. Yes, sure. I'll work with Gene on that.

(Jen Towers): Thank you.

Eugene Freund: OK. Thank you.

Operator: There are no further questions in queue at this time.

Eugene Freund: All right then. Thank you very much, Lisa. And we can follow up on the – both the comment period, if I don't find it before the call is over. And also, on

the question about what to do if you are, say, in the middle of something and your provider has changed, which is a recurrent issue with health insurance.

Next, we have (Hazelyn Hullock) from the Center for Medicare, talking about some upcoming Medicare learning network calls that are of interest to group.

(Hazelyn Hullock): Great. Thank you, Gene. Hello everyone. Appreciate the opportunity to share with you a few upcoming events that the Medicare Learning Network has.

The first one will be a Skilled Nursing Facility Value-Based Purchasing Program, FYI 2018 final rule call. That call will take place on Thursday, November the 16th, from 1:30 to 3:00 p.m. Eastern Time.

CMS subject matter experts will talk about how the Skilled Nursing Facility Value-Based Purchasing Program will affect Medicare payments to SNF beginning October the 1st, 2018.

They will also give details on how CMS will translate SNF performance scores into value-based incentive payments. And we'll also discuss policies finalized in the FY 2018 final rule. The target audience for this call was SNF administrators and clinicians.

The second event will take place on Thursday, November the 30th, from 1:30 to 3:00 p.m. Eastern Time. It's the Quality Payment Program Final Rule call. A quality payment program was established by the Medicare Access and CHIP Reauthorization Act of 2015 or also known as MACRA.

It's a quality payment incentive program for physicians and other eligible clinicians, which rewards value and outcomes in one of two ways, the merit-based incentive payment system and alternative payment models

CMS subject matter experts will discuss the Quality Payment Program Year Two Provisions in the final rule with comment and interim final rule with comment. The audience for this call would be Medicare Part B, fee-for-

service clinicians, office managers, and administrators, state national associations that represent healthcare providers and other stakeholders.

And pre-viewing for a couple of events in December. On Tuesday, December the 5th, from 1:30 to 3:00 Eastern Time, we have a call on Medicare Diabetes Prevention Program Model Expansion.

The Calendar Year 2018 Medicare Physician Fee Scheduled Final Rule includes expansion of the Medicare Diabetes Program model starting in 2018. During this call, CMS experts will provide a high-level overview of the finalized policies.

The target audience for this call, current Centers for Disease Control and Prevention, recognized diabetes prevention program organizations, organizations interested in becoming Medicare diabetes prevention program suppliers, including existing Medicare provider suppliers, community organizations, non for profit associations, and advocacy groups focused on seniors or diabetes, and other interested stakeholders including health plans, primary care, internal, and internal medicine specialties.

And then the final event in December is taking place on Thursday, December the 14th, again from 1:30 to 3:00 p.m. Eastern Time. It's a call on National Partnership to Improve Dementia Care and QAPI.

During this call, participants will learn how to work with physicians to ensure compliance with the new psychotropic medication prescribing requirements for long-term care facilities. And you'll also will hear about how nursing homes are putting the new quality assurance performance improvement or QAPI requirements into practice. CMS experts will also provide updates on the progress of the National Partnership to Dementia Care in Nursing Homes and QAPI.

The audience for this call would be consumer advocacy groups, nursing home providers, survey or community prescribers, professional associations and other interested stakeholders.

There will be a question and answer session taking place at the end of each of these calls. And you can learn more about these upcoming Medicare Learning Network events, including how to register by going to the CMS website at Go.CMS.gov/NPC. And that's Go.CMS.gov/NPC.

All right, Gene, that's all I have to announce this month.

Eugene Freund: OK. Thank you. Some quick questions, were all the times on those is 1:30 to 3:00? I missed it on one of the earlier calls and then you – it seemed like it, but I just wanted to verify.

(Hazelyn Hullock): Yes, the time for all of those is 1:30 to 3:00.

Eugene Freund: OK. Thank you.

(Hazelyn Hullock): You're welcome.

Eugene Freund: It covers both coasts nicely.

Female: Can you repeat the date for the QPP call, please?

(Hazelyn Hullock): Yes. It's November the 30th. Thursday, November the 30th. Any other question?

Operator: As a reminder, to ask a question, please press star followed by the number one on your telephone keypad. We will pause for just a moment to compile the Q&A roster.

Again, that is star one on your telephone keypad to ask a question.

Eugene Freund: We do have a question in the room.

Male: Will these calls all be recorded and posted up for later listening?

(Hazelyn Hullock): Absolutely. The calls will be re-transcribed and audio recording. So a written transcript and an audio recording will be posted to the CMS website approximately two weeks following the call.

Eugene Freund: We're doing that with these calls too. That's one of the services we get with it, which I hope that it doesn't decrease our attendance. But I think that it is – it is a convenience.

Operator: There are no further questions in queue at this time.

(Hazelyn Hullock): All right, thank you so much.

Eugene Freund: OK, moving on to our other topics. The first one, and I actually have this person in the room, will need to talk about the New Medicare Card Projects Provider Ombudsman. And I've been asked to do that and I'm looking forward to it.

My biggest hope is that, you know, if anybody remembers the old Maytag commercial, and I'm sitting there waiting for the phone to ring or the e-mail to buzz. I've had a couple of good questions already.

And then failing that, yes. And basically I'm going to give you a brief little overview. The customer base for that rule is the provider community, and in this context, provider means any Medicare providers. So, not just individual clinicians but also hospitals, labs, anybody who bill Medicare. So it's a little bit broader than my usual portfolio, just more on the clinical side.

And my job is pretty simple, to hear about any problems or gaps in information that arise and try to be an advocate for the community about getting those fixed with regard to – or bringing up the – or bringing the new Medicare cards and the Medicare beneficiary IDs online.

And, you know, I hope that, you know, I get broad things that will really lead to improving the customer experience for providers and, you know, kind of help with any technical changes they need to happen.

So we've got A, a small group of I.T. people working hard on that. And B, a long transition period to iron those things out. So I'm looking forward to a relatively smooth experience with that.

And that's basically all I have to say about that rule. Does anybody have any questions about that?

Male: Are you available ...

Operator: To ask a question, please press star followed by the number one your telephone keypad. We will pause for just a moment to compile the Q and A roster.

Eugene Freund: Yes, I am available to do webinars. We should talk about the content we want on the webinar and figure out if we need to have people like the folks in the OIT that are working on that on to answer some of those questions too.

I sort to feel like I am speaking language that I don't understand when I get the things like, you know, the line, the line in your remittance advice. So that we'll be telling you what the new – the new I.D. is. But those people understand that a little bit better.

Operator: There are no questions in queue at this time.

Eugene Freund: OK. And thank you for your help. You know, again, I really appreciate when a – especially when a question is a stumper. You know, it's important that we get those. You know, the questions where I can point to a website that, you know, answers the person's question as, OK, click that off, or wanted sort of a more difficult question, it points to something that we can fix. And that's a lot more fun. So, I like the questions that I can answer off hand. And I appreciate when I get them.

The next topic is kind of an open question. We had one of our staff people at the AAFP meeting. And one of the most common kind of questions and concerns that came from them was about our initial preventive physical exam and the annual wellness exam, both the initial one and the follow-up ones. And it sounded like there was a – people were saying this is really confusing territory. It's hard to navigate as you dig into it.

I think we have an awful lot of, you know, assistance out there in terms, you know, web pages and guidance and things like that. But trying to figure out where the problems are for people out there trying to take care of Medicare beneficiaries and what we could do to kind of help that. Is it – (if it isn't) an issue of we just haven't found the perfect communication tool? Is it an issue of there is something operationally that CMS could do better? Is it a reg problem or statutory problem? Trying to figure out where that is. And I gave this, kind of, in the order of ease of solving of course.

But yes, I just want to hear it from you. And I'm going to shut up right now. If you have a comment, please press star, one.

Operator: We will pause for just a moment to compile the Q and A roster. Again, that is star, one on your telephone keypad to ask a question or make a comment at this time.

There are no questions. Thank you.

Eugene Freund: Anybody in the room have insights on to this particular problem?

(Becky Wynn): Well, I'm (Becky Wynn) with the American Congress of OB-GYN. Then, one of the concerns that we have is that women see their PCP for their annual exam, but then they also come to their OB-GYN to have their annual well-woman exam. And depending on who submits the claim first might not get paid. But there is a need to cover both of those exams because they cover different things, while OB-GYN can cover panoply of preventive services.

We understand that there are some things that are outside of our scope. But there is a bit of disincentives to continue getting well-woman care. There is also the issue of not covering, yes.

Eugene Freund: So what I'm hearing there is that maybe not confusion about what the service is, you know, in terms of whether it's the annual wellness exam or, you know, the initial or the subsequent. But more like ...

(Becky Wynn): (Inaudible).

Eugene Freund: ... someone might go see one primary care practitioner who happens to be in Journal Medicine or a Family Practice and get something that's billed as the – as that exam. And then go see their OB-GYN and do something else, that also gets filled with that. And of course, if it's not, 11 months afterwards in the same month, it's a problem.

(Becky Wynn): Yes.

Eugene Freund: Yes. And it gets – it gets denied. And the kind of how we would – how we really ought to do that.

(Becky Wynn): Yes. I don't think that's one CMS (concern), but that is a concern for our members.

Eugene Freund: No – yes, yes, but it's good to – it's good to think about, you know, how we might deal with that, you know. And then maybe there's some potential communication for beneficiaries.

One thing I'd be interested in hearing from you all is I think you can query the system and find out that some one has had ...

(Becky Wynn): OK.

Eugene Freund: ... those. But I don't know how easy that is. You know, it's probably easier the bigger and more organized your system is to do that. And it's probably a burden for a smaller office. But that – you know, and I guess I just kind of like to hear, you know, how people are working through that problem, you know. It's not the smoothest solution.

(Becky Wynn): Yes.

Eugene Freund: And then, of course – you know, and I guess you're also getting toward a beneficiary understanding issue, which has been, you know, kind of wait a minute, this is supposed to be preventive exam and here she didn't even listen to my heart or do those kinds of things, yes.

Anything – anybody else on the line?

Operator: As a reminder, to ask a question, please press star followed by the number one on your telephone keypad. Again, that is star, one to ask a question or make a comment.

Your first question comes from the line of (Jen Towers) with AANP. Your line is open.

(Jen Towers): What happens with the patient when this sort of thing happens? Do they end up getting billed for the second visit?

(Becky Wynn): I don't know what the name of the form is, but we counsel our members to get the beneficiary to sign a form saying ...

Female: (Inaudible).

Eugene Freund: Probably the ABN?

(Becky Wynn): Yes, yes.

(Jen Towers): Saying what?

(Becky Wynn): We make them sign an ABN saying that they might get a bill.

Eugene Freund: Oh, so you do an advanced beneficiary notice. Before doing the exams, saying that this might be a problem and then so the beneficiary is then setup. Now, presumably your – well ...

(Becky Wynn): And they were using the appropriate modifier.

Eugene Freund: Yes.

(Becky Wynn): Say that we have an ABN.

Eugene Freund: Got you. And what's that mean about being able to – so they might be billed. Do you change the sort – do you file an amended claim for ...

(Becky Wynn): That I don't know.

Eugene Freund: OK.

(Becky Wynn): I just – you know, one of the things we see is that it's not just the provider who doesn't get paid for that visit, but the patient ends up having to foot the bill. And that can be pretty problematic financially for a patient. Then, nobody seemed to really care too much about that.

Eugene Freund: Right. That's, you know, I think it's – you know, there's a – that's what people have to do as a practice. But yes, we do as Medicare and I'm sure that all of our specialty societies do care about the patients as do the practitioners.

But you know, clearly, that's an outcome that none of us would really like to have happen in regular ways, that a patient gets, you know, stuck with a bill for a service that – but for what is a bit of an administrative issue would otherwise be covered, but now is denied. I think that's really helpful, (Jen). Thanks for focusing on that.

Operator: Your next question comes from the line of (Nancy Fisher) with the Centers for Medicare and Medicaid Services. Your line is open.

Eugene Freund: Hi, (Nancy).

(Nancy Fisher): Hi. I want to – I'm having some difficulties here. But I'm thinking that maybe the problem would be with the OB-GYN visit and also going to their primary care practitioner is that in some states, by law, OBs are also primary care physicians. And that's probably where the problem comes in about getting it denied because some states list people as the primary care. So, that would be considered a duplication, in another states it wouldn't. And I don't know how to resolve that. And I don't know how to resolve that.

Eugene Freund: Yes, and a lot – even in the states that do don't it, a lot of patients think of their OB-GYN as, you know, delivering a primary care service. And even as a family physician, I can't really, you know, disagree with that kind of perspective.

(Becky Wynn): Appreciate it.

(Nancy Fisher): But I think that's why it's happening. If people have a ...

Eugene Freund: Right.

(Nancy Fisher): ... good idea how to solve it. But I mean I think what is – you can't – when you're paying and stuff, you've also got to look at the state laws and that's where run into some disharmony.

Eugene Freund: Thanks, (Nancy).

(Nancy Fisher): You're welcome.

Operator: There are no further questions in queue at this time.

Eugene Freund: Well, I'm eager to hear any other input. Offline is perfectly fine, either to me or the print mailbox, or whatever.

Thanks for some really useful insights, you know, with this first discussion. And again, trying to figure out, you know, what the – what the ideal approach is because there are fair amount of one-pagers and web tools and things like that to sort that out, which, you know, so I'm not sure adding to that is our preferred approach. But maybe we can see what we can do there.

All right, any other questions, comments?

Operator: To ask any questions or make a comment at this time, please press star followed by the number one on your telephone keypad. We will pause for just a moment to compile the Q and A roster.

There are no questions in queue at this time.

Eugene Freund: OK. Thank you all very much. Oh wait, there's a – there's a question in the room.

Male: I have a couple. I sent you an e-mail. I just wanted to kind of get it into the record. There are two issues relative or what seems to be a recurrent problem,

which is that when CMS updates the codes, you know, the 10 codes on October 1, codes that have historically been recognized are inadvertently dropping out. And so, you submit claims for services and that ICD-10 code is no longer linked to the CPT codes, and so it's denying as a MAC level.

And it happened a couple of years ago with low dose C.T. where codes were left off that should have been recognized as billable for low dose C.T. Most recently, it's happened with unspecified lump in the breast. And it's causing that drop out, and so claims for that – for the mammograms are being denied.

And so, the first issue is how to ensure when the code updates occur, that all the codes that are appropriate for a CPT code actually get carried forward and don't inadvertently drop out, whether it's a double check system or, you know, attesting stakeholders can take a look to verify that all the codes that are necessary are still linked to the appropriate CPT codes. Like this is now the, at least, the second time that I'm aware of it's happened.

The second part is that when CMS acknowledges – yes, that's right, it inadvertently dropped out. It takes anywhere from six to nine months to get the system reprogrammed to correct – fix or correct that problem to get that code. And in fact – and it just seems crazy that it takes six to nine months to add a code that everyone acknowledges is appropriate and ask providers to hold claims for six to nine months while it goes through this updating process.

So anything – or if someone could look at that as to why it's taking six to nine months and what can be done to expedite that, particularly in cases where there's universal acknowledgment that these codes are appropriate.

Eugene Freund: OK. And yes, and in between now and last night, there was no chance that we're going to be able to bind the ...

Male: No, no, no.

Eugene Freund: ... they need to address that and ...

Male: Right. Because we're recording this and if others are experiencing the same thing or ...

Eugene Freund: Yes, that's good.

Male: ... other codes, I just wanted to put that out there.

Eugene Freund: Thank you. And yes, and I think we should loop back on that on the future session. And it's definitely – I mean, I can't dispute the business concern in those, totally sensible. And we'll want to look into that.

Male: Second issue is I was reading yesterday about an initiative that's been started at the department, and apparently, there was a meeting with Seema Verma – Administrator Verma on patients over paper. I think it was actually something I saw MGMA had put out about a meeting. Can we get more information about that? Who's been invited to participate? Is it a closed group? Can other groups participate in that?

The article I read says, 30 groups were invited to meet with Administrator Verma to discuss that. And I'm sure there are probably many other groups that might have an interest in that as well.

Eugene Freund: Yes, yes. And this is an initiative that is developing and it's starting with the Office of the Administrator. But I know that we're going to very shortly be branching out and getting input from the appropriate customer communities and working on that. So, that is a work in process. And I would encourage people not to be worried about being left out.

Male: OK. I had another one but it's not a big deal.

Eugene Freund: OK.

Male: So yes.

Eugene Freund: OK.

Male: So thank you.

Eugene Freund: Thank you for bringing that one up. OK. If nobody has pressed star, one ...

Operator: There are no questions. Thank you.

Eugene Freund: OK. Again, look forward to talking to you maybe with some interesting topics on 1st of December of this year. And thanks for those who came and those who called in and those who had good questions. And again input, topic ideas, my mailbox is always open. Keep the light on.

OK. Thank you.

Male: Thank you.

(Inaudible)

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

Eugene Freund: Thank you.

END