Meeting Location(s)

This Provider Outreach and Education Advisory Group (POE AG) meeting was conducted in the Birmingham office and via webinar/teleconference.

Alabama Attendee(s)
Carol Aiken  Susan Ainsworth  Debra Freeman  Joycelynn Johnson  Miriam McGee
Genetics  Cardiothoracic  Multi  Multi  Cardiology

Carrie Soder
Urgent/Primary Care

Georgia Attendee(s)
Sharon Apodaco  Regina Jones  Renee Morris  Stephanie Smith  Trebbas Putnam
Multi  Orthopedic Surgery  Physical Therapy  Urology  Family Medicine

Kim-Marie Walker
Consultant Group

Tennessee Attendee(s)
Roger Deversa, M.D.  Wallace Elliott  Nancy LaSuer  Peggy Palmer  Dee Pratt
Primary Care/ Internal Medicine  Ambulance  Urology  Compliance Coding  Dietitian/Nutritionist

Fran Sorrell  Crystle Wright
Urology  Gastroenterology

Cahaba Associates:
LaTrelle White  Renea Cloud  Paula Motes  Serena Robertson  Karen LeFan

Welcome

The meeting was called to order at 10:05 A.M. CT /11:05 A.M. ET. Serena Robertson welcomed everyone and opened the meeting with introductory remarks. The Cahaba staff was introduced to the group. The following agenda items were discussed:

POE AG Purpose/Member Responsibilities Review

Members were provided a review of the purpose and responsibilities of the POE AG. Primary functions for the POE Advisory Group include:

- Identifying and planning educational outreach through selection of topics, educational medium and site
- Identifying and bringing forth education needs indicated by industry trends and concerns
- Planning educational outreach through selection of topics, educational medium and site
- Identifying educational outreach activities
- Attending and participating in the majority of scheduled POE AG meetings
POE AG Goals

• Reduce aberrant billing practices by providers and their staff
• Increase the timely processing of claims and initial payments to providers
• Reduce the Claims Error Rate and Comprehensive Error Rate Testing (CERT) rate
• Reduce the need to call the Provider Contact Center and submit redetermination requests

POE AG Selection Criteria

In order to be considered the following has to be met:

• A POE AG member must be a subscriber to the Cahaba Jurisdiction J Part B ListServ
• A POE AG member/organization shall not have billing patterns that demonstrate they are significantly aberrant from peers of the same specialty or provider type
• A POE AG member/organization shall not be the subject of an active investigation by law enforcement agency (e.g. OIG)
• A POE AG member/organization shall not be the subject of a Medicare Administrative Contractor fraud referral to any law enforcement agency for investigation/prosecution

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POE AG Recruitment

The POE Advisory Group is geographically dispersed. Cahaba tries to ensure that every specialty is represented. Each state is comprised of at least 12 members (AL, GA, TN). Cahaba reviews attendance records each year and send recruitment invitations out to replace the remaining spots (if spots are available).

We currently have spots available in each state. Listservs are going out weekly requesting applicants to apply. The deadline for submitting applications is November 30, 2016. If you are currently a member of the POE AG you do not have to re-apply. We will however send out Member Agreements for you to complete if you wish to remain in the POE AG group.

Partnership Recruitment

• At the end of every calendar year Cahaba sends out a partnership letter and POE Partnership Request form to existing association and organization contacts.
• Deadline for receipt (early consideration) within 30 days. Letters will be sent out at the end of November.

Partnership Request Form

Completing the Partnership Request Form:

1) Complete form for each partnership request date
2) POE will communicate further instructions
3) POE will send either an acceptance or declination letter based upon availability of representative(s)
CMS and Medicare News

Medicare Open Enrollment:

Medicare open enrollment is currently active and runs from October 15th thru December 7th of every year:

- Open from October 15th thru December 7th
- Beneficiaries can make changes to both health and insurance plans
  - Review Evidence of Coverage (EOC)
  - Annual Notice of Change (ANOC)
- Changing Medicare Advantage Coverage
  - January 1 thru February 14
- Enrolling in Original Medicare
  - January 1 to March 31

Social Security Number Removal Initiative

- Social Security numbers will be removed from cards by April 2019
- Medicare Beneficiary Identifier (MBI) – will replace both the Health Insurance Claim Number (HICN) and Railroad Retirement Beneficiary (RRB) with 11 characters composed of numbers and upper case letters
- The transition period will begin April 1, 2018 through December 31, 2019

MLN Special Edition 1616 – Protecting PHI

- HIPAA (Health Insurance Portability and Accountability Act) requirement to protect the confidentiality of patient Personal Health Information (PHI)
- Recent security breach notification in which someone had offered to sale over 650,000 records of orthopedic patients
- A covered entity must notify the Secretary of Health & Human services if a breach of unsecured PHI is discovered

MLN MM9793 – New Influenza Vaccine


- Implementation Code – 90674
- Dates of service 8/1/16 thru 12/31/16
- Claims processing of code 90674 is not available until 1/1/17
- Payment allowance is $22.936

MLN MM 9716 – New Physician Specialty Code

- A new physician specialty code of C6 has been established for Hospitalist
- Valid for ordering/certifying Part B clinical laboratory and imaging, DME and Part A HHA claims
- Attending and Rendering physician claims at CAH (critical access hospital)

MLN MM9603 – JW Modifier

- Effective: January 1, 2017
- Use JW modifier for claims with unused drugs or biologicals from single use vials/packages that are appropriately discarded
- Document discarded drug or biological in patient medical record
- JW modifier is not used on claims for Competitive Acquisition Program (CAP) drugs or biological

MLN MM9647 – Multiple Procedure Payment Reduction

- Effective: January 1, 2017
- Revised by the Consolidated Appropriations Act of 2016
- Professional Component (PC) of the second and subsequent procedure will be changed from 25 percent to 5 percent of the MPFS amount
**Physician Quality Reporting System (PQRS)**

Physician Quality Reporting System – quality reporting program that encourages individual eligible professionals (EPs) and group practices to report information on the quality of care to Medicare.

CMS will apply a downward payment adjustment to those who did not satisfactorily report for the Physician Quality Reporting System (PQRS) in 2015 including:

- Individual eligible professionals
- Comprehensive Primary Care practice sites
- PQRS group practices
- Accountable Care Organizations


**Part D Prescriber Enrollment**

CMS published a final rule in May 2014 and an interim final rule in May 2015 addressing prescriber enrollment requirements in Medicare. Prescribers must be enrolled in an active status or validly opted out, except in very limited circumstances, in order for their written prescriptions to be covered under Part D. CMS previously announced that enforcement of the prescriber enrollment requirement would begin on February 1, 2017.

- Full enforcement of the Part D prescriber enrollment requirement will begin on January 1, 2019
- Leading up to the full enforcement date, CMS will begin phasing in targeted enforcement of the regulation and undertake strategic actions designed to increase on-going prescriber enrollment, while protecting beneficiaries and the Medicare program
- Precluded Physicians and other Prescribers
- Easy Enroll Application Process
- Targeted Risk-Based Prescriber Outreach
- Direct Mailing to all Non-Enrolled Prescribers

**The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)**

- Allows clinicians to choose the best way to deliver quality care and to participate based on their practice size, specialty, location, or patient population.
- Quality Payment Program Final Rule Call
  - Tuesday November 15, 2016 1:30 pm – 3:00 PM ET

Merit Based Incentive Payments System (MIPS) Participants include:

- Physicians
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists

Those excluded from MIPS include:

- Newly enrolled Medicare Clinicians (as of January 1, 2017)
- Clinicians below the low-volume threshold
- Clinicians participating in the Advanced APMs(Advanced Alternative Payment Models)
Cahaba News

Cahaba Website Enhancements

The Cahaba Web Team has made several updates to the Cahaba Website:

- The new **Tools** Tab provides quick access to:
  - Fee Schedule
  - Local Coverage Determinations
  - Provider Enrollment Status Look up
  - InSite Web Portal
  - Appeals Calculator
  - Opt Out Providers
  - Calendar of Events
  - Interactive Voice Response

Local Coverage Determinations

Local listings of active, draft and retired policies with direct access to CMS for further details are easily accessible directly from the Cahaba website. Providers can look up LCDs and articles by procedure code, title and LCD ID.

InSite Recertification – Local Security Officers (LSOs) Only

InSite Recertification began October 17, 2016. LSOs have been sent emails with recertification notifications. Cahaba is required by CMS to conduct recertification to maintain data security. The deadline to complete recertification is Friday, November 18, 2016.

There are 3 easy steps to Re-certify:

1). **Add Supervisor** information. Log on to [CahabaGBA.com](http://CahabaGBA.com). Select the \'My User Profile\' tab on the top right - Select "More". Select Edit and enter supervisor information then save. Select "Set LSO Recertification". You will only need to enter your supervisor information one time and all records will be updated - you can overwrite a record with different information if needed

2). **Receive Recertification Codes**: Cahaba will send an email to all supervisors that contain a certification code. This email will contain instructions for entering the new LSO Recertification Code and recertifying all users. **This email will go out 5-7 days after data entry.**

The InSite team recommends that the LSO enters their name and information in the Supervisor fields in order to receive the email with the recertification code. If the supervisor is someone other than the LSO; the LSO will need to get the recertification code from that Supervisor.

3). **Recertification and Code Entry**: The supervisor should confirm that the designated LSO is the correct person to fulfill the LSO role and then forward the email to the LSO. The LSO will enter the LSO Recertification Code and complete the recertification.

Provider Enrollment Status Look-up

The Provider Enrollment Status Look Up tool offers providers the ability to review the status of provider enrollment applications directly on the Cahaba website. There are three different search options available using the new Look Up tool to search application status:

- Option 1: Enter the Cahaba Provider Enrollment Reference number
- Option 2: Enter the National Provider Identifier (NPI), Tax Identification Number (TIN) and Relative Receipt Date selection (7 days, 30 days or 60 days) and date range
- Option 3: Enter the PECOS Web Tracking Number
**Opting Out of Medicare**

Cahaba has expanded the Provider Opt Out list to allow website visitors to have a downloadable list of providers who have opted out of the Medicare program.

Visitors can view the list of Opt Out providers/suppliers by selecting their appropriate state. The list contains the providers/suppliers name, address, specialty, and effective/ending date. In addition, it now has a feature to allow visitors to sort. Downloadable lists are available in a CSV and XLS format.

The Opt Out List is located under the **Part B Tab** on the Cahaba website, **Enrollment** and then **Opting Out of Medicare**. Click on the appropriate state.

**Medicare Resources**

- **Medicare Learning Network Page**
  - [www.cms.gov/Outreach-and-Education/Look-Up-Topics/Medicare/Medicare-page.html](http://www.cms.gov/Outreach-and-Education/Look-Up-Topics/Medicare/Medicare-page.html)

- **Quality Payment Programs**

- **Cahaba Website**
  - [https://www.cahabagba.com/](https://www.cahabagba.com/)

- **How to Report Across 2016 Medicare Quality Programs**

- **Cahaba Website - InSite**
  - [http://www.cahabagba.com/what-is-insite/](http://www.cahabagba.com/what-is-insite/)

**Workgroup Summary from May 4, 2016**

**Assignment #1**

**Provider Enrollment Open House**

We asked the Advisory Group members to provide us feedback on a proposed meeting with our Enrollment staff to discuss problems or issues related to 855 enrollment submissions. The majority of the results are listed below.

- Who should we invite?
  - Any provider who wants to attend
- Best way to advertise?
  - Combination of all options which included listserv, website or an educational event with slide
- How many open house events within a year?
  - Once a quarter

**Assignment #2**

**2016 Medicare Expo**

We asked you to provide us feedback for developing education and contacting potential speakers to participate.

- Rank the importance of the attendance of Cahaba’s Contractor Medical Director
  - The majority members ranked his attendance as “5” (very important)
• Additional comments included
  – I think it is important so we can put a face with a name.
  – It is important to build relationships with the provider community.
  – It is important the top level execs show their support and dedication to the people who depend on Cahaba. It would help as well to understand how some medical decisions are made as they do not always agree with what the Medical Community believes is right.
  – I think the Director needs to be available to speak with providers about the issues they are having first hand instead of hearing second hand information from representatives.
  – I think it would be good to hear from a physician about what is happening at Cahaba.
  – Could be helpful for Medical Review questions
  – Having the Medical Director in attendance give this person an opportunity to see/hear what issues providers may having, but also shows providers that the director is concerned in being a liaison between the two.

2016 Medicare Expo

We asked you to provide us feedback for developing education and contacting potential speakers to participate.
  • Would you like the idea of making an appointment with a specific departmental representative for one-on-one interaction
    – The majority of the members responded with “Yes”, it would be a good idea
    – The majority ranked as the first choice: Appeals
    – The majority ranked as the second choice: Medical Review

Assignment #3

MSI Survey

The annual MAC Satisfaction Indicator survey was launched in May 2016. We solicited your feedback in participation of the previous MSI survey. The responses were as follows:

• Did you participate in the 2015 survey?
  – 15 Responded with YES
  – 5 Responded with NO
• What is the most effective way to advertise the survey?
  – 19 felt that Combination of all options would be most effective (includes listserv, website or educational event reminder slide)
• Do you plan to participate in the 2016 MSI Survey?
  – 19 Responded with YES
  – 1 Responded with NO

Current Workgroup Assignment

The remaining portion of the meeting was dedicated to the following topics:

1. Ask Cahaba B
2. Specialty Manuals
3. MACRA Final Rule

As a group, members discussed the assignments and provided recommendations. Results will be submitted to management and a summary of approvals/declinations will be reported during the next scheduled meeting.

Adjourn

The meeting was adjourned at 11:51 a.m. Central Time/12:51 p.m. Eastern Time. Our next meeting is scheduled to be held in 2017. This was the final meeting in Calendar Year 2016.