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ILLINOIS, MINNESOTA AND WISCONSIN JURISDICTION 6

CONTRACTOR ADVISORY COMMITTEE MEETING

February 21, 2018

FINAL Minutes

Present:

Name	Organization/Business/State Represented
Olatokunbo Awodele, MD	National Government Services
Callie Beagley (webinar)	National Government Services
Nathan Benn, PA-C (webinar)	Academy of Physician Assistants (Minnesota)
Susan Bentz (webinar)	National Government Services
Eric Brodsky	MGMA (Illinois)
Calvin Brown, Jr., MD (webinar)	Rheumatology (Illinois)
Laura Brown (webinar)	National Government Services
Charles Bush-Joseph, MD	Orthopedic Surgery (Illinois)
Asokumar Buvanendran, MD	Anesthesia (Illinois)
Laurence Clark, MD (webinar)	National Government Services
Lyle Coleman, DC (webinar)	Chiropractic (Minnesota)
Gary Copland, MD (Co-Chair) (webinar)	Pathology (Minnesota)
Jacquelynne Corey, MD	Otolaryngology (Illinois)
Carolyn Cunningham, MD	National Government Services
Viktoria Davis, OD (webinar)	Optometry (Minnesota)
Paulette D'Elia, RN (webinar)	National Government Services
Amy Derick, MD (webinar)	Dermatology (Illinois)
Michael Dorris (webinar)	National Government Services
Marc Duerden, MD	National Government Services
Janet Durham, MD (webinar)	Pathology (Wisconsin)
Barbara Faber (webinar)	Management Association (Wisconsin)
Mario Fucinari, DC (webinar)	Chiropractic (Illinois)
Robert Furno, MD	The Centers for Medicare & Medicaid Services (CMS)
Kathleen Hansen (webinar)	Clinical Laboratory (Minnesota)
James Hazard (webinar)	National Government Services

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Carolyn Henson (webinar)	National Government Services
Thomas Jendro (webinar)	Health and Hospital Association (Illinois)
Timothy Johnson , MD (webinar)	Emergency Medicine (Minnesota)
Tripti Kataria, MD (webinar)	Anesthesia (Illinois)
Todd Kor, MD (webinar)	Anesthesia (Minnesota)
Valerie Krushinsky (webinar)	National Government Services
Jean Kunding, RN (webinar)	National Government Services
William Lissner, MD	Ophthalmology (Illinois)
Anthony Marinelli, MD (webinar)	Beneficiary Representative (Illinois)
William Matthaeus, MD (Co-Chair) (webinar)	Hematology/Medical Oncology (Wisconsin)
Janice McMahon, OD (webinar)	Optometry (Illinois)
Greg McKinney, MD	National Government Services
Steven Merckx, DPM (webinar)	Podiatry (Wisconsin)
Joseph Messer, MD (Co-Chair)	Cardiology (Illinois)
Cristopher Meyer, MD (webinar)	Radiology (Wisconsin)
Virginia Muir (webinar)	National Government Services
Christine Obergfell (webinar)	National Government Services
William Pao, MD	Radiation Oncology (Wisconsin)
Kathleen Picard, PT (webinar)	Physical Therapy Association - American (Minnesota)
Kyle Richards, MD (webinar)	Urology (Minnesota)
John Schilling, MD (webinar)	Pulmonary Medicine (Wisconsin)
Theresa Schultz, PhD (webinar)	Psychology (Illinois)
Marquette Smith (webinar)	The Honorable Danny Davis
Linda Solis (webinar)	National Government Services
Wayne Spears, MD (webinar)	Radiation Oncology (Minnesota)
Kimberly Thomas (webinar)	National Government Services
Daniel Virnig, MD (webinar)	Gastroenterology (Minnesota)
Sarah Whittaker, DPM (webinar)	Podiatry (Minnesota)
Jeff Wilder, DC (webinar)	Chiropractic (Wisconsin)
Dianne Willer-Sly, DNP, APRN, CNP (webinar)	Nursing Association (Minnesota)


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TOPIC	DISCUSSION
1. <i>Welcome</i>	The meeting was held at the Illinois State Medical Society, 20 N. Michigan Avenue, Suite 700, Superior Room, Chicago, Illinois, and called to order by Dr. Messer at approximately 4 pm. The attendees in the room introduced themselves.
2. <i>Review and Approval of Past Minutes</i>	The minutes from the Illinois, Minnesota and Wisconsin Jurisdiction 6 CAC meeting on October 11, 2017 were approved with no changes.
3. <i>CMS Update on Year 2 of the Quality Payment Program (QPP)</i>	<p>Dr. Rob Furno, CMS Region V CMO, presented an update on the Quality Payment Program (QPP), particularly the changes from Year 1 (2017) to 2 (2018). Please refer to slides 5 – 53 in the attached presentation.</p> <p>Notable changes presented were:</p> <ul style="list-style-type: none"> • Cost will remain at 10% in the MIPS Performance Categories score rather than increase as previously planned. Quality was increased to 50%. • The Low-Volume Threshold now includes MIPS eligible clinicians billing >\$90,000 with 200 unique Medicare patients. (For 2017, the threshold was >\$30,000 with 100 patients.) • Quality reporting will be for the entire 12 months versus the minimum of 90 days. • Virtual groups can be organized made up of solo practitioners and groups of 10 or fewer eligible clinicians. They are not meant for low volume providers. • There is a 15 versus 3 point threshold for the Performance Threshold and Payment Adjustment and the payment adjustment will be set at $\pm 5\%$ versus $\pm 4\%$. • Topped out measurers will be removed and scored on a four year phasing out timeline. • There are new hardship exceptions for the Quality Improvement Activities and Advancing Care Information for providers in areas of natural disasters and “extreme and uncontrollable circumstances.” No hardship exception

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	<p>application is needed for 2017 events but will be needed in 2018.</p> <p>Questions, concerns, and discussion occurred regarding whether linking payment to quality will result in “cherry-picking” healthier and more affluent patients. The Illinois Ophthalmology member cited an article published earlier in the day citing these concerns. (JAMA: Value Based Medicare Payments) One member was concerned that removing “topped out” measures might lead to their no longer being performed at a high level. Dr. Messer spoke from his American College of Cardiology experience with the PQRS measures which showed there was little drop-off of recognized quality measure performance. The Illinois Orthopaedics member noted that the same has been true for measures such as pre-op antibiotics when indicated. The Illinois Rheumatology member asked about the status of a CMS proposal that would have linked physician quality payment adjustments to Medicare Part B drug costs in 2019. Dr. Furno stated he would need to do some research to answer the question. A press release from the American College of Rheumatology the next morning stated Congress had passed legislation not allowing this feature.</p> <p>There will be a seminar addressing submission of the MIPS data presented by Dr. Furno on March 8, 2018.</p> <div data-bbox="604 1402 669 1465" data-label="Image">  </div> <p>FINAL J6 CAC PPT February 2018.pdf</p>
<p>4. Local Coverage Determinations</p>	<p>Drs. Awodele and Cunningham presented the one new and two revised draft LCDs listed below.</p> <p>-Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases (DL37606) – (Slides 55 – 58) – Dr. Cunningham explained the LCD represents a combination of two existing LCDs with the addition of myeloproliferative neoplasms (MPNs). There were no comments.</p>

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	<p>-Administrative Multianalyte Assays with Algorithmic Analyses (MAAA) and Proprietary Laboratory Analyses (PLA) Services (DL37600) – (Slides 59 – 60) – Dr. Awodele explained there are two sets of codes which are unique to a specific laboratory or manufacturer. Submission of clinical utility is not required to obtain MAAA or PLA codes which allow a unique identifier to be assigned to the test and are published on a quarterly basis. The draft LCD requires submission of evidence to support clinical utility for coverage to occur. Presentations supporting coverage of ExoDx® Prostate (CPT code 0005U) occurred at the Open LCD Meeting held earlier in the afternoon. The minutes which include the slides will be sent separately to CAC members.</p> <p>-Molecular Pathology Procedures (DL35000) – (Slides 61 –62) – Dr. Cunningham presented the revised LCD. There are Tier II CPT molecular procedure codes that were moved to Tier I receiving a unique CPT code and some procedures that did not have a specific code that now do. These are listed in the draft along with proposed coverage. A presentation supporting coverage of MammaPrint® (CPT code 81521) occurred at the Open LCD meeting. The slides will be sent to CAC members. In addition, MYD88, which currently requires an unlisted code was added to the policy. The Pathology and Hematology/Oncology CAC members were asked to help identify the circumstances and diagnoses for which this marker is indicated so that the diagnosis list can be expanded beyond Waldenstrom’s macroglobulinemia and lymphoplasmacytic lymphoma. There were no questions or comments.</p> <p>Please refer to slides 63 – 64 for the comment period date which ends on April 11, 2018 and the addresses.</p> <p>-Outpatient Physical and Occupational Therapy Services (DL33631) (Slide 69) - Speech-Language Pathology (DL33580) (Slide 69)</p> <p>The LCDs were submitted for comment because HCPCS code G0515 and the discussion of cognitive rehabilitation in the Outpatient</p>
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	Physical and Occupational Therapy Services LCD had to be removed so cognitive rehabilitation will only be addressed in one LCD. Currently, there are three non-descript diagnoses in the Outpatient Physical and Occupational Therapy Services LCD that were not included in the draft LCD for cognitive rehabilitation. Therefore, CMS asked that it and the Speech-Language Pathology LCDs be submitted for comment with the diagnoses and CPT/HCPCS code removed. The comment period extends to February 28, 2018.
5. Medicare Legislative Update	<p>Michael Dorris provided a Medicare Legislative update. Items included were:</p> <ul style="list-style-type: none"> • Patients Over Paperwork (PDF)Patients over Paperwork - CMS.gov) • Error rated decreased to 9.7% with a \$4.9 billion decrease in improper payments • All fee schedules have been loaded to the website; slides include links • Physical therapy/speech therapy and occupational therapy caps increased to \$2010, but recent congressional activity has removed caps. Only claims that exceed the cap should have the KX modifier • Provided resources regarding QMB Medicare beneficiaries • Medicare Diabetes Prevention Program is being expanded • NGS effort to increase utilization of preventive medicine visits • New Medicare card with Medicare Beneficiary Identifier (MBI) <ul style="list-style-type: none"> – Answers to questions: <ul style="list-style-type: none"> ○ The “old” HICN number and the “new” MBI numbers may be used for dates of service through December 31, 2019 ○ MACRA legislation allows transition to plastic card with “modern” technology. <p>Please refer to slides 70 – 87 in the above presentation.</p>
6. Targeted Probe and Educate Data Follow-Up	Jean Kundinger, Medical Review manager for J6 Part B Medical Review and Callie Beagley, Biostatistician in Solutions and Analytics provided follow-up data on the Targeted Probe and Educate Program. Ms. Beagley presented information to show how data is used to find

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	<p>aberrancies which in consultation with clinical staff are used to select providers for review. Ms. Kunderer gave an update of the “Probe and Educate” medical review program recently instituted by CMS. Requests for records are continuing with review and follow-up communication with providers. Nursing facility evaluation and management services are one of the initial subjects for review.</p> <p>Please refer to slides 88 – 96 in the above presentation.</p>
7. CERT Update	<p>Dr. Cunningham provided a CERT update. NGS results improved in the November 2017 report – the combined A/B national error rate for the nation was 9.6%; the J6 rate was 7.5%. The CMS goal was 10.4%. Slides were presented showing a breakdown for Parts A & B as well the reasons for errors. Insufficient documentation continues to be the main reason and was 80%. Medical necessity was 9%, incorrect coding 6% and “Other” was 5%. Projected dollars paid in error was also shown.</p> <p>Please refer to slides 97 – 105 in the above presentation.</p>
8. Open Forum	<p>Dr. Cunningham solicited suggestions be sent for how provider burden can be lowered and input be given to the Patients Over Paperwork. She also noted that each member received an email providing a link that can be placed on society websites to allow direct access to the NGS Medicare website. Dr. Messer suggested that placing the CAC minutes on the website would facilitate getting information to the professional societies and their members.</p>
9. Adjournment	<p>The next meeting date is June 20, 2018 which will be held at Allina Health, Allina Commons, 2925 Chicago Avenue, Minneapolis, Minnesota. The meeting is scheduled to start at 4 pm CT.</p> <p>The meeting was adjourned at approximately 6 pm.</p>