
Provider Open Door Forum April 15, 2004

A Summary

Dr. Charlotte Yeh, CMS, Regional Administrator for Region I, hosted the Provider Open Door Forum. 510 people were in attendance – 480 participated by phone and approximately 30 guests participated in-person at CMS' Central Office in Baltimore. Dr. Yeh began the forum with the following overview:

On December 8, 2003, President Bush signed into law the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA). Section 911 of the Act establishes the Medicare Fee-for-Service (FFS) Contracting Reform (MCR) initiative that will be implemented over the next several years. Under this provision, CMS is to replace the current Medicare Fiscal Intermediaries (FIs) and carriers, using competitive procedures, with new Medicare Administrative Contractors (MACs).

Between 2005 and 2011, CMS will conduct full and open competitions to replace the current contractors with MACs. These MACs will handle the same basic functions that are now performed by FIs and carriers, such as:

- Customer Service
- Claims Processing
- Medical Review
- Medicare Provider Enrollment
- Appeals
- Overpayments

CMS has begun the necessary work required in competitive processes, a critical part of which is the development of a Statement of Work (SOW). The SOW will describe the work to be performed by the MAC, state respective responsibilities of CMS and the MAC, and define the performance requirements that will be expected of MACs. The MAC SOW will also provide objective measures so that CMS will know when the work is conducted appropriately and payment for that work is justified.

Section 911 of the MMA states that CMS will consult with providers, beneficiary organizations and organizations performing the functions that will be part of the MACs' work while developing performance requirements for MACs. This forum allows providers an opportunity to provide CMS with information on:

- What you have liked about the current work conducted by FIs and carriers,
- The kind of service and performance you would like to get from future MACs, and
- Your ideas and recommendations for performance requirements and standards for MACs.

CMS is seeking input during the developmental phase of the MAC SOW. In addition to the Forum, providers are encouraged to submit comments through the MCR Website at: <http://www.cms.hhs.gov/medicarereform/contractingreform/>. CMS is asking for comments to be submitted by April 30, 2004 in order to be considered for the initial draft of the MAC SOW.

The remainder of the forum was devoted to hearing comments from both phone and in-person participants. The following is a summary of the suggestions and comments received from the Open Door Forum participants:

- Ensure accountability of MACs.
- Avoid fragmentation of functions among different types of contractors (i.e., Program Safeguard Contractors (PSCs), Coordination of Benefit Contractor (COB), Qualified Independent Contractors).
- Continue to ensure timely and accurate claims payment.
- Ensure adequate funding for provider education and training.
- Maintain Carrier Advisory Committees at the state level.
- Have a Carrier Medical Director for each state.
- Engage physicians at the local level on Local Medical Review Policy (LMRP) consolidation.
- Provide a means for providers to give formal comment on MAC performance both during selection and periodically throughout the life of contracts.
- Identify a single point of contact for the contractors involved in Medicare operations. For example, have the MAC serve as the central point of contact for providers in dealing with MACs, PSCs and the COB.
- Ensure the MACs' understanding of the roles and functionality of Advanced Practitioner Nurses and Physician Assistants.
- Allow chain organizations with hospitals across state lines to continue to choose one FI for claims processing.
- Ensure that there is no disruption during the transitions from the current contractors to the MACs.
- Allow adequate time for transitions (recommend 9-12 months).
- Establish consistency of LMRPs across MACs.
- Engage local physicians in the process of consolidating LMRPS if CMS makes this decision.
- Upgrade CMS' systems; also suggested that all contractors use the same claims processing system.
- Provide for a single, uniform system that providers use to submit claims
- Establish performance standards so that they allow room for growth and improvement (i.e., a tiered approach).