

CACs Are Not What Your Cat Coughs Up...

...But they do impact your reimbursement. First, some background: As Medicare insures such a large number of individuals in the country, the federal government is not able to process all those claims, especially since the age 65+ segment is such a large user of health services. So CMS (the Centers for Medicare & Medicaid Services) bundles up the 50 states into 12 jurisdictions, and every few years, awards contracts for processing Medicare claims in a jurisdiction to private insurance companies in a bidding process. For example, Washington State, where I live, gets bundled with nine other Western states into Jurisdiction F, where Noridian is the Medicare Administrative Contractor (MAC).

Fortunately, the MACs don't get to do whatever they want. The federal government still oversees everything, and it sets regulations that MACs must follow. One of these regulations obliges each MAC to form a committee of physicians from each specialty in each state—the Contractor Advisory Committee (CAC). Until this year, the MAC was required to meet with each CAC three times a year. At these CAC meetings, physicians are given the opportunity to offer feedback on payment policies that each MAC puts forth, known as LCDs, or Local Coverage Determination policies. (Are those enough abbreviations for you?) Physicians are not be able to directly change the proposed policies at the CAC meetings, but at least each MAC will hear what we don't like about the LCDs and what we REALLY don't like about the LCDs.

However, at the beginning of this year, CMS put forth several changes to the CAC and LCD process that were mandated by the 21st Century Cures Act.^{1,2} Many of the revisions improve the transparency of the LCD development process. One of these changed the purpose of the CAC from a review forum for a proposed LCD written by the MAC, to a discussion group analyzing the medical literature to help guide the MAC before it writes up an LCD. After gathering all the information, the MAC would then draft its policy, and publish the proposed LCD on Medicare's website. The proposal would then be open to comment by the public, and the MAC would also be required to host an open meeting to discuss the rationale and scientific basis for the changes. At the end of a mandatory comment period, the MAC would need to respond (in writing) to all written comments and finalize its LCD.

Another improvement is that any stakeholder (which includes physicians) can request that any finalized LCD be reconsidered. If the request is found to be valid, the MAC would be obligated to undergo the LCD development process outlined above.

One change which is less welcome is a change in the format and frequency of the CAC meetings. Instead of mandatory meetings three times a year, "The MAC shall have the discretion to determine the frequency of the CAC meetings and shall base the meetings on the appropriateness and on the volume of LCDs that require CAC consultation as part of the LCD process."¹ What the meetings previously

¹ Centers for Medicare & Medicaid Services (CMS). CMS Manual System: Pub 100-08 Medicare Program Integrity. Transmittal 863. Change Request 10901. Downloaded from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R863PI.pdf> on August 27, 2019.

² Centers for Medicare & Medicaid Services (CMS). MLN Matters: Local Coverage Determinations (LCDs). MLN Matters Number 10901 Revised. Downloaded from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10901.pdf> on August 27, 2019.

allowed was not only the ability to discuss the proposed policies, but the opportunity to meet on a more personal basis with individuals at each MAC and to run ideas by them. There were usually other items on the agenda (e.g. list of most common causes for denials, audit issues) that were often discussed. I already know of one Contractor that has cancelled its remaining meetings for the year. What's worse is that the MACs are now allowed to conduct a single-jurisdictional CAC, or even a multi-jurisdiction CAC, usually by teleconference. Earlier this year, several MACs had already teamed up to organize a single multi-jurisdictional CAC meeting discussing percutaneous vertebral augmentation (a.k.a. vertebroplasty and kyphoplasty). There were challenges in ensuring that all the CAC members in the jurisdictions involved received invitations to the meeting.

Which is where you come in. More than ever, ASNR needs its members to be aware of payment issues and policy changes that are occurring locally, but may be affecting a much larger population. Ask questions, pass the word on to the ASNR Economics and Health Policy office, and if you can, get involved. Otherwise, you may very well be crying "CAC"!

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