



February 19, 2016

Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1653-NC
P.O. Box 8013
Baltimore, MD 21244-8013

Re: CMS-1653-NC; Medicare Program; Request for Information Regarding the Awarding and the Administration of Medicare Administrative Contractor Contracts (CMS-1653-NC)

Dear Acting Administrator Slavitt:

The Emergency Department Practice Management Association (EDPMA) is one of the nation's largest professional physician trade associations focused on the delivery of high-quality, cost-effective care in the emergency department. EDPMA's membership includes emergency medicine physician groups, as well as billing, coding, and other professional support organizations that assist healthcare providers in our nation's emergency departments. Together, **EDPMA's members deliver (or directly support) health care for about half of the 136 million patients that visit U.S. emergency departments each year.** We work collectively and collaboratively to deliver essential healthcare services, often unmet elsewhere, to an underserved patient population who often has nowhere else to turn.

EDPMA practices frequently cover multiple states, across more than one MAC jurisdiction. We appreciate the opportunity to provide comment on CMS' Request for Information on processes and procedures the agency could use to address the performance of its Medicare Administrative Contractors (MACs).

General Comments

MACs play a crucial role in fulfilling a variety of administrative activities on behalf of the Centers for Medicare and Medicaid Services (CMS), including processing Medicare claims, enrolling health care providers and suppliers in the Medicare program, educating providers and suppliers on Medicare's billing requirements and answering various provider and supplier inquiries. MACs also protect the Medicare program and trust fund from fraud, waste and abuse through various program integrity activities, as well as develop local coverage and payment policies.

EDPMA members depend on MACs to carry out these activities in a professional, appropriate and

expeditious manner in order to ensure their emergency medicine physicians are able to diagnose and treat Medicare beneficiaries, remain viable businesses, and avoid unnecessary audits. Unfortunately, MAC performance in each of these areas has deteriorated; significantly in some cases. We outline our concerns in more detail below.

Inconsistent Interpretation and Application of Medicare Requirements

Our members have shared with us that they face difficulty with inconsistent interpretation and application of Medicare's coding and billing requirements, as well as coverage and payment policies, by MACs. This poses a significant challenge to those practices that have physicians working in multiple MAC jurisdictions.

We recognize and appreciate that care is local; driven by the needs, culture and circumstances of a given region. And, we support flexibility in certain policies to reflect those important differences. However, this does not warrant differences in how MACs interpret Medicare's coding, billing, and certain national coverage and payment policies.

To address this concern, we urge CMS to:

- Audit MACs coding, billing and coverage and payment policies to identify policies that are inconsistent with Medicare's requirements
- Require MACs to correct inconsistent policies and align them with Medicare requirements
- Develop a reward/penalty structure for those MACs who consistently/inconsistently follow Medicare's requirements
- Penalize MACs that audit/deny claims based on inappropriate/flawed policies
- Publicly report the audit results, including
 - Aggregate data on the percentage of policies that are inconsistent with Medicare's requirements (by MAC)
 - A list of the policies that were found inconsistent with Medicare's requirements (by MAC)
 - The MAC's plan/timeline for correcting its policies
 - A listing of the MAC's that will be penalized for poor performance

Inconsistent Provider Enrollment and Revalidation Processes

EDPMA members are similarly frustrated with the inconsistent process by which MACs enroll and revalidate emergency medicine physicians. In some cases, EDPMA practices have found that when they mail in required enrollment and revalidation paperwork, and receive proof of delivery from the postal service, the MAC will require them to resubmit the paperwork stating it was never received.

One of the most significant challenges that EDPMA members face is related to inconsistency in how participation dates are assigned when providers are enrolling in Medicare. One practice described that, after submitting Form 460 – *Medicare Participating Physician or Supplier Agreement*, Noridian assigned an effective date and participation date with a three-week gap in between. Another practice experienced the same situation, but the effective date and participation date gap was six weeks. Both resulted in a significant loss of revenue to the practices given the 25% reduction in the Medicare allowed amount between the effective and participation dates. Neither practice was able to obtain, verbally nor in writing, a satisfactory explanation for how Noridian was applying the effective and participation dates, though each MAC shared that it was using a "CMS calculator" when applying these dates. This is grossly inconsistent with how other MACs assign participation and effective dates.

Another challenge is with deactivation of physicians during a revalidation. Many EDPMA practices

are discovering that their physicians, who are frequently employed by multiple practices, are being inadvertently deactivated during the revalidation process. This is because the physicians' other employers will attempt to revalidate the physician, which automatically deactivates the physician from any other practice he or she might be employed by. In some cases, the EDPMA practices do not learn about this deactivation until months later, and after a significant volume of claims have been denied. It then becomes difficult for the physician to be reactivated with an effective/participation date that covers the time in which he or she saw patients with the EDPMA practice.

These issues are of significant concern to EDPMA members. While we are in discussions with CMS about some of these issues, we urge CMS to also:

- Audit MACs enrollment and revalidation practices
- Require MACs to correct poor enrollment and revalidation practices
- Develop a reward/penalty structure for those MACs who consistently/inconsistently apply effective/participation dates
- Publicly report the audit results (by MAC), including
 - The MAC's plan/timeline for correcting its practices
 - A listing of the MAC's that will be penalized for poor performance

Inadequate Educational Offerings

EDPMA practices depend on MACs to provide education on Medicare's rules and regulations, as well as disseminate important Medicare policy changes. We have learned from our members that some MACs have exemplary educational offerings that EDPMA practices value. In fact, Novitas and Noridian were identified as having comprehensive educational offerings. National Government Services (NGS) and Noridian were noted as having extremely useful monthly provider calls where pertinent information is shared, and where staff and contractor medical directors provide their phone numbers for follow-up questions.

To raise the bar on MAC educational offerings, we urge CMS to:

- Audit MACs educational offerings and matrix the quality, frequency, comprehensiveness, and use of multi-media
- Provide guidance on how to improve educational offerings to MACs that are deemed "poor performers"
- Reward/penalize MACs based on the quality, frequency, comprehensiveness and use of multi-media for its educational offerings
- Publicly report the audit results (by MAC), including
 - The MAC's plan/timeline for improving educational offerings
 - A listing of the MAC's that will be penalized for poor performance

Poor Customer Service

EDPMA practices have shared that they receive poor customer service when they make inquiries into various issues via the toll-free numbers. Specifically, they report inordinate hold times to speak with a representative; difficulty in receiving a call back from customer service representatives and supervisors, particularly on provider enrollment and revalidation issues; and a lack of knowledge and familiarity by customer service representatives with Medicare's rules and requirements. It appears the customer service representatives simply log the call, provide a reference number, and promise a return call that never comes. Cahaba was described as one practice's "worst nightmare" when it came to customer service. Another practice was forced to secure legal assistance in order to elicit a response from the MAC.

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Another issue that was raised by EDPMA members was constant organizational changes within a MAC that make it difficult to contact the correct department or staff that are responsible for a particular issue.

To address these issues, we urge CMS to

- Audit MACs customer service and matrix hold/wait times, the number and frequency of calls by the same provider on the same issue, and return call rates
- Require MACs to provide training to its customer service representatives and supervisors to improve their knowledge and familiarity with Medicare's rule and requirements
- Reward/penalize MACs based on hold/wait times, the number and frequency of calls by the same provider on the same issue, and return call rates
- Publicly report the audit results (by MAC), including
 - The MAC's plan/timeline for improving its customer service
 - A listing of the MAC's that will be penalized for poor performance

Thank you for considering our comments on these important issues. Please let us know if you have any questions or if we can provide more detail about our recommendations. Should you have any questions, please contact Elizabeth Munding, Executive Director of EDPMA, at emunding@edpma.org.

Sincerely,

A handwritten signature in blue ink that reads "Timothy Seay". The signature is fluid and cursive, with the first name being more prominent than the last.

Timothy Seay, MD, FACEP
Chairman, EDPMA Board of Directors