



Listening Session on MAC Opportunities to Enhance Provider Experience

Moderated by: Leah Nguyen
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Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® event. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. I will now turn the call over to Leah Nguyen. Thank you. You may begin.

Announcements & Introduction

Leah Nguyen: I'm Leah Nguyen from the Provider Communications Group here at CMS, and I'm your moderator today. I would like to welcome you to this Medicare Learning Network Listening Session on MAC Performance and Request for Feedback on Opportunities to Enhance Provider Experience and Beneficiary Quality of Care. Before we get started, you received a link to the presentation in your confirmation email. The presentation is available at the following URL, go.cms.gov/mln-events. Again, that URL is go.cms.gov/mln-events.

Today's event is not intended for the press, and the remarks are not considered on the record. If you are a member of the press, you may listen in, but please refrain from asking questions during the question-and-answer session. If you have inquiries, contact press@cms.hhs.gov. At this time, I'd like to turn the call over to Larry Young, Director of the Medicare Contractor Management Group in the Center for Medicare.

Presentation

Larry Young: Very good Leah, thank you. So, welcome everybody. We appreciate you making time to join us for this listening session. I want to take a few minutes here just to run through the kind of foundational slides that we had posted just to level set and frame the conversation that's intended to just give you an idea. For those of you who are familiar with what our Medicare Administrative Contractors do and how they work in administering the Medicare fee-for-service program and give a little context on how we think they've been performing before we pivot to your feedback if you will.

So, I'm going to run through these pretty quickly, but I'm going to start on slide 3 here where we talk about the different topics. This is intended to address really around addressing what the Medicare Administrative Contractors are and what they do for the fee-for-service program, how many there are, what their jurisdictions consist of, how they interact with other fee-for-service administrative contractors, give you an idea of the scope of work they do, the level number of claims that they process, and their size of their workloads and how we think they've been performing.

What is a MAC?

Going to slide 4 just foundationally, so Medicare Administrator Contractor, it's the company with which we, the federal government, contract in order to administer fee-for-service program primarily focused around administering the benefits and claims payments. We rely on them in a network of MACs to serve as a primary operational contact between the Medicare fee-for-service program and the health care providers and suppliers enrolled in fee-for-service. There's basically two types of MACs we differentiate between.



Two Types of MACS

I'm on slide 5 now. There is what we call the A/B MACs. They process the claims for what we consider institutional and practitioners, mainly hospitals, SNFs, home health agencies, hospices, physicians, and other Part B service providers. There are 12 A/B MAC providers. Of those 12, there's four which are a subset and also administering the home health and hospice benefits for us. In addition to those 12, we have four other DME MAC contracts. Those are durable medical equipment contractors. They process our durable medical equipment claims. They represent roughly 5% of the claims processing workload, where the other A/B MACs represent about 95%.

What Do MACs Do?

What do MACs do? So, on slide 6, they're intended to be the focal point if you will for the fee-for-service program for providers to interact with us. There are a number of different services which they perform for us. Claims processing is probably the largest one in terms of administrative dollars that they use. They also help credential manage provider enrollment activities, answer provider customer service inquiries; they also provide a number of different financial management services for us from calculating overpayments, collecting debts, calculating hospital cost report, reconciling their audits.

One thing that's kind of important to note is they do not handle beneficiary service inquiries. Under the old legacy fiscal year carrier system, they would have done that, but we carved that function out to 1-800 Medicare several years ago.

Primary Functions of the MACS

Turning to slide 7 just a list of the key functional areas, which I touched on a little bit as far as processing claims, enrolling providers, responding to inquiries, establishing local coverage determinations, coverage policies, and coordinating with other fee-for-service contractors such as the Supplemental Medical Review Contractors, recovery audit contractors, things of like.

MAC Jurisdictions

Slides 8 through 10 I believe will give you a snapshot of the different jurisdictions we have. Slide 8 of 12 A/B MAC jurisdictions, slide 9 will illustrate the four A/B MAC home health and hospice jurisdictions, and slide 10 will provide you a listing of the four DME MAC jurisdictions.

The Operational Scale of the MAC Program

Turning to just give you a sense of the operational scale of the MAC program, they're servicing roughly two-thirds of the Medicare population in total. I mean a third roughly are in Medicare Advantage plans. So, the two-thirds we have left are under fee-for-service processing roughly 1.2 billion claims. We're up to about 1.24 billion at the end of fiscal year 19, servicing 2.1 million health care providers and suppliers paying out a little over \$400 billion dollars a year. They do that for a little under a dollar a claim if you will.



More MAC Program Metrics

On slide 12, a little more information on the scope of things that they provide for us processing 1.2 million provider enrollment transactions, almost 3 million first level appeal redeterminations, handling about 19.5, almost 20 million provider phone calls. A lot of that is handled through I believe IVRs and a roughly 7.6 million were actually calls handled by customer service representatives. This has been an area that's been we think of tremendous plus for the agency over the last several years where we've allowed the MACs to study and analyze what the providers in their area want as far as self-service technology.

A lot of the MACs have responded by enhancing their offerings on their portals, and it's really driven down a lot of the customer service inquiries which we receive, allowing providers to handle their transactions on their own necessarily. Falling under that, they perform roughly 700,000 medical reviews annually. Settle, accept, review, and audit roughly 44,000 provider cost reports annually. If you were to total up all the transactions that they perform across the different functional areas it'll be a little over 1.4 billion transactions a year that they're performing for us. So, it's a lot of work needless to say.

Trends in MAC Performance

If you turn to slide 13, I just wanted to give you an idea of how the agency has viewed MACs performance over the last several years and the trends. We have a metric tool, which we call our Quality Assurance Surveillance Plan, that's what the QASP stands for on the left-hand side of the graph. You'll see there and those are our basic, basically think of them as our service level agreement requirements for the MACs. We've been very successful over the last 15 years with the trend in MAC performance now.

Now being at sustained levels over 90%, meaning MACs on average are meeting over 90% of our service level agreement requirements, which was not the case many years before that. So, in total, we would say that from an internal standpoint, we've been very successful with the MAC programs as far as our ability to generate more value for the program, driving down costs and improving quality over the last almost 15 years now. So, with that being said, we never rest on our laurels so to speak.

We're always interested in seeing what we can do to improve the program, and it seemed like this was a good opportunity just to go out and have a direct conversation with those of you who are on the provider community to listen and hear what your thoughts may be on things that we could direct MACs towards doing that would enhance your experience with them directly in your interactions; also understanding your thoughts on things MACs could do to perhaps enhance improved beneficiary quality of care from your perspective. So, that's the foundation of why we're here today, and we look forward to hearing your good thoughts.

Feedback Session

Leah Nguyen: Thank you Larry. During this session, we want to hear your feedback so we can improve our processes and quality of care. Although we do not have subject matter experts on hand to respond to specific questions, you can email them to the resource mailbox on slide 15. As a reminder, this event is being recorded and transcribed. In an effort to hear as much feedback as possible, each caller will have a maximum of three minutes to provide input. All right Dorothy, we are ready for our first caller.



Operator: To provide your feedback, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset to assure clarity. Once your line is open, state your name and servicing MAC or state. Please note your line will remain open during the time you are providing your feedback, so anything you say or any background noise will be heard in the conference. Please hold while we compile the roster. Please hold while we compile the roster.

Again, to provide your feedback, that's star followed by the number 1 on your touchtone phone. Your first comment comes from the line of Tina Loeb. Tina, your line is open.

Tina Loeb: Sorry, no comment. I misunderstood. I apologize.

Operator: Your next comment comes from the line of Latanya Marshall.

Latanya Marshall: I apologize for same thing. I misunderstood. Sorry.

Operator: Your next comment comes from the line of Lori Kent.

Lori Kent: Same here, I miss understood.

Operator: To provide your feedback, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, press the pound key. One moment for your next comment. Your next comment comes from the line of Elizabeth. Elizabeth your line is open.

Elizabeth: I'm not sure if this is the right forum for the question, but I figure I'll just throw it out there and ask anyway. When working for a health plan and doing research as far as Medicare products are concerned or Medicaid replacement products, would we just still, is there, when researching questions or provider complaints, we're still going to use the MAC available for their jurisdiction, correct? We'll just go out, find that MAC for that jurisdiction, and answer their questions according to that LCD provided on that MAC per jurisdiction?

Larry Young: Yes ma'am. I'm sorry, could you tell me what state or MAC that you do business with?

Elizabeth: Well several. It can be, I mean we do business with over 24 states.

Larry Young: Okay. That's fine.

Elizabeth: So, sometimes you have a state that will use an LCD that's outside of their jurisdiction, or they will say absolutely not if our jurisdiction is not specifically addressed on that LCD then we will not.

Larry Young: Correct. So, I mean if I understand you correctly, you're asking from a perspective of perhaps of the managed care plan that may be using the MAC LCDs as a proxy for coverage I'm guessing?

Elizabeth: Correct.



Larry Young: Right. So, I mean you would still want to check with the MAC and the state with the LCD that the provider is rendering the service necessarily and you can, I mean, for the most part those would be, you know, you could follow the jurisdictional maps. On occasion, there may be a need to do a little more research to make sure that — well no I'm sorry, I take that back. If you're just asking on behalf of the health plan, it should just be by the state in which the provider is rendering the service.

Elizabeth: Okay. Okay, thank you so much for that.

Larry Young: Sure.

Leah Nguyen: Thank you.

Operator: As a reminder, to provide your feedback, press star followed by the number 1 on your touchtone phone. Your next comment comes from the line of Kathleen Watson.

Kathleen Watson: Hi, thanks for the opportunity to make this comment. I'm with a home health agency with Palmetto GBA, and we find processing the provider enrollment packets, specifically after the moratorium was lifted for home care, really taking a long time; could be 9 months or longer. So, I'm not sure where you can go with that, but I did want to mention that and one other thing I would love to see, also with home health — I mean hospice, would love to see some hospice CAHPS education from actually all of the MACs. We don't really get much direction in education on that. So, thank you very much.

Larry Young: Okay. Thank you.

Operator: As a reminder, to provide your feedback, press star followed by the number 1 on your touchtone phone. Your next comment comes from the line of Terry Razor.

Terry Razor: Good afternoon. Thank you for taking my call and for having this open session. It's really appreciated. My question is I live in Pennsylvania. I'm a consultant, and we have many facilities that we work with throughout many different states. At times there are questions that we need answered. We reach out to CMS and they say you need to talk to the MAC. Because I'm not in any one specific provider working there, often when you call the MAC, you have to use a provider ID number, and I would rather not do that because it's not regarding that specific provider. So, how would I get in touch with the MAC any other way, because it seems like it's very hard to reach a MAC without having a provider ID number?

Larry Young: So, let me get this straight. So, you may not have — the consultant you may be representing multiple providers across the country. So, you may not necessarily have their NPI when you're calling into a MAC. So, did I understand you?

Terry Razor: Yes.

Larry Young: Right. I honestly don't have a quick answer for you. I thought in my head is we require the NPI to help validate and authenticate that we're actually doing business with the right people and representatives, but we will —.



Terry Razor: But it might be a generalized question that would affect multiple facilities.

Larry Young: Right.

Terry Razor: So, I don't use just one NPI because I don't want you really to associate the question with that facility because it may not be associated with that specific facility that might have an NPI for. Can you understand what I'm saying?

Larry Young: Yes, we understand.

Rich Cuchna: We understand what you're saying.

Terry Razor: Like do you have a mailbox that I can send an email to?

Rich Cuchna: We understand what you're saying. We require the NPI and then if it gets into a specific beneficiary claim, we require the beneficiary identifying information for authentication purposes, and many of the MACs have automated this so that when you enter the NPI and you enter the other information, it will automatically pop up to the customer service agent that's responding to the inquiry, but we understand your situation that you're a consultant that's working with many different providers. So, we will definitely take that back and figure out if there's some way we have to figure out some way to get around that authentication piece through the automated systems.

Larry Young: I would also –

Terry Razor: That would be great.

Larry Young: If you want to send –

Terry Razor: I'm sorry.

Larry Young: I'm sorry, I'm talking over you. My apologies, if you want to send an email to the mailbox we set up for this to receive written comments, it's CMSlistens@cms.hhs.gov, that's listens with a S at the end and we'll get back to you.

Leah Nguyen: And that's on slide 15 as well.

Terry Razor: Thank you.

Leah Nguyen: Thank you.

Operator: As a reminder to provide your feedback, press star followed by the number 1 on your touchtone phone. That is star 1 to provide feedback. As a reminder, to provide your feedback press star followed by the number 1 on your touchtone phone. Your next comment comes from the line of Shehla Ahmed.



Shehla Ahmed: Hi. I have a question that when we have to get information for a patient under the new Medicare ID number? There is a very long process, you know, you have to press star and press the corresponding key and sometimes you have to verbally say that letter, but automated system is not recognizing that. So, is there any other easy way to get the information for the patient?

Larry Young: I'm sorry, could you identify the state in which you're working or the MAC that may help?

Shehla Ahmed: Maryland.

Larry Young: Maryland, okay. My first thought is to direct you to their portal, so there should be a way for you to go through their portal to authenticate. There's an MBI look up tool.

Shehla Ahmed: Okay. Got it. Thank you.

Leah Nguyen: Great thank you.

Operator: As a reminder, to provide your feedback, press star followed by the number 1 on your touchtone phone. That is star 1 to provide feedback. As a reminder to provide your feedback, press star followed by the number 1 on your touchtone phone. That is star 1 to provide feedback. And there are no further comments at this time. I will turn the call back over to you Leah.

Additional Information

Larry Young: So, this is Larry. So I just wanted to express my appreciation for everybody joining us today that those of you have any additional comments, I do invite you to please, if you'd like to send in written comments, send it to the mailbox I noted earlier which is also listed on slide 15 of the presentation we've gone through earlier. I always appreciate the opportunity to talk directly with you guys. We're going to try this again the following two Wednesdays, January 22nd as well as the 29th just to make sure we give everybody an opportunity to share their thoughts with us. So, with that I'll pass it back to Leah.

Leah Nguyen: Thank you. An audio recording and transcript will be available in about 2 weeks at go.cms.gov/mln-events. Again, my name is Leah Nguyen. I would like to thank our presenter and also thank you for participating in today's Medicare Learning Network Listening Session on MAC Opportunities to Enhance Provider Experience. Have a great day everyone.

Operator: Thank you for participating in today's conference call. You may now disconnect.