Medicare Contractor Advisory Committees (CACs) Fact Sheet

(Information for AAPM&R CAC Reps and State PM&R Society Presidents)

The AAPM&R Council of State PM&R Society Presidents strives to have representation from each state society on the state/regional Medicare Contractor Advisory Committees. Below is information regarding the Medicare Contractor Advisory Committees (CAC) that explains the duties of a CAC representative and tips for state society presidents to get members to volunteer for this important activity.

Purpose of the State/Regional CAC:
The purpose of the CAC, in addition to participating in policy development, is to serve as a mechanism for discussing and improving administrative policies within the Carrier’s (or A/B MACs) authority, and to provide a forum for exchanging information between Medicare contractors and physicians. CAC also provide a forum for physicians to participate in the development of Local Coverage Determination (LCDs) in an advisory capacity. Medicare Administrative Contractors (or A/B MACs) are the Medicare Carriers who are responsible for developing payment policies for those state(s) within its jurisdiction. AAPM&R CAC members work with their MA/B MAC on issues relating to coverage of physical medicine and rehabilitation (PM&R) services. At the state/regional level, the CAC consists of at least one appointed representative of each medical specialty, along with the medical director and representatives from the insurance company that holds the Medicare contract for that state or region. The Centers for Medicare and Medicaid Services (CMS) established the CAC in 1992 and at that time, “CAC” was an acronym for “Carrier Advisory Committees.” Recently, CMS changed the name to “Contractor Advisory Committees”. Another purpose of the CAC is to foster better relations and trust between the carriers and providers. CAC is the official mechanism for physicians to be informed around and participate in the development of Local Coverage Determinations (LCDs) and to discuss and improve administrative policies that are within a carrier’s discretion. The CAC does not have input into the process for developing National Coverage Determinations (NCDs), which take longer than LCDs to implement. Final implementation of LCDs rests with A/B MACs, in conjunction with the carrier and other CMS policies. Invitees at CAC meetings may include congressional staff, CMS regional office staff, or others at the discretion of the CAC co-chairs.

There is no honorarium or other payment for participation on the CAC. The CAC is not a forum for peer review, discussion of individual cases, or individual providers.

CAC Representative’s (or Alternate’s) Responsibilities:
The roles/duties of the Representative/Alternate to Medicare Contractor Advisory Committee (CAC) include:
• Acting in an advisory capacity to the Medicare Administrative Contractor in areas of concern to the PM&R specialty;
• Striving to influence policy development at the local and regional level;
• Communicating with the state PM&R society on proposed LCDs and soliciting comments from physiatrists on LCDs;
• Identifying inconsistent or conflicting medical review policies or those that conflict with the local standard of care; and
• Attending CAC meetings within one’s state. The state CAC generally meets 3 times per year usually in the same city each time.

Role of Presidents of the State PM&R Societies:

1) Medicare carriers allow a CAC representative or an alternate in attendance at the meetings. If your state PM&R society does not have a CAC or an alternate CAC representative, please appoint members to serve in those capacities and contact Tracy Colin, AAPM&R Administrative Assistant with the Health Policy & Practice Services Dept at 847-737-6000 (or tcolin@aapmr.org) so that we can update our CAC listserv. This information should also be given to your carrier’s medical director to facilitate contacting CAC representatives and keeping them updated regarding meetings and policies in question.

2) In the absence of a delegated CAC representative, the State PM&R President may serve as the CAC representative and attend the CAC meetings within his or her region or state. During the Academy’s Annual Assembly, the PM&R CAC reps hold a meeting to discuss carrier policies and concerns occurring within their states. Many states are covered by the same carrier and the meeting provides an opportunity for networking and discussion amongst the PM&R CAC reps. In addition, during the CAC rep meetings at the Annual Assembly, best policies are often identified and shared with the individual state carriers for consideration and development.

3) Be sure to work with your CAC representative/alternate and clarify whether your state has regional CAC meetings rather than an individual state meeting.

4) Generally, state PM&R society presidents monitor representation on the CAC from their society at local or regional CAC meetings. The state president confirms that the CAC rep or alternate plans to attend the PM&R CAC meeting at the Annual Assembly or assign a proxy to attend the meeting.

5) Consider having a volunteer “sign up” sheet available at state society meetings with a short summary of the CAC responsibilities.

6) Include updates of CAC meetings in your state society newsletter and include an email address for members so they can conveniently respond to requests for CAC volunteers.
7) CAC reps or presidents may utilize the Academy’s State Advocacy Groups (SAGs) to comment on proposed LCDs/strategies. Please provide links where members can access the proposed policies along with the deadline for getting comments on the policies submitted. For more information about the SAGs, go to http://www.aapmr.org/advocacy/societies/Pages/state-forum-initiative.aspx

8) Share any successes your state society has had in the development of LCDs on your SAG and with the Academy policy staff so that those can be featured in the Academy’s newsletter, The Physiatrist, the Academy’s electronic newsletter, Connection or on the Academy’s web site.

9) Highlight the role of the CAC rep/alternate and ask them to do related presentations on state society conference calls or at state society meetings.

Searching for LCDs:
The Centers for Medicare & Medicaid Services (CMS) maintains a comprehensive online database of all Local Coverage Determinations (LCDs) from Medicare Carriers around the country. The Medicare Coverage Database (MCD) is now the official source of all local payment policies.

(1) Click on (http://www.cms.hhs.gov/mcd/search.asp?) to search the MCD for specific policies by state, Carrier, Keyword, CPT/HCPCS code, ICD-9 code or Coverage Topic. This function allows a side-by-side comparison of policies on a certain topic from Carriers around the country.

   ✓ Click the "Local Coverage" box in the center of your screen. Check the "Policies (LMRP/LCD)" box and then select "Draft Policies Only," or "Final Policies Only," or "Both Final and Draft" from the drop-down menu.

   ✓ Select either your geographic area or carrier's name. Next, enter the Keyword, CPT/HCPCS code, ICD-9 code or Coverage Topic in which you are interested.

   ✓ If desired, enter effective dates for policies for which you are searching.

Click the "Search Now" button at the bottom of the page, and your results will be listed, along with links to each of the policies. This comprehensive listing of results allows you to compare other Carriers’ policies on a topic side-by-side, providing supporting documentation if you are working with your Carrier on developing its own policy.

Another helpful option is the "Basket" feature, which allows you to select certain policies of interest and e-mail them to yourself or to a colleague. For each policy in which you are interested, check the box on the far right column (there is a picture of a basket at the top of the column) and then click "Add selected items to basket" at the bottom of the page.