

13.8.1 - The Carrier Advisory Committee

(Rev. 99, Issued: 01-21-05, Effective: 03-24-04, Implementation: 02-22-05)

Carriers shall establish one CAC per State. Where there is more than one carrier in a State, the carriers shall jointly establish a CAC. If there is one carrier for many States, each State shall have a full committee and the opportunity to discuss draft LCDs and issues presented in their State. Carriers maintain a current directory of CAC members which is available to CO, RO (for PSCs, the GTL, Co-GTL, and SME) staff, and the provider community on request. Carriers that develop identical policies for their entire jurisdiction may establish a single CAC if they are granted a waiver from the CO (for PSCs, the GTL, Co-GTL, and SME). In order to obtain a waiver from the CO (for PSCs, the GTL, Co-GTL, and SME), contractors shall obtain agreement from CAC members within the jurisdiction.

13.8.1.1 - Purpose of the CAC

(Rev. 71, 04-09-04)

The purpose of the CAC is to provide:

- A formal mechanism for physicians in the State to be informed of and participate in the development of an LCD in an advisory capacity;
- A mechanism to discuss and improve administrative policies that are within carrier discretion; and
- A forum for information exchange between carriers and physicians.

Carriers shall clearly communicate to CAC members that the focus of the CAC is LCDs and administrative policies and not issues and policies related to private insurance business. The CAC is not a forum for peer review, discussion of individual cases or individual providers. While the CAC shall review all draft LCDs, the final implementation decision about LCDs rests with the CMD.

The CMD jointly develops the agenda with the co-chair representing the CAC to include concerns about LCDs and local administrative issues.

13.8.1.2 - Membership on the CAC

(Rev. 71, 04-09-04)

The CAC is to be composed of physicians, a beneficiary representative, and representatives of other medical organizations. Each is individually described in Exhibit 3.

13.8.1.3 - Role of CAC Members

(Rev. 71, 04-09-04)

CAC members serve to improve the relations and communication between Medicare and the physician community. Specifically, they:

- Disseminate proposed LCDs to colleagues in their respective State and specialty societies to solicit comments;

- Disseminate information about the Medicare program obtained at CAC meetings to their respective State and specialty societies; and
- Discuss inconsistent or conflicting MR policies.

13.8.1.4 - CAC Structure and Process

(Rev. 71, 04-09-04)

A. Number of Representatives

Each specialty shall have only one member and a designated alternate with approval of committee co-chairs. Additional members may attend when policies that require their expertise are under discussion. Carriers maintain a current local directory of CAC members that is available to CO, RO (for PSCs, the GTL, Co-GTL, and SME), or the provider community on request.

B. Tenure

Carriers have discretion to establish the duration of membership on the committee. The term should balance the duration of time needed to learn about the process to enhance the level of participation and functioning with the desire to allow a variety of physicians to participate. Consider a 2-3 year term.

C. Co-Chairs

The CAC shall be co-chaired by the contractor medical director and one physician selected by the committee. The co-chairs:

- Run the meetings and determine the agendas;
- Provide the full agenda and background material to each committee member at least 14 days in advance; and
- Encourage committee members to discuss the material and disseminate it to interested colleagues within their specialty and to clinic or hospital colleagues for whom the item may be pertinent. The members may bring comments back to the meeting or request that their colleagues send written comments to the CMD separately.

Attendance at the meeting is at the discretion of the committee members. If the item is of importance to their specialty, encourage members to attend or send an alternate. This is the primary forum for discussion of proposed LCDs developed by the CMD. The 45-calendar-day comment process required for all LCDs starts when the proposed LCD is distributed to the committee members. (See PIM Chapter 13 §13.7.4.1).

Co-chairs present all proposed LCDs to the CAC for discussion. If the need arises to develop and implement LCDs before the next scheduled meeting, they solicit comments from committee members by mail or e-mail.

D. Staff Participation

The Director of Medicare Operations shall assure that appropriate contractor staff attend to address administrative issues on the agenda. Other staff may also be required to attend include:

- Professional relations representative;
- MR manager and
- MFIS/PSC Network.

E. Location

Carriers work with the State medical society and committee members to select a meeting location that will optimize participation of physician committee members.

F. Frequency of Meetings

Hold a minimum of 3 meetings a year, with no more than 4 months between meetings. In the circumstance where a contractor is switching from 4 CAC meetings per year to 3 meetings, it is acceptable to have more than 4 months between the meetings. However, the contractor shall notify the RO (for PSCs, the GTL, Co-GTL, and SME) that this one time occurrence is taking place.