Centers for Medicare & Medicaid Services
Hospital Open Door Forum
Tuesday, January 23, 2024
2:00–3:00 p.m. ET

Webinar recording:

https://cms.zoomgov.com/rec/play/zAcRPiH_Vu8SwDy6SiWLYnIFg80SM0YgaXiyEXt8YjfJF3bE M7pPXnwQHxG42HR17dOth84rfB_1Y_oZ.spzvRYe8fIk2Kdzb

Passcode: .p.g0#BW

Jill Darling: Thank you. I'm in the CMS Office of Communications, and welcome to today's Hospital Open Door Forum (ODF). Again, thank you for your patience as we were having some technical difficulties, but as always, thank you so much for waiting. Before we begin our agenda, I have a few announcements. This webinar is being recorded. The recording and transcript will be available on the CMS Open Door Forum Podcast and Transcript webpage, and I will put that link in the chat, and it was also on the agenda as well as that was sent out. If you are a member of the press, please refrain from asking questions during the webinar. If you do have any questions, please email press@cms.hhs.gov. All participants are muted upon entry. For those who need closed captioning, there is a link located…it should be located at the bottom of your Zoom, so please click and follow along.

For today's webinar, there are no slides except the agenda slide you see on your screen, and then during the Q&A portion of the call, I will share a resource slide. We will be taking questions at the end of the agenda today. We note that we will be presenting and answering questions on the topics listed on the agenda during today's Hospital Open Door Forum. If you have questions unrelated to these agenda items, we may not have the appropriate person on the call to answer your questions. As such, we ask that you send any of your unrelated questions to the appropriate policy component, or you can send your email to the ODF resource mailbox, which I will put in the chat, and we'll try to get to your question to the appropriate component for a response. You may use the raise hand feature at the bottom of your screen, and we will call on you when it's time for Q&A. When the moderator says your name, please unmute yourself on your end to ask your question and one follow-up question. We will do our best to get to your questions, and now I will turn the call over to Joe Brooks.

Joseph Brooks: Thanks, Jill. Hi everyone. Thank you all for joining us today. It's great to be with you. I really hope that wherever you are in the country that you're experiencing much milder weather this week than last week. During this Open Door Forum, we'll be discussing, as the agenda notes, a wage index timeline update, an opportunity to apply for additional residency positions under section 126 of the 2021 CAA, the Consolidated Appropriations Act, and an update on the Federal IDR (Independent Dispute Resolution) Operations Proposed Rule. We'll

finish up by taking your questions on all of those topics discussed, and with that said, why don't we get started? I'll pass the mic on to Michael Treitel for the wage index topic first. Mike?

Michael Treitel: Thank you, Joe. Good afternoon, everybody. I wanted to talk about the fiscal year 2025 wage index, as there are some important dates coming up regarding the wage index for 2025. The first one is about the wage data timeline itself. Next week, on January 31, we're going to release the revised fiscal year 2025 wage index and occupational mix files on the CMS website, and this is the data that will be reviewed and verified by the MACs (Medicare Administrative Contractors) before we post that, of course. Also, there'll be a file included for each urban and rural area's average early wages based on the 2024 and 2025 preliminary wage index as part of that public use file. After that public use file is posted, hospitals will have until February 16 to submit a correction to submit requests to their MACs—only to the MACs first, not to CMS first, to the MACs, for corrections to errors in the January [inaudible] to CMS or Mac mishandling of the wage index data, as well as revisions of desk review adjustments, they can appeal to the MACs to, of the wage index as you put in the January [inaudible]. That rounds out the updates for the wage data. The other base coming around the corner are regarding the MGCRB, the Medicare Geographic Classification Review Board, which makes determinations on reclass requests of hospitals that are receiving payment under the IPPS (Inpatient Prospective Payment System) for which to reclassify to a higher wage area for purposes of receiving a higher payment room. The applications were submitted by providers September 1, 2023, for reclassification requests for 2025, fiscal year 2025, and today, the MGCRB actually issued their decisions on those applications once those determinations are issued as they work today, that triggers the 15-day deadline for hospitals to appeal to the CMS administrator if they disagree with the decision of the MGCRB. The deadline for hospitals to submit those appeals is February 7, 2024, 15 days from today. These timelines are available on the links that are on the agenda. I'll provide them in the chat. I'll provide them the chat shortly, but I'm going to turn it over now to Renate to talk about GME (Graduate Medical Education). Thank you.

Renate Dombrowski: Thanks, Michael. So, Section 126 distributes 1,000 new residency slots, with up to 200 slots being distributed each round or fiscal year. A reminder that the application for round three is open and runs through March 31. Qualifying hospitals must fall into at least one of four categories. First, geographically rural hospitals or hospitals that have been reclassified as rural. Second, hospitals trading over their cap. Third, hospitals in states with new medical schools or branch campuses, and fourth, hospitals serving geographic health professional shortage areas or HIPSAs. Resources can be found on CMS's Direct GME website. There's a link in the agenda, and I'll share it in the chat. Scroll down to the section titled Section 126, Distribution of Additional Residency Positions. The resources there include a link to the application module questions that are part of the application, HIPSA IDs and scores, frequently asked questions, and instructions on how to contact CMS directly. Again, the application for round three is open and runs through March 31. I'm now going to turn it over to Camille.

Camille Kirsch: Thank you. I am here to give a brief update on the Federal IDR (Independent Dispute Resolution Process), specifically yesterday, January 22, the departments of Health and Human Services Labor and the Treasury as well as the Office of Personnel Management (OPM) published a notice in the federal register reopening the comment for the Federal Independent Dispute Resolutions Operations Proposed Rule. The comment for the proposed rule is reopened from January 22 to February 5, 2024. The departments and OPM are reopening the comment on the Federal IDR Operations Rule in order to provide additional time for interested parties to consider and comment on any implications of the Independent Dispute Resolution Fees Final Rule, which was published on December 21, 2023. The IDR Fees Final Rule set administrative and IDR entity fees to use the Federal Independent Dispute Resolution process, established that such fees will be set in rulemaking rather than guidance moving forward, and additionally published a methodology for calculating those fees. The IDR Fees Final Rule went into effect yesterday, January 22, 2024. We encourage interested parties to submit new comments regarding the Federal Independent Dispute Resolution Operations Proposed Rules by the February 5 deadline@regulations.gov or via any of the other methodologies provided in the notice of reopening of the comment. I am going to put a link to that notice in the chat, and again, we encourage parties to submit comments by the February 5 deadline. Thank you.

Jill Darling: Great, thank you so much, Camille, Renata, and Michael. We will open for Q&A, and I believe we're waiting. Okay. We're just going to wait for some hands to get raised, and then we will start.

Isaac Fisher: We have a question from Ronald. Ronald Hirsch.

Ronald Hirsch: Oh, there. We know that the PEPPERs (Program for Evaluating Payment Patterns Electronic Report) have been delayed until the fall of 2024, but many people are concerned about what happened since PEPPER involves all hospital claim data. It includes PHI (Private Health Information), and it appears from all indications that something nefarious happened to the PEPPER website. So, is there PHI that's out there? That shouldn't be. Was this site hacked? What happened that you're now having to delay that for almost a year?

Joseph Brooks: Hi, this is Joe Brooks. I don't think that we have the individual with us today on this actual meeting that would be able to address your question. We very much want to get an opportunity to review your thoughts and your questions and get a response to you. Could you please send that in writing to us at the email indicated?

Ronald Hirsch: Okay. Jill already has that from previous correspondence. Should I do it again, Jill?

Jill Darling: Yes, please.

Ronald Hirsch: Okay, thank you. Nice chatting with you.

Jill Darling: You too. Okay, we'll give it another sec. Any other questions?

Isaac Fisher: Currently, there aren't. Okay. Brenda Ann, I don't want to mess her name up, but Brenda, you can go ahead and speak.

Brenda Ann Schwilke: Hi there. It's okay. My last name's hard to pronounce. Let's be real. Okay, sorry. I do have, oh, do not apologize, honey. Trust me. I do have a question in regard to the participants on this call and is there every quarter when we do this Open Door Forum, there are questions that come up that are not ever able to be addressed. Not ever. I shouldn't say that. That they are not able to address our questions and we're required to send it in and then we never hear anything to the email. And so, I do have a question in regard to the ABNs (Advance Beneficiary Notice of Non-Coverage). I'm seconding [inaudible] question in the chat—do you have to get an ABN if Medicare is the secondary payer and if commercial is primary? The question, the reason we're asking, is you can't provide somebody the estimated cost without, actually, we don't know what the primary payer's going to pay. In the future, is there going to be people from all walks of life from CMS on these so that we can actually get questions answered in real time as opposed to sending emails off and never hearing anything back?

Joseph Brooks: Hi Brenda, this is Joe Brooks again. First of all, I'm sorry. I apologize that you've had that experience. That's not ideal to go to Open Door Forums and also submit questions in writing to anybody at CMS and not receive a response. That should not be the case, and it should not be something that's a consistent experience, so I apologize for that. Now, in the future, in terms of future Open Door Forums, it's difficult to determine the topics that may come up and make sure that we have enough folks that are available from across CMS to be able to respond to the topics that do come up.

Brenda Ann Schwilke: Got it.

Joseph Brooks: Right. We try to gather the topics ahead of time that we plan to discuss and make sure we have folks who can speak in depth contextually about those topics that are scheduled to be on the agenda. But in terms of your questions about the ABNs, that's something that we would, I responded to, I think, in Q&A. We would love to see that question come through so we can provide a nice, thorough review for you and get to the appropriate folks in CMS. And if you're having any issues with the Open Door Forum inbox and getting a response, please, please let us know, and don't be afraid to send us a follow-up. We don't consider that annoying or anything. Not that we would have a right to because it's our responsibility.

Brenda Ann Schwilke: You could be annoyed. It's okay. Thank you very much. I get it. Absolutely. And can I ask a second question? I don't know if there are more people waiting. If there is, I can go back in the queue.

Jill Darling: You may have a follow-up.

Brenda Ann Schwilke: Okay. Thank you so very much. I do have a question in regards to, and the people might not be the correct people on the meeting again, but in regards to the post Public Health Emergency (PHE) and hospitals incurring the costs for telemedicine, I have sent this to the actual Hospital Open Door Forum email, and I just wondered if there was any consideration that CMS is giving or thinking about or even remotely on their radar about we are incurring a cost if the provider is sitting at our hospital-based clinic and is using our medical records and our lights and our staff to check people in online, all of those things. We don't get to bill for anything. We get nothing. And that's a little annoying, which I get that during the actual PHE, you guys aggressively moved to be able to allow us to recuperate some of the costs of the PHE. I just didn't know if there was any consideration in CMS's mind to continue that in the future because, honestly, the hospital-based organizations are getting hosed in this situation. I don't know how else to say it because we have to incur all of those costs, and we get nothing for it.

Joseph Brooks: Understand, and this is Joe again, we appreciate that concern and I don't want to sound like a broken record and somebody doesn't have the proper awareness on this topic to be able to provide you with the response, but we do not have somebody on the call with us today that will be able to respond to that question. Please send it to us.

Brenda Ann Schwilke: Okay. Thank you.

Jill Darling: Thank you, Brenda. This is Jill Darling. So, your original question regarding if any questions that are mentioned during the Q&A. So, I put together a Q&A document after each Open Door Forum, so all the unanswered questions on the call. I grab them from the transcript, and I send them to the appropriate folks. If, for some chance, they were not able to join the call and send it their way, just like Joe said, we asked you to send it in and so it may take some time. A lot of things happen behind the scenes.

Brenda Ann Schwilke: Oh, absolutely.

Jill Darling: So, just let you know that does happen, and it will get posted on the CMS podcast and transcript webpage.

Brenda Ann Schwilke: Okay? Okay. Thank you, Jill. I appreciate it.

Jill Darling: You're welcome.

Isaac Fisher: We have Shannon Babb. Shannon.

Shannon Babb: Hi. I am hoping you can hear me now.

Isaac Fisher: Yes.

Shannon Babb: Okay. I just have a question based off of the new PECOS (Provider Enrollment, Chain, and Ownership System) requirements that began this year in August. So, we're updating our information. Needless to say, I'm sure, like many providers, we were behind in that process and missed that, we have updated our information; we're getting everything accurate, and we're noticing we use ECC (Enrollment Contact Center), and then the 1D location; the information would be updated and correct. However, as of last week, we're seeing that some of the information is being changed and does not match what PECOS has. So, I'm just curious if anyone's experienced the same problem, if you're aware of this problem, and if there's a fix in place for this issue.

Brenda Ann Schwilke: This is Brenda Schwilke from UW Medicine in Seattle. We have had issues, ongoing issues, with the changes that are required. I feel your pain. We actually reached out and met with, our MAC is Noridian, and they were doing some investigations to see if the information in field, a specific field, and my brain is drawing a blank on it right now. They thought that there was a linking issue between PECOS and the actual system where we enter our stuff in and where it gets linked to. So, we actually ended up having to send a spreadsheet, no lie, to Noridian to get everything squared away because the fact of the matter is we were getting all sorts of RTP (Return to Provider) claims for PBD (provider-based department) location that we couldn't see. You can't see it in PECOS. It's the stupidest thing I've ever seen in my life. How are we supposed to know? We get an RTP, and it says your PDP, no PD PBD, location is not up to date. Well, you can't go and check it in. It's not listed. So, we actually went up the chain at Noridian because this, it's ridiculous. And so, I would strongly encourage going to your MAC and going up the chain.

Shannon Babb: Okay. I really appreciate that.

Brenda Ann Schwilke: We had success, so I'm happy to put my email address in the chat if you need to talk.

Shannon Babb: That would be great. Thank you.

Brenda Ann Schwilke: If that's okay with the CMS people. Sorry.

Jill Darling: We'll take the next question, please.

Isaac Fisher: We have K Michael Nicholas. Nichols? Michael, you can go ahead and speak. Okay, Michael, you can go ahead and unmute yourself and speak.

K Michael Nichols: Okay, there we are. Sorry, all this technology. On the 126 new slots, the deadline is March 31, but it's open now to do. Is there any advantage or reason to file earlier, or are all of the requests evaluated at the conclusion of when the deadline is over?

Renate Rockwell-Dombrowski: It's the latter. So, all the applications are reviewed by CMS once the application deadline has passed, so after March 31. If you have any questions, feel free to reach out to us on the DGME page under the resources for Section 126. The last link instructs folks how to reach out to us directly if they have any questions about applying.

K Michael Nichols: Thank you.

Renate Rockwell-Dombrowski: Sure.

Isaac Fisher: At this time, there are no more raised hands.

Jill Darling: All right. We'll just give a couple more seconds. Oh, I see we have one.

Isaac Fisher: There we go. Okay, we have Sandy Elcock. Sandy, please. Oh, Sandy, you can unmute yourself and speak now.

Sandy Elcock: Can you hear me now?

Isaac Fisher: Yes.

Sandy Elcock: Yes. I just had a quick GME question. With the new academic year, there always comes an increase in salaries for the residents and fellows, and I understand that there is an increase in the CMS GME reimbursements for GME funding. Is there any document or a matrix that kind of shows what that percentage increase is so that we can see if we're going to be eating some of that cost or whether the increases in salaries would be covered?

Renate Rockwell-Dombrowski: So, I'm not sure if you're referring to the per resident amount that's part of the direct GME.

Sandy Elcock: Yes.

Renate Rockwell-Dombrowski: Okay. So those are updated each year for inflation. So, probably the best thing would be to reach out to the Medicare administrator of the contractor regarding how your per resident amount would be updated.

Sandy Elcock: Okay, thank you.

Renate Rockwell-Dombrowski: Sure.

Jill Darling: See, we have another hand, Anna?

Anna Santoro: Hello? Can you hear me?

Isaac Fisher: Yes.

Anna Santoro: Okay, great. My question regarding the remote interrogation device evaluation, HCPCS (Healthcare Common Procedure Coding System) code G2066, which was deleted for calendar year 24. On the hospital side, we do not have a replacement code. We are actually looking at CPT (Current Procedural Terminology) 93297 as a potential replacement, but for hospitals, it is a status indicator M, so we would not get reimbursed for that. Was that an error, or is there some additional information that will be forthcoming to provide hospitals with guidance regarding that procedure?

Joseph Brooks: Thank you for that question. We don't have the coding folks with us today, unfortunately, so we will take that question down hopefully and be able to get a response back to you.

Jill Darling: Okay, great. Thank you. I don't see any more hands raised.

Isaac Fisher: No more hands raised at this time.

Jill Darling: Okay, thank you. So, we will conclude today's Hospital Open Door Forum. I'll hand it to Joe if he has any closing remarks.

Joseph Brooks: Great. Thank you. I appreciate that, Jill, and thank you, everyone, for the participation and the variety of questions. We appreciate being able to receive your questions and have something to think hard about and be able to get you some feedback so you can move forward. And thank you, Isaac as well, for your help with coordinating all of the folks to be able to ask the question and putting this together and getting us through it. If you don't get a chance to ask your questions or if you think of one later, then please once again refer to that email address. Put your question into us hospital_odf@cms.hhs.gov. Thank you once again, everyone, for joining us, and have a great afternoon and rest of your week. Thank you.