

Centers for Medicare & Medicaid Services
 Transcript: Hospital Open Door Forum
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Webinar recording: https://cms.zoomgov.com/rec/share/dNS8_zWvYJHX-5Ct3Pjr5gHrhdSA89uv7S0L6bNeWuFgF8eokYhzgLJBTS7bc1Y5.QbdhLbjvMReN6aLS

Jill Darling: (Hello) Everyone. Thank you. Good morning and good afternoon. My name is Jill Darling, and I am in the CMS Office of Communications, and welcome to today's Hospital Open Door Forum (ODF). Before we begin with our agenda, I do 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 web page. That link was on the agenda, and I will add it to the chat and send to all. If you are a member of the press, please refrain from asking questions during the webinar. If you have any questions, please email press@cms.hhs.gov. All participants are muted upon entry. For those who need closed captioning, a link was provided in the chat function, and I will add it again for you. For today's webinar, there are no slides except the agenda slide that you see on your screen, and during the Q&A portion, I will share a resource slide.

We note that we will be presenting and answering questions on the topics listed on the agenda during today's hospital Open Door Forum call. We ask that any live questions relate to those topics presented during today's call. If you have any questions unrelated to these agenda items, we may not have the appropriate person on the call to answer your question. 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 provide, and we'll try to get your question to the appropriate component for a response. You may use the raised 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. And we will do our best to get to all your questions. And now I'd like to turn the call over to Joe Brooks.

Joe Brooks: Thank you, Jill. Hi, everyone, and thank you for joining us today. It's great to be with you. During today's Open Door Forum, we'll be discussing, as Jill said, a few topics. Looks like it's a limited agenda today, unlike some of our longer ones we've had in the past. Today we'll be discussing a wage index timeline update and a hospital price transparency update, and we'll finish up with taking your questions on the topics discussed. Before we jump in and get started, I wanted to make one announcement. It's more of a reminder regarding something that we presented in the last Open Door Forum and that is regarding an opportunity to basically apply for something that's currently available. So, the opportunity to apply for additional residency positions under Section 126 of the 2021 Consolidated Appropriations Act. Section 126 distributes 1,000 new residency slots with up to 200 slots being distributed each round or fiscal year. And the application period for round three is currently 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 requested as rural. Second, hospitals that are operating over their cap. Third, hospitals and states with new medical schools or branch campuses, and fourth,

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hospitals serving geographic health professional shortage areas. Resources can be found on CMS's Direct GME (Graduate Medical Education) website, and I'll share the link in the chat for you so you can go to the website and look at the resources there and see where you can apply. Once you're on that website, you'll be able to find the correct location by scrolling down to the title—the section titled Section 126. And the resources there include a link to the application module and HPSA (Health Professional Shortage Area) IDs and scores, Frequently Asked Questions (FAQs), and instructions on how to contact CMS directly. Again, the application for round three—the application period for round three—is open and runs through March 31. Thank you very much. And now I'll turn it over to Tehila Lipschutz for a wage index update. Tehila?

Tehila Lipschutz: Hi everybody, good afternoon. I'm Tehila Lipschutz with the Division of Acute Care with the wage index timeline update. I will share a link to the fiscal year 2025 Hospital Wage Index Development Timetable in the chat in a little bit. I just have some reminders about upcoming deadlines. By March 20, 2024, the MACs (Medicare Administrative Contractors) will send written notification to hospitals regarding the status of hospital's February 16, 2024, correction or revision requests. And April 3, 2024, is the deadline for hospitals to appeal MAC's determinations and request CMS intervention in cases where the hospital disagrees with the MAC's determination. Now, it should be noted that during this review, CMS does not consider issues such as the adequacy of a hospital supporting documentation, as CMS believes that the MACs are generally in the best position to make evaluations regarding the appropriateness of these types of issues, which should have been resolved earlier in the process. The requests must include all correspondence between the hospital and the MAC that documents the hospital's attempt to resolve this dispute earlier in the process and data that was incorrect in the preliminary or January wage index data PUFs (Public Use Files) but for which no correction request was received by the February 16, 2024, deadline will not be considered for a correction at this stage of the April appeals on April 3, due April 3, 2024. Hospitals must submit appeals with all supporting documentation for the fiscal year 2025 wage index cycle via the Wage Index Appeals (WIA) module in the Medicare Electronic Application Request Information System (MEARIS) at <https://mearis.cms.gov>. To ensure compatibility with MEARIS, supporting documentation shall preferably be PDF or Word files, and spreadsheets shall be sent in Excel. If a hospital is unable to submit an appeal via MEARIS for FY 2025, the hospital may submit via email to wageindexreview@cms.hhs.gov. I can put those emails and the web link for MEARIS in the chat box as well. And April 3, 2024, is also the deadline for hospitals to dispute data corrections made by CMS of which the hospital is notified after the January 31, 2024, PUF and at least 14 days—calendar days—prior to April 3, 2024, so that would be March 20, 2024, that do not arise from a hospital's request for revisions. CMS and the MACs must receive requests with complete documentation by this date, and that would also go through MEARIS, and if you—for whatever reason—are having a problem submitting through MEARIS for FY 2025, we would accept it via email to wageindexreview@cms.hhs.gov. And April or May 2024 is the approximate date that the proposed rule will be published, including the proposed wage index, which is calculated based on the revised wage and index data through the end of February. And that will kick off the 60-day public comment and 45-day withdrawal deadline for hospitals applying for geographic reclassification. That's all I have for today by way of an update. I'll put all those links I mentioned in the chat box, and I'll now turn it over to Carmen.

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Carmen Irwin: Thank you, Tehila. So good afternoon, all. My name is Carmen Irwin, and I will be providing just a few updates regarding the hospital price transparency. So, CMS finalized new hospital price transparency requirements in the calendar year 2024, Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System Final Rule. These new requirements include, first, improving automated access. So as of January 1, 2024, hospitals must ensure that the public website it selects to host its machine-readable file, or MRF, establishes and maintains in the form and manner specified by CMS. A .txt file in the root folder, which includes the following. First, the hospital location name that corresponds to the MRF, the source page URL that hosts the MRF, a direct link to the MRF, or the MRF URL, and the hospital point of contact information. Secondly, a link in the footer of the hospital's website, including but not limited to the homepage that is labeled "Price Transparency" and links directly to the publicly available web page that hosts the link to the machine-readable file. This information you can find on our website, and there'll be a slide coming up after that will have the information. You can also have or use the file instructions and generator tool, which will be found on the GitHub site.

Secondly, new requirements to use a CMS template layout and encode hospital standard charge information is required as of July 1, 2024. Hospitals' MRF must conform to a CMS template layout, data specifications, and data dictionary. CMS has made the CMS templates available in three non-proprietary formats: A CSV "tall," a CSV "wide," and a JSON. CMS has created a GitHub repository to house the required CMS templates and provides the data dictionary, or technical instruction, and provides, I'm sorry, and technical instruction on how hospitals can or must encode standard charge information into machine-readable files. This information is housed on the CMS Hospital Price Transparency Data Dictionary GitHub repository, and that information will be provided in the next slide. In addition, if there are any general questions with regards to policy—with regards to hospital price transparency—those can be provided or sent to pricetransparencyhospitalcharges@cms.hhs.gov. Those are my updates today for hospital price transparency. Thank you.

Jill Darling: Thank you, Carmen, and thank you, Tehila. We will give it a moment for folks to raise their hand to start our Q&A. Reminder, if you need us to put any of these links or emails in the chat, please let us know by raising your hand.

Karen Mohr: Renee Friesen, you may unmute and ask your question.

Renee Friesen: Hi, this is Renee Friesen. Can you hear me?

Karen Mohr: Yes, we hear you.

Renee Friesen: OK, thank you. We actually have our first dispute, our first complaint, from the No Surprises Act at State of Wisconsin Office of Commissioners of Insurance. So, it was an ER visit that we had, you know, submitted and that there was acknowledgement of the payment plan. The patient had made the two payments, and a mitigation third party was used, and the issue can't be resolved. So just you know—you know—wondering how others are seeing this, what—what—you know, we need to be doing. This is honestly, like I said, this is our first and so kind

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of, you know, makes us worried. So, patient reported her claim to the No Surprises hotline and was advised to file a complaint. So yes, that's what we have. I hope that makes sense.

Donald Thompson: Yes, yes it did, but I don't believe we have anybody from the No Surprises Act folks on the call right now, so if you could send that in, we can try to connect you with the right folks.

Renee Friesen: OK, I appreciate it. Thank you.

Karen Mohr: Jessica, you may unmute and ask your question. All right, here we go. Yes. Jessica, you may unmute and ask your question. We're unable to hear you, or you may be double muted. You might try putting your question in the Q&A or try unmuting your device.

Jill Darling: Jessica, why don't you try and send your email into the hospital_ODF@cms.hhs.gov if you're not able to unmute yourself? And we'll give it another second if we see any more hands. All right. We'll try Jessica one more time.

Karen Mohr: I'm sorry, we're still unable to hear you.

Jill Darling: OK. OK. Again, if there's any of these links or emails, you'd like us to post in the chat for you, please raise your hand and we can do so.

Kathy Reep: Please post the price transparency links.

Jill Darling: Thank you. We will.

Karen Mohr: Christina, you are unmuted. You may ask your question.

Christina Rivera: Thank you. I believe somebody asked for the hospital transparency one. I would like that one too. Thank you.

Jill Darling: All right. Well, I don't see any more hands, so we can close out today's very short Hospital Open Door Forum. Again, there will be a recording of today's ODF, and so we'll get that posted to the podcast and transcript web page, so you will be able to see these links again. And they were sent in the chat for you all as well as the agenda that was sent out for today. So, I'll hand it back to Joe.

Joe Brooks: OK, great. Thank you, Jill. I appreciate it. And thank you to your staff for helping us get this Open Door Forum underway. And thank you to the presenters as well and the folks that asked the questions. We really appreciate that engagement. And again, if you didn't get a chance to ask your question, please go ahead and get that to us via email—hospital_ODF@cms.hhs.gov, and we'd be happy to take a look and get you an answer. Again, thank you everyone for joining, and have a great afternoon and rest of your week. Thank you.

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