

CMS REGION 10 UPDATE

Idaho CAH/RHC/FMC
Conference

OCTOBER 24, 2019



Quick Updates

In the news



- New Medicare Card – all who bill Medicare must use the new Medicare Beneficiary Identifier (MBI) number on all claims beginning Jan. 1, 2020.
 - Providers use the MAC Portal for MBI lookup
 - Appeals and claims after 1/1/2020 identified the way they were billed
- Telehealth for Medicare Advantage
 - New flexibility for 2020
- Revised RHC Emergency Medicine Availability Guidance
 - EX: Anti-venin
- Chapter 2 of State Operations Manual Updated
 - Clarifying information on CAH's provider-based locations
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-19-16-CAH.pdf>

Proposed Changes to the Medicare Physician Fee Schedule for CY 2020



General Provisions – Comment period has closed

- Bundled payments for SUD treatment AND additions to telehealth services for bundled episode of care for treatment of opioid use disorders (Part B – CAH Method II?)
- Modifications to documentation policy for physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse-midwives
- Increase payments for Transitional Care Management (TCM)

Proposed Changes to the Medicare Physician Fee Schedule for CY 2020



Opioid Treatment Programs (OTPs) – Comment period has closed

- SUPPORT Act establishes a new Medicare Part B benefit for opioid use disorder treatment services furnished by OTPs on or after January 1, 2020
- Medicare currently covers office-based opioid treatment with buprenorphine and naltrexone but has historically not covered OTPs, which are the only entities authorized to use methadone for the treatment of OUD. Coverage of OTPs is a new benefit that we anticipate will expand access to care
- OTP proposals in the NPRM:
 - Definition of opioid treatment programs
 - OUD treatment service provided by OTPs
 - Coding structure for OUD treatment services
 - Payments (partial episodes, add-on code for intensity)
 - Use of telecommunications
 - Beneficiary copayment/deductible
 - OTP enrollment – not automatic, must become an OTP Supplier

Outpatient Prospective Payment System (OPPS) & Ambulatory Surgical Center (ASC) Proposed Rule



Price Transparency – Comment Period has closed

- June 24, 2019 Executive Order on Improving Price and Quality Transparency. Proposed definitions:

“Hospital”	“an institution in any State in which State or applicable local law provides for the licensing of hospitals and which is licensed as a hospital pursuant to such law, or is approved by the agency of such State or locality responsible for licensing hospitals as meeting the standards established for such licensing”
“Items and Services”	“includes all items and services (including individual items and services and service packages) provided by a hospital to a patient in connection with an inpatient admission or an outpatient department visit for which the hospital has established a charge”
“Standard Charges”	“means the hospital’s gross charge and payer-specific negotiated charge for an item or service”

- Proposing requirements for making public all standard charges for all items and services
- Proposing requirements for making public consumer-friendly standard charges for a limited set of “shoppable services”
- Proposing regulations for monitoring and enforcement

Omnibus Burden Reduction Rule

Final rule published 9/26 – Effective 1/1/2020



- **Emergency Preparedness**
 - Move from annual review of plan & training to biennial review except for LTC
 - Inpatient testing of plan flexibility added, outpatient testing of plan now annual
 - Eliminate reqmt. for *documentation* of efforts to contact local, tribal, regional, federal, state officials.
- **Swing Beds**
 - Change in activities program requirements
 - Remove reqmt re: dental care
- **ASC**
 - Streamline transfer agreement provisions
- **Home Health & Hospice**
 - Notification of patient rights can be written only, verbal reqmt removed
 - Hospice aides reqmts now defer to state licensure reqmts

Omnibus Burden Reduction Rule

Final rule published 9/26 – Effective 1/1/2020



- **CAHs**
 - Burden Reduction: streamlined QAPI & infection control
 - Reduced signature reqmts. For some orders
 - Patient care policy & facility evaluation review goes to biennial
- **Patients must have access to their medical records & receive a copy when requested**
- **485.642 Condition of participation: Discharge planning**
 - A CAH must have an effective discharge planning process that focuses on the patient's goals and treatment preferences
 - Spells out required standards re: discharge planning process including PAC choices that provide information on quality ratings and Advantage plan in/out of network
 - Must include all necessary information regarding course of illness and treatment, goals of care, treatment preferences

Innovation Center Update

Demonstration Projects



- ET3
 - Applications were due 10/5/2019

- Kidney Care Demonstrations
 - Kidney Care First (Nephrologists)
 - ESRD Treatment Choices (proposed mandatory model)

- Rural
 - Maternal Health

QUESTIONS?

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