Questions and Answers from Open Door Forum: Hospital, September 17, 2020

1. My question is about the ASC list method two. When I'm looking through that list, it includes things like gunshot wound to the chest, tracheostomy, thrombolytic therapy to the brain, and those just don't seem like things that meet any kind of criteria at all to be in ASC. So, can you explain method two criteria that you would use to come up with that list?
    a. It is a proposed rule so it's open to comment and we're not - obviously not able to comment on or provide information with further detail that wasn't included in the proposed rule, but I think that's the type of feedback that would be helpful to the extent that those or any other procedures in your view or for anyone who's commenting, may not be appropriate or maybe would be appropriate but weren't proposed under one of the alternatives. I think that's the sort of thing that we'd love to see in the comments.
2. I'd like just to make a request in regards to the prior authorization program. We've had a lot of patient concerns over the process and just delays and specifically with the Botox and we realized that there's the two procedures that have to be billed. We looked on the Medicare.gov website and patients have called and it does not seem that the folks at the Medicare.gov line are aware of the prior authorization plan. And I didn't know if there was something that CMS could put out just so that patients or beneficiaries are aware of the whole prior authorization plan or program.
    a. Beneficiary contact process and will make sure that they have this information.
3. Where I can find the documentation from today's meeting?
    a. Everything that was said today was in a public rule, so either in the OPPS rule or the IPPS rule, so all of that information is already publicly available. There's no new information that was provided on today's call but if you're interested in listening to the podcast, you can Google that and also the transcript if you're interested.
4. In order to limit beneficiaries' out of pocket expenses, have you considered capping beneficiaries liability when procedures have moved from the hospital outpatient department into the AAC? Because the outpatient department expenditures would be limited by inpatient deductible but there is no such limit in the AAC setting.
    a. I think it's just worth noting, statutorily the outpatient co-payments are limited at the inpatient deductible and that is not in statute for ASC's.
5. A point of clarification about the ECQM public reporting. Did you say for the IQR program that public reporting of ECQM data would begin in the fall of 2020 - this year?
    a. For the hospital IQR program, we will first begin publicly displaying ECQM data using the calendar year, the 2021 data, and that will be first displayed in the fall 2022.
6. My question is you're allowing remote supervision by a physician and you said it's not just the mere availability. So, does that mean the physician must be sitting in front of their computer with their face visible on the screen at the rehab center during the whole time that patients are receiving treatment? Or can the physician be in their office seeing patients, doing paperwork and then if they scream for him, he can - he or she can run over to the computer and address the issue?
    a. I don't think we can provide any more detail beyond what was in the proposed rule. But to the degree to which you think there's ambiguity on what that means in the proposed rule, please do provide a comment and then we will address that in the final rule.