

Centers for Medicare & Medicaid Services  
Questions and Answers  
Open Door Forum: Hospital  
Tuesday, November 7, 2023

1. Question: My question is concerning the principal illness navigation, community health integration, and social determinants of health assessment. The only discussion in the IPPS rule was in the context of intensive outpatient and partial hospitalization program. Will other hospitals be able to bill this for cancer and other patient types for OPPS payment?
  - a. Answer: Those codes are payable under the OPPS as well, it's not just for IOP.
    - i. Question: All right. So how does that coordinate with the statements in the physician rule about these codes that they are "incident to" only?
      1. Answer: So that part of it, we're still looking into, and we have your emails, and we'll follow up.
      - a. Question: Okay, but right now, they are billable under OPPS for cancer and all other types of care for payment beginning January 1?
      - i. Answer: Yes, that's my understanding.
2. Question: My question has to do with Comprehensive APCs (C-APCs) and on page 82, CMS described that commenters had requested that CMS unpackage and pay separately for all status Indicator K drugs—that they unpackaged that from C-APCs. And the response from CMS was that they will take this item into consideration for future rulemaking. I have two questions. The first is, I didn't notice the HOP Panel (Advisory Panel on Hospital Outpatient Payment) recommendation make its way into this section. And I recall in the past, you guys have either kept the HOP Panel recommendations together, or I think now, you weave them in through the different discussions. So, the HOP Panel had recommended that CMS unpackage, and I didn't see that. Would you guys be including that in the correction notice or if I have missed it, can you let me know?
  - a. Answer: Sure. We are certainly willing to take a meeting to discuss the matter. And you can reach out at your convenience, and we can discuss timing.
3. Question: We have been trying to figure out, for Maryland hospitals, the inpatient only list—if there are services that we are providing that like—we generally try to follow the inpatient-only list and only provide—you know, have those patients as inpatients. We were doing an audit and we realized that the Medicare system is paying for their services, and inadvertently, they are provided on the outpatient basis. So, are Maryland

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hospitals subject to those—the status Indicator C procedures and like—should we refund those or like—we are just trying to figure out the right thing to do with these. And we've submitted questions to different folks but have never heard back.

- a. Answer: This is one that we are still looking into as well. So, we really appreciate your patience as we try to chase down a response on this one.
4. Question: I work for two different PPS hospitals in Missouri, and since October 1, each hospital has had several million dollars in Medicare part A claims held. [DOH says it's due to a quarterly audit by CMS, but they know no other details about it. The Missouri Hospital Association contacted the Kansas City Regional Office, and they were unaware of it. DOH PS says 90% of calls they are getting are complaining about this. But can you help explain what has happened, what's going on, and why there's no advance notice of this significant crippling loss of cash flow we've had for the past month? I understand finally, the claims may be released later this month, but it has just been a crippling loss of cash that we've been experiencing.
  - a. Answer: On September 29, 2023, CMS informed the MACs of an issue with the Inpatient/Outpatient Code Editor (I/OCE) that was causing claims to be rejected. As a result, claims were put on hold until CMS could correct the issue. On October 19, 2023, CMS released the updated version of I/OCE 24.3R and all claims were released as of November 3, 2023. CMS appreciates your feedback regarding the confusion and financial strain that these types of issues may cause your providers.

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