Questions and Answers from Rural Health Open Door Forum- February 20, 2020

1. I'm curious on the status of the draft guidance on collocation, the memo that came out midyear last year, and clarifying on the H&P requirements for CAHs. Since there wasn't a similar requirement, there isn't a similar allowance for that pre-procedural assessment?
    a. There really isn't because it's a much broader requirement under the critical access hospital COPs. There were no timeframes and there was no question of timing for the H&P to be done. And as I said, that - it occurs that particular requirement is in three different COPs in the hospital COPs. The collocation guidance, along with the burden reduction guidance, is currently in draft form and we are planning to have it go through our legal counsel within the next couple of weeks. And once they have reviewed, which may take longer than a couple of weeks, it could be a couple of months. We're not quite sure because it's pretty extensive with the burden reduction guidance and collocation guidance. Once they have their review, then we will clean it up before it's published. So we're not looking at it going public for - until, later this spring.
2. With the discussion that's happened in the memos regarding outpatient history and physical examinations and the relaxation of the burden of documentation related to these, there's been a question that's started to arise from various physicians and surgeons who are performing non-inpatient only list procedures at the hospital setting that have significant medical complexity but the question comes up now whether they are allowed to use short form H&Ps or are allowed to reduce their burden of documentation prior to hospital stay as well. I'm curious if CMS has any guidance on that.
    a. With regard to the guidance around this that is also still I believe under development. I will refer you to the rule that I spoke about which is that was published September 30, 2019, and it's a federal register. It's Volume 84. And actually it's Page 517 - I think it goes back to 517-32 is where it starts. So in the preamble to that with public comments and our responses, there's a lot of discussion around that that gets into the details about having a policy in place in order to do the more focused abbreviated, if you will, H&P as opposed to the more comprehensive. Also if there's any state law around that. So that's an important component of that.
3. Since the implementation of the MBI there's been a lot of problems with correct numbers, changing of numbers. Have you all thought about anything that you all can do to improve the switch?
    a. There are times when a Medicare Beneficiary Identifier (MBI) can/will change. Medicare beneficiaries or their authorized representatives can ask to change their MBIs; for example, if the MBIs are compromised. CMS can also change MBIs. In November, 2019, CMS deactivated and reassigned new Medicare numbers to some beneficiaries. We sent affected beneficiaries a new Medicare number and card in the mail with a letter explaining why they were getting a new card and information about sharing the new number with their health care providers.

We messaged to providers about what to do in the case of changed MBIs – and gave the following information on using old vs. new MBIs for FFS claims:

- Dates of service before the MBI change date – use old or new MBIs
- Span-date claims with a "From Date" before the MBI change date – use old or new MBIs
- Dates of service that are entirely on or after the effective date of the MBI change – use new MBIs

When providers checked eligibility in HIPPA Eligibility Transaction System (HETS), using a date or date range that overlapped the active period for an old MBI, we return the eligibility data and return the old MBI termination date. Providers can then get the new MBI from their patients or use the MBI look up tool. Here's a breakdown of HETS eligibility responses based on using old vs. new MBIs:

- Inquiry uses new MBI – we will return all eligibility data
- Inquiry uses the old MBI and request date or date range overlap the active period for the old MBI – we will return all eligibility data. We will also return the old MBI termination date
- Inquiry uses the old MBI and request date or date range are entirely on or after the effective date of the new MBI – we will return an error code (AAA 72) of "invalid member ID"