

Centers for Medicare & Medicaid Services
Questions and Answers: Hospital/Quality Initiative Open Door Forum
Tuesday, November 29, 2022

1. Question: The Medicare Advantage plans continue to claim that the inpatient-only list, which is supposed to protect the safety and health of Medicare beneficiaries, doesn't apply to them. Aren't the risks the same if a patient has Medicare traditional or Medicare Advantage plan, and doesn't the same thing apply to surgeries that are not on the ASC CPL, but which MA plans are insisting be done at an ASC?
 - a. Answer: For this 2023 OPPS final rule, the policies apply to services provided under the OPPS or correspondingly, under the ASC payment systems.
2. Question: I wanted to confirm with you earlier in the dialogue that I heard correctly, that you did provide the two sample price transparency formats. I think it was a tall version and a wide version, but you also indicated that it would not be mandatory for institutions to follow this exact sample format, just that this is provided as a sample only. Is that correct?
 - a. Answer: Yes, there's a CSV tall and wide, along with your corresponding data dictionaries, as well as a JSON schema. So, you are free to use those. We would prefer that if you choose to use them, you use them as they are. Although, there's no requirement for you to be using sample formats. You are free to use your own format.
3. Question: My question involves the REHs as far as applying through PECOS. I know they're effective 1/1 of 2023. How long do we have to make a decision and apply in order for it to be retroactive to 1/1?
 - a. Answer: You can start submitting your applications now so you can begin the enrollment process. Because there is the survey and certification process involved, your effective date will be based on when all requirements are met, which is generally the date the survey is completed.
 - i. Question: For example, if it was approved in let's just fictitious date of February, could it be retroactive to 1/1, or is it from the date approved?
 1. Answer: From the date approved.
4. Question: I have a question regarding the PHP policy for the partial hospitalization program. For a hospital outpatient program, you mentioned that the services are three or more per day, with a payment rate of 142.70 plan for 2023. I just wanted to clarify that, does the PHP, is it acceptable to do three a day? Because that would be 15 services if we do it five days a week. My understanding is that it required 20 hours a week for the PHP.

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- a. Answer: There's one APC payment amount per day. The 142 is for community mental health centers. The hospital payment amount is actually, I don't have the (standard) in front of me, but it's higher than the CMHC payment amount. your question about the services, so there's a list of recognized partial hospitalization HCPCS codes. And so, those are the three services that count towards the partial hospitalization day. So, there's one in the payment of the APC amount per day. It's three of those services per day would result in one payment of the partial hospitalization APC, either the hospital-based or CMHC payment amount.

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