

Centers for Medicare & Medicaid Services
Questions and Answers
Open Door Forum: Hospital
Tuesday, April 26, 2022

1. There was a new edit that came out in the IOC relating to the use of (PT) modifier for colonoscopies diagnostics. Does anybody have any clarification what that edit is actually looking for? I could not find information anywhere on CMS Web site, other than, you have to (seek to modify) for those conditions. But what exactly is that edit looking for?
 - a. In reference to OCE edit W7120 was addressed in the May 5, 2022 MLN Connect article, which is located on the CMS website at: https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2022-05-05-mlnc#_Toc102553738 . Your MAC will also be able to provide additional information and education related to this edit issue.
2. I was wondering if the person who was talking about the new screening questions for healthcare equity could repeat the five element items that she addressed.
 - a. For the two social drivers of health measures, so the Screening [for Social Drivers of Health] and then the Screen Positive Rate [for Social Drivers of Health], there are the five separate domains. So, it's food insecurity, housing instability, transportation needs, utility difficulties, and then interpersonal safety. And if you want more detailed information on that, I would point you to the rule itself, provides a little more detail on each of those five categories.
3. I appreciate the discussion in the proposed rule about the N95 cost issue, and we are evaluating that at our hospital to try and provide some comments on that. At the end of that section, CMS does say - ask about are there other types of respiratory devices or PPE that should be considered for adjustments? In the broader context, when I was looking at the 2.7% proposed payment update, our costs for virtually everything, whether it's supplies or drugs or labor, is going up dramatically faster than that rate. And I know it's hard to measure things with the unprecedented times that we're still in right now, as we come out of the pandemic, but is CMS considering any other special payment adjustments like that for other issues beyond the PPE category to consider the significant inflation factors we're all experiencing right now?
 - a. You can make that comment on the proposed rule. There is nothing in the proposed rule itself. There's the proposed market basket update, and there's the N95 comment solicitation. There are not any other proposals like that in the

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(NPRM). But you are of course free to make a comment either on the market basket or the N95 or the subject in general as part of the comment period.

4. I have a question related to the addition of health equity. How exactly is that planned to be collected? Is that going to be manually abstracted, or collected via electronic, or what's the goal on that? You're talking about that is an attestation and that's easy to tell, that's the one-time shot during the end of the year thing. But the equity measures themselves where you're screening the patients and reporting that on your in-patients to gather a rate, that's got to be collected somehow, so that's sounding like a manual abstraction or somehow collected through the EHR?
 - a. Thank you for the clarification. So, I will mostly point you to the rule for more specifics, but sort of speaking generally, that measure will be reported into CMS using the Hospital Quality Reporting system, so the HQR system. We intentionally left some flexibility around how hospitals are able to collect that using different screening tools. But the measure will be reported into the HQR system similar to how other measures have been reported in the past.
 - i. And do you have any idea, are there standardized tools for this out there? I have seen some things about this type of information gathering, but there are so many different things, different products and, you know, materials out there when you're trying to get a nurse to screen a patient for their dietary needs, and then to have them add this much additional question or who this would typically fall to screen and what the timeframe is, especially with the turnaround on patients right now.
 1. Yes. In the rule text itself, we do point out to a number of different screening tools that would work in the reporting of this measure. You can go there, or if you want to email the hospital ODF email, I can also send you, you know, the links to what we point to in the rule, if you're having a hard time finding it.
5. I look for health plan and we have hospital quality programs that are tied to payments for performance. And I'm just wondering, with the measures that you're suppressing for your payment programs, I understand that the calculations will not be included for the calculations for those programs. But will the data itself still be reported for those measures in the IQR program?
 - a. Yes. So, we did not in this rule make any proposals related to measure suppression for the Hospital IQR Program. So those measures would still be reported as they typically are. And I did also just want to clarify, for the three value-based purchasing programs where we do have measure suppressions about Hospital Value-Based Purchasing, (HAC) Reduction [Program] and then the Hospital Readmissions Reduction Program, in all three of those cases, the measure data still would be reported. We are just suppressing it from the actual,

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measure calculation. So, for example, in the Hospital (VBP) Program, hospitals would still report the data. We are just not including it in the calculation of the total performance score. That is linked to the payment adjustment.

- i. Do you have a recommendation for how health plans might consider the use of these measures in their own payment programs? Obviously, if you selected - decided from CMS to not use the calculations in your payment programs, is there, you know, is there a recommendation for health plans in the use of those measures?
 - a. I'm not sure I would feel comfortable giving a recommendation. I think I would maybe point you to the rule to see sort of the discussion around how we decided to come to the measure suppression policy, that may be sort of helpful in informing your thinking. But I wouldn't want to give any sort of recommendation.
6. I would like to ask if you could give us some insight into the global malnutrition composite score the (NQF 3592EE) that was in the proposed rule, and its impact on the value-based payments. If you could give us some insight on that, I'd be grateful.
 - a. Sure. So, I didn't cover that on the call today, but yes, you are right, in this rule, we did propose to add the Global Malnutrition eCQM to the list of eCQMs that hospitals are able to self-select from for the Hospital IQR Program, beginning with the calendar year 2024 period. So, couple of clarifications. So, for the Hospital IQR Program, that is a pay-for-reporting program. So long as hospitals meet the reporting requirements under the [Hospital] IQR Program, they get their full annual payment update. It is not a value-based purchasing program. So that's the first point. And then the second point I wanted to make, for [Hospital] IQR, the eCQM requirement is to report on four eCQMs. And I just wanted to note that again we added this to the list of eCQMs that hospitals are able to self-select on. So, it is not required that you have to report on this specific measure if the hospital meets the requirement by selecting the other measures from the list of eCQMs. So, just want to clarify that too.
7. I was wanting to know the request for information on social determinants of health, why you ended the range of Z codes at Z65, because there are other Z codes, for example, history of falling, Z91.81, that would, in my opinion, fall under social determinants of health, right, somebody is having the history of falling outside in the community, for example. So, can you elaborate on that a little bit more?
 - a. It's located in both the Guidelines and the Tabular portion of the classification it is specifically labeled as: **Persons with potential health hazards related to socioeconomic and psychosocial circumstances (Z55-Z65).**

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