

Centers for Medicare and Medicaid Services
Questions and Answers
Physicians, Nurses and Allied Health Professionals Open Door Forum
September 28, 2022

1. Question: I'm a family physician and Chief Health Officer of a healthcare technology company that primarily provides chronic care management and chronic disease management. So not surprisingly, my question has to do with chronic care management. I hope it's not anticipated that questions in the forum specifically relate to the topics just presented. Is it okay that I ask a question of unrelated material? If so, the question has to do with specifically chronic care management provisions as they might change at the end of the public health emergency, and what changes might occur. Specifically, I'm having a problem with initiating visits being allowed to be provided virtually, via tele-health. Is it anticipated that at the end of the public health emergency initiating visits for chronic care management will no longer be allowed to be furnished virtually, and they will be returned to being - need to be provided in person? Or will that provision be extended beyond the public health emergency?
 - a. Answer: Thanks for that question. I believe we're working through provider response via email behind the scenes. But just to throw out some information that may be helpful for others that maybe have the same question, and maybe you can actually give us more context. The idea of the initiating visit, right, being let's say an office visit in advance of that care management service. To the extent that that is already on the tele-health list or is a permanent tele-health service, then you'd be allowed to furnish that service via tele-health.
 - b. CMS question to caller: What sort of visit or initiating encounter are you considering or thinking about?
 - i. Answer: Great. I appreciate that. What our service does is we team up with primary care providers to provide chronic care management and chronic disease management. The patients that we're seeing with our service are not patients that we've seen before, but we work alongside of the PCP, to provide this as an additional service integrated into their current processes. When we go to provide an initiating visit it's really a - it's an introduction to our provider team, to that patient, on the tech side. And then we integrate that into the work done already by the PCP. There is no real preceding visit on our behalf, that we can rely on to fulfill that obligation.
1. Comment: Okay. No. Thank you for the context.
2. Question: I'm a radiologist here in Chicago. I have a two-part question about IDR. The first is what are the departments doing to clear the backlog of IDRs? It's been reported the vast majority of IDRs have yet to be determined, and are still in a backlog. And the

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second question has to do with so-called phantom rates. In the FAQ document the Departments acknowledge the existence of phantom rates and specified that such rates forward, should not be included in the QPA determination. I just want to clarify that the FAQ document, will that that clarifies what the ruling is, or will the QPA methodology be specified in future rule making, to again specify such so-called phantom rates will not be included in the QPA calculation methodology?

- a. Answer: Okay. Thanks for that. And I appreciate both parts of the question. First, on the backlog one, thanks for bringing that up, and we are working as expeditiously as possible to minimize the backlog and get through those cases as fast as possible. I know we've been working all year long, many months now, trying to make operational system improvements and issuing clarifying guidance and things like that, to really reduce the number of cases. And so that's probably the best I can say on the backlog for the moment. The only other thing I would say is that we've had many more cases than were initially anticipated being in the - if you look at our rule making that went out, the volume of cases was projected to be lower than this. We tried to take that into account and then make operational systems improvements and staff up in the right areas. And we are working through them as fast as possible. The phantom rates question is one I wasn't sure if anyone on our team that might be able to answer. I'm aware of what you're talking about, but I was wondering if there was someone else that wanted to shed more light on that, and that might be one we'll have to get back to you on, if no one else is on. I think on the FAQs in general, I would like to note that, that is interpretive guidance from the Departments. And it is additional clarification that address questions that have come up from state rules that we have issued. We interpret those FAQs to be requirements that are in place now in interpretation of how our existing regulations should be complied with. Now with that said, obviously we always want to make sure that all of our interpretations and guidance are included in some sort of final rule. And the rules are currently in interim final regulation state, and we in the Departments, will continue to evaluate comments and take feedback, and intend to issue additional guidance of final rule making in the future.

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