

Centers for Medicare & Medicaid Services
Hospital/Quality Initiative
Open Door Forum
Moderator: Jill Darling
February 28, 2017
2:00 p.m. ET

Operator: Good afternoon. My name is (Rachel) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare & Medicaid Services Hospital Quality Open Door Forum.

All lines have been placed on mute to prevent any background noise. After the speakers remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Jill Darling, you may begin your conference.

Jill Darling: Thank you, (Rachel). Good morning and good afternoon, everyone. Thank you for joining us today for the Hospital Open Door Forum.

Before we begin, one brief announcement from me. This Open Door Forum is not intended for the press and the remarks are not considered on the record. If you are a member of the press, you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you have any inquiries, please contact CMS at Press@cms.hhs.gov.

And I'll hand the call off to our chair Tiffany Swygert.

Tiffany Swygert: Hello, everyone. Happy Tuesday. Happy Fat Tuesday. I hope that everyone is enjoying the beautiful weather in Baltimore. And thank you for participating in this call. There is a very important announcement that we

have today— we received several questions regarding the MOON update and the notice, so we will be spending some time presenting and answering questions on that topic today.

Also, we understand that some people were waiting in the queue so we wanted to delay the start of the call to make sure that the bulk of the folks could get on the phone. But I think we'll go ahead and get started. There will be an encore presentation as well for anyone who is not able to join us for the call at this moment.

So with that, I will turn it over to our first speaker to talk about the Medicare Outpatient Observation Notice update. And that will be Janet Miller.

Janet Miller:

All right. Thanks, Tiffany. Thank you all for joining us to discuss the MOON. I'm going to highlight some aspects of the MOON and MOON delivery. And I will include items in response to some frequently asked questions that we've been receiving. So first a few high points, many are review but bear repeating.

Both beneficiaries in a regional Medicare and enrollees in Medicare Advantage must receive the MOON. These requirements that I'm discussing apply to hospitals as well as critical access hospitals per section 1861(e) and section 1861(mm) of the Social Security Act. To clarify, this does include psychiatric hospitals, we've received some questions about that, so we want to make that clear. Moving forward I will just state hospital rather than hospital and critical access hospitals.

Next. As many or most all of you already know, hospitals are required to provide the MOON, begin delivering the MOON no later than March 08, 2017, so just coming up about a week from now. Hopefully you all have seen on our BNI page that you are familiar with the manual instructions related to the MOON that we released about a month or so ago. And later in this call or perhaps after the call, we can send out that web link to that BNI page for those of you that don't have it.

And also, as many of you know already, we've received a lot of questions. We do have a dedicated resource mailbox for questions that is open and will continue to be open. And that is MOONMailbox, all one word, not case sensitive. MOONmailbox@cms.hhs.gov.

So first, let me go over a little bit about preparing the MOON for delivery. The MOON, of course, is an Office of Management and Budget standardized approved notice. In general, the MOON must remain two pages as it's formatted in and up on our BNI page. The pages of the notice can be two sides, so double-sided on one page or, you know, it can be single-sided on separate pages. However, it cannot be condensed down to one page.

Hospitals, you can include your business logo and contact information on the top of the MOON, but this does have to be able to fit into the space we've provided. It can't shift text down from page 1 to page 2, for example, to accommodate a larger logo or something that doesn't fit into the spot.

We know that some of you are in states that have state-required observation notices with state-specific information. And if this is the case, there are few options here. And as you know on the MOON, there is an additional information section, so state-required information can be included in that additional information field. And additional page is part of – additional information can be attached to the MOON or the entire state notice in your state can be attached to the back of the MOON, such that you can have just one delivery event.

Next, the free-text field. We know this is a topic of great interest. As you may recall, the NOTICE Act requirements include that the MOON "explain the status of an individual as an outpatient receiving observation services and not as an inpatient of the hospital or critical access hospitals. And the reason for such status of such individual and also the notice that requires that the notice be written and formatted using plain language."

So that being said, what goes into the free-text field should be a clinical rationale specific to each beneficiary circumstance that is reasonably understandable to the beneficiary. So following from the NOTICE Act

requirements, clinical rationale specific to the circumstance in plain language or something a beneficiary or representative can understand.

Hospitals can use pre-populated checkboxes. We've received a lot of questions on this. So long as a free-text field is retained for those circumstances that don't fit into those checkboxes for reasons that you've commonly, you know, selected and decided to put there, there just has to always be an option for those other circumstances. We will not suggest review or endorse specific examples for inclusion in this free-text field.

Next, a little bit about MOON delivery. Hospitals may deliver the MOON before beneficiary has received 24 hours of observation services. So, this will – you know, more flexible than I think we stated in maybe the proposed rule. So by being able to deliver it earlier, this is towards hospitals, the flexibility to deliver the MOON consistent with any applicable state law. We know that some states require delivery of their state observation notices sooner than 24 hours, therefore the MOON can be delivered at the same time as those state notices in those circumstances.

Next. As you know that there is also a verbal notification required as part of MOON delivery and that this notification must consist of an explanation of the standardized written MOON. The format of such notification is at the discretion of the hospital and may include but is not limited to a video format. I believe we've had some specific questions, so we just want to make that clear that that is OK, but it's not limited to just that type of video format. However, a staff first must always be available to answer questions related to the MOON, both in its written and verbal delivery format.

Next is just a little bit about MOON accommodations. Hospitals are expected to utilize existing procedures to ensure that Medicare beneficiaries and enrollees understand the MOON. So, regarding MOON translation into additional languages and also presenting the MOON – providing the MOON in alternate format such as Braille, we believe that hospitals already have in place various procedures to ensure that beneficiaries and enrollees are able to understand Medicare notices based on hospital responsibility to provide language assistance to LEP, that is Limited English Proficiency, individuals

and is consistent with Section 1557 of the Affordable Care Act and Section 504 of the Rehab Act of 1973. So hospitals can further utilize those existing procedures to deliver the MOON.

Finally, just a brief word, again, in response to numerous questions we've had about oversight. Surveyors whether state, federal, or contracted, assess compliance with NOTICE requirements as part of the conditions of participation in both hospitals and critical access hospitals. Noncompliance is identified at the standard condition or immediate jeopardy level and enforcement actions are based on levels of deficiencies.

There aren't interactions or penalties levied per se, but hospitals and critical access hospitals place themselves at risk of termination of their Medicare provider agreement if immediate jeopardy or condition level noncompliance persist. And that's all I have to present.

Jill Darling: Thank you, Janet. I'll kick it back to our chair Tiffany Swygert, who has an update on the Wage Index Time Table.

Tiffany Swygert: Thank you, Jill. This is an update for the public with regard to an important deadline regarding the fiscal year 2018 hospital wage index development timetable. April 05, 2017 is the deadline for hospitals to appeal a Medicare Administrative Contractor or MAC determination and to request CMS intervention in cases where the hospital disagrees with the MAC's determination. It should be noted that during this review, CMS does not consider issues such as the adequacy of a hospital supporting documentation and CMS believes that the MACs are generally in the best position to make evaluations regarding the appropriateness of these types of issues. Again, all requests must be received by April 05, 2017.

Hospitals should send an electronic copy as well as a hardcopy of the appeal with complete documentation supporting their request. Complete information regarding the appeals process and where to send the appeal is available on the wage index CMS section of the website – of the CMS website. That's all I have. Thanks, Jill.

Jill Darling: Thanks, Tiffany. And last we have Lorraine Wickiser who has an update on the National Health and Safety Network submission deadline extension.

Lorraine Wickiser: Good afternoon. Again, I'm Lorraine Wickiser. I'm the coordinator for the Long-Term Care Hospital Quality Reporting Program. And I just want to reiterate the message that CMS is extending the February 15th submission deadline for the Inpatient Rehabilitation Facility and the Long-Term Care Hospital Quality Reporting Program. For the date of submission by the CDC, the Centers for Disease Control and Prevention, National Health and Safety Network, (during) quarter three, that would be July, August, and September of 2016 allowing providers to submit their data until Monday, May 15th of 2017.

This extension will provide facilities additional time to submit their quality reporting data and run the applicable reports to ensure accurate submission. For more information, you can visit either the LTCH or the IRF reporting data submission deadline webpage. And that's all I have today.