

Centers for Medicare & Medicaid Services
 Transcript: Physicians, Nurses, and Allied Health Professionals Open Door Forum
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Webinar Recording:

https://cms.zoomgov.com/rec/play/hP_KKJ7fPN5nQ626UCVVqSJRLZLNBS9eforewZMPMmXFtIWeOPG3kDASQVA1UIACg2uxmouRaN7vFMHX.L0X9uvJR5K1Y85LX

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Jill Darling: [Not recorded] Hello and Welcome. I'm Jill Darling in the CMS Office of Communications and welcome to today's Physicians, Nurses and Allied Health Professionals

(recording begins)

Jill Darling: Thank you. Open Door Forum. Before we begin our agenda, I have a few announcements. This webinar is being recorded. The recording and transcript will be available on the CMS Open Door Forum (ODF) podcast and transcript webpage. That link was on the agenda, and I will put it in the chat for you all as well. If you are a member of the press, please refrain from asking questions during the webinar. If you do have any questions, please email press@cms.hhs.gov. All participants are muted upon entry. For those who need closed captioning, I will provide a link in the chat function of the webinar.

For today's webinar, there are no presentation slides, just the agenda slide you see on your screen, and there will be a resource slide during the Q&A portion of today's webinar that I will share. We will be taking questions at the end of the agenda today. We note that we will be presenting and answering questions on the topics listed on the agenda during today's webinar. We ask that any live questions relate to the topics presented. If you have questions unrelated to these agenda items, we may not have the appropriate person on the call to answer your question. As such, we ask that you send any of your unrelated questions to the appropriate policy component or you can send your email to the resource mailbox for today's Physicians Open Door Forum, and we will get your question to be appropriate component for a response. You may use the raise hand feature at the bottom of your screen, and we will call on you when it's time for Q&A. When the moderator says your name, please unmute yourself on your end to ask your question and one follow-up question and we will do our best to get to your questions. And now I'll turn the call over to Gift Tee.

Gift Tee: Thank you, Jill. Good afternoon. Good morning, if you're on the West Coast, everyone. I hope you're all well. It's been an interesting several months just navigating a lot of the work that CMS is doing. I'm sure you guys are all busy as well too, and that's my shorthand way of apologizing that we haven't had an Open Door Forum in a little bit, but I am sure there'll be a lot of content to discuss in the coming months as we—as we—continue our work here. I'm going to quickly touch on our conversion factor update for CY 2024, which is a result of the Consolidated Appropriations Act (CAA) of 2024, which included a revised percentage update to the conversion factor for dates of service, March 9 through December 31, 2024. So that update

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replaces the 1.25% that was provided by the Consolidated Appropriations Act of 2023. And we have since revised the files that are used for payments and the files that are also on our websites. So, this is just really just a recap of some activity that we handled a couple of—several weeks back. So just wanted to highlight that for folks, that the files that are on our website now reflect those changes and also, the files that I'm actually using to process claims do reflect those changes.

I'm going to also touch on another topic. I know there've been lots of questions around our implementation of our office/outpatient complexity add-on code G2211. I thank you for your patience. There's just a lot going on, again, no excuses. We're just managing a lot of things and we are working on an FAQ (Frequently Asked Questions) document that we will try to make available as soon as we can. As you all know, it's rulemaking season, and so we are actively working on the calendar year 2025 Physician Fee Schedule rule, which has taken up a lot of our time. So again, I thank you for your patience and thank you for your continued patience as we work to—to—make those FAQs as soon as we can. And with that, I will turn it over to my colleague, Daniel, to cover updates to the National Plan and Provider Enumeration System (NPPES). So, Daniel, the floor is yours.

Daniel Kalwa: Yes, thank you, Gift. As you mentioned, my name is Dan Kalwa, and I'm the Deputy Director of the National Standards Group, which is responsible for overseeing the adoption and enforcement of the various HIPAA (Health Insurance Portability and Accountability Act) standard transactions. So that includes health care claims, electronic remittance advice and eligibility and benefits verification, among other things. In this case, I'm here to talk to you today about a Federal Register notice that we recently released, and I should, if I'm successful here, be posting both of these into the chat. Oh, I will fix the Federal Register notice link shortly. But for those who aren't intimately aware, originally in 2004, that's 2-0-0-4, HHS (Health and Human Services), through one of our predecessor organizations, published the final rule that adopted the National Provider Identifier (NPI). And the NPI, as we refer to it, is a required identifier for all providers that want to conduct electronic transactions, like the claims and the electronic remittance advice and the eligibility verifications that I mentioned earlier.

Since then, there have been no significant updates to the data elements of—of—the eventually developed National Plan and Provider Enumeration System, which we refer to as NPPES. So as of March 4, of this year, we released a Federal Register notice that updated a few of the data elements in order to bring them more aligned to how business is done today, almost exactly 20 years later. The first element that is changing is, and I don't expect this to apply to everyone on the call or even to most providers, but the way of delivering services has changed quite remarkably in 20 years. And in particular, an issue was emerging for those types of individual providers that deliver only telehealth services. And I'm talking about—very often it's behavioral health, but there could be any number of other specialties that only work remotely or only deliver telehealth services. And as a result, their only address or place of work ends up being their home address. So, when a—when such a provider is enrolling for an NPI, they would be asked for an address, and our previous requirements excluded the ability to use a PO box. And this placed these types of providers that worked from their homes, that had no other business address, into a bind in that they were essentially publishing their home addresses to everyone. The NPPES

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information is publicly available and is published on the internet so that both health plans and providers and patients can refer to it and ensure that their communications and—and—contact information is correct. So, one thing that this Federal Register notice does is alter our previous policy, and it permits providers who exclusively provide services from their home to enter a PO box as their practice location. This was previously prohibited. As I noted, it may not affect many providers, but it is a significant issue for those it does affect. And I also wanted to note, there is no requirement to switch to a PO box if you are using something like a home address, merely that you have that option now. I do want to note though that this only applies to the NPPES enrollment system where you go and get your National Provider Identifier. This does not have an effect on any of the enrollment requirements that you might have with—when you participate with a health plan. So, it wouldn't change Medicare or Medicaid requirements around identification, and it wouldn't change enrollment with commercial plans.

And so, the second thing that the Federal Register notice altered was an update to the data elements and possibilities for the—what was historically the—the—gender code field in NPPES. Originally, in 2004, the only two provided options were male as—and female, and it is a required field. And so of course, 20 years later, we have different needs for the system. And so, we've decided—we've expanded that, although not—and by adding two additional optional codes that a provider may choose to select. As with the PO box changes, there is no requirement to go in and alter or update your—your—your—reported gender unless you choose to. The first is adding a specific code internally, it would be an X code, and that is to be used if you are of another gender identity or if it's unspecified. And in this case, you can choose to report that way.

The other additional option is “Undisclosed,” and in this case, it's generally referred to as “U.” And the—the—idea here is that you may actually choose not to disclose. And so even though it's a field that is required, we've now option—added the option to choose not to disclose. One thing to note is just like the PO boxes and the addresses that I spoke about earlier, this information is all public and some of this information we believe is used by patients when they're browsing provider directories that use this information and they may choose to make decisions on these codes that are reported. But again, like I noted, there is no requirement to alter your NPI registration. And there—so unless you choose to, there is no requirement to interact with these changes. And I think, Jill, with that, I'll conclude my comments. I'm going to fix the links in the chat for everyone because I didn't get that quite right, but otherwise I kick it back to you.

Jill Darling: Great, thanks Dan. And thank you to Gift. We will open for Q&A, so I'll just give it a moment, so we get any hands raised. So here are some helpful emails and links. If there's anything that you want us to put in the chat for you from the slide or any other helpful links and emails that we can get to you, we'll try our best to get them to you in the chat.

Isaac Fisher: Hello, Jill, we have Melody with the hand raised. Melody, you can speak now. Melody, you're unmuted. Melody, you may be double muted on your computer. Try that.

Jill Darling: Yeah. Well, in the meantime, Melody, here's the email. If you're not able to ask it live today, please send it in to the MedicarePhysicianFeeSchedule@cms.hhs.gov email, please.

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We can give it another moment if anyone has any questions or comments. OK. Today, very short meeting. We do apologize sending out—oh, I do see some hands—more hands raised.

Isaac Fisher: James, you can speak now. Looks like James went away. OK, Christine.

Christine Melton: Hi. Thank—thank you for taking my question and it may just be that I need to send it to that email address, but I just wanted to confirm, if I have a question about the caregiver training codes that were published last year in the November final rule, do I send that question to the MedicarePhysicianFeeSchedule@cms.hhs.gov?

Gift Tee: I can take that one, Jill. Christine, yes, that's—that's—the mailbox to send it to. Just in your subject line, just say “question about caregiver training.”

Christine Melton: OK, thank you.

Isaac Fisher: Hello, Melody, you can speak now. Jill, seems we are having some issues with Melody's mic.

Jill Darling: Yeah, I know it happens, so we apologize Melody, but please send in your email to the MedicarePhysicianFeeSchedule@cms.hhs.gov. And I see another hand.

Isaac Fisher: Yes, LaTrelle, you're allowed to speak.

LaTrelle White: Can you hear me?

Isaac Fisher: Yes.

LaTrelle White: I apologize for the echo. Just the one quick question and thank you all for having this call. I do want to ask; do you know if the Medicare Administrative Contractors are going to adjust any of the kinds of claims that have come in prior to the update to the conversion factor?

Gift Tee: I will try—I'll take this. This is Gift Tee. As specific as the legislation was about the updates to the conversion factor, it did not allow for readjustments to claims that were submitted before March 9. In other words, March 9 and forward, the update only applies to services billed March 9 and forward.

LaTrelle White: OK. So [inaudible] correct?

Gift Tee: I'm sorry, say that again.

LaTrelle White: January 1 through March [inaudible].

Gift Tee: I think what I heard was January 1 through March 9. So, if those claims—any claims prior to March 9 through March 8 will not be reprocessed, correct.

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LaTrelle White: OK, thank you.

Isaac Fisher: We have Kathleen. You can speak, Kathleen.

Kathleen Kuntz: Hi, can you hear me OK?

Isaac Fisher: Yes.

Kathleen Kuntz: OK. I just had a question about the prolonged service time for outpatient clinic services. Recently, National Government Services (NGS) posted something on their website where they are allowing the CPT (Current Procedural Terminology) time for prolonged services, and I was wondering if CMS has any plans on updating the information across the board for that. We're just confused as to whether NGS is correct on this prolonged service time.

Gift Tee: Kathleen, go ahead and send an email to Medicare Physician Fee Schedule inbox. That's MedicarePhysicianFeeSchedule@cms.hhs.gov. I just want to be sure about what you're saying and what NGS has posted. I don't know that our policy has changed for prolonged services, but it would be interesting just to see that we're saying the same thing, i.e., what our policy says and what NGS has implemented on the website.

Kathleen Kuntz: OK, thank you.

Gift Tee: Thank you.

Isaac Fisher: There are currently no more raised hands at this time.

Jill Darling: All right. Well, we appreciate you joining us for a short call today. So, we look forward to our next Physicians, Nurses, and Allied Health Professionals Open Door Forum. Please note, when you do register, on that registration webpage, the dates are listed for each of the Open Door Forum, and if they do get rescheduled, a notice will get sent out. But if you miss it, that is your best place to see if it has been rescheduled with the new date. And then you use the dropdown menu to pick the date you would like to join. So that is helpful to note, two different places if an Open Door Forum gets rescheduled. So, we thank you for joining us today. That—this concludes today's webinar and have a wonderful day. Thank you.