Medicare Part A Cost Report Appeals Listening Session

Moderated by Hazeline Roulac
March 16, 2021 — 1:30 pm ET

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Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® Event. All lines will remain in a listen-only mode until the feedback session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect. I would now like to turn the call over to Hazeline Roulac. Thank you. You may begin.

Announcements & Introduction

Hazeline Roulac: Thank you, Blair. Hello everyone. I am Hazeline Roulac from the Provider Communications Group here at CMS, and I am the moderator for this call. I would like to welcome you to this Medicare Learning Network listening session on Medicare Part A Cost Report Appeals. Medicare fee-for-service Part A providers can ask for administrative review of their CMS or Medicare Administrative Contractor final determinations through the Medicare Part A Appeals process.

CMS is reviewing this process, including barriers that impact resolution of issues. During this listening session, CMS seeks your feedback on several questions, which are listed on slide 6 of the PowerPoint presentation. The questions are: Individual states improve their processes for obtaining Medicaid eligibility information. What else causes delays with obtaining Medicaid eligibility supporting documentation? The next question: Are you reluctant to request re-openings to resolve solely documentation-based reimbursement issues under appeal and why? And the last question: What resource issues impact your ability to proceed with re-opening administrative resolution or appeal hearing?

There is a short slide presentation for this listening session. You received a link to the presentation in your confirmation email. If you haven't already done so, you can locate and download the presentation at the following URL: go.cms.gov/mln-event. Again, that is go. go.cms.gov/mln-event. Please note, this call is open to everyone. If you're a member of the press, you are welcome to listen, but please don't ask questions during the feedback session. You may send inquiries to press@cms.hhs.gov.

At this time, it is my pleasure to introduce our subject matter expert, Barbara Shadle. Barbara is with the Office of Financial Management, Financial Services Group, Division of Provider Audit Operation. Barbara?

Presentation

Barbara Shadle: Thanks, Hazeline. Hello everyone. I would like to thank you for participating in our Medicare Part A Cost Report Appeals Listening Session that we're having today. If you're on the slide deck, on page two of our agenda, we're going to go over a brief review of the Medicare Part A cost report and regulation, the purpose of seeking the information that we're requesting today, and then we'll move on to the actual feedback session.

Medicare Part A Cost Report Appeal Regulation

So, on slide 3, you'll see the Medicare Part A Cost Report Appeals Regulation in CFR section 405.1835. Every Part A cost report has a right to a board hearing, what we call an administrative review. The right to a hearing is on a final contractor determination. A provider, but no other individual, entity, or party has a right to a Board hearing as a single provider appeal with respect to a final contractor or secretary determination for the providers cost reporting period, if they meet three criteria. The first criteria is that the provider is dissatisfied

with the contractor's final determination of the total amount of reimbursement to the provider, as set forth in the contractor's written notice, specified under section 405.1803. The exception is that if the final contractor determination is re-opened under section 405.1885, any review by the Board must be limited solely to those matters that are specifically revised in the contractor's revised final determination. The second criteria is that the amount in controversy as determined in accordance with section 405.1839 must be $10,000 or more. And the third criteria is that unless the provider qualifies for a good cause extension under section 405.1839, the date of receipt by the Board of the provider's hearing request must be no later than 180 days after the date of receipt by the provider of the final contractor or secretary determination.

Purpose of Seeking Information

On slide 4, we move to the purpose of this listening session. CMS is currently reviewing the Medicare Part A cost report appeals process. We've been reviewing this process for the last several years as many of you I'm sure already know, and we're trying to identify barriers that impact resolution of the issues under appeal at the Provider Reimbursement Review Board, and also identify if there any efficiencies within the process of appeals that can be identified and created.

With the information that you provide today and that we've obtained from this listening session, it is CMS's intention to examine the barriers and impacts that you identify and resolve impacts, resolving appeal issues, and determine process improvements or changes that can be explored to make resolution of appeals and issues more efficient and to resolve issues in a more timely fashion.

So Hazeline, I will turn it back to you, and we will move on to our actual feedback.

Feedback Sessions

Hazeline Roulac: Great. Thank you so much, Barbara. CMS has taken your feedback on the questions listed on slide 6. There will be an opportunity to get into the queue for each question. So please limit your input to the topic that we announce. You will have a maximum of three minutes to provide your input. When your phone line opens, please give your name and the name of the practice or facility. As a reminder, this event is being recorded and transcribed.

'Feedback Session 1

We will now hear your feedback on question one. So please refer to slide number 6. Again, the question is: Individual states improve their processes for obtaining Medicaid eligibility information. What else causes delays with obtaining Medicaid eligibility supporting documentation?

Alright Blair. We are ready for your first caller.

Operator: To provide feedback, press "star" followed by the number "1" on your phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset to ensure clarity. Once your line is open, state your name and organization. Please note, your line will remain open during the time you are providing your feedback. So, anything you say or any background noise will be heard in the conference.

Please hold while we compile the roster. Please hold while we compile the roster. One moment for our first feedback.

The first feedback from the line of Jerry E.

Hazeline Roulac: Hello.

Jerry E: Hi. This is Jerry E from Trinity Health Care Resources. We have checked with multiple providers to verify Medicaid eligibility in different states, and my feedback on this is while many states have adopted some form of batch eligibility match verification through the external 50/10 standard on their website. I read many of the websites still place artificial time limits on the lookback, often only up to 12 months from the last update.

This makes it very difficult for the providers to search for dates of eligibility that is outside of that particular time period and forces the providers to look for alternative ways of paying the eligibility, and currently we're seeing some contractors still requiring eligibility information from those particular websites when they are unable to provide that within their lookback date.

That is one of the feedback, and in the cases where the state offers several different options for eligibility lookup, often they returned different eligibility information that could be hard to decipher. So, often, it's very difficult for providers to obtain the funding sources for the eligibility information, to ensure that the patient is eligible for a Title 19 funded hospitalization services, for example. And that is the end of my feedback.

Hazeline Roulac: Thank you.

Operator: Again, to provide feedback, press "star" followed by the number "1" on your touch tone phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset to ensure clarity. Your line is open. State your name and organization. Please note your line will remain open during the time you're providing your feedback. So, anything you say or any background noise will be heard in the conference. Please hold while we compile the roster. Please hold while we compile the roster.

Your next feedback will come from the line of Karen Williams.

Karen Williams: Hi, I'm Karen Williams with Our Lady of Lourdes. So, I don't necessarily work with the POs but I'm on this call to get information about it. But from what I understand is that there is a problem with the time limit that you can get the supporting documentation and it's causing issues overall. So, like the previous person stated, you know about the time limit. I really agree with that.

Hazeline Roulac: Thank you for your feedback. The next caller.

Operator: We are currently showing no further feedback on this section.

Feedback Session 2

Hazeline Roulac: Thank you, Blair. So, we will now hear your feedback on question two. Are you reluctant to request re-openings to resolve solely documentation-based reimbursement issues under appeal and why?

Blair, we will take our first caller for the question two.

Operator: Again, to provide feedback, press “star” followed by the number “1” on your touchtone phone. To remove yourself from the queue, press the “pound key.” Remember to pick up your handset to ensure clarity. Once your line is open, state your name and organization. Please note, your line will remain open during the time you’re providing your feedback. So, anything you say or any background noise will be heard in the conference. Please hold while we compile the roster. Please hold while we compile the roster.

As a reminder to provide feedback press “star” followed by the number “1” on your touchtone phone to remove yourself from the queue press the “pound” key. Remember to pick up your handset to assure clarity. Once your line is open, state your name and organization. Please note your line will remain open during that time you’re providing feedback, so anything you say or any background noise will be heard in the conference.

Your first feedback will come from the line of Ann-Marie Fontenot.

Ann-Marie Fontenot: Hi, my name’s Anna-Marie Fontenot. I am with LHC Group. Whenever it comes to being reluctant, especially about documentation-based reimbursement, it really comes down to the way the documents are accepted by the CMS and the MACs, because sometimes we’re required to mail things or fax things. It just gets a little difficult because a lot of us are kind of realizing those are unreliable sources and ways to get information to you guys. So, for us, email is a lot better, and if we had more options for secure email submissions, that would be great.

I love the new MCReF system. I think it’s awesome. It is great to be able to track our cost to reports that way. Also like the updates that CMS did with our access for PS&Rs and all of that. So, I’ve seen tons of improvements even over the last year, which is pretty incredible. So, I’m hoping that appeals could get to that level also. So yeah, I think that’s my only comment. Thank you.

Hazeline Roulac: Thank you. Next caller.

Operator: Again, to provide feedback, please press the number “1” on your touchtone phone. To remove yourself from the queue, press the “pound” key. Remember to pick up your handset to ensure clarity. Once your line is open, state your name and organization. Please note your line will remain open during the time you’re providing your feedback, so if there is any background noise it will be heard in the conference. Please hold while we compile the roster. Please hold while we compile the roster.

And we’re showing no further feedback on this section.

Feedback Session 3

Hazeline Roulac: Thank you, Blair. We will now hear your feedback on question three. The question is what resource issues impact your ability to proceed with re-opening administrative resolution or appeal hearing? Blair, we’re ready for our first caller for this question.

Operator: To provide feedback, press “star” followed by the number ‘1” on your touch-tone phone. To remove yourself from the queue, press the “pound” key. Remember to pick up your handset to ensure clarity. Once you

line is open, state your name and organization. Please note your line will remain open during the time of your feedback. So, anything you say or any background noise will be heard in the conference. Please hold while we compile the roster. Please hold while we compile the roster. We do have feedback from the line of Ann-Marie Fontenot.

Ann-Marie Fontenot: Hello.

Operator: Your line is open.

Ann-Marie Fontenot: I'm so sorry. Hi, I forgot to take myself off of mute. This is Anne-Marie Fontenot with LHC Group. So, I think the greatest resource issue that we have is really knowing who to contact and having good contact emails we can reach out to and good contact phone numbers. As far as I think a lot of providers go, we can find most of the information that we need internally—it's making sure that we know who to reach out to and have good emails and phone numbers for that. For both MACs and for CMS, if we need to get to that level. So yes, that's my comment on that. Thank you.

Hazeline Roulac: Thank you.

Operator: Again, to provide feedback, please press "star" followed by the number "1" on your touchtone phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset to assure clarity. Once your line is open, state your name and organization. Please note your line will remain open during the time you're providing your feedback, so anything you say or any background noise will be heard in the conference. Please hold while we compile the roster. Please hold while we compile the roster.

We show no further feedback for this section.

Feedback Session on Questions 1, 2, or 3

Hazeline Roulac: Thank you, Blair. So, our subject matter experts would really like to hear from you. So, if you have any feedback that you would like to provide on the three questions, we will open the call up now. You can give us feedback on question 1, 2, or 3. So again, the first question is: Individual states improve their processes for obtaining Medicaid eligibility information. What else causes delays with obtaining Medicaid eligibility supporting documentation? The second question: Are you reluctant to request re-openings to resolve solely documentation-based reimbursement issues under appeal and why? And the third question: What resource issues impact your ability to proceed with re-opening administrative resolution or appeal hearing? So ,Blair, we'll take feedback on the three questions.

Operator: Again, to provide feedback, press "star" followed by the number "1" on your touchtone phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset to ensure clarity. When your line is open, state your name and organization. Please note your line will remain open during the time you are providing your feedback. So, anything you say or any background noise will be heard in the conference. Please hold while we compile the roster. Please hold while we compile the roster.

The first feedback will come from the line of Connie Biegel.

Connie Biegel: Hi, I don't know if this is directly related to question one, but as far as the Medicaid days go, we initially filed a Medicaid days as the cost report, and then later on, before the audit is done, we would like to refresh that because there could be more Medicaid days that come in after the cost report is filed. However, it's always been difficult coordinating with the MACs because we never know when the audit is going to happen. So, if we do the DSH refresh too early, then we are defeating the purpose, and then if we do the DSH refresh too late, then the audit has already started, but we don't know that the MAC has already started the audit, so it would be very helpful to know in advance when the final deadline would be for submitting those DSH days—Medicaid days.

Hazline Roulac: Thank you. We appreciate your feedback.

Operator: Again, to provide feedback, press "star" followed by the number "1" on your touchtone phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset to ensure clarity. When your line is open, please state your name and organization. Please note your line will remain open during the time you're providing your feedback. So, anything you say or any background noise will be heard in the conference. Please hold while we compile the roster. Please hold while we compile the roster.

The next feedback comes from the line of Dylan Chinea.

Hazeline Roulac: Yes, hello.

Dylan Chinea: Hi, this is Dylan Chinea from Twine Associates. I just wanted to make a couple comments for number one. For certain states, and I will use California is an example, there are certain—you know there's a matching process that happens between the hospital and the state to try and determine Medicaid eligibility. One example is, so California you actually have to wait 13 months to look up patients based on certain matching criteria such as last name, first name, and date of birth. So, an example of this is if that's not available within that the five months of filing a cost reporting period, and that may happen for other states as well. So that's one kind of issue that we have for filing cost reports, and then when we re-run or refresh the listing, there's additional days. One other thing I'll just point out, and it's been kind of limited, my view on this, but I have seen throughout the last year in the pandemic some delays in the states having that Medicaid information available. You know I hope everything gets better, but just from some filing for recent cost reports that has been just viewed. So, thank you.

Hazeline Roulac: Thank you. We appreciate your feedback. Blair, do we have anyone else on the line?

Operator: We are showing no further feedback at this time.

Hazeline Roulac: Okay. Can we prompt one more time and then if we have no further feedback, then we will end the call.

Operator: Certainly, as a reminder to provide feedback, press "star" followed by the number "1" on your touchtone phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset to ensure clarity. Once your line is open, state your name and organization. Please note, your line will remain open during the time you're providing feedback. So, anything you say or any background noise will be heard in the conference. Please hold while we compile the roster. Please hold while we compile the roster.

The first feedback will come from the line of Christopher Cusimano.

Christopher Cusimano: This is Chris Cusimano with Government Data Services, and I'd just like to clarify a little bit further on the prior comments regarding the funding sources for each of the Medicaid program—that each state should be required to provide a matrix for each of the Medicaid programs and the funding source, in such a way that it supports Medicare DSH supporting documentation.

So, if it's an 1115 waiver program, if it's an M-CHIP program, the CHIP program that's expanding Title 19 Medicaid, or if it's strictly a state CHIP program—all of those things should be indicated in the eligibility response. It should also be in a matrix that is made public by the state and provided to the auditors so there is no dispute between the eligibility responses supporting Medicare DSH claims and no dispute between the auditors and the providers. Thank you.

Hazeline Roulac: Thank you for your feedback.

Operator: The next feedback will come from the line of Amanda Nadaz.

Hazeline Roulac: Hello Amanda.

Amanda Nadaz: Hi, this is Amanda Nadaz with EW Health. I'd just like to echo the prior comments regarding eligibility data. I think there's just kind of a lack of standardization between states regarding the process and procedures and the timeline for obtaining eligibility data, and, as we place more weight on those DSH days, I think that really needs to be standardized and that really needs to be looked at.

Hazeline Roulac: Thank you. We appreciate your feedback. Next caller?

Operator: We are showing no further feedback at this time.

Additional Information

Hazeline Roulac: Well, if we have no further feedback at this time. So, after this listening session, you can email additional feedback to the email address that is found on slide 7 of the presentation and put in the subject line Provider Listening Session feedback.

An audio recording and written transcript will be available in about two weeks at go.cms.gov/mln-event. Again, my name is Hazeline Roulac, and I would like to thank our presenter, Barbara Shadle. And also, thank you for participating in today's Medicare Learning Network Listening Session on Medicare Part A Cost Report Appeal.

Have a great day everyone.

Operator: Thank you for participating in today's conference call. You may now disconnect.
Presenters, please hold.