

CMS Holds First Home Health, Hospice, and DME Open Door Forum for 2005

The first Home Health, Hospice and Durable Medical Equipment (DME) Open Door Forum of 2005 was recently held at the Department of Health & Human Services' (HHS) headquarters adjacent to Capitol Hill. Major areas of discussion this time around included the Centers for Medicare & Medicaid Services' (CMS) criminal background check pilot that begins this month and the implementation of the Medicare Prescription Drug, Improvement, and Modernization Act's (MMA) provisions related to Medicare program integrity issues.

Medicare Prescription Drug Benefit and Medicare Advantage Rules

CMS noted the recent publication of final regulations for the Medicare Part D Drug Benefit and the Medicare Advantage managed care program. CMS is planning a series of educational opportunities on these topics.

Criminal Background Check Pilot

It was announced that CMS and the Justice Department have established the criminal background check pilot program for "direct patient access" employees, which was mandated by Section 307 of MMA. Five states--Alaska, New Mexico, Idaho, Michigan, Nevada, and Wisconsin--have been selected to participate, along with several backups, should one of the chosen states opt out of the program.

Recovery of Overpayments (MMA Section 935)

A CMS Program Integrity Unit representative said that work is nearly complete on several revisions to the Program Integrity Manual, which are needed to implement Section 935 of MMA. Topics to be addressed in the revisions include (1) limitations on extrapolation for overpayments; (2) the use of statistical sampling in cases of erroneous billing and utilization; (3) payment audit requirements such as timeliness of reviews and provider education; and (4) probe sample selection requirements. Several of the changes will be included in Transmittal 3703, which is now in final clearance prior to release, the representative noted.

Patient Assignments

Information was released at the forum to help providers and suppliers understand when patient signatures are required for assignment of rights for billing purposes. CMS explained that where benefits are statutorily assigned (as is the case for home health and hospice), no beneficiary signature is needed on assignment of benefit forms. However, statutorily assigned providers were reminded that although they are not required to obtain a signed assignment of benefit form, they still must obtain beneficiary signatures authorizing billing to the Medicare program.

2005 Oxygen and Oxygen Equipment Payment

Because the HHS Office of Inspector General has not completed work on data necessary for implementing payment reductions for oxygen and oxygen supplies, as mandated by MMA, CMS will continue to pay claims for these items at 2004 rates. It isn't known at this time when the data will be available, CMS officials said.

Medicare Contractor Provider Satisfaction Survey

A pilot survey is underway to gauge provider satisfaction with the performance of CMS's fee-for-service contractors. Surveys were sent to more than 8,000 providers. Additional information about the survey is available on CMS's website at www.cms.hhs.gov/providers/mcpss. Data collection for the pilot run of the survey will continue through March, and results are to be disseminated to the provider community sometime this summer.