

Summary of CMS' November ODF for HH, Hospice and DME

November 21, 2005

Dear PMC Members:

On Thursday, November 17th, the Centers for Medicare and Medicaid Services (CMS) hosted their monthly Open Door Forum (ODF) on Home Health (HH), Hospice, and Durable Medical Equipment (DME). Dr. Rich Lawlor of CMS' Office of External Affairs moderated the forum.

Clarification of LCD on IFR

CMS' John Warren provided some clarification on implementation of the IFR. If a supplier has a written, detailed order for a power mobility device that was signed and dated by the treating physician prior to Oct. 25, but the wheelchair wasn't delivered and billed for until after Oct. 25, the Durable Medical Equipment Regional Carriers (DMERCs) will not apply the requirements of the IFR if that claim is subjected to manual medical review. Instead, the prior documentation requirement will apply, i.e. the device must be ordered prior to delivery; the provider must have a detailed written order on file prior to billing for the device; there must be documentation in the patients medical record indicating that the coverage criteria for the device has been met; and finally, all of the documentation must be available to the DMERC upon request.

Contractor Survey

CMS officials revealed that Medicare will randomly survey 25,000 providers in January to determine their level of satisfaction with the DMERCs and other fee-for-service contractors. The survey will focus on seven key areas: provider communication, provider inquiries, claims processing, appeals, provider enrollment, medical review and provider audit and reimbursement. The Center for Medicare Management will analyze the surveys in April and publish the results in July.

The surveys include 76 questions and can be completed in about 20 minutes. They will be mailed out the third week of January and must be returned by January 25. The survey's can be completed online or providers can request a paper copy that can be return via mail or fax.

Dr. Mark McClellan

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Transfer of ALJ's to HHS

CMS updated the progress of shifting Administrative Law Judges (ALJs) out of the purview of the Social Security Administration to the Department of Health and Human Services (HHS). As of July 1st, third level of appeals will be heard by HHS ALJs. Under the new rules, HHS ALJ's must issue a decision no more than 90 days after the 2nd level (Qualified Independent Contractors (QIC)) of appeal. Appeals, however, will be done by teleconference unless there are compelling reasons to conduct the hearing face-to-face. So far, every state has at least one teleconferencing center to conduct such appeals. In addition, HHS has established four hearing offices: Arlington, VA (East); Cleveland, OH (Midwest); Miami, FL (South); and Irvine, CA (West).

The next ODF is scheduled for December 15th. The PMC will provide details on how to participate once they become