

Centers for Medicare & Medicaid Services  
Home Health, Hospice and DME Open Door Forum  
Wednesday, April 3, 2024  
2:00 – 3:00 p.m. ET

*Webinar recording:*

<https://cms.zoomgov.com/rec/share/hUn0tvNmbMzfDU5XEAn155vdLgKGyfCCBuGMI9ju8-1DEPjRsuvmpifH5dLtLUV.q6X4kNzjWVkJThcIQ?startTime=1712167336000>

**Jill Darling:** Great. Thank you so much. Good morning and good afternoon, everyone. My name is Jill Darling, and I'm in the CMS Office of Communications. Welcome to today's Home Health, Hospice and DME (Durable Medical Equipment) Open Door Forum (ODF). Before we begin with 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 podcast and transcript webpage. That link was on the agenda that was sent out. 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](mailto:press@cms.hhs.gov). All participants are muted upon entry. For those who need closed captioning, a link was provided, located in the chat function of the webinar. For today's webinar, we have the agenda slide, and we will have a resource slide during the Q&A portion of the call 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 call. We ask that any live questions relate to the topics presented during today's call. If you have any 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 ODF resource mailbox, and we will try to get your question to the appropriate component for 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'll do our best to get to all the questions today. So, we will begin with Danny to start us off.

**Danny Tsoi:** Hello, everyone. The proposed rule for the Medicare Hospice Medicare for Service proposes to adopt the most recent OMB (Office of Management and Budget) statistical area delineations, which revises existing or based statistical areas based on data collected during the 2020 decennial census. Hospices affected by the change to their geographic wage index will be eligible for applying a 5% cap on any decrease to the wage index from the prior year. This permanent cap finalized in the FY 2023 hospice final rule would prevent a geographic area's wage index from falling below 95% of its wage index calculated in the prior fiscal year. This proposed rule also solicits comments from the public related to potential implementation of a

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separate payment mechanism to account for high intensity palliative care services, such as palliative dialysis, chemotherapy, radiation, and transfusions provided under the hospice benefits. We also proposed a payment update. The fiscal year 2025 hospice payment update percentage is 2.6%, which is an estimated increase of \$705 million in payment from fiscal year 2024. This results from a 3.3% market basket percentage increase reduced by a .4, 0.4, percentage point productivity adjustment. The proposed fiscal year 2025 rates for hospices that do not submit the required quality data would be updated by the proposed fiscal year 2025 hospice payment update percentage of 2.6% minus four percentage points, which results in a negative 1.4% update. The hospice payment update includes a statutory aggregate cap that limits the overall payments per patient that may be made to a hospice annually. The proposed hospice cap amount for the 2025 fiscal year is \$34,364.85. The fiscal year 2024 cap amount of which is the fiscal 2024 cap amount of \$33,494.01 increased by the fiscal year 2025 hospice payment update percentage of 2.6%. This rule was posted on March 28, and the comment period will be closing on May 28. I'll be now handing it on to the next speaker.

**Frank Whelan:** Yeah, hi, everyone, this is Frank Whelan, and I hope everyone's doing OK today. Just really quickly, we wanted to mention that as many of you are aware of in the hospice field, the hospice certifying enrollment requirement goes into effect on May 1 and under this requirement, physicians who certify hospice services have to be enrolled in or opted out of Medicare for the service to be covered. We've received a good number of questions over the last couple of months, and while we've responded to them individually, we've updated the hospice section of the MLN (Medicare Learning Network) Medicare Payment Systems webpage to address these questions, and we encourage them and encourage you to review them. Just one or two things in this that I did want to mention. One deals with certification timing—the hospice physician and the attending physician only have to be enrolled or opted out at the time they make the certification or recertification. This is probably the most common question that we've received, so that is also addressed in the article, but again, the physician and the attending physician only have to be enrolled or opted out at the time they make the certification or recertification, and on a larger scale, if the physician is currently enrolled or opted out, they don't need to do anything in preparation for this requirement. They already meet the enrollment or opt out requirement. We have a couple of other items in there, so I encourage you to review them. If you have any questions, feel free to send them to the Open Door Forum mailbox. That way we can ensure that they get to the correct person because some of the questions we've gotten deal with matters such as billing and systems. So again, thank you for your time. Again, please read the article, and I will pass it on to the next speaker.

**Lauren Fuentes:** Good afternoon. This is Lauren Fuentes providing updates on the CAHPS (Consumer Assessment of Healthcare Providers & Systems) Hospice Survey. The FY 2025 hospice proposed rule proposes changes to the Hospice CAHPS Survey that I want to share with you today. These proposals are based on the results of a mode experiment conducted in 2021, and we shared the results of the experiment in the FY 2024 rule. Specifically, the changes being proposed in the FY 2025 proposed rule are the addition of a web mail mode, so that is email

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invitation to a web survey with mail follow-up to non-responders. The web mail mode would be an alternative to the current modes that are available, and the hospice could select web mail mode. We are also proposing modifications to survey administration protocols to include a pre-notification letter to go out before the survey is mailed and to extend the field period of the survey by one week.

We are also proposing a shortened and simplified survey, and these changes are proposing, we are proposing the removal of three nursing home items as well as an item about moving the family member that are not included in the scored measures, removal of one survey item regarding confusing or contradictory information from the hospice team communication measure, replacement of the multi-item Getting Hospice Care Training measure with a new one-item summary measure, the addition of two new items which we use to calculate a new care preferences measure, and also a simplified wording to items in the hospice team communication, getting timely care and treating family member with respect measures. CMS is proposing to implement these changes to the CAHPS Hospice Survey beginning with January 2025 decedents. In the proposed rule, we do discuss the impact of the proposed CAHPS Hospice Survey measure changes on public reporting, so I would encourage you to review the rule. It will be officially posted tomorrow on April 4, and as well as you'll be able to see the measure changes in more detail in the rule as well.

And I also did want to mention as far as for current administration of the survey, I want to remind hospices that survey vendor authorizations are now submitted online. The form can be found on the CAHPS Hospice Survey website. That web address can be found on today's agenda. In order to authorize a survey vendor or switch to a new vendor, a hospice representative must submit the CAHPS Hospice Survey vendor authorization form 90 days prior to the first time data will be submitted to the CAHPS Hospice Survey data warehouse by that vendor. If you have questions about submitting your vendor authorization, please reach out to the project team at [hospiceCAHPSsurvey@hsag.com](mailto:hospiceCAHPSsurvey@hsag.com). That concludes my updates. I'll pass it over to Laurie for home health CAHPS survey updates.

**Lori Luria:** Thank you so much. I really appreciate that. Lauren. Last time I spoke, we had discussed a Home Health CAHPS fact sheet that I thought was on the website, and it wasn't. Now it's up, and it's in English and Spanish. If you go to the homepage of [homehealthcahps.org](http://homehealthcahps.org) and look under the featured area that says Information for HHAs (home health agencies), you'll see a link to the new Home Health CAHPS survey fact sheet. This is a good informational tool that home health agencies can use to add to their packages that they give to new patients or current patients about the Home Health CAHPS Survey so that they will understand the survey in case they are selected to participate in the survey, and it also explains in the fact sheet that the survey is a sample—that not all patients are surveyed that enter into home health care. So, we think it's a good fact sheet, and we welcome anybody's thoughts about it as well. You could send it through the Open Door Forum mailbox, or you could also send it to RTI at [hhcahps@rti.org](mailto:hhcahps@rti.org).

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Also, that's newly posted because this is the beginning of the data collection for the calendar year 2026 annual payment update. We have several new features that have been posted to inform everybody about the new data collection period. Also, under the Information for HHA section, you'll see the new data submission periods that start now through the next year, and also you will see a paper that's called Home Health Agency Responsibilities for Home Health CAHPS, and that's a really good paper. It has graphics in it, and it explains the whole process and how HHAs are part of the whole survey. And we also have posted the new participation exemption request form. We always have this up, but this is the new one for the period of data collection that pertains for April 2024, right now through March 2025.

We don't begin data collection for April until mid to late May, which is why this is a wonderful time for HHAs that are not participating in Home Health CAHPS and are thinking about it. It's the best time to start, and that is because you can get all 12 months in your data collection if you start right now. So, this is the time to do it if you're new to Home Health CAHPS or if you once participated and you dropped out and you would like to start again. So, you can write to [hhcahps@rti.org](mailto:hhcahps@rti.org) or you could telephone RTI at 1-866-354-0985. You may also notice on the website that the participation exemption form for calendar year 2025 is no longer there. However, you can still fill one out manually by writing to RTI or by calling RTI. It will still count.

The other thing that I wanted to bring up is that this is an important time for home health agencies to check in the portal that says "For HHAs"—it's at the top of the Home Health CAHPS homepage. You'll see that's a portal, that's a secure portal if you're a home health agency that's in the survey, you know about it, and you have your own ID number, and you've selected your own password, of course. When you go in there, you should go in there from now until the middle of April to check if your particular vendor has started submitting your data because data are due to the Home Health CAHPS warehouse on April 18. As you may recall, in prior times I've spoken, it's always due the third Thursday in the months of January, April, July, and October. So here we are in April, so it's a really good time to check if your data is being submitted or if it already has been submitted.

We also have, that's new on the website, is the new edition of the Coordination Team Quarterly Newsletter. We call it the quarterly team, I think, Quarterly Reporting Update Newsletter. This year's, excuse me, this month's feature is frequent questions that we get to RTI. These are questions that we get many times to RTI, and so we have the questions and, of course, the answers posted. I think that is it right now. I'm just looking through everything, and I think that is it. If you have any questions at all, please contact RTI or you could contact myself through the Open Door Forum mailbox. Also, you could ask me today when everybody has finished presenting. And now, it's my pleasure to introduce Jermama Keys, who is the Director of the Home Health Quality Reporting Program.

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**Jermama Keys:** Good afternoon, everyone, and thank you for joining us for this Open Door Forum. Today, we will also be sharing updates for the Hospice Quality Reporting Program (HQRP) related to this fiscal year 2025 hospice proposal. This rule provided updates related to the HQRP and future measures, including some proposed new HQRP quality measures, proposes the new data collection instrument, the Hospice Outcomes and Patient Evaluation or HOPE tool, request for information regarding some potential social determinants of health, or SDOH, elements, and we're also providing an update on health equity activities and as stated earlier, the Hospice CAHPS Survey. In this rule, we do propose to add two new process measures to the HQRP: Timely Reassessment of Pain Impact and Timely Reassessment of Non-Pain Symptom Impact. We also proposed these two measures as well as the four measures already currently adopted in the HQRP for collection with the new standardized patient-level data collection tool, or HOPE.

We have previously described HOPE as a modification of, and eventually replacement for, the existing HIS (Hospice Item Set) tool, and we are proposing to begin collection of HOPE on or around October 1, 2025. HOPE does differ from HIS in several ways in reference to new time points and visits. There are several expanded domains in relation to HOPE, and they include items such as sociodemographic, living arrangements, availability of assistance, diagnoses, and symptom impact assessment, and imminent death. Next, this fiscal year will also include a Request for Information in relation to our health equity efforts. CMS has requested input from stakeholders on which of several proposed social determinant of health items are suitable for the hospice setting. The fiscal year rule finally includes a proposal related to the time, form, and manner of quality measure data submission to support the HOPE instrument itself. Again, we encourage providers and stakeholders to review the proposed rule for this fiscal year 2025 and provide any comments to this rule. The rule is available on the Federal Register, and I will be placing a link in the chat.

Next, I will be providing some updates on the Home Health Quality Reporting Program. Today, or as a reminder, the Care Compare refresh will actually take place this month, April 2024. The preview reports for the April 2024 refresh of home health data on Care Compare were actually released to providers in January of 2024. As a reminder, the new Discharge Function Score measure is planned to be reported on the Home Health Review and Correct Reports, Outcome Reports, and Outcome Tally Reports in April. The Application of the Functional Assessment and Care Plan that Address Function measure will be removed from the Review and Correct Reports, the Process Measure Reports, and the Process Tally Reports as of April 2024.

In addition, the Home Health Quality Reporting Program risk adjustment models have been recently updated for 2024. Those technical specifications are available for download on the Quality Measures webpage. Next, we want to share an update about the current OASIS (Outcome and Assessment Information Set). CMS is going to be hosting an OASIS Technical Information Call for software vendors and developers on Tuesday, April the 30th, 2024. This vendor call will cover such topics as the OASIS-E Guidance Manual changes, OASIS-E1 data

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specifications, and the System and Validation Utility Tool or the Vote Updates, as well as any submitted Q&As. Please look at the Home Health Spotlight and Announcements webpage for the full call-in information, or you can also access this information via the QSO (Quality, Safety, and Oversight) webpage, and I will be putting that information in the chat as well. Next, I'll be passing it over to my colleague, Marcie O'Reilly, for updates related to the Home Health Value-Based Purchasing Program (HHVBP).

**Marcie O'Reilly:** Thanks, Jermama. I'm just going to give you a few updates and reminders related to the HHVBP model. The final January interim performance reporter (IPR) is in your HHAs folder on iQIES and the preliminary April IPR will be posted on or about April 26. Remember, IPRs use the most current 12 months of data available. We encourage the many HHAs that have not been accessing their IPRs to do so and for all HHAs to access the quarterly reports as soon as they're released.

The July IPR will include an extra tab that will have the benchmarks and achievement thresholds for the revised applicable measure set that starts in calendar year 2025. A web-based training that will review the new measure set will be available in August, and the first annual performance report, or APR, will be posted in August. This report will include your annual total performance score for calendar year 2023 performance and the associated payment adjustment that will be applied to all Medicare fee-for-service claims submitted for home health services provided in 2025. And it will also include the information that will be included on Care Compare later this year. Also, in August, we will provide a webinar that discusses this APR and the public reporting that will start for HHVBP. As a reminder, HHVBP newsletters and updated FAQs will now be posted quarterly. If you didn't see the March newsletter, you can find it on the expanded HHVBP model webpage, and the latest version of FAQs will be available in May.

Finally, if you're not receiving email announcements from CMS about the expanded model, please go to our webpage and join our listserv. The link is near the bottom of the model's webpage, and then policy questions should be sent to the HHVBP help desk, which is [HHVBPquestions@cms.hhs.gov](mailto:HHVBPquestions@cms.hhs.gov). And we'll add the webpage URL and the help desk address to the chat here in a second. Have a great rest of your day, and I'll give it back to Jill.

**Jill Darling:** All right, great. Thank you, Marcie, and thank you to all of our speakers. We will open for Q&A now. So, let's see. I do see some hands raised already, so we can begin.

**Karen Mohr:** Janis, you may unmute and ask your question. Janis, you may unmute and ask your question.

**Janis Donaghy:** If you're talking to me, I don't have a question.

**Karen Mohr:** OK, I'll go ahead and put your hand down.

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**Janis Donaghy:** There you go.

**Karen Mohr:** Thank you. Kate. You may, Katy Barnett, you may unmute and ask your question.

**Katy Barnett:** Will CMS provide an opportunity for hospices and interested parties to ask questions about the HOPE tool to better understand what's in it? I've been reading through it, and I've noticed a few inconsistencies between the rule itself and the HOPE Tool Manual. Will there be a public forum where we can ask those questions in the future?

**Jermama Keys:** Yes, Kate, we do plan on doing several HQRP forums. We also have some additional general training scheduled that will be addressing the different time points, the different updates. For now, what is available is the all-item document, the manual documents, and the information related specifically to the two HOPE QMs (quality measures) that are being proposed. Does that help?

**Katy Barnett:** Yes. Will those forums happen before the comments for the proposed rule are due?

**Jermama Keys:** So, the plan forums are actually happening after the finalization of the rule. Any comments, though, that you have in reference to what is being proposed, we ask that you provide those comments via rulemaking.

**Katy Barnett:** OK, thank you.

**Jermama Keys:** No problem.

**Karen Mohr:** Jill Schuerman, you may unmute and ask your question.

**Jill Schuerman:** How did the hospices verify that a physician that has opted out is still authorized to refer and certify? We've had one hospice that their physician showed on the opt-out list, but it said that they were not eligible for certification. How did they get that fixed?

**Frank Whelan:** Yeah. Hi, this is Frank Whelan. Hospices can verify a physician's enrollment or opt-out status using the CMS ordering and referring data file, ORDF, and it lists all Medicare-enrolled and opted out physicians. But are you saying that you did check that file—and I should mention that the file was updated yesterday with a hospice column, but are you saying that that file isn't accurate with respect to one of your physicians?

**Jill Schuerman:** When we were looking in PECOS (Provider Enrollment, Chain, and Ownership System) originally, they showed as not active, and when we looked on the opt-out list, and this was a month ago, it showed she was on the opt-out list, but was not on the ordering list, the ability to order.

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**Frank Whelan:** OK. You can email me directly with that. No need to send it to the general Open Door Forum.

**Jill Schuerman:** OK.

**Frank Whelan:** Yeah, let me give you my, can I give you my email address? It's [frank.whelan@cms.hhs.gov](mailto:frank.whelan@cms.hhs.gov).

**Jill Schuerman:** All right. Thank you very much. What will you need? Physician's name and NPI (National Provider Identifier Standard)?

**Frank Whelan:** Yeah, that would be great.

**Jill Schuerman:** OK, thank you.

**Frank Whelan:** Sure, you bet.

**Karen Mohr:** Becky Davied, you may unmute and ask your question. Becky, you may unmute and ask your question.

**Becky Davied:** I don't have a question.

**Karen Mohr:** Thank you. All right, thank you, Amir Edris. You may unmute and ask your question.

**Amir Edris:** Hi, I'm actually currently a college student, so I just wanted to know exactly what are the goals of this organization, if you had to dumb it down.

**Jill Darling:** Can you repeat your question, please?

**Amir Edris:** I said, can you just tell me the goals of this organization if you had to dumb it down?

**Brian Slater:** I don't think that that's, this is Brian Slater. I don't think that that's something that we answer on these type of calls. We try to keep things to the agenda items and then any other specific items, whether it be from previous ODFs or things of that nature. As far as what is CMS and what do we do? I mean, I would say Google it, and I don't know if I want to be the CMS official to answer that, but I'm sure that there's official documentation out there on the web that you can find.

**Amir Edris:** OK.

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**Karen Mohr:** All right. Thank you. Cathe Carlson, you may unmute and ask your question.

**Cathe Carlson:** I did not raise my hand.

**Karen Mohr:** Oh, I'm sorry. Did you have a question? OK. Elizabeth, you may unmute and ask your question.

**Elizabeth Anderson:** Hi, this question is for Frank that also follows up on that Medicare provider certification lookup tool. So, we were looking at the, and we are wondering what the differentiator between the HHA column, and the hospice column actually is because it appears that some physicians who are listed as certified for the HHA area are not listed as such for hospice. And so, we're just kind of wondering what is the difference between those two columns so that if we need to create our own mechanisms, we can match what you guys are using.

**Frank Whelan:** Yeah. Hi. Could you email me that? I believe that there was some information regarding that, but I would like to make sure I get you the correct response. So, I gave out my email address earlier. Could you kindly send that to me, your question to me directly? And I'll be more than happy to get back to you on that.

**Karen Mohr:** All right, Suzanne Clark, you may unmute and ask your question.

**Suzanne Clark:** I'm sorry, I do not have a question. All right, thank you. Michelle Mason, you may unmute and ask your question.

**Michelle Mason:** Thank you. I don't know why I'm confused about this, but I am. I'm still confused about this enrolling physician thing, and I can't find that article. I've been Googling and I've been on the MLN site, so if somebody can drop it in the chat, I would very much appreciate it. But my question is, I understand that NPs (nurse practitioners) and PAs (physician assistants) cannot certify, and I think what I'm reading is that this really only applies to physicians, so MDs (medical doctors) or DOs (doctors of osteopathic medicine) that are attendings or certifying physicians. So, if an NP or PA is the attending and they are not in PECOS, it's OK.

**Frank Whelan:** Yeah. Hi, this is Frank. This enrollment and opt-out requirement is not changing who can certify for hospice purposes. It's not making any changes to the applicable regulation, which I believe is 418.22. So, nothing in that vein is changing. All this requirement does is require that the person be enrolled or opted out. The web link for the article, it may be on the Helpful Resources page. Yeah, it's on the Helpful Resources screenshot here. If you look at the middle column, it should be on the very bottom of the page. Readers can link to the article at blah, blah blah, blah.

**Michelle Mason:** Got it. Got it. But I'm still confused. So, does this apply to PAs and NPs?

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**Frank Whelan:** OK. If you could email me that question, we'll go ahead and get back to you.

**Michelle Mason:** OK. Can you give me your email address? I'm sorry.

**Frank Whelan:** Oh, sure. No problem. It's [frank.whelan@cms.hhs.gov](mailto:frank.whelan@cms.hhs.gov).

**Michelle Mason:** OK. Thank you.

**Frank Whelan:** You bet. No problem. Have a great day.

**Michelle Mason:** You too.

**Karen Mohr:** All right, Cody Reber, you may unmute and ask your question.

**Cody Reber:** I have two questions today. First is, when can we expect a draft of the updated CAHPS, hospice, P&G, or protocols and guidelines, including changes from the FY 2025 hospice proposal rule?

**Lauren Fuentes:** Hi, this is Lauren. So right now, the proposals that I discussed are just that. They're just proposals. So, we will collect comments and then we will finalize a rule later this year. So, any changes that are adopted and finalized, you can expect those before 2025 in time for our survey vendor trainings, which we typically do in the fall.

**Cody Reber:** OK. Also, it's a different question regarding Discharge Function Score. We're aware that CMS is updating the technical specifications guide to accommodate a change in the vision, coefficient, and recalibration accordingly. Is there a scheduled release date for that?

**Jermama Keys:** Hi, Cody. I do not have the specific release date for that yet. Once those final specs are verified, we'll be able to provide a little bit more detail.

**Cody Reber:** All right, thank you.

**Karen Mohr:** Cody? Sorry, I misspoke your name. All right. Jessica Johnstonbaugh. You may unmute and ask your question.

**Jessica Johnstonbaugh:** I was wondering on the PECOS enrollment when we're reviewing it to make sure that the physicians, the hospice physicians that we have are PECOS enrolled. Is there a way to see when that expiration of their enrollment is? So, we would know when to make sure that we rerun the information or the files to see if they're re-enrolled.

**Alisha Sanders:** Hi, this is Alisha Sanders. Can you repeat that question?

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**Jessica Johnstonbaugh:** So, we were instructed on another webinar with our EMR (electronic medical record) to look up the enrollments of our physicians that they're uploaded with the files twice a week and to try to keep up with when we review the PECOS files to see if the physician is enrolled. Is there anything that—in looking it up and I've pulled a file to look at it, but it doesn't state when that physician's expiration for enrollment is—is there any way to see when their PECOS enrollment expires, or it has to be revalidated?

**Alisha Sanders:** So, the PECOS file will only include those actively enrolled providers actively approved or opted out. When they become no longer active, then they would be removed from the file. So, you can assume that anyone listed on the file is actively enrolled or opted out of Medicare and would qualify to certify for hospice.

**Jessica Johnstonbaugh:** So, I guess my question would be, how frequently is it suggested that we're looking at these files to make sure that they are still active? If we don't have an expire...

**Alisha Sanders:** The file is updated twice a week. So, it would be updated as of those days and as of the day you're looking at it, you can assume that that provider is actually enrolled or after that.

**Jessica Johnstonbaugh:** Ok. So, it's expected that we're supposed to be looking at it twice a week to see if our providers are still active.

**Frank Whelan:** Yeah. Jessica, this is Frank. I think it really lies within your discretion as to how frequently you want to check it. I'm sorry, Alisha, I didn't mean to interrupt you. Did you have something you wanted to add to that?

**Alisha Sanders:** Nope, that was it. Thanks, Frank.

**Jessica Johnstonbaugh:** OK, thank you.

**Karen Mohr:** Caryn Kucyk, you may unmute and ask your question. OK. I think we muted you accidentally, Caryn, let's try it again.

**Caryn Kucyk:** Thank you so much. Can you hear me now?

**Marcie O'Reilly:** Yes, we hear you. Perfect. Thank you.

**Caryn Kucyk:** To effectively monitor our VBP outcomes to kind of mirror CMS, we just had a question if we should be running our SHP (Strategic Healthcare Program) reports for a rolling calendar year, or we should be doing a year today? So, for example, if I was looking for today, would I go February of 23 through February of 24, or should it be year to date, where it's January

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24 to February of 24? What is the most accurate way to run those reports to mirror CMS' outcomes on VBP?

**Marcie O'Reilly:** Caryn, I saw you sent a question to the help desk to this effect, didn't you?

**Caryn Kucyk:** Probably Lisa did, but yes, I'm sure.

**Marcie O'Reilly:** All right, so we're going to respond there. I don't want to tell you how to do it off the cuff and tell you something wrong on this call. So, we'll send you that information shortly.

**Caryn Kucyk:** Perfect. I greatly appreciate it.

**Karen Mohr:** Brenda, you may unmute and ask your question. Brenda Kenyon, you may unmute and ask your question. We're unable to hear you, so we'll circle back around to you, Brenda. Next person, OK, here we are, Stacy Witt, you may unmute and ask your question.

**Stacy Witt:** Hi. So, I think I have two questions now based on what Cody asked about the Discharge Function Score for Home Health. I wasn't aware of a recalibration coming. Is there information on that? The latest spec I have is February 24.

**Jermama Keys:** Any of the current updates that are in the data specs will remain current unless there are any changes after the final vendor call this month. The updates to the actual data specifications weren't available on the, within the last refresh, but they should be available now. But if you refer to those specs that are current, then that information will more than likely be true to what you'll see moving forward.

**Stacy Witt:** Ok. So, the February 2024 update is the latest that we know.

**Jermama Keys:** Yeah.

**Stacy Witt:** OK. So, then the next question I had was in the CMS or EVT (endovascular mechanical thrombectomy) finding, with all that were the average expected function scores less than the observed?

**Jermama Keys:** So, I am not going to give you any wrong information, but if you could form that question and send it to the help desk, the home help desk, they'll be able to get you the specifics. We did just have a Q&A document that's going to be posted, and I believe that information is going to be available, but it won't be posted until later this month.

**Stacy Witt:** OK. And that's the [HHVBPquestions@cms.hhs.gov](mailto:HHVBPquestions@cms.hhs.gov)?

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**Jermama Keys:** Not VBP. Give me one second.

**Stacy Witt:** OK.

**Jermama Keys:** It should be hhqualityquestions.

**Stacy Witt:** All one word?

**Jermama Keys:** I'm making sure that there's not an "s" in there. I'll put it in the chat for you.

**Stacy Witt:** OK, great. Thank you so much.

**Jermama Keys:** No problem.

**Karen Mohr:** Paul O'Donnell, you may unmute and ask your question.

**Paul O'Donnell:** Hello. Wondering if there was a timeline on whether or not RCD (Review Choice Demonstration) was going to be expanded past the end of May deadline.

**Kelly Vontran:** Hi, this is Kelly. We don't have anyone on the line from CPI (Center for Program Integrity), so if you would send your question to the ODF mailbox, we will triage it to the correct component.

**Paul O'Donnell:** Thank you.

**Karen Mohr:** Carolyn Dean, you may unmute and ask your question.

**Carolyn Dean:** OK, thank you. My first is a comment to another caller's question regarding the ORDF file and the different columns that exist for home health hospice, DME, and so on. Just wanted to help out with that one. The different columns are there because physicians who are enrolled in PECOS might be of different practitioner types, and the different Medicare programs only allow certain practitioner types to order and certify. They can be different. For example, on hospice, you can't have an NP or PA certify the hospice terminal illness, so they would have an "N," but in home health, they might be able to order. So that same physician might have a "Y." So, I just wanted to help out with that question, and I did receive that information from CMS, so I think that's pretty solid.

But then I have a question, and this question is for Frank. You did inform that the MLN exists with updated important concepts for hospices to be aware of as it relates to the PECOS enrollment requirement. My question is that really doesn't go into the actual claim edits that are being implemented with the current change requests and what will be addressed in the October 1, I guess transmittal, when those gaps are fixed. Is there a point in time when the gaps that exist in

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the existing implementation transmittal, where only one field is being looked at with the initial implementation, will be updated, and do we know when that will be released?

**Frank Whelan:** Hey Carolyn, this is Frank. First off, I enjoyed our conversation this morning. It was nice to talk to you. As I also indicated during our conversation, this MLN Matters article, as it exists now, is not necessarily going to be the final product, never subject to change. There could be additional issues that come up, and we will, of course, update the article to address them. The claims people are not on the line. They would be in the best position to address that. But what I can assure you of is that we do understand the urgency behind this, and we will get revised guidance, including dealing with the issues that you talked about as soon as we can. That's pretty much all I'm in a position to say.

**Carolyn Dean:** OK, thank you. And then just one last question. There were quite a few questions today regarding expiration of PECOS enrollment, and we do know that the existing ORDF file, which is a tool for enrollment, will show a “Y” for those that are good to certify, a “no” for those that are not good to certify, if they're not in a file at all, that is actually a red flag as well, they're not good to certify. But I think what providers might be asking for, and if such a thing is available, it would be good to know is if there are physicians who are eligible to certify today but they were to become deactivated tomorrow or they're due for the one who has an I type enrollment where they're billing Medicare and they're due to revalidate their enrollment every five years—is there a tool that will allow them to see when they're set to expire on their expiration date? So, I think that's what providers are looking for. Another tool that focuses on those physicians that might be due for revalidation that, if so, might expire or those that are in amidst of their enrollment process, but the enrollment process isn't done yet. Is there a separate list? I believe the MACs (Medicare Administrative Contractors) have published something on their sites that there's some type of opt-out affidavit list that could be looked at for those that are opt-out application type and so on. And I don't mean to belabor this, but I think that over the years that I've been in this industry, this is a recurring question from not just hospice providers but home health providers of having a tool that would provide them with information about when an enrollment is set to expire for those enrollment types that do need to be revalidated as well as some way of knowing that a physician's enrollment is in process but not completed yet and therefore it wouldn't be on that ORDF.

**Alisha Sanders:** So, we do have a revalidation lookup tool, and I can provide the link in the chat that will give the revalidation due date. So, like you said, providers are required to revalidate every five years and three years for DME, but unrelated in this situation. But that lookup tool does provide the revalidation due date for all of the enrolled providers. It will just provide a due date. It won't tell you if that revalidation is in process or anything like that. But if that would be helpful to providers to know when their individual physicians are coming up for revalidation, then that tool of resource is available to you.

**Carolyn Dean:** OK. But other than that, there probably isn't anything at this time, it sounds like.

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**Alisha Sanders:** Correct. Not that would show you any providers that have been deactivated otherwise outside of looking at the file to see that that provider is no longer eligible to order and certify.

**Carolyn Dean:** OK. All right. Thank you. I just wanted to make sure there wasn't something we weren't aware of. All right, that's all I have. Thank you.

**Karen Mohr:** Alicia Aylward. You may unmute and ask your question.

**Alicia Aylward:** Hi, good afternoon. Along the lines of the new HH CAHPS Survey fact sheet, is there something similar for hospice that could be provided to caregivers in an appropriate way at an appropriate time?

**Lauren Fuentes:** Hi, Alicia. I'll check on that and see if we have a fact sheet. Off the top of my head, I'm not sure that we have a similar type of document, but I can check on that, and maybe if you want to follow up, you can send me an email at [hospicesurvey@cms.hhs.gov](mailto:hospicesurvey@cms.hhs.gov).

**Alicia Aylward:** Hospice survey at, I'm sorry, what was the rest?

**Lauren Fuentes:** cms dot hhs dot gov.

**Alicia Aylward:** Perfect. Thank you so much. I'd appreciate that.

**Lauren Fuentes:** You're welcome.

**Karen Mohr:** Amanda Frederick, you may unmute and ask your question.

**Amanda Frederick:** Hi, did you guys mention something about some OASIS training, maybe in April? I'm digging around on the website, but I don't see it.

**Jermama Keys:** The OASIS vendor call is scheduled for April the 30<sup>th</sup>, and there's a link to the registration in the chat.

**Amanda Frederick:** Thank you.

**Jermama Keys:** No problem.

**Jill Darling:** And we'll take two more questions.

**Karen Mohr:** B Westover. You may unmute and ask your question.

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**B Westover:** The question is related to the new HH CAHPS information sheet. So, we have one that we've been using so far because there wasn't a sheet previously. Assuming that that is consistent with CMS rules for what we can communicate with patients ahead of the HH CAHPS, can we continue to use that or are we required to use the new form?

**Jill Darling:** The speaker on that had to leave the call, but could you please send that to the Home Health Hospice and DME Open Door Forum email, please? I'll put it in the chat for you.

**B Westover:** Thank you.

**Jill Darling:** Sure thing.

**Karen Mohr:** And I'll circle back to Brenda Kenyon. You may unmute and ask your question. Brenda, you might be double muted, so try unmuting your device. All right. Jill Schuerman, did you have one more question?

**Jill Schuerman:** Yes. So, you mentioned on this order and referring search, if they're not listed at all, even though they're on an opt-out list, what does that mean? Why would they not show up?

**Alisha Sanders:** We would have to look into the specific example, but it could be like one of the callers said, that they don't meet the specialty, where they don't have the correct specialty to order a service. But without looking at the specific example, I can't be [inaudible].

**Jill Schuerman:** All right, thank you.

**Karen Mohr:** All right, there are no further questions at this time.

**Jill Darling:** All right, well, thank you all for joining, and we will—that concludes today's call. If you do have any further questions, please email the Home Health Hospice DME Open Door Forum email. It is the first one listed on the slide. Then, please utilize these links and other emails to get your comments and questions in. So, thank you everyone for joining us today. That concludes today's call.

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