

Centers for Medicare & Medicaid Services
Open Door Forum: Home Health, Hospice and DME
Moderator: Jill Darling
Wednesday, April 19, 2023
2:00 p.m. ET

Coordinator: Welcome, and thank you for standing by. All participants will be able to listen only until the question-and-answer portion of today's conference. At that time, to ask a question, please press Star 1.

Today's conference is being recorded. If you have any objections, please disconnect at this time. I would now like to turn your conference over to Jill Darling. Thank you. You may begin.

Jill Darling: Thank you, (Julie). Good morning, and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communications, and welcome to today's Home Health, Hospice, and DME Open Door Forum.

Before we get into the agenda, I have one brief announcement. This Open Door Forum is open to everyone, but if you are a member of the press, you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you have any inquiries, please contact CMS at press@CMS.hhs.gov.

First up, we have Amanda Gardner, who will give an update on the fiscal year 2024 hospital proposed rule payment policy update.

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Amanda Gardner: Thank you, Jill. On March 31st, CMS issued the fiscal year 2024 hospice proposed rule that would update Medicare hospice payments and the aggregate cap amount for fiscal year 2024, in accordance with existing statutory and regulatory requirements.

The fiscal year 2024 hospice proposed payment update percentage is 2.8%, which is an estimated increase of \$720 million in payments from fiscal year 2023. This is a result of the 3% market basket percentage increase reduced by a 0.2 percentage point productivity adjustment.

The Consolidated Appropriations Act of 2021 changed the payment reduction for failing to meet hospice quality reporting requirements from two to four percentage points.

Therefore, beginning in fiscal year 2024, and for each subsequent year, hospices that fail to meet quality reporting requirements, receive a four percentage point reduction to the annual hospice payment update percentage for that year.

The proposed fiscal year 2024 rates for hospices that do not submit the required quality data would be updated by the proposed fiscal year 2024 hospice payment update percentage of 2.8% minus the four percentage points, which results in a negative 1.2% update.

This year's proposed rule also includes a statutory aggregate cap that limits the overall payments per patient that is made to a hospice annually. The proposed

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cap amount for 2024 is \$33,396, which is equal to the fiscal year 2023 cap amount updated by the proposed fiscal year 2024 hospice payment update percentage of 2.8%.

This proposed rule also includes information on hospice utilization trends and solicits comments regarding information related to the provision of higher levels of hospice care, spending patterns for non-hospice services provided during the election of the hospice benefit, ownership transparency, equipping patients and caregivers with information to inform hospice selection, decision-making selection in ways to examine health equity under the hospice benefit.

Finally, this rule proposes conforming regulations text changes related to the expiration of the COVID-19 public health emergency.

Public comments on this proposed rule will be accepted until May 30th.

And with that, I'll turn it over to Lori for the Home Health CAHPS Survey updates.

Lori Luria: Thank you so much, Amanda. Just have a few updates for Home Health CAHPS Survey, but April was always the big month for us, because every April is the beginning of a new data collection period for the Home Health CAHPS Survey and the Home Health annual payment update. The data collection period runs from April through the end of March.

And this is so we can calculate the participation in time to compile the APU list of compliance and non-compliance in the late summer, and then go forth

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with the reconsideration period. This is the beginning of the data collection for the calendar year 2025 annual payment update. So, it'll run from this month, April 2023, through March 2024.

And as usual, all Home Health agencies have to count how many eligible patients that they had in the previous year, in the previous April through March period, to determine whether they need to participate in this period. And so, all Home Health Agencies with 60 or more Home Health CAHPS-eligible patients in the previous year, need to participate in this year from April 2023 through March 2024.

If HHAs had fewer than 60 Home Health CAHPS-eligible patients from April 2022 through March 2023, then they should complete the participation exemption request form for calendar year 2025. And we right now have it up on our Home Health CAHPS website. So, we urge all Home Health agencies to complete that as soon as they do their counts, although we leave it up for the entire year. We leave the form up.

And also, I wanted to mention that if you are an HHA that didn't participate in last year's Home Health CAHPS Survey because you had fewer patients than the requirement, and you didn't complete the calendar year 2024 form, you can still do the form. It's going to be sent to you. And the way you can get it is to contact the Home Health CAHPS Survey coordination team.

And you can email the team at hhcahps@rti.org, or you can call RTI at (866) 354-0985. You should do that if you want to be counted as compliant with the calendar year 2024 annual payment update. Okay, moving on, we have an

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important deadline tomorrow, April 20th. Tomorrow is the deadline that vendors must submit Home Health CAHPS Survey data for the fourth quarter of 2022.

All HHAs should have already checked or should definitely check today on the HH - it's a portal on the Home Health CAHPS Survey website that's called for HHAs. And you have your unique ID, and you set up, of course, your own password, and you could go into the portal and see if your vendor submitted your data.

If they did not, then you must - you should really get to your vendor today to make sure that your data has been submitted, and will be submitted by midnight tomorrow night. We also have several new documents and reminders that are on the Home Health CAHPS Survey website. Right now, we recently put up, since the beginning of April, and one is the April 2023 Home Health CAHPS Survey coordination team quarterly newsletter.

It's a one-page newsletter, and it's very informative. And if you are ever interested in seeing any of the newsletters prior to now, we have them all on the website. In addition, if you are a Home Health Agency that has not yet participated in the Home Health CAHPS Survey, now is a great time to start and to sign up now, because if you start now, you can fully complete the data collection for the calendar year 2025 annual payment update by starting in April.

So, the vendors really don't have to start the data collection until the third or fourth week of May because the April information is not completed until April

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30th. In other words, we want to see if patients receive services in April in order to be in the April sample. So, it's a very good idea if you are not yet participating, here's your opportunity to do so.

And again, you could call RTI at (866) 354-0985, or if you're shy, you can email them at hhcahps@rti.org. I want to thank Jill, and it's my pleasure now to pass this on to Marcie O'Reilly from CMMI, to discuss the Home Health Value-Based Purchasing Model. Thank you.

Marcie O'Reilly: Thanks, Lori. Good day, everyone. This is Marcie O'Reilly, the coordinator for the expanded Home Health Value-Based Purchasing Model. I'm joining you today to provide a few reminders about the expanded Model.

The first performance year for the expanded Model began on January 1st, and CMS will use quality measure data from calendar year 2023 to assess each Home Health Agency's performance for the calendar year 2025 payment year.

We've been getting a lot of questions about data submission, and I wanted to remind you that to reduce reporting burdening, there are currently no additional data submission required for the expanded HHVBP Model.

The Model's quality measure performance is calculated using data already submitted via the OASIS, Medicare Fee for Service claims, and the HHCAHPS Surveys.

We've also received a number of questions recently about the transition to -

how the transition to OASIS-E affects the measures in the expanded HHVBP Model, particularly around the hospice exclusions.

And I wanted to point out that we've added several questions to our list of frequently asked questions that are available on the expanded Model webpage, specifically questions 3020.1 and question 3022.1. If you have questions that aren't included in the FAQs, please email the HHVBP help desk.

In addition, in November and January, we provided each Home Health Agency, the first and second of three pre-implementation performance reports, also known as a PIPR.

This report provides each HHA with their specific performance data for the quality measure set used in the expanded Model with comparison to HHAs nationally within their peer cohort, whether you're a large volume cohort or a small volume cohort.

This report also provides preliminary achievement thresholds and benchmarks for each measure. The report uses the most current data available, and the third PIPR will be available during the last week of April.

If you do not see your HHAs report in the HHA provider preview reports folder, please contact the iQIES help desk. The email address for the iQIES help desk is included in the agenda for today's Open Door Forum.

And as a reminder, we have developed many, many resources to assist Home Health Agencies with understanding the expanded Model. In addition to the

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Expanded HHVBP Model Guide, FAQs, and monthly newsletters, resources, including webinars and podcasts for quality measures, quality improvement, available reports, and the total performance score and payment adjustment, are available on the expanded HHVBP Model webpage. And that URL for this webpage is also included in the agenda for today's ODF.

And if you have any questions about policies and resources for the expanded Model, please send them to our help desk at HHVBPquestions@lewin.com. This email address is also listed within today's agenda.

And if you are not receiving regular emails from CMS about the expanded Home Health Value-Based Purchasing Model, please go to our website and join our listserv. Thank you, and I'll now hand it over to my colleague, Jermama Keys.

Jermama Keys: Good afternoon, everyone, and thanks again for joining us today. I have several announcements about the Home Health Quality Reporting Program, or HHQRP. First, I'd like to share an update about the QAO performance reports. The QAO interim performance reports were posted in iQIES folders on March 23rd.

The report includes OASIS assessments completed during the period of January 1st, 2022, through December 31st of 2022, and includes OASIS assessments submitted by January 31st of 2023.

The next QAO interim performance report will be available in iQIES folders on or around June 22nd of 2023. This report will include OASIS assessments

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completed during the period of April 1st, 2022, through March 31st of 2023. It includes OASIS assessments submitted by May 5th of 2023.

Next, I would like to share information about the April 2023 Care Compare refresh. The quarterly refresh for the Home Health Quality Reporting Program will be available on Care Compare later this month. The preview reports related to the 2023 refresh of Home Health data on Care Compare, were released to providers on January 11th, 2023. And the preview report period ended on February 10th, 2023.

Lastly, we want to remind providers that yesterday CMS published the quarterly Q&As, and they are available on the QTSO website. If you scroll to the bottom and search for OASIS Q&As, the PDF document is referenced as April 2023 quarterly CMS Q&A, and that link is provided in today's agenda. Next, I will update you on hospice topics.

We'll be sharing updates today related to the fiscal year 2024 hospice proposed rule. The rule provides updates related to the HQRP and future measures, including hospice outcomes and patient assessment patient evaluation, or HOPE, quality measure development, health equity, the consumer assessment of healthcare providers and systems for hospice CAHPS, codification of the HQRP dated completion threshold, and hospice program survey and enforcement for special focused program updates.

First, I will cover some updates that were related to HOPE. The draft of HOPE has undergone several phases of testing to establish the reliability, validity, and feasibility of the assessment instrument.

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These phases have included cognitive pilots, alpha testing, and national beta field-testing. Beta test data is currently being analyzed and will be used to propose HOPE in future rulemaking. Any comments regarding HOPE can be made to hospiceassessment@CMS.hhs.gov.

We also discussed some of the quality measurement developments. CMS intends to develop at least two HOPE-based quality measures in the future, there being a timely reassessment of pain, and a timely reassessment of non-pain symptom impacts. This will also include updates related to health equity efforts related to the RFI in a previous fiscal year 2023 rule.

In response to comments that we received, the Home Health and hospice health equity Technical Expert Panel, or TEP, was convened by CMS in the fall of 2022. It was comprised of health equity experts from hospice and Home Health settings, specializes in quality assurance, patient advocacy, clinical work, and measurement development. The TEP summary report will be published later this spring on the HQRP and Home Health QRP website.

We also discussed CAHPS hospice survey updates in this rule. CMS recently conducted a CAHPS hospice survey mode experiment, with the goal of testing the effects of adding a web-based mode and the effects of a shortened survey. CMS will use this mode experiment to inform decisions about administrative protocols and survey content. No changes were proposed in this rule.

We also provided a proposal to add a new paragraph J to codify already regulated data completion thresholds, whereby hospice must meet or exceed

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the data submission threshold set at 90% of all required HIS or successor instrument records within 30 days of the event. The thresholds have been applied to the HQRP since the fiscal year 2018.

Finally, we provided an update regarding the hospice special focus program or SFP mandated by the CAA 2021. The Secretary is directed to create a special focus program for poor-performing hospice programs. The mandate enforces remedies to be imposed instead of, or in addition to, the termination of a hospice programs' participation in the Medicare program.

The special focus program was created, and the TEP meetings were held in the fall of 2022. CMS plans to include a proposal implementing the special focus program and a separate informal dispute resolution or IDR process for hospices in the calendar year 2024 Home Health prospective payment update rate proposed rule.

For more information about the fiscal year 2024 hospice NPRM, please visit the hospice center website on [cms.gov](https://www.cms.gov), or you can visit the federal register at www.federalregister.gov, to access the complete proposed rule. As a reminder, the comment period does close on May 30th, 2023.

Lastly, CMS recently released the following resources - the following resource documents to the HQRP webpages. There's a CAHPS hospice survey fact sheet, which can be found on the HQRP public reporting key dates for providers webpage.

And there's also a fiscal year 2023 hospice quick reference guide, in addition

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to the March 2023 quarterly outreach communication. Both can be found on the HQRP requirement and best practice page. Thank you for your time, and I will now turn it over to Justin Carlisle to discuss DME.

Justin Carlisle: Thank you. This is Justin Carlisle. I'm with Center for Program Integrity, and I'll be providing an update on the DMEPOS prior authorization program. In 2019, CMS issued the ESRD and DMEPOS final rule, which is CMS-1713-F, which permits suppliers to voluntarily request prior authorization for certain DMEPOS accessory items.

The goal of voluntary prior authorization is to increase operational simplicity by allowing suppliers to request prior authorization for an accessory. Thus, prior authorization decision will be rendered for both the required items and the voluntary items simultaneously. Voluntarily requesting prior authorization for certain DMEPOS accessory items is not mandatory, and does not create a condition of payment.

The first iteration of the voluntary prior authorization list under the DMEPOS prior authorization program became effective April 6th, 2023, and contains 53 HCPCS codes, all of which are power mobility device, PMD, accessories. Voluntary prior authorization requests submitted for PMD accessory must include the required PMD base.

If a prior authorization request does not include a required item, the request will be rejected. If the required item on the request is not affirmed, the accessory will also be non-affirmed. The MACs will issue a decision within

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10 days. For expedited requests, the MACs will issue a decision within two days.

The MAC decision for the accessory items will remain valid for six months following the provisional reaffirmed review decision. More information on voluntary prior authorization, including the full list of codes and updated frequently asked questions and operational guide, can be found on the DMEPOS prior authorization webpage at go.cms.gov/dmepospa. Email inquiries can be sent to dmepospa@cms.hhs.gov. I will now turn the call back over to Jill.

Jill Darling: Okay. Thank you, Justin, and thank you to all of our speakers today. That concludes today's presentations, and we will now open the call for Q&A.

Coordinator: Thank you. If you would like to ask a question, please press Star 1. You will be prompted to record your first and your last name. Please unmute your phone when recording your name. And to withdraw your question, press Star 2. Once again, to ask a question, please press Star 1. One moment, please, for the first question. Our first question comes from (Cody Reber). Your line is open.

(Cody Reber): Hi. What is the release date of the April PIPR for the expanded purchasing model? I believe that you gave it earlier. Can you just repeat that?

Marcie O'Reilly: Yes, it should be - it's going to be around the 27th, but who knows, of April. So, sometime that week. So, next week basically.

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(Cody Reber): Great. Thank you. Awesome. Perfect. The HHVBP, I have one other question, if I may.

Marcie O'Reilly: Sure.

(Cody Reber): Great. For the IPR that will be released in July for the interim performance report, it will include the calendar year 2022 achievement thresholds and benchmarks. Given the risk adjustment or RAO changes and hospice discharge measure exclusions that are now effective for several measures as of January 1st, 2023.

We're curious if these same changes will be applied to the prior year model and agency baseline scores for that IPR report. Thinking no, but wanted to confirm.

Marcie O'Reilly: It will depend on what the episode end date was if (EOR) or the start date. If it started before the new exclusion started in 2023 and is included in the calculation, then no, but if it has any episodes, which I don't think that report will, that started after 2023, I may be wrong, but that would be - then it would not - then it would include those.

But if you want to send that exact question to our help desk, we can get you a more concise answer, as opposed to my off-the-hip answer. But I think you're right. I think your assumption is right.

(Cody Reber): Awesome.

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Coordinator: Thank you. Our next question comes from Lupe Cruz. Your line is open.

Lupe Cruz: Oh, hi there. I just needed some help understanding where I can find the OASIS quarterly Q&As that were posted yesterday, I believe. Is that on the QTSO website when I log in as a state agency?

Jermama Keys: That is on the QTSO website, not the general website. You can actually find it if you log in. just choose the general QTSO website. That link should be in your agenda, but I can - give me one second.

Lupe Cruz: Yes. Which link is it? I'm looking at the agenda, and I wasn't sure.

Jermama Keys: So, it's going to be <https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals>.

Lupe Cruz: Ah, okay. I was typing that in right as I - oh, okay.

Jermama Keys: That's good.

Lupe Cruz: Agency providers. So, that took me to Home Health Agency providers. And then, do I click on - there's a couple of tabs that go across. I'm assuming I go to FAQs? Wait. No, it's not there.

Jermama Keys: So, did you also type in backslash reference hyphen manuals?

Lupe Cruz: Yes.

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Jermama Keys: Okay. So, if you look under reference and manuals, you're going to go all the way to the bottom where it says OASIS quarterly Q&As.

Lupe Cruz: Oh, okay. I see it. Okay, I got it. Yep. Thank you so much.

Jermama Keys: No problem.

Coordinator: Thank you. As a reminder to ask a question, please press Star 1. Our next question comes Nova York. Your line is open.

Nova York: Thank you. I just was going to ask if you could please repeat the web address for the voluntary prior authorization of the DMEPOS. Could you just repeat that web address for more information on that item?

Justin Carlisle: Yes, that is [go.cms/gov/dmepospa](https://go.cms.gov/dmepospa).

Nova York: PA.

Justin Carlisle: Yep.

Nova York: Okay. [Go.cms/gov/dmepospa](https://Go.cms.gov/dmepospa).

Justin Carlisle: Yes.

Nova York: Okay. That's all I needed. Thank you.

Justin Carlisle: Yep. You're welcome.

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Coordinator: Thank you. Our next question comes from Susan Powell. Your line is open.

Susan Powell: Yes. I wanted to ask you to reiterate what the two future HOPE elements were. I wasn't able to type fast enough. And then lastly, I wanted to confirm that I'd heard correctly on the web-based mode delivery option for hospice CAHPS. It looks like there's going to be no changes at this time.

Jermama Keys: So, that is correct. There are no changes at this time. The CAHPS Survey was basically doing a web-based mode experiment or experience with the goal of testing the effects of whether or not it would be beneficial in adding that experiment web-based mode or the effects of a shortened survey.

In reference to HOPE, more to come in reference to whether or not those HOPE-based quality measures will be proposed in the future, but CMS is thinking of a timely reassessment of pain impact, and we're also considering timely reassessment of non-pain symptom impact.

Susan Powell: Okay. Thank you.

Jermama Keys: You're welcome.

Coordinator: Thank you. I'm showing no further questions at this time.

Jill Darling: All right. Everyone, well, we appreciate your time joining us for today's call. If you do have any update - I'm sorry, if you have any comments or questions that you don't think of right now, please feel free to email the Home Health

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hospice and DME email address. It's located on the agenda, and you'll get some time back today. So, thank you, everyone, for joining, and that concludes today's call.

Coordinator: Thank you for your participation. Participants, you may disconnect at this time.

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