

Centers for Medicare & Medicaid Services
Open Door Forum: Home Health, Hospice and DME
Moderator: Jill Darling
Wednesday, August 10, 2022
2:00 pm ET

Coordinator: Welcome, and thank you for standing by. At this time, all participants are in a listen-only mode until the question-and-answer session of today's conference. At that time, you may press Star 1 on your phone to ask a question. I would like to inform all parties that today's conference is being recorded. If you have any objections, you may disconnect at this time. I will turn today's call over to Jill Darling. Thank you. You may begin.

Jill Darling: Thank you, (Denise). 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 today's 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. And I will now hand the call over to our co-chair, Brian Slater.

Brian Slater: Thanks, Jill. Good afternoon, everyone. Just a couple of updates before we get into the agenda for today, first of which is the comment period for the calendar year 2023 Home Health rule, closes this coming Tuesday, August

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16th. So, get your comments in so that we can evaluate them for, you know, potential revisions for the final.

In addition, too, Wil Gehne, who's a member of our Provider Billing Group, who is usually on these calls, was unable to make the call today. So, I know that there's usually a lot of billing questions on the call, but since he's not on today, if you guys have any questions like that, to just send them to the ODF mailbox.

It's on the agenda, but if - those who don't have the agenda readily available, it's HomeHealth -- all one word -- _Hospice_DMEODF-L at cms dot hhs dot gov. (HomeHealth_Hospice_DMEODF-L@cms.hhs.gov)

All right. So, the first agenda item is the FY fiscal year calendar year 2023 hospice final rule. So, on July 29th, CMS published the 2023 hospice final rule. It updated hospice payment rates, the aggregate cap, the wage index for fiscal year 2023, in accordance with statutory and regulatory requirements.

We project a 3.8% or \$825 million increase in hospice provider payments for fiscal year 2023. That 3.8% is based on the estimated 4.1% inpatient hospital market basket update, which has been reduced by the productivity adjustment factor of 0.3%.

The final cap amount for fiscal year 2023 is \$32,486.92, which is the 2022 cap amount updated by the payment update percentage of 3.8%. Also, the final hospital or hospice wage index, is based on the fiscal year 2023 pre-floor, pre-classified hospital wage index data.

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And lastly, also related to the wage index, we finalized a permanent 5% cap on negative wage index decreases from the prior fiscal year, beginning in fiscal year 2023. This permanent cap was implemented in a budget manner - budget-neutral manner, and will smooth the impact of year-to-year changes in hospice payments related to changes in the hospice wage index.

So, without any further ado, I will pass the reins over to Jermama Keys, who will go over the Hospice Quality Reporting Program updates. Jermama?

Jermama Keys: Good afternoon, and thank you all for joining us for this open-door forum. We have a couple of updates to share with the hospice community regarding the fiscal year 2023 hospice payment rates update final rule. Firstly, we wanted to give you guys a brief overview of the rule-making process, which begins with the fiscal year proposed hospice rule publishing each year ending April.

After the proposed rule is published, CMS usually provides a 60-day public comment period. And from May to July, CMS reviews the comments received, writes responses, and includes them in the final rule, which generally publishes by August 1st, and is effective 60 days after publishing on October 1st.

The fiscal year final rule was published on July - in July of 2022, on July 29th, and it can be accessed at the Federal Register's public inspection desk, and is available under special filings. We would like to provide an overview of those updates included in the fiscal year 2023 hospice final rules, which includes HQRP annual payment update, public reporting, development of the hospice

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outcomes and patients evaluation, or HOPE patient assessment, the Consumer Assessment of Healthcare Providers and Systems, or CAHPS Survey, health equity, future quality measures, health information exchanges, and the hospice program survey and enforcement.

As stated in the final rule, the annual payment update, or APU, will increase from 2 percentage points to 4 percentage points starting with fiscal year 2024, and are based on calendar year 2022 quality data. Next, the updates to public reporting in Care Compare, beginning with the August 2022 Care Compare refresh, where CMS will display several additional items, specifically the new HVLDL and HCI claims-based quality measures, and the CAHPS star ratings, will be displayed on Care Compare as well.

CAHPS star ratings will be publicly reported on Care Compare on Medicare.gov beginning with August 2022 refresh. CMS previously finalized a policy requiring us to display the CAHPS Hospice Survey star ratings, and hospices would have first seen their star ratings in their preview reports.

The reporting period for the dry run of these ratings covers data from quarter four of 2018, through quarter four of 2019, and quarters three of 2020 through quarter one of 2021. Additional updates regarding CAHPS Hospice Survey include, a CMS-conducted mode experiment.

The test allows for examination of effects of shortening surveys on response rates and scores, and the assessment of the measure properties of a limited number of supplemental survey items suggested by stakeholders, and the calculation of items level mode adjustments for the shortened survey.

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The fiscal year 2023 final rule also provided updates regarding HOPE beta testing, which includes three distinct disciplinary assessments, and allows CMS to obtain input from participating hospice teams about the assessment instrument and use in the field. It supports refinement of the final draft assessment items and assessment timepoint. CMS is currently testing the HOPE draft standardized patient assessment tool for the QRP.

CMS and their contractor, Abt Associates, are still currently recruiting additional Medicare-certified hospices to participate in the beta test. If you are interested in participating in the HOPE beta test, please email HOPEtesting@ABTASSOC.com. CMS anticipates proposing HOPE in future rule-making once testing and analysis are complete.

The fiscal year hospice final rules also sought public comments through a request for information on health equity. Comments were received on hospices' efforts to recruit diverse staff, volunteers, board members, barriers to accessing hospice care, hospices' collection of self-reported data, veteran status, food and security, and other relevant factors, and use of qualitative data to assess health equity efforts.

CMS also sought public comment on a potential structural composite measure. CMS plans to convene a health equity TEP or technical expert panel this fall to help inform future health equity work, and would like to take this opportunity to thank you all for your feedback. CMS will take the received questions, suggestions, and comments into consideration, as we refine

measure concepts and consider ways to include health equity into the HQRP program.

Finally, the fiscal year 2023 hospice final rules includes an update on hospice program survey and enforcement. Section 407 of the Consolidated Appropriation Act, or CAA, of 2021, established several new hospice program survey requirements to include public reporting of survey data, a requirement that the accrediting organizations use the same survey deficiency reports as State agencies to report survey findings and establishments of a hospice hotline.

And that ends my updates for the fiscal year HQRP final rule. I will now pass it over to Lauren Fuentes to see if she has any additional updates.

Lauren Fuentes: Thank you, Jermama. For CAHPS Hospice updates, just want to reiterate, Jermama just said it, but that star ratings for CAHPS Hospice Survey will be publicly reported with the upcoming August 2022 refresh. Additional resources about star ratings, including a detailed description of the star rating methodology, as well as FAQs, can be found at the CAHPS Hospice Survey Web site, and we do have a star ratings page. So, I encourage you to review the information there if you have questions about the star ratings.

I do want to remind hospice agencies that they must authorize and approve a CAHPS Hospice survey vendor to submit data on their behalf for the administration of the CAHPS Hospice Survey. And in order to authorize a survey vendor or switch to a new vendor, a hospice representative must complete the CAHPS Hospice vendor authorization form, and submit it to the

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Rand Corporation, 90 days prior to the first-time data will be submitted to the CAHPS survey data warehouse. And that form is also available on our CAHPS Hospice Survey Web site.

And lastly, I want to let hospice agencies know that we are holding our annual CAHPS Hospice Survey update training from 11:00 a.m. to 1:15 p.m. Eastern Time on September 29th, 2022. This training is mandatory for our survey vendors, and hospice representatives are welcome to attend.

You can register for the training on the CAHPS Hospice Survey Web site. So, that concludes my updates for CAHPS Hospice Survey, and I will turn it over to - back to - Jermama, are you taking it back?

Jermama Keys: I think it's Lori.

Lauren Fuentes: Lori. Okay. Lori, thank you.

Lori Teichman: Oh, okay. Thank you. Welcome, everybody. I have a few updates for the Home Health CAHPS Survey. And first, this pertains to Home Health Agencies. We're reminding Home Health Agencies that their Home Health CAHPS Survey public reporting preview reports, are available on the Home Health CAHPS Web site.

And you go into the For HHAs portal to insert your ID and password so that you could see your own public reporting preview reports. For the next refresh, which is going to be in October 2022, the preview records will be available in the For HHAs portal on the Home Health CAHPS Web site after Labor Day.

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Also, in the For HHAs portal on the Home Health CAHPS Web site, we're reminding Home Health Agencies to check their vendors' data submission reports. This is very important. The next data submission is also in October, on October 20th. So, we're advising HHAs to start checking their data submission reports from their vendors in the For HHAs portal on or about October 1st.

Also, in October 2022, we will be posting the quarterly newsletter on the Home Health CAHPS Web site on October 3rd, 2022. The quarterly newsletters are a good and fun way to find out about the Home Health CAHPS Survey. They're mostly one-pagers, and they're very interesting.

The calendar year 2024 participation exemption request form is up on the Home Health CAHPS Web site now, and will be there until March 31st, 2023. We're advising Home Health Agencies that had 59 or less patients from April 2021 through March 2022, to complete the form. This is the calendar year 2024 participation exemption request form.

And as always, if you have any Home Health CAHPS Survey questions at all, please contact our Home Health CAHPS coordination team at hhcahps@rti.org. Or you may call RTI at 1-866-354-0985. And as a reminder, RTI International is the federal contractor for the Home Health CAHPS Survey. Thank you, Jill. I don't know who's next, so thank you.

Jill Darling: All right. Thank you, Lori.

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Lori Teichman: You're welcome.

Jill Darling: Next, and last, we have Marcie O'Reilly, who will talk on the Expanded Home Health Value-Based Purchasing Model.

Marcie O'Reilly: Thanks, Jill. Good day, everyone. As Jill said, I'm Marcie O'Reilly. I'm the coordinator for the expanded Home Health Value-Based Purchasing Model. And as a reminder, comments on the calendar year of 2023 Home Health Prospective Payment System proposed rule are due on August 15th, and we encourage you to please submit to [regulations.gov](https://www.regulations.gov), your comments on the expanded HHVBP Model proposals and suggestions or considerations you may have related to the potential future application of health equity in the expanded model's scoring and payment methodology.

Additionally, CMS has designated calendar year 2022 as a pre-implementation year to allow Home Health Agencies time to prepare and learn about the expanded model. The pre-implementation year will end on December 31st, 2022, which is just under five months away.

The first performance year for the expanded Model begins January 1st of 2023, and CMS will use quality measure data from calendar year 2023 to assess Home Health Agency performance for the calendar year 2025 payment year. We have developed many resources to assist Home Health Agencies with understanding the expanded HHVBP Model.

In addition to the Model guide and FAQs, resources for quality measures, quality improvement, total performance score, and payment adjustment are

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available on the Expanded HHVBP Model Web page. The URL for this Web page is included in the agenda within the calendar appointment for today's ODF, or you can simply Google expanded HHVBP Model and it will be at the top of the list in the search results.

I'd like to spotlight the latest resource we've made available to HHAs. For the expanded Model, Home Health Agencies will receive two reports containing quality measure data, a quarterly Interim Performance Report, or IPR, and an Annual Performance Report we call the APR.

A sample IPR and a sample APR were posted in iQIES on July 29th. Please note that the data contained in these reports serve as examples of content and format of each report. The data are not specific to your individual Home Health Agencies.

CMS and the Home Health Value-Based Purchasing technical assistance team, will host a webinar at 2:00 p.m. on August 25th, 2:00 p.m. Eastern Time, designed to help Home Health Agencies with understanding the content of the reports and navigating each report. A link to the registration is available on the expanded Model's Web page.

We encourage Home Health Agencies participating in the Model to download and review the sample reports prior to attending the August 25th webinar. For instructions on how to access the reports in iQIES, see the instructions available on the model Web page titled, expanded HHVBP Model Reports-Access Instructions.

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Questions about finalized policies and resources for the expanded Model, should be sent to our helpdesk at HHVBPQuestions@LEWIN.com. This is our helpdesk. This email address is also listed within today's agenda. Also, if you're not receiving the emails from CMS about the expanded Model, please go to our Web site and join our Listserv. Thank you, and I'll now turn it back over to Jill Darling.

Jill Darling: Thanks, Marcie. We have one additional speaker, and I'll hand it over to Thomas.

Thomas Pryor: Thanks, Jill. Can you hear me okay?

Jill Darling: Yes, we can.

Thomas Pryor: Can you hear me okay?

Jill Darling: Yes.

Thomas Pryor: Thank you. This is Thomas Pryor, survey and certification enforcement. Wanted to provide a brief update on the special focus program TEP, Technical Expert Panel, that was identified in the final rule as an update.

This was one of the provisions Jermama had mentioned in the Consolidated Appropriation Act of 2021 that was identified, and in previous rule-making, in the 2022 Home Health Payment Rule, was not finalized, based on public

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comments seeking the utilization of a TEP for development of that or recommendations for that special focus program.

Just to give an update, we are currently in the solicitation process for that TEP, that Technical Expert Panel. Right now, the nomination and solicitation for participants is scheduled to end on August 12th, this Friday. The nomination form is identified in the CMS QSOG spotlight Web page. (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Spotlight>)

But also, if there's additional interest or information that would like to be received about this SFP TEP solicitation, I have a resource mailbox that I can provide to you that you can get additional information, and that's hospiceSFP at ABTASSOC dot com. (HospiceSFP@abtassoc.com) So, it's hospice SFP at Abt Associates dot com, who is the contractor coordinating this TEP floor on behalf of CMS for us. Again, thank you for that update. And again, if there's interest in participation, we're still seeking that nomination solicitation. Thank you, Jill.

Jill Darling: You're welcome, and thank you to all of our speakers today. And (Denise), we will open the lines for Q&A, please.

Coordinator: Thank you. If you would like to ask a question, please press Star 1. Once again, Star 1 if you'd like to ask a question. It does take a few moments for the questions to come through. One moment, please. I do have a question. It is from Penny Rivera. Your line is open. The question is from Penny Rivera.

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Jill Darling: All right. Hopefully, she'll jump back in queue if she's not able to ask her question.

((Crosstalk))

Penny Rivera: Hello.

Jill Darling: Okay, yes. Thank you. Go ahead.

Penny Rivera: We were on mute. Sorry about that. Could you please tell us where we can get the quality and annual performance reports one more time?

Marcie O'Reilly: Are you referring to the Home Health Value-Based Purchasing Report?

Penny Rivera: Yes, ma'am.

Marcie O'Reilly: Okay. So, there - if you go into it iQIES where the other - your other Home Health reports are, you will be able to find them in there. There's specific instructions in case you're not used to that system listed on our Web page.

Penny Rivera: Okay, because I've gone in there a few times and I haven't been able to locate them.

Marcie O'Reilly: Did you follow the instructions on the Web page? Because it tells you which folder they're in and the like.

Penny Rivera: Okay. No. I'll go to the Web page and search. Thank you.

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Marcie O'Reilly: Okay. If not - if you don't find them, send a message to our helpdesk or the IT helpdesk, please.

Penny Rivera: Okay, thank you so much.

Marcie O'Reilly: You're welcome.

Coordinator: Thank you. And the next question is from (Nicole) (unintelligible). Your line is now open.

(Nicole): Hi. Can I just get the email address to get more information on becoming a panel expert?

Thomas Pryor: Yes. It's hospice SFP, so H-O-S-P-I-C-E SFP at ABTASSOC dot com, stands for Abt Associates. It's also on the CMS QSOG spotlight Web page as well.

(Nicole): I can't tell if you're saying hospice SF as in Frank P.

Thomas Pryor: Correct, as in Special Focus Program.

(Nicole): Thank you.

Thomas Pryor: You're welcome.

Coordinator: Thank you. And the next question is from (Michael Kidd). Your line is open.

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(Michael Kidd): Thank you. I'd like to ask if there's a way of getting an updated draft of the Home Health releases e-forms. I understand it's been submitted for OMB approval. The data specification manual has been finalized, which leads me to believe that the forms with all the updated questions, are final.

The most recent draft of the OASIS e-form is not consistent with that data submission document, and it's really essential, since it's effective January 1st, to be able to get an updated form so agencies and vendors can start implementing and planning for the out roll. Thank you.

Jermama Keys: Good afternoon. In reference to the data specifications, what is currently on the OASIS data specific - like the Web site itself, is the most current information that we have. The actual OASIS dataset Web page would have the OASIS E updated instruments. And those changes would have been in effect as of May 16th. The final OASIS E instrument will not be available until it has gone through OMB approval.

(Michael Kidd): Okay, I appreciate that. The data specifications, for example on the very new question about race and ethnicity, has a new option where a patient declined to respond, as opposed to that this is not on the all-forms that was released in May.

Jermama Keys: Correct.

(Michael Kidd): So, the question and the suggestion would be to release the all-forms draft that is in OMB approval, which I'm certain has that option. But I appreciate your answer. Thank you.

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Coordinator: And as a reminder, it is Star 1 if you would like to ask the question. Currently, I am showing no questions.

Jill Darling: All right. Well, thanks, everyone. I will pass this to Brian real quick.

Brian Slater: Yes. Just thanks, Jill, and thanks to all of our speakers and everyone calling in today. If any questions come up afterwards, obviously leverage the ODF mailbox. And also, just another plug, circling back on what I said in the beginning, that the calendar year 2023 Home Health Rule comment period closes on August 16th, next Tuesday. So, get your comments in so that we can evaluate them for the final. And thanks for everyone's time. Appreciate it.

Coordinator: Thank you. And that does conclude today's conference. We appreciate your participation, and you may disconnect.

END

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