

## Questions and Answers from Home Health, Hospice and DME Open Door Forum- December 16, 2020

1. I'm with a health care center GS software vendor. We're getting several questions from clients regarding the no-pay RAP that starts January 1, 2021. All indications are that any primary diagnosis code under PDGM could be used, including potentially a default to be submitted, such as I-10, on every patient for that no-pay RAP. Since we have emails from (Will Gehne) indicating there are no edits for the RAP in the final claim and that the final claim is the one that actually determines payment, I've not seen that clarification anywhere, just that any HIPPS code could be used. And I'm seeking to see if there's information that I may have missed that CMS has produced.
  - a. There isn't anything published about that at this point but it is - you're correct.
2. We have some questions here at Strategic Health Care Programs about the HIS 3.0 go live. Is that still anticipated for January 1, 2021 or do we expect any delays such as the OMB approval?
  - a. At this time we're anticipating the January 1, 2021 implementation. Thank you.
3. Is the care compare for home health also frozen until November 2021?
  - a. That is the only thing that's frozen is the star rating, the data that's displayed on there, so yes.
4. I was wondering if we know yet what the consequence is to a hospice that does not use the HIS, the new version, version 3, on January 1? If they're not able to get that into their system and use it, will their data even be accepted if they're using the old form? That's my first question. And my second question is, is there an anticipated date when the HIS version 3 will be approved? I know we have a go ahead date of January 1 but some folks are looking for that actual form prior to that date.
  - a. So in terms of submitting the data, we - is your first question, they - the system is being set up so that we would not - because we're only removing section O, we would not be accepting that section but the rest of the form would be able to get - so it would still go through the system. We just would not have access to the section. And in terms of the approval, we're still expecting OMB approval and as soon as we know that we will be sharing that with the industry.
5. I have a question about the new hospice item set measure that's going to be going into effect in January. Again, so I know you're going to pull the information for this off the claim now instead of off the HIS form but I'm wondering is this just going to come off the Medicare only claims but what about, you know, a non-Medicare patient? How is that going to get transmitted to you?
  - a. So this will be Medicare-only claims. I mean, that is one - when we do claims and because we are well over 90%, we're probably about 94% of all of the hospice claims, we are only able to access the Medicare claims so it's based on Medicare claims.
    - i. So you're going to have one measure at start of the care that will be all payers and then a measure at time of death that will be Medicare payers only.
      1. The measure takes effect for - it's for the decedent on or after January 1 of 2021 so we address that issue. We're looking for those - we're addressing those - the claims. We'll be using the claims for those decedents on or after January 1 of 2021 using the claims.
6. I just want further clarification. So we should start filling out the new version 3 HIS tool on January 1 for all discharges effective January 1. Correct?
  - a. Correct.

7. I was hoping that you could provide some clarification around the exact measure definition for the hospice visits and the last day of life measure, the HIS 3.0, including whether or not the day of patient death will be counted as day one or if that is considered day zero. And I also wanted to ask about you had just mentioned that the new end-of-life visit measure will apply only to Medicare patients. Does that also apply to the existing HIS admission measures? Will those only include Medicare patients now as well?
  - a. The hospice item set measures and all our measures that are not claims based are applied to all payers and are for all patients. The data that we pull from claims when we do a quality measure like the hospice's, its last day of life, we're using Medicare claims.
    - i. And as far as the measure definition for the hospice visits and the last day of life measure?
      1. The date of death would be day zero.
8. Is an update on RCD with home health moving forward January 1, 2021?
  - a. Due to the continuing public health emergency, CMS will be extending the phased-in participation of the Review Choice Demonstration for Home Health Agencies in Florida and North Carolina until 3/31/21.
    - Providers may continue submitting pre-claim review requests.
    - Claims that go through pre-claim review and are submitted with a valid UTN will be excluded from further medical review.
    - Claims submitted without going through the pre-claim review process will process as normal and will not be subject to a 25% payment reduction. These claims may be subject to post payment review in the future through the normal medical review process.Providers do not need to take any further action if they choose not to participate.
9. I was wondering if you have an update at all on the proposed hospice index measure.
  - a. The hospice care index measure is up for NQF review. That meeting is in January of 2021 and - where they will provide, you know, whether - their recommendations for that measure and then it would be considered for future rulemaking.
10. I had a question about the muck list. Usually that posts on December 1 and it didn't. I'm wondering when you think that list may post.
  - a. That muck list will be posting moment - soon, momentarily so be on the lookout for it. It is definitely past our December 1 deadline but it should be posted shortly and please look for it.
    - i. It may be beneficial if CMS just puts out some written clarification about the hospices at the end of life, the start date and all of that because providers are a bit confused.
11. My question is around electronic signature on patient documents and is there any guidance, particularly in this COVID world where there are more visits and patients and families are a little less accessible for paper forms, is there any guidance around when secure email can be used to obtain electronic signatures on documents.
  - a. if you are familiar with that site, you can probably just go into Google and just put COVID-19 CMS and all of our instruction and flexibilities are already out there on that website.

12. I have a question regarding the visits in the last days of life. From what I'm reading is that two visits within the last days of life in any combination of a social worker and a nurse.
- a. That is correct.
13. My question is about the data. Sorry to keep saying the same thing. For us to understand, we are going to keep reporting the section zero but CMS is not going to use it. They're going to use (unintelligible). They're going to use calculate that measurement, right? But we keep reporting section zero?
- a. That is correct. You can still get that data through - with your vendor for section O, correct.
    - i. So, because there are not going to be actual changes in the HIS forms, not yet, in what we are reporting, right?
      1. If you're keeping section O for your purposes with your vendor you will not see any changes. From the CMS perspective, we will not be receiving any of that data. So just section O that has no impact to the other parts of the hospice items set will just be removed for purposes for CMS.
        - a. So our vendors should have already a new form where Section 0 is not part of it or the Section 0 can be still part of it but you guys are not going to use it. What I'm trying to understand if there was an actual change in the form that you guys are getting, the XML file that you guys are getting is the same but you guys don't use Section 0 or it's going to be a new XML file, it's a new file, new code.
          - i. My understanding is they removed it on our end so we have - the coding on our end has it removed but we have it so that if it's - we will just not be taking in that section.
14. I'm just trying to find out, there was supposed to be another employee in this session with us today and she was unable to make it. Is there going to be another session set up? Basically we're looking into the Medicare competitive bidding for DME. Or is there a website that I could go to? I didn't quite get it the first time.
- a. Oh sure. The competitive bidding implementation contractors, the CBIC, and they have a website. It's [dmecompetitivebid.com](https://dmecompetitivebid.com), and that's D-M-E-C-O-M-P-E-T-I-T-I-V-E-B-I-D dot com
15. I was wondering if there was any information on whether RCD for home health will begin for sure on - for periods beginning January 1 for Florida and North Carolina.
- a. Due to the continuing public health emergency, CMS will be extending the phased-in participation of the Review Choice Demonstration for Home Health Agencies in Florida and North Carolina until 3/31/21.
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16. I wanted to clarify a little bit further with the end of life measure. Is it two visits if the visits happened in the same day, does that count or is it two different days of visits?

a. Yes. So it's based off of claims and if there are appropriate claims submitted for visits in the last, you know, two visits within the last three days of life, they would count. If they - so because these visits are in-person visits that, you know, we would be looking to see how - we would be looking at the visits in - for those that are in-person visits for social work, medical social workers and RNs.

i. But if the social worker and the RN visit on the same day will that count as two or one?

1. It depends if they're providing separate and distinct services and if they're billing - able to be billing for their services. We'll be providing information about that to help with that question.