

Centers for Medicare & Medicaid Services
Home Health, Hospice & DME Open Door Forum
Wednesday, May 22, 2024
2:00 – 3:00 p.m. ET

Webinar recording: https://cms.zoomgov.com/rec/share/hr5tvWCQKxbxtH-lZr7cXPbrhdeHReRlwqLAmjDKRs-6QATm2IkBdrhS81iqTXrv.qMUFHOFZfaKC_O08?startTime=1716400987000

Jill Darling: Hi, everyone. Welcome. We are just going to give it a few more moments.
(Recording in progress.)

Jill Darling: Great. Thank you so much. Good morning and good afternoon, everyone. My name is Jill Darling, and I am in the CMS Office of Communications. Welcome to today's Home Health Hospice and DME Open Door Forum (ODF). Before we begin with our agenda, I have a few announcements. For those who need closed captioning, a link was provided in the chat function of the webinar, and I will provide it again for you. This webinar is being recorded. The recording and transcript will be available on the CMS Open Door Forum podcast and transcript web page. I will provide that link in the chat, and it was also located 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 have any questions, please email press@cms.hhs.gov. All participants are muted upon entry. For today's webinar, you will just see the agenda slide that you see now and then, during the Q&A portion of the call, I will share a resource slide with helpful links and emails.

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 Open Door Forum. We ask that any live questions relate to the topics presented during today's Open Door Forum. If you have questions unrelated to these agenda items, we may not have the appropriate person on the call to answer your questions. 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 get your question to the appropriate component for a 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. Please introduce yourself and what organization or business you are calling from. When the moderator says your name, please unmute yourself on your end to ask your question and one follow-up question, and we will do our best to get to everyone's questions today. And I will hand it off to our first speaker, Will Gehne.

Will Gehne: Thanks, Jill. I work in the Medicare Provider Billing Group and wanted to call folks' attention to the fact that last month, Medicare issued the new Change Request (CR) 13543, which was entitled Additional Enforcement of Required County Codes on Home Health Claims. Medicare billing instructions that required reporting value code 85 and an associated county code on all Home Health PPS (Prospective Payment System) claims since 2019. However, our enforcement edits returned claims when provider—value code 85 was missing only when a rural add-on payment adjustment applied and couldn't be calculated without the county code. A recent report from the Office of Inspector General (OIG) noted that county code reporting on Home Health PPS claims is incomplete. OIG recommended Medicare systems edit to ensure that the

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county code is present on all claims. The new CR implements this for claims received on or after October 1, 2024. This shouldn't require any action on the part of most home health agencies (HHAs) since the requirement is longstanding, but to be sure, all agencies should double check that they're sending value code 85 in all cases to avoid—avoid—having claims returned come October. Also, home health agencies should be aware that the CR makes some updates to the Medicare Claims Processing Manual. Specifically, it clarifies that services provided via telehealth are not considered by Medicare systems when enforcing requirements for matching visit dates. Understanding this will help agencies avoid returned claims due edits such as FISS (Fiscal Intermediary Shared System) reason code 31775. Finally, we added language to the manual to describe more completely how diagnosis codes are handled on claims that span ICD-10 (International Classification of Diseases, Tenth Revision) updates like what occurs on October 1 and April 1 of each year. That's all I have, and I'll turn it over to Marcie O'Reilly.

Marcie O'Reilly: Thanks, Will. For those of you new to the ODF, I'm the Coordinator for the Expanded Home Health Value-Based Purchasing (HHVBP) model. I'm joining you today to provide some brief updates and reminders related to the HHVBP model. First, the final April Interim Performance Report, or IPR, will be in your HHA's folder on iQIES (Internet Quality Improvement & Evaluation System) sometime the week of June 10. And I wanted to remind folks that IPRs use the most current 12 months of data available and that final IPRs always override the preliminary IPRs. We encourage the many HHAs that have not been accessing their IPRs to do so and for all HHAs to access each quarterly report as soon as they're released. And this reminds me that iQIES users received an announcement last week explaining a new inactive user policy. If you are an iQIES user and don't recall seeing that message, you can find it at <https://qtso.cms.gov>. And I'll put that in the chat so that you have it, and you can look right to it, and it'll explain the policy to you. But there's a new security policy where users need to log in at least every 60 days and it explains all that in there.

And then the July IPR will include an extra tab that will have benchmarks and achievement thresholds for the revised applicable measure set that starts in calendar year 2025 and we are—we will be providing a web-based training that you can access at any time that will review the new measures, and this training will be available in August. And then the other big thing in August is the first Annual Performance Report, or APR, will be posted. This report will include the HHA's annual total performance score for calendar year 2023 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—the information on the APR will be caught—will be publicly recorded starting in January.

Also in August, we'll provide a webinar that will walk you through the APR and the plans for public reporting. Let's see, what else? HHVBP newsletters and updated FAQs (Frequently Asked Questions) are now being posted quarterly. If you didn't see the March newsletter, you can find it on the Expanded HHVBP model web page and the next newsletter will be distributed in June. And the latest version of the FAQs will be available by the end of this month. Finally, if you're not receiving email announcements from CMS about the expanded HHVBP model, please go to our web page and join our listserv. The link is near the bottom of the model's web page, and HHVBP-specific questions should be sent to the HHVBP help desk, which is

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hhvbpquestions@cms.hhs.gov. I'll add the URL for the web page and the help desk email in the chat along with that other link that I mentioned about the iQIES announcement. Thank you. Have a great rest of your day. And I'll now hand it over to Lori Luria and Beth.

Lori Luria: Thank you so much, Marcie. And just as a reminder to everybody that Home Health CAHPS (Consumer Assessment of Healthcare Providers & Systems) data are used in the HHVBP, so that's one excellent reason for a home health agency to participate in the Home Health CAHPS survey if you're not yet doing so. And we started, for the data collection period that's for calendar year 2026, we started that April 2024 was the first month for data collection for that period. The data collection period goes from April 2024 through March 2025. And the data collected in that year is applied to the calendar year 2026 Annual Payment Update. So, if you are a home health agency not yet participating in the survey, please act very quickly and you could still get all of your data in for the calendar year 2026 Annual Payment Update by including the April 2024 data collection month. The best way is, if you are a new agency or an agency returning to Home Health CAHPS, is to email RTI (Research Triangle Institute)—that is the national contractor for the Home Health CAHPS survey—by emailing hhcahps@rti.org and they will walk you through all the steps to register for the Home Health CAHPS survey and how to choose a survey vendor for you.

This is just a reminder for all home health agencies that are participating in this survey that they should regularly check the Home Health CAHPS website the first two weeks of each quarter in the months of January, April, July, and October, but you can always check the first two weeks of any month to see your preview of what it being publicly reported right now, but also you can see how your vendor is submitting your data and you could view that as well. Also on the homepage of the Home Health CAHPS website, we have a large box that's on the right side of the homepage. It's labeled “Information for HHAs,” and that contains all pertinent information for home health agencies to look at. In there, you're going to find links to the Home Health CAHPS responsibilities documents, the dates for data collection, data submission, and also the calendar year participation exemption form, that's for this calendar year now, 2026. If you're an agency with 59 or fewer eligible patients that were in last year, and last year by meaning April 2023 through March 2024, then you should be filling out this form because you will probably be exempt from the calendar year 2026 data collection period, so you should be filling out that form. Also, in that box for the, “for HHAs” information, is the survey fact sheet that home health agencies can use to—it's a one-page fact sheet—they could use this to put into their welcome packages when home health agencies first introduce themselves to their patients, whether they're the nurse, whoever is first visiting the home health patient. And this way, the patients will understand what is the Home Health CAHPS survey if in the future they are selected to fill out a survey because they've been chosen in the random sample. As always, if you have any questions about the Home Health CAHPS survey and how to get started or you need help switching vendors, please contact RTI at their Home Health CAHPS coordination team, that's at hhcahps@rti.org or call RTI at (866) 354-0985. And that's all I had to speak about today. And now, it is my pleasure to introduce Jermama Keys, who is the lead for both the Home Health and Hospice Quality Reporting Programs. Thank you.

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Jermama Keys: Thank you so much, Lori. Good afternoon, everyone. Today I will be giving several announcements about the Home Health Quality Reporting Program, or HHQRP. First, we would like to share an update about OASIS (Outcome and Assessment Information Set), the draft OASIS-E Manual and the draft OASIS-E1 Time Point versions were published this month. These documents are available in the download section of the OASIS Users Manuals page of the HHQRP websites.

Next, I would like to share some public reporting updates. The next Care Compare refresh will take place in July of 2024, and the preview reports related to the July 2024 refresh of home health data on Care Compare will be released to providers this month. Additionally, the next Interim Performance Reports will be available in June of 2024. And in reference to the patient care star ratings, with the retirement of the Acute Care Hospitalization measure from public reporting in October of 2024, the QoPC (Quality of Patient Care) star ratings are being updated to replace the Acute Care Hospitalization, or ACH, measure with the Home Health Within-Stay Potentially Preventable Hospitalization or PPH measure for short. This update is going to occur with the July 2024 provider preview of the October 2024 public reporting results. So the updated methodology and the FAQ documents will be posted to the QoPC star rating section of the Home Health QRP web page in early June, and then a learning event about the upcoming star rating update will be held at the end of June. We would like to just remind providers and interested parties to check the Home Health QRP announcements page for details regarding the June learning event. Finally, we have an update regarding the PPRs (Post-Discharge Readmissions) in reference to an August 2024 Q&A session, which will be held after the release of the July 2024 QoPC Provider Preview Reports. The new star ratings will be first publicly reported with that October 2024 Care Compare refresh of the Home Health QRP data. And that ends my updates and announcements for home health.

Now we will be touching on hospice. We have two public reporting announcements for the Hospice Quality Reporting Program. The next refresh of hospice data on Care Compare will take place this month, May 2024, and the Provider Preview Reports for the August 2024 Care Compare refresh will also be released to providers this May. We have several new or updated resources available on the HQRP website. We've uploaded a new version of the HIS (Hospice Item Set) manual to the HQRP website and this new version, or the HIS Manual Version 3.02, has basically been updated to incorporate a change in the expiration date for the HIS manual in both the Admission and Discharge Item Sets. An updated timeliness compliance threshold for HIS submissions fact sheet is available on the HQRP requirements and best practice page. And this document is basically designed to assist providers to successfully meet the HQRP requirements, understand the importance of the compliance threshold, and monitor their hospice's timely compliance using the Timeliness Compliance Threshold Report. The quarterly Q&A document for quarter one (Q1) of 2024 is also now available on the HQRP website. We would like you to visit the Requirement and Best Practice web page to download this document. And finally, we would like to remind everyone that the public comment for the fiscal year 2025 hospice Notice of Proposed Rulemaking, or NPRM, closes on Monday—on Tuesday, May 28, 2024. The proposed rule is on—currently on display at the Federal Register, and I will be placing the link in the chat for that rule. That ends my updates for both home health and hospice, and it looks like I will be passing it on to the DME (Durable Medical Equipment) team.

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Sue Billet: Thank you, Jermama, and good afternoon, everyone. I am with the Division of Payment Methods and Strategies in the Center for Program Integrity. Today, my colleague, Femi Shodeke from the Division of Medical Review, and I will be providing updates, the DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics and Supplies) Master List and the two associated required lists. On May 13, 2024, CMS published Federal Register Notice (FRN) CMS-6095, which announced the updated HCPCS (Healthcare Common Procedure Coding System) codes on the Master List. This FRN also announced updates to both the Required Face-to-Face Encounter and Written Order Prior to Delivery List and the Required Prior Authorization (PA) List. Updates to the Master List are effective August 12, 2024, and include the addition of 76 and the removal of three HCPCS codes. Updates to the Required Prior Authorization List include the addition of six orthoses codes, L0631, L0637, L0639, L1843, L1845 and L1951, and three osteogenesis stimulator codes, E0747, E0748 and E0760. Implementation of the newly added orthoses codes begins nationwide for the dates of service on or after August 12, 2024.

Implementation of the newly added osteogenesis stimulator codes will be completed in two phases. Phase one begins for dates of service on or after August 12, 2024, in the states of California, Florida, Ohio, and Pennsylvania. Phase two begins November 12, 2024, and will include all remaining U.S. states and territories not included in phase one. Updates to the Required Prior Authorization List also include the removal of one HCPCS code, L1833, effective for dates of service on or after August 12, 2024, as this item no longer meets the inclusion criteria to be maintained on the Master List. The remaining HCPCS codes currently on the Required Prior Authorization List remain on the list without interruption. For—so more information on the prior authorization of certain DMEPOS items can be found on the CMS DMEPOS prior authorization website, which is go.cms.gov/dmepospa. Questions and comments can be sent to the DMEPOS PA mailbox at dmepospa@cms.hhs.gov, and I will post both the website and the mailbox in the chat box. Thank you and I will now hand the call over to Femi from the Division of Medical Review to give updates on the face-to-face portion of CMS-6095.

Femi Shodeke: Thanks, Sue. Good afternoon, all. My name is Femi Shodeke, and I'm here to provide updates to the Face-to-Face Encounter and Written Order Prior to Delivery List that will become effective on August 12, 2024. This year, we added a total of 13 codes to the required Face-to-Face Encounter and Written Order Prior to Delivery List. There are three hospital beds, two osteogenesis stimulators, six are lumbar sacral orthoses, and two are knee orthoses. We are removing one knee orthoses from the Face-to-Face List as it is being removed from the Master List. Therefore, as of August 12, 2024, there are a total of 75 items on the list. For such items, the provider must communicate the written order to the supplier prior to delivery and have a face-to-face encounter with a beneficiary within the six months preceding the date of the order. We note that the face-to-face encounter can be accomplished via telehealth for regulatory requirements. More information on the face-to-face encounters and written order requirements can be found on the CMS website and in MLN (Medicare Learning Network) Matters Article SE20007. I will also place the link to the CMS website where you can find more information in the chat. Thank you. I will now pass it on to Jessica. Thank you.

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Jessica Czulewicz: Alrighty. Thank you, Femi. Good afternoon, everyone. My name is Jessica Czulewicz, and I work on the Review Choice Demonstration for Home health Services here in the Division of Payment Methods and Strategies within the Center for Program Integrity. Effective June 1 of 2024, CMS will be extending the Review Choice Demonstration for Home Health Services for an additional five years. The demonstration will be continuing in the current demonstration states of Illinois, Ohio, Texas, North Carolina, Florida, and Oklahoma. As part of this extension, CMS will be removing Choice 3, which is Minimal Review with 25% Payment Reduction, from the initial choice selections. Palmetto will be proactively reaching out to coordinate with a small number of affected providers to make a new review choice selection, and they will be able to select from the initial review choice options of either Pre-Claim Review or Postpayment Review. Current Choice 3 providers must select between the other two initial review choice options according to the following dates: The selection period will begin on June 17, 2024, and will remain open until July 1. The new selection effective date will be July 15 of 2024. Providers who do not make an initial review choice selection will default to participate in Choice 2, which is Postpayment Review. Providers with less than 10 reviews at the conclusion of the current cycle will have their results included and the next cycle's results.

All other home health providers in the demonstration states will continue in their current review cycles and will follow their regular cycle timelines. For Oklahoma providers, the choice selection period for cycle two will begin on July 1 and will remain open until July 15 of 2024. Cycle two will begin on August 1 of 2024. As we have noted on our website, providers who feel it is a hardship to continue participating in their current review choice selection and would like to modify their choice selection should notify Palmetto by June 14 of 2024 to ensure their desired choice selection is updated. For additional information such as Frequently Asked Questions or to review our operational guide, please visit our website at <https://go.cms.gov/homehealthrcd>. If you have specific questions for the home health team or would like to request additional information, please contact us via email at homehealthred@cms.hhs.gov. That concludes my updates, and I will be passing the mic back to Jill.

Jill Darling: OK. Great. Thank you, Jessica, and thank you to all of our speakers today. Now we will take the time to go into our Q&A session, so we will make sure we see some raised hands. A reminder, please have one question and one follow-up question. Let me provide the resource slide. There are helpful links and emails on this page. If you need us to put any in the chat for you, please let us know. Yes, go ahead.

Moderator Jackie: OK. All right, so I see Michelle first. Michelle, you're able to unmute yourself.

Michelle Johnson: I was actually wondering if there was a secondary way to reach the Home Health QRP. I've emailed them three times now regarding a problem that I found, and I've never heard back. It's been weeks.

Jermama Keys: Michelle, I apologize about that. Could you tell me what email you were using to report the problem?

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Michelle Johnson: michelle.johnson@halifax.org?

Jermama Keys: No, I mean what email were you sending the issue to?

Michelle Johnson: homehealthqualityquestions@cms.hhs.gov?

Jermama Keys: Give me one second. So that is, well, it should be the correct email address and that's some of the—that's basically the address that would be on the resource page that we're displaying right now. If you could do me a huge favor and send that question in addition to the home health mailbox but actually to the Home Health and Hospice DME ODF mailbox as well.

Michelle Johnson: OK. What's that address?

Jermama Keys: It would be—

Jill Darling: Yes, the first one listed.

Jermama Keys: We can actually put it in this chat. Is it easier to get it from the chat or for me to say it?

Michelle Johnson: Do it in the chat. Thank you so much. OK.

Jermama Keys: No, no problem. Thank you.

Moderator Jackie: All right. Next up I see is Cody. Cody, you are able to unmute yourself.

Cody Reber: Yes. Thanks for taking my question. Last month, CMS indicated the next major update of risk adjustment models is planned to take effect in calendar year 2025. During that update, risk adjustment models will be based on refresh data, and all risk factors will be retested for inclusion. At that time, no specific date was announced for posting of the new risk adjustment models. So, I'm curious, do you have an estimated time frame or preferably a specific date for posting the new risk adjustment models? Previously, when model updates were made in December, technical documentation was not made available until mid Q1. We're just curious if it's possible for CMS to please provide the technical specs further in advance so vendors have sufficient time to implement the changes.

Jermama Keys: Cody, this is in reference to the HHVBP model?

Cody Reber: This is in regards to OASIS risk adjustment generally for home health.

Jermama Keys: Just the general. OK, I totally understand that. We—thank you for your comment and—and—we will take that into consideration. You should be seeing something that's more updated in reference to risk adjustment, but again, if you could forward that concern to the mailbox as well, I'd appreciate it.

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Cody Reber: Will do. Thank you.

Moderator Jackie: All right. It looks like Monica. Monica, you're able to unmute yourself?

Monica Sartor: Yes. Thank you. Monica Sartor from Masonicare Home Health and Hospice in Connecticut. I've had a lot of complaints from patients when they do get the survey—that the—for patient satisfaction—of the length of the questions, the detail of the questions. Is there any, at any time will be considered to decrease the number of questions for the elderly patients that are receiving these questionnaires?

Jermama Keys: Good afternoon, Monica. You're referencing the H—the Hospice CAHPS survey?

Monica Sartor: Yes.

Jermama Keys: OK. So, there is actually a proposal in this fiscal year 2025 rule that talks about possibly decreasing the amount of items that are currently on the survey in addition to addressing a possible web-based mail mode for the survey as well. It might be beneficial and a little more informational to just take a look at that proposal in that rule. And if you have any comments, please feel free to put them in. Comments are due to close as of 5/28/2024.

Monica Sartor: Thank you.

Jermama Keys: No problem. Thank you.

Moderator Jackie: I currently don't see any hands raised at the moment.

Jill Darling: OK. Well, thank you, Jackie. Thank you for everyone for joining us today. Again, if you need to send in any emails, please utilize the emails listed on the resource slide here. Real quick, if an Open Door Forum gets rescheduled or canceled, I send out a notification. It gets sent out so please check your email, your junk mail, your spam regarding that note. It does happen so—and you do need to take off the appointment from your end after you register just to make sure that, you know, it's not going to happen. So, I do receive emails and just let people know that it has been scheduled—rescheduled or canceled—and let them know when I sent out notification. So just make sure you check your email, please. And I'm also going to send out in case you wanted to join, if you have joined this Open Door Forum, if it was forwarded to you and you did not receive the agenda, which does have very useful information, there is a link to sign up, so please do so at your leisure, and we look forward to hearing from you on the next Home Health, Hospice and DME Open Door Forum. So thank you, everyone. That concludes today's call.

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