

Centers for Medicare & Medicaid Services  
Home Health, Hospice, and DME Open Door Forum  
Wednesday, August 7, 2024  
2:00 – 3:00 p.m. ET

*Webinar Recording:* <https://cms.zoomgov.com/rec/share/nNUG9NIbplRjmlG3qwYi6Cva-IhwFNr8FIEyxFkDswiZOKmXLYJ6LM8hLXOPhUQO.LsYRNZR4mldYvvgI>  
*Passcode:* M\*\*ISjV+

**Jill Darling:** *[not recorded]* Hi, everyone. Welcome. We're just going to give it a moment to get more folks in the room. Thank you for your patience.

[Recording in progress]

**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 our agenda, I have a few announcements. For those who need closed captioning, I will provide a link in the chat function of the webinar. And this webinar is being recorded. The recording and transcript will be available on the CMS Open Door Forum podcast and transcript web page, and that link was on the agenda, and I will share it in the chat. 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 today's webinar, I will be displaying the agenda slide that you see on your screen, and then I'll also provide a resource slide during the Q&A (question and answer) portion of the call. 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. 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 that I will provide, and we will get to your questions 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. Please introduce yourself with your organization or business you're calling from. And 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 your questions today. And we will jump right into our agenda. So up first, we have Wil Gehne.

**Wil Gehne:** Thanks, Jill. I wanted to make a brief announcement about an upcoming conversion to the Home Health Grouper software. CMS provides various case-mix grouping and code editor programs to the public, including the Home Health Grouper. These programs use Java software and are currently based on Java version 8. Support for Java version 8 will end by November 2026. Home health agencies (HHAs) and their software vendors who implement the Home Health Grouper in a mainframe environment will be impacted by this change. CMS is preparing now to convert these programs to Java version 17. For the upcoming year, the October 2024 update and subsequent quarterly releases of the Home Health Grouper will include two COBOL

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(Common Business-Oriented Language) Java bridge modules instead of the one that is currently delivered. We'll continue to provide the existing bridge module that utilizes the 60—I'm sorry—the 31-bit, Java 8 Java Virtual Machine environment, or JVM. We'll also provide a new bridge module that will utilize the 64-bit, Java 17 JVM. The jar file for each will continue to be compiled using Java 8. This will preserve backwards compatibility with all existing mainframe deployments, both batch and CICS (Customer Information Control System). The installation guides for the programs will provide notice of the changes. This will allow users to test upgrades to their systems over the next year to prepare for the move to Java 17. Next year, the release of the Home Health Grouper that's effective in October 2025 will be compiled with Java 17, and only the Java 17, 64-bit COBOL calling module will be delivered. Providers and their software vendors should begin planning this year to ensure they're prepared for this conversion next fall. Questions about the Java 17 conversion can be sent at any time to the resource mailbox, [hhgrouperquestions@cms.hhs.gov](mailto:hhgrouperquestions@cms.hhs.gov). That's all I have, and I'll turn it over to Marcie O'Reilly.

**Marcie O'Reilly:** Thank you, Wil. Good day. As Wil said, I'm Marcie O'Reilly, the Coordinator for the Expanded Home Health Value-Based Purchasing model, otherwise referred to as HHVBP or the expanded model. The preliminary July Interim Performance Reports, or IPRs, were uploaded to home health agency folders in iQIES (Internet Quality Improvement & Evaluation System) on July 22. Remember, IPRs use the most current 12 months of data available and that final IPRs override preliminary IPRs. We encourage the many HHAs that have not been accessing their IPRs to do so and all HHAs to access each quarterly report as soon as they are released. As of Monday, our download statistics show that approximately 70% of HHA July IPRs have not been accessed. If there's any feedback that CMS could use to improve access to the reports, we'd like to hear from you. I also want to point out on the July IPR, there's an extra tab that includes the benchmarks and achievement thresholds for the revised measure set that will start in calendar year 2025 and more.

And then notably, the first Annual Performance Report, or APR, for the expanded model will be posted in the end of August. This report will include your 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 with through dates in 2025 and the information that will be publicly reported starting in January. Also, on August 13, we will provide a webinar that walks you through this report. And for those of you who haven't registered yet, I will put the registration link in the chat, or you can go to the expanded HHVBP model web page, and you will find the link at the top of the page for registration. And finally, if you're not receiving emails, announcements from CMS about the model, which would include all this information that I just portrayed, please go to our web page and join our listserv. The link is near the bottom of the model's web page. And I will add, like I said, I will add, besides the registration link, I will add the web page, URL, and the help desk email address to the chat so that you can copy and paste them. So, thank you, and have a great rest of your day, and I'll now hand it over to Ronique Evans for a Hospice QRP (Quality Reporting Program) update.

**Ronique Evans:** Thank you, Marcie. Good afternoon and thank you for joining us for this Open Door Forum. We have several updates to share with you today regarding the Hospice Quality Reporting Program, or HQRP. First, we have a public reporting announcement. The next refresh of hospice data on Care Compare will take place this month, August 2024. Provider Preview

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Reports for the upcoming August refresh were released to providers in May. Next, we would like to share a rulemaking update. The fiscal year 2025 hospice final rule was published on July 30, 2024. This rule finalizes new HQRP quality measures; finalizes a new data collection instrument, the Hospice—the Hospice Outcomes and Patient Evaluation, or HOPE; summarizes responses to a request for information regarding potential social determinants of health elements; and provides updates on health equity activities, future quality measures, and public reporting requirements. The rule also finalizes changes to the Hospice Consumer Assessment of Healthcare Providers and Systems, Hospice CAHPS Survey. Please visit the Hospice Center web page to access the final rule, and I dropped it in the chat.

Finally, we have several new or updated resources that will be available on the Hospice QRP website. The HOPE Guidance Manual, including the item set for each HOPE timepoint, will be posted this month. Please visit the HQRP HOPE web page for more information. I'll also drop that link in the chat. Trainings related to the newly finalized HOPE tool are forthcoming, such as the release of the HOPE Timepoint Video Explainer and a new web-based training entitled “Introducing the Hospice Outcomes and Patient Evaluation Tool.” Please visit the Hospice QRP Training and Education web page for more information on the explainer video and future training. And with that, I will pass it to my colleague, Annese Abdullah-Mclaughlin, for the Home Health Quality Reporting Program.

**Annese Abdullah-Mclaughlin:** Thanks, Ronique. Good afternoon, everyone. Today I am going to provide several announcements about the Home Health Quality Reporting Program, or HHQRP. First, I have a rulemaking update. The calendar year 2025 Home Health Prospective Payment System Notice of Proposed Rulemaking was published on June 26, 2024. Public comments can be submitted electronically through <https://www.regulations.gov>. I'll put the website in the chat so you can make comments if you'd like. The comment period is open for 60 days after the proposal is published.

Next, I want to share some public reporting updates. The July Preview Reports for the October refresh were made available in iQIES on July 17. As a reminder, the October 2024 Star Rating Preview Reports now include the addition of the number of episodes in the numerator for each measure score in addition to the number of episodes in the denominator. The October 2024 refresh also includes the removal of two claims—claims-based measures from public reporting. The first one is Acute Care Hospitalization During the First 60 days of Home Health, or ACH, and the second one is Emergency Department Use without Hospitalization During the First 60 days of Home Health, or ED. Due to the removal of the ACH measure from public reporting, the October 2024 refresh also contains an update to the Home Health Quality of Patient Care Star Ratings. The Home Health Within-Stay Potentially Preventable Hospitalization, or PPH, measure will replace the ACH measure in the Quality of Patient Care Star Rating calculations. The Home Health QRP Home Health Star Rating web page has been updated to reflect the upcoming changes to the Quality of Patient Care Star Rating. Updated documents that reflect the upcoming changes are also available in the download section of that web page. Measure results for the new Discharge Function Score Quality measure are now available on the iQIES Outcome Reports and Outcome Tally Reports. This measure is planned to first be publicly reported on Care Compare in January 2025.

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Lastly, we have one new resource available on the HHQRP web page. The CMS OASIS (Outcome and Assessment Information Set) quarterly Q&As for July 2024 were posted on the QTSO (QIES Technical Support Office) website on July 12, 2024. They're available on that website. I'll actually put it in the chat, but you could also find the link and website address on the Helpful Resources slide that'll be shared in this call. Thank you. That concludes all of the updates I have for HHQRP, and I will turn it back over to Jill Darling.

**Jill Darling:** Great. Thank you, Annese, and thank you to all of our speakers. We will get into the Q&A, so if you have a question, comment, please use the raise hand feature at the bottom of your screen and we will call on you. So just—we'll give it just a moment.

**Jackie:** All right, the first hand I see is Ryan. Ryan, you're able to unmute yourself.

**Ryan Stanley:** Hi. I was just wondering if the resources you're planning to release this month related to HQRP include the data specs?

**Ronique Evans:** Yeah, we are releasing resources related to the data specs soon. Usually when those are released, there is a email sent out via our listserv. So, if you are not signed up for that, please just let me know and I can get you signed up for that and make sure you get the email when those are released.

**Ryan Stanley:** Thank you.

**Jackie:** All right, next is Michael. I'm sorry, Michael, you're able to unmute yourself.

**Michael Tidd:** Thank you. I have a question about the Home Health proposed rule. Specifically, the comorbidities adjustment to diagnosis coding listing. Just above Table 22, the paragraph indicates that the adjusted subgroups for high comorbidity and low comorbidity will be posted to the Home Health Agency Center page. I've not been able to locate them there. And I'm curious if that was an oversight and they can be posted, please?

**Annese Abdullah-Mclaughlin:** Hi, this is Annese. I'll follow up on that and then I can get back with you. So, we'll just make sure we have your name and things down and then we'll get back with you on that. I'll have to double check.

**Michael Tidd:** Thank you, ma'am.

**Annese Abdullah-Mclaughlin:** Thank you.

**Kelly Vontran:** Hi, this is also Kelly Vontran from CM (Center for Medicare). We will take a look to see. We will absolutely post them with the final rule. Obviously, these—sometimes these—comorbidity subgroups can change between the proposed and final rules, but we'll take a look just to see if, again, I'm not sure if we generally post it with the proposed rule or not, but I know we always do with the final rule, but we'll take a look just to—to—double check.

**Michael Tidd:** Thank you. I appreciate it. Yeah, typically they are released with the proposed as well as the—

**Kelly Vontran:** I'll take a look because I know sometimes, they may not always be on that particular page, and sometimes they might be elsewhere, but I'll take a look, and we'll get that rectified if it's not there.

**Jackie:** All right. Next up, I see Sarah. Sarah, you're able to unmute yourself.

**Sarah Finnel:** This is Sarah Finnel from Bellin Home Health in Green Bay. I just have a question. You had mentioned that the acute care hospitalizations and the ED utilization will be removed from the October refresh and replaced with a potentially avoidable hospitalization. Will that be—is that reflected in the preview for October, or will the final be different?

**Annese Abdullah-Mclaughlin:** I believe it is reflected in the preview, but I will follow up just to make sure I'm giving you the correct information, but I believe it is in there.

**Sarah Finnel:** OK, thank you.

**Jackie:** I currently don't see any other hands at the moment.

**Jill Darling:** OK. We'll just give it a couple more seconds in case anybody does have a question.

**Jill Darling:** OK. Well, thank you everyone for joining us today. We have these helpful links and emails for you up on the screen if needed, and we look forward to talking to you the next time. So, thank you. Have a great day everyone. And this concludes today's call.