

Centers for Medicare & Medicaid Services  
Home Health, Hospice, and DME Open Door Forum  
Wednesday, August 30, 2023  
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*Webinar recording:*

[https://cms.zoomgov.com/rec/share/8P\\_PzR\\_L0GUq8ozX4HsU8xoRukAaZNTc4xOSq\\_Kyg0HQ8XC0hK2514NkzEOhHm1B.yJj1lFPlycZVBjFs](https://cms.zoomgov.com/rec/share/8P_PzR_L0GUq8ozX4HsU8xoRukAaZNTc4xOSq_Kyg0HQ8XC0hK2514NkzEOhHm1B.yJj1lFPlycZVBjFs) Passcode: @42VRb#P

**Jill Darling:** [not recorded] *Hello and welcome, everyone. We're just going to give it another minute to let more folks in. So, we appreciate your patience.*

*All right. Welcome, everyone, to today's recording in progress. Thank you very much. Welcome to today's Home Health, Hospice, and DME Open Door Forum. I'm Jill Darling in CMS Office of Communications. Welcome.*

Before we begin, I do have a few announcements. This webinar is being recorded. The recording and transcript will be available on the CMS Open Door Forum Podcast and Transcript webpage. That link is on the agenda that was sent out.

If you are a member of the press, you may listen in, but 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. For those who need closed captioning, a link was provided and is located in the chat function of the webinar.

We will be taking questions at the end of the agenda today. And for today's webinar, there are no slides, just the agenda slide you see on the screen. You may use the raise hand feature at the bottom of your screen, and we will call on you to ask your question and one follow-up question. We will do our best to get to your questions today. Now I will turn it over to our co-chair, Brian Slater.

**Brian Slater:** Thanks, Jill, appreciate it. Before we get into everything, want to say thank you all for joining. Looks like we're pushing almost 500 people today. Have a lot of stuff on the agenda. But wanted to thank you for joining today and listening to all that's going to transpire during the call. Also, the Q&A portion, in addition, a thank you to the home health providers and any of you interested in the items and policies, proposals that were in the home health rule. We received all of the comments—as long as you put them into FDMS by last night—and are going through those. Appreciate all the work and time that everyone put in to formulate those comments.

So, without further ado, we'll move on to the first agenda item, and it looks like it's the Hospice final rule. Amanda?

**Amanda Gardner:** Thank you, Brian. On July 28, 2023, CMS issued a final rule that updates Medicare hospice payments in the aggregate cap amount for fiscal year 2024 in accordance with existing and statutory and regulatory requirements. The final rule also discusses comments received regarding the provision of higher levels of care, spending patterns for non-hospice services provided during the election of the hospice benefit, ownership transparency, and also

ways to examine health equity under the hospice benefit. Additionally, in this rule we finalized regulations text changes related to provision of telehealth services for routine home care with the expiration of the COVID-19 public health emergency.

The fiscal year 2024 hospice payment update percentage is 3.1%, which is an estimated increase of \$780 million in payments from fiscal year 2023. This results from the 3.3% inpatient hospital market basket percentage increase reduced by a 0.2 percentage point productivity adjustment.

We also have the Consolidated Appropriations Act of 2021 changed the payment reduction for failing to meet hospice quality reporting requirements from 2 to 4 percentage points. Therefore, beginning in fiscal year 2024, and for every subsequent year, the reporting requirements for hospices that fail to meet those requirements receive a 4-percentage point reduction. Therefore, that would be the 3.1% minus the 4%, which is a negative 0.9% update for hospices failing to meet that requirement.

The hospice payment update also included a statutory aggregate cap limit, which limit the overall payments made per patient and made to a hospice annually. That cap amount for fiscal year 2024 is \$33,494.01, which is essentially equal to the fiscal 2023 cap amount updated by the 2024 hospice update percentage of 3.1%. And now I'll hand it over to Jermama for the QRP update. Thank you.

**Jermama Keys:** Good afternoon, everyone, and thank you again for joining us for the Open Door Forum. Today we are going to share several updates related to the Hospice Quality Reporting Program, or HQRP. We do have a similar update to rulemaking that the fiscal year 2024 hospice final rule was published on July 28. And in that rule for the HQRP, we simply codified the 90% threshold for data submissions.

Next, I'd like to share some information about the annual payment update and reconsideration process. The APU reconsideration request period did close on August 18 of 2023. If you submitted a recon request, CMS will notify hospices of the agency's decision on all reconsideration requests before October 1, 2023.

Finally, we would like to share some brief public reporting updates. The August 2023 refresh of Care Compare and PDC is actually scheduled to display today. And that next refresh of the hospice data on Care Compare will be in November of 2023. The provider preview reports for November 2023 are actually now available.

And I can now pass it to Mary Rossi-Coajou for the 2024 Physicians Fee Schedule NPRM hospice rider update.

**Mary Rossi-Coajou:** That's a mouthful, isn't it? Good afternoon, everybody. So, the Consolidated Appropriations Act of 2023 made some changes to the hospice benefit related to marriage and family therapists and mental health counselors.

So currently, the interdisciplinary team consists of a doctor, a registered nurse, a social worker, or a pastor or other counselor. The changes that were made to the Appropriations Act added in

marriage and family therapists and mental health counselors, along with social workers. So specifically, the proposed language would be “social worker, marriage and family therapist, or mental health counselor, depending on the preferences and needs of the patient.”

That proposed change was published in the 2024 Physicians Fee Schedule almost two months ago and will close on September 11, so next week. And I will be putting the link to that proposed rule in the chat so you have it. So, we would like all comments in by the 11th to be considered for the final rule.

The other change that we made here is that we added marriage and family therapists, and mental health counselor to the definitions, or—I'm sorry—to the employee section of the conditions of participation. But we're cross-referencing over to the payment requirements since payment was putting in requirements for those two providers. And I think that's it. So just please get your comments in to us by September 11. Thanks so much.

**Jermama Keys:** Thanks, Mary. I'll pick up with home health ODF topics. First, we would like to share several public reporting updates. The next Care Compare refresh for the Home Health QRP will take place in October of 2023. The preview reports related to the October 2023 refresh of the home health data were available from July 17 through August 16 of 2023. That October 2023 refresh will add a new claim space measure for public reporting—the potentially preventable hospitalizations, or PPH—and it will remove an OASIS measure from the public reporting— drug education on all medications provided to patients and care givers.

CMS would also like to remind providers about the QAO report retention policy. CMS would like to remind providers that the QAO interim and annual performance reports will remain in the Internet Quality Improvement and Evaluation System, or iQIES, folders for 120 days. Once the retention period has been reached or the file is over 120 days, then the files are permanently deleted from the HHA's user folders, and they will no longer be accessible. If you need to access those reports, please do so prior to the 120-day time frame and save them as needed. This is also a reminder that the home health calendar year 2024 proposed rule was published, and the comment period has closed as of August 29.

And we also have one announcement in reference to resources that are currently available on the CMS website. We updated the quarterly OASIS Q&As, and they were posted on the QTSO website on July 18. And there is a new BIMS video tutorial that is now available on the HHQRP training webpage. Thank you very much, and I will pass it to Marcie O'Reilly for the HHVBP model update.

**Marcie O'Reilly:** Thanks, Jermama. Good day, everyone. I'm Marcie O'Reilly, the Coordinator for the Expanded Home Health Value-Based Purchasing Model. I'm joining you today to thank you for the comments submitted on the proposals in the calendar year 2024 home health PPS notice of proposed rulemaking and provide some reminders and updates related to the model.

The first interim performance report, or IPR, which includes the first calendar year 2023 performance data for the OASIS-based measures, final benchmarks, and achievement thresholds

and cohort assignments were published in iQIES in late July. We encourage the many HHAs that did not access their July IPR to do so and all HHAs to access each upcoming quarterly report. The next IPR will be available in October. To help HHAs better understand this report, we hosted a webinar on July 27 providing an overview of the data and information available in the IPR. Please note that only CCMs with a Medicare certification date prior to January 1, 2022, received a July 2023 IPR. If you missed the webinar, you may access the slides, recording, and Q&As on the model's webpage.

Next, I'd like to give you a heads-up on some upcoming events related to the model. In the next few days there will be a call for nominations for a technical expert panel, or TEP, to be convened in November. The TEP will be discussing potential future quality measures to be added to the applicable measure set, re-evaluating the weighting of the measure categories, and the possible application of a health equity adjustment.

Secondly, we will be hosting HHA perspectives. These panel discussions will include individual HHAs discussing their approaches to quality management and innovation. So please keep an eye out for more information on these.

And for your convenience, I've added to the chat the links to the models webpage and email addresses for the models help desk, as well as the iQIES help desk. Thank you and have a great rest of your day. I'll now hand it over to Lori for the HHCAHPS update.

**Lori Luria:** Thank you so much, Marcie. Nice to hear about Home Health Value-Based Purchasing. I'm going to speak just briefly today about Home Health CAHPS. A reminder to all home health agencies participating in Home Health CAHPS to please check your data submission reports in the four HHAs portal on the Home Health CAHPS website. That is a private portal, as is also the portal that's only for vendors to go in on the Home Health CAHPS website.

We're also reminding everyone that the Patient-Mix Adjustment factors are always published on our website. And right now, as always, they coincide with the data that is publicly reported on Care Compare. The data, the Patient-Mix Adjustment factors, are useful if you're also going to be pulling files from provider data catalogs or from the Home Health CAHPS website from the current period or the prior period, you can look at, as well. And I also wanted to mention that it's never too late to start participating in Home Health CAHPS and if you're interested to please contact our contractors, RTI, at [hhcahps@rti.org](mailto:hhcahps@rti.org), or you may call RTI at 866-354-0985. And I want to thank everybody, and now I'm going to pass it back to Brian. Thank you.

**Jill Darling:** Thanks, Lori. This is Jill, everyone. Thank you to all of our speakers today. And we will have our Q&A now. So, like I mentioned earlier, the raise hand feature at the bottom of your screen, if you would have a question, please click that for one question and one follow-up. We'll give it a moment. Jackie, could you assist bringing the folks over to ask their questions? Give us one moment. We have our first speaker, Christy.

**Christy Dorto:** I have a question regarding our type of ownership status on our hospice provider preview report. One of my agencies is showing as for-profit when it's not for profit. I verified

with PECOS that our status is correct. I tried to work with Palmetto, and I'm getting nowhere. This has been about six months. Do you have any suggestions for who I can contact?

**Jermama Keys:** Christy, this is for hospice, you said?

**Christy Dorto:** Yes.

**Jermama Keys:** Have you already reached out to the hospice quality reporting mailbox?

**Christy Dorto:** Yes. I talked to Keith [indiscernible] —all three.

**Jermama Keys:** Okay. I'm sorry that this is taking so long and becoming extremely frustrating, I'm sure. But if you could resend what you've done so far to the quality reporting help desk, this way we can kind of track it. Because, with the refreshes, you should see different things. Some providers have seen their status corrected. And other providers are still kind of waiting. So, if you could resend what you've done to date back to the quality reporting email, and we'll be able to kind of get back to you or hopefully see what might be going wrong so that it's corrected.

**Christy Dorto:** Thank you very much.

**Jermama Keys:** No problem. Thank you.

**Moderator:** All right. Our next person with their hand raised is Katie. Katie, you're able to unmute yourself.

**Katie Wehri:** Thank you. This question is related to the proposal for the marriage and family therapist and mental health counselors and hospice. There is some confusion about what exactly is being proposed. Is it that a hospice would be able to use an MFT or MHC if they wanted to? Or is it a requirement that a hospice would have a social worker, an MHC, and an MFT, and then assign one of those disciplines based upon patient need?

**Mary Rossi-Coajou:** Katie, the way the law is written is they've included all three of those providers in the same sentence. So, it's not that every patient has to have a marriage and family therapist or a mental health counselor or social worker, but they would need to have at least one of them. So, hospices will have to employ, or have under contract, the MHT and MFT, and obviously the social worker is an employee.

**Katie Wehri:** So, they would be required to have all three available?

**Mary Rossi-Coajou:** Yes. And if a patient needs it, they would have to have one available.

**Katie Wehri:** Okay. Thanks for that clarification.

**Mary Rossi-Coajou:** Sure.

**Moderator:** All right. The next person I see with their hand raised is Cody. Cody, you're able to unmute yourself.

**Cody Reber:** Hi. Thanks for taking my question. In the fiscal year 2024 hospice final rule it was noted that HOPE testing results will be available on the HQR website in the fall. Has a specific date been scheduled?

**Jermama Keys:** Hi, Cody. A specific date has not been scheduled. And as we work through making sure that we provide the analysis to the public, that date may actually change. But there's not a specific date that's been provided as of right now.

**Cody Reber:** As a quick follow-up there, if HOPE rollout is proposed next spring, would it be implemented as early as fiscal year 2025? Or would CMS plan an implementation date in fiscal year 2026?

**Jermama Keys:** The implementation date will actually be within the proposal, but we did hear stakeholders in reference to making sure that they had enough lead time in order for people to actually consume the instrument and implementation.

**Cody Reber:** Thank you.

**Jermama Keys:** You're welcome.

**Moderator:** All right. The next person I see with their hand raised is David. David, you're able to unmute yourself.

**David McEntire:** Good afternoon. Thank you for taking my call—or my question. My question is around the hospice position requirement that the positions be enrolled in PECOS. We're kind of assuming that the existing PECOS file that's published that includes things like, you know, home health and DME, and that sort of thing, will just be updated with a new column to indicate whether the physician is enrolled in hospice. Can you confirm that our assumptions are correct, or do you know if there will be, like, an additional file that's—that's issued just for hospice? Any information around the structure of the file that would be used to identify physicians who are enrolled would be helpful.

**Brian Slater:** Hey, David, this is Brian. Unfortunately, it looks like we don't have any of our colleagues on from program integrity who are heading up that policy proposal. If you could send that in to the ODF email box, we'll triage that on to the appropriate folks.

**David McEntire:** The ODF email box. I'm not familiar with that. Can you help me with where that's at?

**Jill Darling:** I'll just put it in the chat.

**Brian Slater:** Yep.

**David McEntire:** Thank you.

**Brian Slater:** Thanks, David. Appreciate it.

**Moderator:** All right, the next person I see with their hand raised is Denise. Denise, you're able to unmute yourself. Denise? You're able to unmute yourself. Maybe she's having some technical difficulties. I'll move on. The next person I see is Andrew. Andrew, you're able to unmute yourself.

**Andrew Baird:** Hi there, can you hear me?

**Moderator:** Yes. You sound great.

**Andrew Baird:** Thank you. Andrew Baird in Habit Home Health and Hospice. Question related to the proposed rule CY 2024 Home Health PPS: in last year's rulemaking, CMS decided to—in 2023 rulemaking—decided to reduce the proposed permanent adjustment by half as a recognition of the potential of hardship of implementing that full permanent adjustment in a single year.

My question is, given the impact that CMS has broadcast and some of the modeling folks have done about the proposal for this year, does CMS believe that it has the same authority in this year's rulemaking to potentially take the same types of steps to mitigate the impact of this year's proposed rule?

**Brian Slater:** Hey, Andrew. Appreciate the question. I think, unfortunately, I think you and probably others know this, that, you know, I'm unable to comment on agency position of something that's still out there, for not only public consumption but decision-making process still going forward. So, I appreciate your viewpoints, and I'm sure that we got your comments, and are going through them, and, you know, look forward to the end of October-ish for the final decision in the home health final rule.

**Andrew Baird:** Thanks, Brian. I appreciate the comment. Just as a quick follow-up, unrelatedly, I believe, Marcie, you mentioned there's going to be an upcoming TEP announcement around health equity in the QRP and it sounded like you listed an additional engagement opportunity that was a home health agency level, like, listening engagement. Could you just repeat what that second engagement opportunity was around that?

**Marcie O'Reilly:** Yes, and it's for the VBP, not the QRP. Just want to make sure you're clear on that. We'll be hosting, and it will be a recording that you'll be able—HHAs will be able to listen to. But we have—when we sent out a survey in the spring and asked for HHAs to volunteer to discuss some of their approaches to quality management and innovation, we got quite a few applicants, or volunteers, and we've worked with them, and it will be—we don't have a date yet, because it's being recorded in the next couple weeks. But, yeah, if you look at our listserv announcements and our webpage, you'll find information on when and how to listen to those perspectives.

**Andrew Baird:** Okay. Thank you.

**Marcie O'Reilly:** You're welcome.

**Moderator:** Okay. I think I'm going to go back to Denise. Denise, you're able to unmute yourself. Denise? Okay. Maybe she is still having technical difficulties.

**Denise Swegles:** Can you hear?

**Moderator:** Oh, you're there.

**Denise Swegles:** I'm here—finally. I was having difficulty with the computer. I'm so sorry. But my question was like the person who asked earlier. So, I have had my question answered—it was regarding the marriage and family therapist and mental health counselor. I also did not understand that to be a requirement; in our area, the mental health professionals are very hard to come by. So, I was hoping it would be, you know, have them available, or a person—a type of counselor available that may be one of your choice, not required. So that could be an issue.

**Mary Rossi-Coajou:** Right, and I would recommend that you send that comment in—

**Denise Swegles:** Okay.

**Mary Rossi-Coajou:** —to CFS since we are still open for comment, but that's a law that Congress published in January, put it in as a requirement.

**Denise Swegles:** Okay. So, and that needs to go where? To the hospice quality questions?

**Mary Rossi-Coajou:** No, it's actually in the link. Jill, I don't know if you can move that—

**Denise Swegles:** The ODF link?

**Mary Rossi-Coajou:** No, it was in the link earlier that I put in. Maybe I can put it in again. Yeah, I did. Okay, so I just put it in. That's a link to the federal register to the publication, and that you can follow the directions there to comment.

**Denise Swegles:** Okay.

**Mary Rossi-Coajou:** Thank you.

**Denise Swegles:** Thank you.

**Moderator:** All right. The next person whose hand is raised is Alanna. Alanna, you're able to unmute yourself. Alanna, you're able to unmute yourself. Okay. I think she might be having technical difficulties, as well. So, I'll move on. The next person I see is Michelle. Michelle, you're able to unmute yourself.

**Michelle Mason:** Hi. Yes. Thank you. I know we've talked about this now several times, back to the marriage and family therapist and mental health counselors—and I, too, thought that—and I'm literally looking at an email I have back at the end of December, and it came out from NHPCO, and it said “the legislation will allow hospices to use marriage and family therapists and mental health counselors as part of the IDT in lieu of social worker. There is no requirement for hospices to use MFTs or MHCs, and a social worker is still required if needed under the patient's plan of care.” So that changed?

**Mary Rossi-Coajou:** So, they added them in to the law. So, like I said, it's in there with social workers, but it's going to depend on what the patient needs. So, if your social worker can handle what the issues are that the patient is experiencing, then you can use your social worker, right, because that's how you're going to document it. But if they need something more, the therapists have to be available.

**Michelle Mason:** Okay. Okay. Got it. Thanks.

**Mary Rossi-Coajou:** Uh-huh.

**Moderator:** All right. And the next person I see is Terry Ann. Terry Ann, you're able to unmute yourself. Terry Ann, you're able to unmute yourself. Okay. We will move on, and I'll come back to her. The next person I see is Peggy. Peggy, you're able to unmute yourself.

**Peggy Carnahan:** Yeah, hi. Back on the social worker—I guess this would be for home care and for home hospice: Does the social worker—I know they have to be an LSW—do they have to have their master's in order to work for home—or do home care visits and hospice visits? Or do they just need to have somebody with a master's for oversight?

**Mary Rossi-Coajou:** So, the requirements that were in place when these conditions of participation were updated back in 2008 basically say that the—if you were employed before the time of that publication and the final rule, that you could have a bachelor's-prepared person. And after that, you either had to hire a master'-prepared person or they had to be supervised by a master's-prepared person. Master's-prepared social worker.

**Peggy Carnahan:** Okay. And that was for home care and hospice?

**Mary Rossi-Coajou:** That was for hospice.

**Peggy Carnahan:** That was for hospice.

**Mary Rossi-Coajou:** Home health has its own set of rules.

**Peggy Carnahan:** Right. Okay. So, if they were hired prior to that date—

**Mary Rossi-Coajou:** Right. They could practice independently.

**Peggy Carnahan:** Okay. And that was for hospice?

**Mary Rossi-Coajou:** Correct.

**Peggy Carnahan:** Okay. Do you happen to know what the home care rule is on that, if it's similar, or did they change that one completely?

**Mary Rossi-Coajou:** That one—the home health CoPs were published in 2017, and I'd need to go back in to check. Just to make sure I don't steer you wrong, if you want to put that question into the ODF questions then I can send you the citations.

**Peggy Carnahan:** Great. Thank you.

**Mary Rossi-Coajou:** Mm-hmm.

**Moderator:** All right. Let's go back to Terry Ann. Terry Ann, you're able to unmute yourself. Terry Ann, you're able to unmute yourself. She must still be having some technical difficulties. So, the next person I see is Jennifer. Jennifer Kennedy, you're able to unmute yourself.

**Jennifer Kennedy:** Yes, hi. Thank you so much. Mary, I don't want to beat a dead horse here, but, these extra therapists, are they to be W-2 employees?

**Mary Rossi-Coajou:** Since they're not included in core services, they can be contacted.

**Jennifer Kennedy:** Okay, perfect. Thanks much.

**Mary Rossi-Coajou:** Yep.

**Moderator:** So, I'll try to go back to Terry Ann one more time. She's the only one with her hand raised. Terry Ann, you're able to unmute yourself. Terry Ann, you're able to unmute yourself. Okay. Maybe she's still having technical difficulties. But I don't see any other hands raised at this time.

**Jill Darling:** Okay. Great. And Terry, if you're able to send an email into the Open Door Forum email, please do so—I just sent it into the chat, and I will send it again. And I'll hand it over to Brian for closing remarks.

**Brian Slater:** Thanks, Jill. Appreciate everyone getting in. I know there was a couple issues with unmuting and stuff like that. So, if you had a question and we didn't get to you, please leverage the ODF email that Jill had put in the chat. Or, if any other question arises after this call that you feel like you would have asked if you would have thought of it then, feel free to inbox and we'll triage it accordingly and get back to you as soon as possible.

With that I'll hand it back to you, Jill, for any other housekeeping stuff that you have to do, and appreciate everyone's time, and we'll talk to you the next time.

**Jill Darling:** Great. Thank you, Brian. And thank you to all of our speakers today. We greatly appreciate everyone joining us and your questions, and again, send your emails, questions, and comments to the Home Health, Hospice, and DME Open Door Forum, and we look forward to chatting with you the next time. So, this concludes today's call. Thank you.