

Centers for Medicare & Medicaid Services
Open Door Forum: Home Health, Hospice and DME
Moderator: Jill Darling
Wednesday November 9, 2022
2:00 pm ET

Coordinator: ...and thank you for standing by. At this time, all participants are in a listen only mode until the question and answer portion of today's conference. At that time, if you would like to ask a question, please dial star 1. Today's conference is being recorded. If you have any objections, please disconnect at this time. I would now like to turn the call over to Jill Darling. Thank you. You may begin.

Jill Darling: All right. Thank you, (Madison). 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 jump into the agenda today, 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 do have any inquiries, please contact CMS at Press@CMS.HHS.gov.

So, we will get right into the agenda. We have (Susan Bauhaus), who will give an update on the CY 2023 Home Health Prospective Payment Rate Update Final Rule.

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(Susan Bauhaus) Thank you, Jill. Good afternoon, everyone. On October 31st CMS issued a final rule updating the Medicare Home Health Prospective Payment System Rates and Wage Index for calendar year 2023. CMS estimates that payments to home health agencies will increase in aggregate, by 0.7% or \$125 million, compared to calendar year 2022. This increase reflects the effects of the 4% home health payment update percentage or a \$725 million increase, an estimated 3.5% decrease that reflects the effects of the prospective permanent behavioral assumption adjustment of negative 3.925%, that's being phased in, and an estimated 0.2% increase that reflects the effects of an update to the fixed dollar loss ratio used in determining outlier payment. The calendar year 2023 final rule finalized the repricing methodology to determine the impact of differences between assumed behavior changes and actual behavior changes on estimated aggregate expenditures, beginning with calendar year 2020 and ending with calendar year 2026. This methodology predicts what the Medicare program would have spent under the pre-PDGM payment methodology, using actual calendar year 2020 and 2021 data, accounting for actual behavior changes as a result of the PDGM.

Using this methodology and the updated claims data for the final rule, CMS determined that Medicare paid more under the new system, than it would have paid under the old system and would have to make a negative 7.85% permanent adjustment to the 30-day payment rate in calendar year 2023, as compared to the negative 7.69% adjustment in the proposed rule. However, to mitigate such a large decrease in home health payments in a single year, we finalized phasing in the permanent adjustment by reducing it by half for calendar year 2023.

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This results in a negative 3.925% permanent adjustment to the 30-day payment rate in calendar year 2023, to ensure that aggregate expenditures under the PDGM would be equal to what they would've been under the old payment system. The remaining permanent adjustment along with any other potential adjustments needed to the base payment rate to account for behavior change based on data analysis, will be proposed in future rulemaking.

This rule also discusses the comments received on the best approach to implement the statutorily required temporary payment adjustment for calendar years 2020 and 2021, and those comments will be considered for future rulemaking. The rule also finalizes the recalibration of the PDGM case mix weights, and updates the low utilization payment adjustment thresholds, functional impairment levels, and comorbidity adjustment subgroups for calendar year 2023, and the FDL used for outlier payments.

The rule also finalizes the reassignment of certain diagnosis codes under the PDGM case mix groups, and aligns with the fiscal year 2023 inpatient prospective payment system final rule and other rules, by finalizing a permanent budget neutral 5% cap on negative wage index changes for home health agencies, in order to smooth year to year changes in the pre-floor, pre-reclassified hospital wage index.

We also included a discussion of the comments received on the collection of data regarding the use of telecommunications technology during a 30-day home health period of care on home health claims. We will begin collecting data voluntarily beginning January 1, 2023, using three new G codes. This data collection will be mandatory beginning on July 1, 2023. Lastly, this rule

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updates the home infusion therapy services payment rates for 2023, as required by the 21st Century Cures Act.

Section 1834 U3 of the Social Security Act, specifies that annual updates be equal to the percent increase in the Consumer Price Index for all urban consumers for the 12-month period ending with June of the preceding year, reduced by the productivity adjustment for calendar year 2023. The CPIU for June 2022 is 9.1%. And the corresponding productivity adjustment is a reduction of .4%. Therefore, the final home infusion therapy payment rate update for calendar year 2023, is 8.7%.

The single payment amounts are also adjusted in a budget neutral manner using a standardization factor for geographic area wage differences using the geographic adjustment factor, or GAF. And the standardization factor, the final GAFs, the national home infusion therapy payment rates, and the locality adjusted home infusion therapy payment rates, are now posted on CMS's Home Infusion Therapy Services Web page. Next, (Jermama Keys) will give an update on the home health QRP topics.

(Jermama Keys): Thanks so much, (Susan). Good afternoon, everyone. Today we'll have some announcements in reference to the Home Health Quality Reporting Program, or HH QRP. First, we would also like to provide an update on the calendar year 2023 Home Health Final Rule. This rule was posted on October 31st, and there are a few HQRP proposals that were finalized. CMS finalized the ending of the suspension of the collection of the outcome and assessment information set, or OASIS data, on non-Medicare and non-Medicare patients, under

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Section 704 of the Medicare Prescription Drug Improvement and Modernization Act of 2003.

And required HHAs to report all payer OASIS data for purposes of the HQRP, beginning January 1, 2025. There are also some updates to regulatory texts, to consolidate statutory references to data submission, and to codify in regulations, the HQRP measure removal factors previously finalized via rulemaking. Next, we have a few announcements about OASIS.

The final OASIS E user manual and instrument, will be posted on the CMS Web site once final approval is received. Once posted, the final OASIS E manual will be available for download on the OASIS user manual page. And the OASIS E instrument will be available on the OASIS data set page. In addition, the October 2022 Home Health Quarterly OASIS Q&As were posted on October the 18th.

On the (QTSO) [CMS.gov](https://www.cms.gov) Web site, the quarterly Q&As can be found on the Home Health Agency Providers page on the reference and manual tab. Next, we have a public reporting announcement regarding the January 2023 refresh. The next Care Compare refresh will take place in January 2023. The preview reports related to the January 2023 refresh of home health data on Care Compare, were released to providers on October 6th. The preview report period ended on November 4th.

Finally, we have an update regarding the home health APU reconsideration period. The calendar year 2023 APU reconsideration period is underway, as of October 17th. The APU reconsideration period will end on November 16th at

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11:59 pm. Please visit the HQRP Reconsideration and Exception and Extension Web page for full instructions on how to submit a reconsideration request.

Next, we will - I'll be providing some updates on hospice. We would like to remind everyone that the hospice quality reporting requirement for fiscal year 2025, which will use calendar year 2023 data are as follows - the HQRP requirements must be met for the hospice item set, CAHP hospice survey, and Medicare claims. To comply with the HQRP, each calendar year hospices must submit and ensure acceptance of at least 90% of all required hospice item set records by the 30-day submission deadline and participate monthly with the cap hospice survey, by utilizing a CMS-approved third party vendor, in accordance with HQRP requirements.

Since administrative data is collected from claims, hospices with claims data are 100% compliant with the HCI and HVLDL claims-based measure submission requirements. As of fiscal year, 2024, which will use calendar year 2022 data, hospices are subject to a 4% payment reduction in their annual payment update, or APU, if they failed to comply with those HQRP requirements. In addition, we would like to remind hospices that as of October 2022 CMS is no longer posting an annual list of hospices who are compliant with the HQRP requirements for the previous fiscal year.

Only letters of noncompliance will be sent to hospices who have not met the HQRP requirement for the previous calendar year. And that's subject to the APU penalty. These letters are sent by the (MAC's) and are also placed in a hospice's (CASPER) folder. If providers still have questions, they can contact

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the swing tech help desk directly at QRPHelp@SwingTech.com, for more information.

Next, we would like to share some public reporting updates for hospice. In October 2022, off cycle Care Compare refresh is now available. This adds some HQRP explanatory information and video and a hospice care index measure informational video to Care Compare. The next on cycle Care Compare refresh will occur in November, and this refresh will include the (HIS) quality measure results from quarter 1 of 2021, through quarter 4 of 2021. The (CAHPS) hospice survey data reflecting quarter 2 of 2019 through quarter 4 of 2019, and quarter 3 of 2020 through quarter 3 of 2021.

This includes survey measure results and overall summary star ratings that each hospice refer to as the Family Caregiver Survey Rating. Claims-based measure results will still reflect quarter 3 of 2019 through quarter 4 of 2019, and quarter 3 of 2020 through quarter 4 of 2021. Because the new claims-based HVLDL and HCI measures were just added to Care Compare in August, the November refresh will not update the claims-based measures, as this data will not have significantly changed. The next update of claims-based measures will occur in November 2023, and then annually each consecutive November.

We also have a brief announcement related to the development of (HOPE). (HOPE) data test assessment data collection is now complete, and we are beginning the analysis phase. We anticipate that the analysis phase will conclude in late spring of 2023. And CMS thanks all participating hospices

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for their outstanding efforts and their contributions to the development of (HOPE).

Finally, we have a few announcements about the HQRP resources. Our quarter 3 2022 HQRP quarterly update is available now on the requirements and best practice page of the HQRP Web site. Please note that after January of 2023 the HQRP will no longer post a quarterly update document. Instead, we encourage providers (interesting) and receiving regular updates, to sign up for quarterly informational emails that will be provided by Swing Tech. Please visit the HQRP Requirements and Best Practice Web page, for more information on how to sign up for these emails, and to download previous quarterly Swing Tech emails. Thank you so much for your time.

Jill Darling.

Hi, everyone. It's Jill Darling. I'm filling in for (Lori) today, regarding the Home Health CAHP Survey updates. So, there is an annual training for the Home Health CAHP survey. It's in January 2023. Training slides for the self-paced introductory training will be posted on the Home Health CAHP survey Web site, on January 23, 2023. Registrants for the introductory training, who want to become approved Home Health CAHP survey vendors, will receive an email with a link to an online evaluation certification, to be completed between February 6th through February 21st.

CMS will present a one time live update training webinar required for all current Home Health CAHP survey vendors, on Tuesday, January 31, 2023, from 12:00 pm to 1:30 pm Eastern Time. Registration for both of the trainings will start on Thursday, December 1, 2022 on the Home Health CAHP survey Web site. All HHAs with fewer than 60 patients from April 1, 2021, through

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March 31, 2022, should complete the CY 2024 Home Health CAHP survey participation exemption request form, by March 31, 2023, on the Home Health CAHP Web site.

All HHAs that are currently participating in the Home Health CAHP survey monthly data collection should not stop participation in the survey if they now have low patient counts. All HHAs should continue their survey participation through March 2023, as long as their patient counts were big enough in then reference count year, the previous year, to participate Home Health (CAHPS) in the current year.

As always, if you have any technical assistance questions about the Home Health CAHP survey, or need health switching vendors, please contact the Home Health CAHPS coordination team at HHCAHPS, that's C-A-H-P-S, at RTI dot org. Or you may call (866) 354-0985. And I'll pass it to (Marcie O'Reilly) now, who has an update on the expanded home health value-based purchasing model.

(Marcie O'Reilly): Thank you, Jill. Good day. I'm (Marcie O'Reilly), the coordinator for the expanded Home Health Value-Based Purchasing Model. In this year's final rule, we have finalized as proposed, to change the HHA baseline year which determines improvement thresholds for each quality measure, to CY 2022 for all HHAs receiving Medicare certification prior to January 1, 2022.

We have also finalized as proposed, to change the Model baseline year, which determines the benchmark and achievement threshold for each applicable measure from calendar year 2019 to calendar year 2022. Both changes are

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effective for the calendar year 2023 performance year. In response to public comments requesting data as soon as possible, if we were to change the baselines, we have provided via iQIES, the first of three Pre-Implementation Performance Reports that contain HHA-specific performance data on the quality measures used in the Model, using the most current data available.

This data shows where each HHA's performance falls in comparison to the other competing HHAs in their cohort. The report also provides preliminary benchmarks and achievement thresholds. HHAs can use this data to focus quality improvement efforts, which will affect their total performance score and ultimately, future payment adjustments. Instructions on how to access these reports in (IQ)s, are available on the expanded HHVBP Model Web page, under Model Reports.

To assist HHAs in understanding the purpose, content, and use of this report, we have created an on-demand video and downloadable resource entitled Introduction to the Pre-Implementation Performance Report, also available on the Model Web page, under Model Reports. There will also be a live streaming event covering this report, at 11:00 am Eastern on November 17th. This event will include a live question and answer session. The registration link for this event is also available on the Model's Web page.

As a reminder, the first performance year for the expanded HHVBP model begins January 1, 2023, just 53 days away. If you haven't already done so, please review the resources we have developed, to assist home health agencies with understanding the expanded Model. In addition to the expanded HHVBP Model Guide and FAQs, there are resources specific to quality measures,

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quality improvement, the total performance score payment adjustments, and related reports, which are all available on the expanded Model Web page.

The URL for the Web page is included in the agenda within the calendar appointment and listserv announcement for today's Open Door Forum. Or you can simply Google Expanded HHVBP Model, and it will be at the top of the list in your search results. Questions about finalized policies and resources available should be sent to our help desk at HHVBPquestions@lewin.com. This email is also included in today's agenda.

Also, if you are not receiving emails from CMS about the expanded HHVBP Model, please go to the Web site and join our listserv, and/or make sure your email is up to date in iQIES. Thank you. I will now turn it back over to Jill.

Jill Darling: Thanks, (Marcie), and thank you to (Jermama) and to (Susan). And (Madison), we will open the lines for Q&A please.

Coordinator: Great. Thank you. Just as a reminder, if you would like to ask a question, please dial star 1, unmute your phone, and record your name clearly. If you need to withdraw your question please dial star 2. Again, to ask a question, please dial star 1. And it will take just a few moments for those questions to come through. Thank you. And we are showing no questions at this time.

Jill Darling: Okay. Well, thanks everyone, for listening in today. And if you do have any follow comments, questions, please feel free to use the Home Health Hospice DME Open Door Forum mailbox. It is listed on the agenda. It is always listed

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for you. Again, thank you for joining us today, and have an - and we'll talk to you next time. Thank you.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time.

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