

Centers for Medicare & Medicaid Services
Home Health, Hospice and DME Open Door Forum
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Webinar recording:

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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. Before we begin our agenda, I have a few announcements. This webinar is being recorded. The recording and transcript will be available on the CMS Open Forum podcast and transcript webpage. That link is on the agenda, and I will put that in the chat for you all. 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. All participants are muted upon entry. For those who need closed captioning, a link was provided located in the chat function of the webinar, and I will provide it again. For today's webinar, there are no presentation slides, just the agenda slide you see on your screen, and during the Q&A portion of the call, I will share a resource slide with helpful emails and links.

We will be taking questions at the end of the agenda today. However, for the first topic, we will be taking a few minutes for questions because our speaker does have another engagement. We note that we will be presenting and answering questions on the topics listed on the agenda during today's call. We ask that any live questions relate to the topics presented during today's Open Door Forum call. If you do have any 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 that I will provide, and we will try to 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, 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 I will pass it over to our first speaker, Adam Rubin.

Adam Rubin: Good afternoon, everyone. My name is Adam Rubin from the Center for Program Integrity. Thanks for having me on today here just to briefly talk about one of the new provider enrollment or really revised provisions in the provider enrollment area that took effect January 1, 2024. It stems from this year's calendar year 2024 Home Health Prospective Payment System Rule, which I'm sure most of you folks are very familiar with, and this pertains to one of our definitions in our provider enrollment definitions. You can take a look at the Code of Federal Regulations if you like. It's 42 CFR 424.502. That's where we house our provider enrollment

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definitions. We modified our definition of “managing employee,” and so that's applicable to all provider and supplier types and here, this particular message applies to the hospice folks on the line today to include now, that for the purposes of our managing employee definition in the provider enrollments, which pertains to any enrollment application that you would submit an 855A paper application or online via PECOS (Provider Enrollment, Chain, and Ownership System), that every hospice and skilled nursing facility, although I imagine not many SNF folks on this phone, but every hospice and SNF (Skilled Nursing Facility) medical director and administrator is by definition a managing employee. That's been our perspective for a very long time. We decided to codify it in regulation just to enhance the visibility into that. So, if there are any hospice providers out there right now that have not reported one or more hospice medical directors or administrators as a managing employee on their provider enrollment record, either by submitting a paper enrollment application or online via PECOS, they must do so now to be in alignment with that reporting requirement. And you can take a look at that. We've highlighted that in an MLN (Medicare Learning Network), that's an MLN article MM13333. So, there are four threes there, one, and then four threes after that. It's discussed in that MLN article. Additionally, you can look for some discussion on that in the language of the calendar year 2024 Home Health Rule itself if you'd like to look into that. And that's what I wanted to share today. As Jill mentioned, I have to leave before the Q&A at the end that will wrap this up. So, I'm happy to take any questions now on this topic.

Jill Darling: Thanks, Adam. And we'll just wait one moment just in case anyone does have questions, which I do see some questions coming in.

Adam Rubin: Everyone's going to let me off that easy. OK.

Jill Darling: Oh no, we do have some hands raised. OK, give us one sec. Barbara Hansen.

Barbara Hansen: Hi. Thank you, Adam. I work with the hospice associations in Oregon and Washington State. I had a provider ask me if they should include the names of any of their staff who have management responsibilities, such as supervisors and the way the language reads, I'm reading it as the hospice administrator and the hospice medical director, but not necessarily other folks with supervisory responsibility. Am I correct about that? Or please set me straight.

Adam Rubin: Thanks. That's a great question. Thank you for raising that question. So, the baseline is our managing employee definition, which you can look at there. I'll say it again. 42 CFR 424.502, and you just scroll down to the managing employee definition amongst our kind of a slew of definitions there. It's fundamentally about an individual who manages the day-to-day operations of the facility, has control over the operations of the facility, and so we were just, this revision just clarifies that by definition, we consider hospice medical directors and administrators to fall into that bucket, but there are many other titles and individuals that could fall in that bucket, and it really depends on their behavior and what their day-to-day role is to the hospice. So, if you have a supervisor, he's called a supervisor or a manager or whatever title he or she has,

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but that individual, as you read the definition, is involved with the day-to-day operation and control of the provider, they would be a management employee, and they would need to be reported alongside the medical director and administrator.

Barbara Hansen: Thank you.

Adam Rubin: You're welcome.

Marvelyn Davis: Sheila Clark, your line is unmuted.

Sheila Clark: Thank you. To my colleague's point in Oregon, thank you, Barb, for taking care of that first question. Our members in California have questions about designee. Do they need to be reported like an administrator designee or a physician designee that is covering when those two disciplines are not available? That's my first question.

Adam Rubin: So, hold on one second. Was one of my colleagues saying she wanted to jump in for that?

Mary Rossi-Coajou: Yes. Can you hear me?

Adam Rubin: Yes. Yep.

Mary Rossi-Coajou: OK, so this is Mary Rossi-Coajou. So, the conditions of participation basically define the physician designee to the medical director as somebody that's appointed when the medical director is unavailable. So, the medical director is ultimately the one responsible person as the assigned medical director. The designee would only be in place if the medical director were on vacation or unavailable for whatever period of time, but again, one medical director, and that's all we really recognize in the COPs (conditions of participation).

Sheila Clark: Fantastic. Great. That is the direction that we gave. The second part of my question is, is there an expected time frame should one of those positions become vacant for whatever reason? What is the time frame that the department is expecting providers then to get that replacement application to CMS?

Adam Rubin: I would defer to my colleagues in, I guess, CCSQ (Center for Clinical Standards and Quality) because that bumps up against the conditions of participation. Meaning there are certain rules outside of the provider enrollment space, but more so in terms of hospice-specific requirements in terms of having a medical director and an administrator. I'm not sure if Mary or somebody else if the conditions of the participation speak about, you know, what type of gap is allowable if a medical director leaves and another one needs to come on.

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Mary Rossi-Coajou: Yeah, so no, we don't get that specific in the conditions of participation. So, if there was a medical director that left their position and there was a vacancy, it would be expected that if the hospice was surveyed, that they would be able to show who was covering what they've done to fill that position, however they're advertising or researching for a new person, and sort of where they are in that process. So, I think it would have to be reasonable, but how long it takes to find somebody, but we don't give a specific time frame, so we certainly would never want to see a hospice not have a medical director, and then just basically go with an acting and/or designee and not ever replace the person. So, whatever is an acceptable time frame would be like what normal standard business practices are, but we don't get specific in the conditions.

Sheila Clark: Understood. Thank you very much.

Adam Rubin: Mary. Just a quick follow-up on that. So once again, I'm in provider enrollment in the Center for Program Integrity, so we're not in the nitty gritty of the hospice-specific roles. If a hospice has a medical director depart, are they required immediately to have, I guess, a physician designee step in and, meaning, there has to essentially be seamless coverage and there has to be a physician in place at least temporarily until the new director comes on full time?

Mary Rossi-Coajou: Yes. They cannot be without a medical director, so they would have to have somebody acting in that role.

Adam Rubin: Thank you.

Sheila Clark: Thank you.

Marvelyn Davis: Patricia, your line is unmuted. Patricia Valli, your line is unmuted.

Patricia Valli: Can you hear me now?

Marvelyn Davis: Yes.

Patricia Valli: OK, great. So, my question is in regards to the medical director. Do you name that medical director only if they're an employee of the organization, or if they were a contracted person, they should be named as well?

Adam Rubin: Contracted as well. We talk about in that regulation that for any role at any provider or supplier, whether or not the individual is a contractor or a W2 employee, that doesn't determine it's really about the day-to-day controlling, and then for the hospice medical director administrator that follows that one of those roles doesn't have to be W2 employee.

Patricia Valli: OK. Great. Thank you. That was all I had.

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Marvelyn Davis: Michelle, your line is unmuted. Michelle Morrell, your line is unmuted. Peggy, your line is unmuted. Peggy Carnahan, your line is unmuted.

Peggy Carnahan: OK, can you hear me now?

Marvelyn Davis: Yes.

Peggy Carnahan: OK, perfect. What report is it that we need to go to make sure that we've got our medical director and administrator documented?

Adam Rubin: So that will be from the provider enrollment angle. That will be done through a paper application, which would be Form 855A, and if you are making a change to the medical director or if you haven't reported that medical director to date, then that would be a change of information application, adding that medical director and then there are different fields on that form, name, other identifiers that would've to put in or this can be done online via PECOS because our online enrollment system, which has a lot of efficiencies, or doing it via the paper route and then from your PECOS access, your online PECOS access, the interface that you can see, you are able to see who you've reported as owners, who you have reported as managing employees. So, you'd be able to take a look at that and see have we reported our medical director as a managing employee, or have we reported our administrator as a managing employee and then be able to take action from there.

Peggy Carnahan: OK, thank you.

Adam Rubin: You're Welcome.

Jill Darling: All right, everyone, I think we're going to pause right there for now so we can continue on the agenda. I'm going to provide an email, still waiting [inaudible] along with the links that Adam had mentioned. So, we will continue with Lori next.

Lori Luria: Thanks so much. Thank you, Jill. I have a few items to report on the Home Health CAHP (Coordinated Assessment and Housing Placement) survey. The first is that we held our training for both the introductory training on the survey and the update training, which we had a lot of attendees for. And the good news is if you couldn't attend the training, we have the slides posted on our website. You just have to go to the homepage of the website and look on top of the bar where you'll see training marked, and in that dropdown menu, you'll be able to get the slides for all of the trainings and the agendas as well. I think I might have mentioned this last month, but I'm not sure that we do have the January newsletter posted. The Home Health CAHPS Quality Team puts together a newsletter every quarter and they chose this month to feature all the due dates in the year 2024 since it was a January newsletter. They also gave in detail a

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description of all the footnotes that are on the data that are publicly reported on Care Compare. We also wanted to remind all home health agencies to try to do this if you can.

In the months of January, April, July, and October, a couple of things happened. One is that your Home Health CAHPS vendors submit your data on the third Thursday in those months. We highly recommend that you go and check to see if your vendor submitted your data by checking in the “For HHAs” (home health agencies) portal. It's on the homepage, but that's a secure portal as you know. So, you need your ID and password to go in there, and you will only see your home health agency's information in there. In there will be your data submission reports and your current data submission reports. So, if you go in, let's say in April, you want to check to see if your vendor submitted your data yet for April, you'll be able to see that. If it hasn't been submitted, then you might want to touch base with your vendor because your data will be due on the third Thursday, I think it's April 18 in April. The other reason you would want to go into your portal in those months is because the data that we publicly report on Care Compare for all agencies, but for your particular agency, you'll be able to see all the details that will be publicly reported, and if you see anything that looks off or wrong about it, that it's important for you to look at your preview report. As you know you have an OASIS (Outcome and Assessment Information Set) report as well, but this is for the Home Health CAHP Survey. It's in the Home Health CAHP Survey website, so you should check that as well. There's something else that we're asking all home health agencies to check as well, and this is not in the secure portal. When you open up the homepage of the Home Health CAHPS website, there is a very large square that's labeled “Information for HHAs.” It's really hard to miss. In there, on one of the selections, I think it's about the second or third one, is a paper that we recommend everybody read and it's basically, I think the paper is now entitled HHA Responsibilities and FAQs for the survey. And it's a very good paper because what it is, we change this paper every year, so it is founded on all of the deadlines that are in the current calendar year annual payment update. So right now, we are in the midst of collecting data for the calendar year 2025 annual payment update. In April we switch over, we start the new data collection period and that will be for calendar year 2026 and the paper then will state all of the information pertaining to that. It's not just a paper and text. There are interesting diagrams, and it is a better way maybe than just reading straight text on what are your responsibilities, what are the requirements and so forth for the Home Health CAHP Survey. We also want to remind all home health agencies that we're nearing the period at the end of calendar year 2025 data collection. If you are currently having a month where you're not seeing a lot of patients or whatever, please continue the survey, OK, please do not stop because we don't want you to stop and then lose that month as counted as participating. So please continue to participate. And on the other hand, if you are a very small agency that will meet the requirements for exemption because you only served 59 or fewer patients in the previous year, don't forget to fill out the calendar year 2025 participation exemption request form. That's also on the website. Right now, the calendar year 2025 form is up. It's only up through March 31, and that's because beginning April 1, we start the data collection for the next calendar year, and then we put the new exemption form up for calendar year 2026.

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And I just want a final reminder that if you ever have any questions at all about the Home Health CAHP Survey to please email the National Implementation Contractor, which is RTI, and their email addresses hhcahps@rti.org, or you may call RTI at 866-354-0985. Now, I would like to introduce and pass this on to Jermama Keys, who's going to provide us with information. Jermama Keys leads both the Home Health Quality Reporting Program and the Hospice Quality Reporting Program, and we will be hearing information from Jermama Keys now. Thank you so much.

Jermama Keys: Thanks so much, Lori, for that wonderful introduction. Good afternoon, everyone. Today I am going to be starting with some announcements for home health or Home Health QRP (Quality Reporting Program). I wanted to update everyone that the home health QAO (Quality Assessment Only) interim reports that are scheduled for iQIES distribution to providers next month around the 22nd—that data that is going to cover January 1, 2023, through December 31, 2023—that data will be delayed due to a systems delay in processing. However, the reports will be distributed as early as technically feasible, and we're looking at April of 2024. I do want to just give a quick update in reference to the calendar year 2024 final rule, which was finalized and the addition of the discharge function score measure, and the removal of the application of Functional Assessment measure from the QRP program. When we add the Discharge Function Score measure to the iQIES reports and to Care Compare, we will be removing the application of the Functional Assessment measure at that time as well. The public reporting updates, in addition to the calendar year 2024 final rule and the Discharge Function score, that measure is planned to be reported on the Home Health Review and Correct Reports, the outcome reports, and the outcome tally reports this April of 2024, and on Care Compare the Provider Preview Report in October of 2024 and then publicly reported with the January 2025 Care Compare refresh. The application of functional assessment and care plan that addressed function measure will be removed from the review, and correct reports, the process measure reports, and the process tally reports as of April from the iQIES report. And the measure will last be reported on Care Compare the Provider Preview Report this July, and then it will be removed totally from Care Compare with that January release of Care Compare.

Our two new Transfer of Health Information measures, or the TOH measures, were added to the Process Measure Reports and to the Process Tally Reports in January of 2024, and these measures are both the Transfer of Health Information to the Provider and the Transfer of Health Information to the Patient. Both became available on the Home Health Review and Correct Reports last year, in April of 2023. However, they were added to the Process Measure Reports and process [inaudible] reports in January of this year.

I'm going to also share a quick update about the 2024 risk model. The risk adjustment models were updated, and the 2024 risk adjustment technical specs can actually be found on the quality measures page of our Home Health QRP website. We also updated the quarterly OASIS Q&As and there's an updated guide to the home health help desk available in this download section of the Home Health Quality Reporting Program help desk webpage. Two additional documents

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related to post-acute care Health Equity Confidential Feedback Reports were posted this January, January 19, and there's a frequently asked questions for the FAQ document and the methodology report that's available on that site as well. Please visit the HHQRP website to access any of these resources.

With that, I'll be moving on to the Hospice QRP program. We do want to share a public reporting update for the Hospice QRP and that the next Care Compare refresh will take place this month. The preview reports for the February refresh were released in November of 2023. On February 9, we updated the current measures and the HIS (Hospice Item Set) web pages, and the updates were primarily based on some changes in terminology referencing the consensus-based entity, or CBE, that we use in reference to measure evaluations. On the current measures page of the HQRP, we did update the comprehensive assessment QM (quality measures) background and methodology fact sheet and the actual QM manual. The HQRP QM User's Manual Version 1 to Version 2 change table was also posted. And on the HIS page, we actually updated HIS Manual Version 3 and the HIS Manual Version 3 change table.

Any additional updates for the Hospice Quality Reporting Program and to find any additional information in reference to current measures or the HIS updates are available on those respective web pages. I would like to also inform hospices that may be looking at their...based on the refresh that just recently happened, our Public Reporting Key Dates webpage is undergoing an update at this time, and it will be reflective of the 2024 information and incremental dates. Right now, the 2023 information is still there, but that update is slated to happen sometime this week. Thank you very much. And I can pass the mic over to Marcie O'Reilly for the Expanded Home Health Value-Based Model Update.

Marcie O'Reilly: Thanks, Jermama. Yeah, this is Marcie, and I'm joining you today just to provide a really brief update and a reminder related to the Home Health Value-Based Purchasing Model (HHVBP). Just first please note that the email address for the HHVBP help desk has changed. The email address is now mhhvbpquestions@cms.hhs.gov, and I'll put that in the chat here in a second. And the other is to remind you that the preliminary January interim performance report, or IPR, is in your HHAs folder on iQIES. And remember, IPRs use the most current 12 months of data available, and 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're released. For this one, the deadline to request a recalculation for this report is tomorrow, February 23, and the final January IPR will be posted on iQIES near the end of March once all the recalculation requests are submitted.

Finally, if you're not receiving email announcements from CMS about the expanded HHVBP model, please go to our webpage and join our listserv. The link is near the bottom of the model's webpage. And as I said, I'll add the help desk and the URL to the chat so you can copy and paste them for your ease of use. Thanks, and have a good rest of your day. I'll now hand it back to Jill.

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Jill Darling: Great, thank you, Marcie, Jermama, and Lori. We will now reopen the Q&A for the remainder of the topics. So, if you have a question, please use the raise hand feature at the bottom of your screen with one question and one follow-up please, and we will wait for some hands. Giovana Ford.

Giovana Ford: Yes, I just had a quick question on the, sorry, I drew a blank here on the HCI (Hospice Care Index) stuff. Just to confirm. So, some of that information will not be updated until this week. Is that correct? Is that what I understood?

Jermama Keys: Giovana, this is for hospice, right?

Giovana Ford: Yes.

Jermama Keys: So, what you see on Care Compare there is for hospice, the current updates for Care Compare have not changed. Specifically for hospice, we're looking at one of the pages that represents public reporting and the key dates. Those dates are reflective of the 2023 year versus the 2024 year. I don't know if that's helping, but there's no difference in what you would see on Care Compare with the refresh.

Giovana Ford: OK. So, for example, when I look at the HCI indicators, like my numerator denominators, the dates changed, but the percentages and all of that stayed exactly the same. That's what you're saying hasn't changed. It'll update later on. Correct?

Jermama Keys: Right. It'll update with the refresh, but in reference to what you see on the webpage, it's really just a reference so that providers can see what date range the data that's being reported is based off of.

Giovana Ford: OK.

Jermama Keys: Does that help?

Giovana Ford: Yes, kind of. I know the previous report that I pulled three months ago had a different date range, but the numbers are exactly the same from that date range to this date range. So, I'm just curious to know why that would happen or if it was just maybe a glitch in our reporting and that's something maybe I need to submit the ticket for.

Jermama Keys: In all honesty, if you're noticing that shift, then I would just because we want to make sure that it's correct, and sometimes the refreshes, the date that you may have looked at that particular item, that refresh may not have flipped over or been refreshed on the page. So, if there's a discrepancy that you see, I usually err on the side of using some caution to just make sure that we are all in alignment and we are not seeing something that you shouldn't be and we're not reporting something that isn't the case.

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Giovana Ford: Got it. OK. Thank you.

Marvelyn Davis: Nanette Smith, your line is unmuted.

Nanette Smith: Hi. I just want to validate that the changes in administrators need to be reported every time we have a turnover in administration on the PECOS. That needs to come back on. Hello?

Mary Rossi-Coajou: That would've been an Adam question, and I think he's already signed off, but that's what I heard when he reported that today. But from a COP perspective, we don't talk about the 855 or PECOS, so I would send that question into the email.

Nanette Smith: OK, thank you.

Jill Darling: I'll provide the email for you for Adam in the chat.

Nanette Smith: Thank you.

Marvelyn Davis: Cinderela Echols, your line is unmuted.

Cinderela Echols: Hi. My question is regarding Home Health CAHPS. We have been experiencing adverse effects on our scores due to patients not responding to the CAHP survey, which is beyond our control. So how do we make sure, or what are the suggestions to improve this response rate, especially if it's beyond our control but it's affecting our scores negatively?

Lori Luria: I think the best thing to do first is send an email to HHCAHPS@rti.org because we have some language that we are giving to the home health agencies to put in a package, like when they give out their introductory package to their care to patients, that they could put this on a flyer or just to inform them about the Home Health CAHPS survey. So that's one thing you could do. Beyond that, you're really not supposed to talk too much about the survey, except you could say that if you get a survey that says it's from the federal government or whatever, there is a number there that they could call to make sure that it is an official survey if people are afraid to answer it. When you say adverse scores, has this been recently, or has it always been that way, or did you see a trend where it started to go down?

Cinderela Echols: It's always been a low score, and I understand that we cannot disclose a lot of information about the survey, it defeats that purpose, but at the same time, the patients, like you mentioned, are hesitant on filling out information thinking it's fraud or a scam, and so they are not filling out this survey and so our scores are constantly low, making it seem like we're not a good agency, but it's just something beyond our control.

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Lori Luria: OK. Alrighty. You know what, if you wouldn't mind sending an email, please send an email or call the phone number with RTI, and we could look into that specifically for you what is happening. I just want to be sure. I don't know how many years you're talking about or whatever. So, I'd like to look at your data individually. Would you mind giving me your CCN (community care network) or I don't know if I should really take this information on the phone in front of everybody or you'd rather just send an email?

Cinderela Echols: I can send an email if that's fine.

Lori Luria: Yeah, send an email with your CCN, explain your situation, and we're going to look into your data first of all. OK, thank you.

Cinderela Echols: Thank you very much.

Lori Luria: Sure. Thank you.

Marvelyn Davis: Stephanie, your line is unmuted.

Stephanie: Thank you very much. This is a question about the information that was presented for the Home Health Care CAHPS survey. I just wanted to confirm that the documents entitled HHA Responsibilities and FAQs that were referred to—that is available for everyone on the homepage, not just behind the registration in the HHA section.

Lori Luria: That's correct. That's right. It's on what they call “the public side” of the website. That's correct.

Stephanie: OK, thank you. You're welcome.

Marvelyn Davis: Amanda, your line is unmuted.

Amanda Larson: Hi, can you hear me? Yes. Hi. I just wanted to ask quick about that. With the CAHPS survey, you had mentioned that there's a pamphlet or a form that you guys have developed that agencies can put in their admission packet or folder to give to the patient regarding the CAHPS survey. Is that something available, like we can go on and get that on the website or, I know you said for her to email you.

Lori Luria: I don't want to say it's on the website if it's not there, and I haven't checked right now, so just to be sure, I would say contact RTI, and they'll send you the information.

Amanda Larson: OK. All right. Thank you, Lori.

Lori Luria: You're welcome. Thank you for the question.

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Marvelyn Davis: Alba. A-L-B-A, your line is unmuted. Sarah Simmons, your line is unmuted.

Sarah Simmons: Hi, thank you. This question is about the Hospice Quality Reporting Program. When Preview Reports were released last week, we heard from several hospices that the Preview Reports were incomplete and that they had claims-based data, but CAHPS survey data Preview Reports were not available. Can you clarify whether there'll be additional time added to the preview period or any updates on that, please?

Jermama Keys: So, Sarah, I'm sorry, is your question about the CAHPS data, or is it about the Hospice CAHPS data, or is it just about the dates in general?

Sarah Simmons: It was about the CAHPS data. We have heard from several hospices that they did not have Preview Reports available for their CAHPS data and that they only had Preview Reports available for HCI (Hospice Care Index), HIS (Hospice Item Set), and HBLBL.

Jermama Keys: OK. If you could send that email over to our Hospice CAHPS team. Give me one second, Jill. Is it?

Jill Darling: Yes.

Jermama Keys: Thank you so much.

Lori Luria: Thank you. Jermama. That would be great. I see, well, you could do that and then the other thing is, well, I was just looking at this other address, which is hospicequalityquestions@cms.hhs.gov. If you wouldn't mind sending it to that and then say forward this to the Hospice CAHPS team.

Sarah Simmons: I'll do that. Thank you.

Jermama Keys: Yeah, Sarah, that will work out better because I don't have the access to add that to the comment section right now. Thank you.

Lori Luria: And then the other thing is when you write, please give the CCNs (CMS Certification Numbers) for which the CAHPS data is not showing in a Preview Report because I think it is up. I mean, I'm pretty sure it's up, but maybe it's for some reason something happened, so I just want to be sure checking that. Thank you.

Sarah Simmons: OK, I'll do that. Thank you. I appreciate it. Thank you.

Marvelyn Davis: Heather Murphy.

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Heather Murphy: You know what? I was just jumping in to say that from Kansas City, Missouri, we also received our HIS and our HCI measures as a Provider Preview Report, but we did not get our CAHPS information either, like we usually do.

Lori Luria: Oh, wow. OK. This is Lori. Yeah, I have to check with somebody about that, and I will do that.

Heather Murphy: Thank you.

Lori Luria: Yeah, this has to go up now. It should be there. Thank you.

Unknown Speaker: My question is also related to the CAHPS Hospice Reports not being available. They were not available for all six of [inaudible].

Lori Luria: Oh boy. OK. Those should be in the same folder with the HIS and the clinical and the claims and everything because those Preview Reports are all in the same place. I'm very sorry about this. I'm going to check on this today. I don't know, Jill, maybe I'll just write to you, or I'll write back to somebody when I get this information. Maybe I could find out right now. OK. I'm going to try to find out right now.

Jill Darling: Yeah, well, if you're not able to get the answer, you can send it over to me and then I can send out a little blurb announcement through the listserv. So, if everyone does receive agendas and other items through the listserv, you will receive it. If you don't, let me give you all the links to sign up to receive agendas and blurb announcements regarding the Open Door Forum. So here I'm going to send the link where you guys can all sign up. So, I don't see any more hands raised. Give it just one more moment. OK. So, what we'll do is, Lori will get back to me, and we can send out a response if we're able to in the next week or so, but I can't speak on behalf of Lori.

Lori Luria: I have an answer. I just heard from Lauren whose head of, they should have posted this. This was not right. The CAHPS hospice scores, the Preview Reports are delayed until next week. She wrote down the week of the 28th, but the 28th is Wednesday. So, I don't know if that means they're first posting them on Wednesday or they're going to post them on Monday, which is the 26th. I'm not sure. Whatever it is, they're delayed, but they should have had something in the folder where the Preview Reports are to indicate that they're coming, but they're delayed. I'm sorry about that.

Jill Darling: All right, well, thank you, Lori.

Lori Luria: You're welcome.

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Jill Darling: Thank you. So, that will conclude today's call. Thank you everyone for joining. I know we did send out a lot of helpful links and websites for you all, so I hope it all does help. In here I'm going to add the Home Health Hospice DME Open Door Forum email for you all as well. Again, if you need to jot down any of these emails and send your questions in, we would appreciate it. So, thank you, everyone, and enjoy the rest of your day. And that concludes today's call.

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