

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

Moderator: Jill Darling

February 24, 2022

2:00 pm ET

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

Jill Darling: Great. Thank you so much Kelly. 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 get into the agenda, 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](mailto:Press@cms.hhs.gov) . And we will get right into our first topic - is with Stephanie Collins, who has an update on the master list and additional items selected for prior authorization.

Stephanie Collins: Thank you, Jill. Good afternoon, everyone. This is Stephanie Collins from the Center for Program Integrity. I will be providing an update regarding the master list and required prior authorization list for certain DMEPOS items.

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On January 13, 2022, CMS published federal register notice 6081(n), which announced updates to the master list of DMEPOS items potentially subject to face-to-face encounter and written order prior to delivery and/or prior authorization requirement, effective April 13, 2022.

The master list has been updated to reflect the removal of five DMEPOS items and the addition of 31 items for a total of 439 items. As a reminder, presence on the master list alone does not require any provider action. Regarding the required prior authorization list, CMS collected 11 posts from the master list, to add to our list of items requiring prior authorization, six power mobility devices also known as PMDs and five orthoses codes.

Prior authorization for the PMD codes will be implemented nationwide for dates of service on or after April 13, 2022. Prior authorization for the orthoses codes which includes three lower limb or knee orthoses and two lumbar sacral orthoses or back braces, will be implemented in three phases. In phase one prior authorization for selective orthoses will be required in four states - New York, Illinois, Florida, and California for dates of service on or after April 13, 2022.

In phase 2, prior authorization for selective orthoses will be required for 12 additional states - Maryland, Pennsylvania, New Jersey, Michigan, Ohio, Kentucky, Texas, North Carolina, Georgia, Missouri, Arizona, and Washington for dates of service on or after July 12, 2022.

And for phase 3, prior authorization for selective orthoses will be required for all remaining states and territories for dates of service on or after October 10,

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2022. Thank you. And now I will turn you over to our next speaker, Wil Gehne.

Wil Gehne: Thanks. I'm glad to report that the implementation of home health notice of admission has been largely successful given the scope of changes to Medicare systems that require it. It hasn't been perfect though. We identified and resolved several NOA processing issues in January, and today I want to give an update on a problem that's still ongoing.

Some notices of admission are being returned to providers in error, with edit U537F. Medicare systems are not correctly recognizing that patients were previously discharged or are interpreting home health stays that ended before 2022 as open admission periods. We expect the corrections to this problem to be installed next Monday, February 28th. NOAs that were returned in error can be resubmitted after that date, and, when necessary, the corresponding claims will qualify for NOA timeliness exceptions.

I want to thank all of our providers for your patients as we work through these growing pains with the new system. Next, I want to turn to a clarification about billing instructions.

During 2021 Medicare allowed submission of future dated RAPs. Now in order to process the corresponding claims for those future dated RAPs the MAC turned off and reason code 31755. This allowed the revenue code 0023 line item date and the first visit date on the claim, to be different.

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I want to stress that this was a temporary process for 2021 only. For claims with 2022 dates of service these claim dates should match. The current instruction in the Medicare claims processing manual in Chapter 10 Section 40.2 states: for initial periods of care the home health agency reports on the 0023 revenue line the date of the first coverage visit during the period. And for subsequent periods, the HHA reports on the 0023 revenue code line the date of the first visit provided during the period regardless of whether the visit was covered or not covered.

While edit 31755 remains off this calendar year to allow for processing of 2021 claims that are still timely, HHA should ensure they are billing claims with 2022 dates of service according to these manual instructions. Failure to do so could cause problems with claim adjustments after the edit is reactivated in 2023.

Finally, two software updates - a new version of the home health grouper program will be implemented on April 1, 2022. The public release of this software was posted on the CMS Web site on February 10th. So please be sure your billing staff and your software vendors are aware of the new release. As always, questions can be directed to the grouper support mailbox at HHGrouperQuestions, that's one word, [HHGrouperQuestions@CMS.HHS.gov](mailto:HHGrouperQuestions@CMS.HHS.gov).

Also, last year I announced that we planned to convert our PC pricer programs to Web hosted versions which everyone can access on the CMS Web site. The Web pricers for both home health and hospice will go live between today and the next open door forum, most likely within the next two weeks. This means

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users will no longer need to download your own copy of the PC Pricer software each year, and then possibly download it again if there are any updates.

The Web pricer will always be available and will always have the most current updates automatically, so check for the new tools on the website WebPricer. That's one word, [WebPricer.CMS.gov](https://www.webpricer.cms.gov), in the next few weeks. We hope you find the new tools beneficial. And with that, I'll turn you over to Lori Teichman.

(Lori Teichman): Thank you, so much, Wil. We had our annual training for home health CAHPS survey vendors about four weeks ago, on January 28th. We welcome home health agencies and others interested in that training, that was called the Home Health CAHPS Survey Update Training, to watch and hear a recording of that training by reaching out to the home health CAHPS survey coordination team at [HHCAHPS@RTI.org](mailto:HHCAHPS@RTI.org). RTI will send you a link to the recording of the training.

The Calendar Year (CY) 2023 Home Health CAHPS Participation Exemption Request Form must be completed by March 31, 2022, and March 31, 2022 is the last day actually, of data that is for the calendar year 2023 annual payment update period. The exemption form is for home health agencies not participating this year in the HHCAHPS Survey because they had 59 or fewer patients from April 1, 2020 through March 31, 2021.

The next data submission deadline for HHCAHPS survey vendors to submit the HHCAHPS survey data, is Thursday, April 21, 2022. Home health

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agencies are responsible for reviewing their respective data submission reports that can be accessed via their Dashboard on the HHCAHPS website.

So they can make sure that their survey data has been successfully submitted to the website's secure portal by their respective HHCAHPS survey vendors.

Also, home health agencies that are currently participating in the HHCAHPS survey that are planning or thinking about changing vendors, should contact - should first contact RTI for their assistance in this process, and they may do so by either emailing RTI at [HHCaps@RTI.org](mailto:HHCaps@RTI.org), or by telephoning RTI at (866) 354-0985. RTI is the federal contractor for the HHCAHPS survey.

As always, if you have any technical assistance questions or any questions at all about the HHCAHPS survey, please contact [HHCAHPS@RTI.org](mailto:HHCAHPS@RTI.org) or you may call (866) 354-0985. And now it is my pleasure to hand this over to Jemama Keyes who is an important part of our hospice and home health quality reporting programs, both programs. Thank you.

(Jermama Keys): Oh, thank you, Lori. Good afternoon, everyone. My name is Jermama Keys. And today we have several announcements about the home health quality reporting program or HHQRP. First, we have several updates about Oasis. On the approval for the continued use of Oasis D, has been extended through 11-30-2024. Home health agencies completing assessment on paper may continue to use their current supply of Oasis D forms.

Oasis D will continue to be used for Oasis assessments with an M0090 date up to and including December 31, 2022. Oasis E will be used for Oasis

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assessment with a M0090 date on or after January 1, 2023. The Oasis E CRA package was posted on February 9.

The initial public comment period for Oasis E will remain open, for 60 days following the publication of the CRA package. The updated draft Oasis E, all items instrument, was also posted on the HHQRP Oasis data set's webpage on February 1, 2022.

The updated instrument is available in the download section of that webpage. We have also received several questions regarding Oasis point score calculations. In particular, the PDDM point assessment for M1860 responses 2 and 3 were different in the calendar year 2022 final rule than in the proposal.

We would like to announce that the point, the totals listed for the responses 2 and 3 and table 2 of the calendar year 2022 final rule, are correct. These point values will be used for M1860 beginning in calendar year 2022.

There may be times in which the resources used for certain Oasis items associated with the functional impairment will result in a seemingly inverse relationship to the response reported. However, this is the result of the direct association between the responses reported on the Oasis items and the actual resource used. Next, we will have several public reporting announcements to share. The current interim QAO performance report is now available in IP folders.

It includes Oasis assessments completed during the period of October 1, 2020 through September 30, 2021. CMS would like to inform home health

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providers that the identified issues regarding incorrect disciplines displaying on Care Compare and the patient data catalog or PDC Web site, has been resolved. Care Compare refreshes have resumed with a January 2022 refresh for assessment-based measures.

Please note that the claims based measures continue to remain frozen on Care Compare and are planned to resume with the July 2022 refresh. The preview report, the April 2022 Care Compare refresh, is now available in IP, the April 2022 refresh at new Oasis-based measures for public reporting and alignment with the improving Medicare post-acute care transformation or IMPACT Act of 2014.

These measures are percent of residents experiencing one or more falls with major injury, and application of percent of long term care hospital patients with an admission and discharge functional assessment, and a care plan that addresses function. Finally, if you have any questions regarding Oasis or public reporting, please submit them to the home health quality help desk at [HomeHealthQualityQuestions@CMS.HHS.gov](mailto:HomeHealthQualityQuestions@CMS.HHS.gov).

I will now be sharing several updates with the hospice community about the hospice quality reporting program or HQRP. First, we would like to remind everyone about the hospice quality reporting program requirement for fiscal year 2024, which will be using calendar year 2022 data. Beginning CY 2022, January 1, 2022 through December 31, 2022 HQRP requirements must be met for the hospice item set or HIS and CAHP's hospice survey and Medicare claims.

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To comply with the HQRP each calendar year hospices must admit 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 the HQRP requirements. Since administrative data is collected from claims, hospices with claims data are 100% compliant with the HCI and the HVLDL claims-based measure submission requirement.

Hospices are subject to a payment reduction and an annual payment update if they fail to comply with the HQRP requirement.

Beginning in fiscal year 2024 which uses calendar year 2022 data, the APU penalty will be 4%. Next, we would like to remind everyone about the upcoming February 2022 Care Compare Refresh. CMS will resume public reporting of the HQRP data with the February '22 refresh period on Care Compare. For the February 2022 refresh, CMS finalized plans for resuming public reporting data while excluding quarter 1 and quarter 2 of 2020.

CMS will use fewer quarters than usual to report HIS measure to physically using quarter 3 of 2020, quarter 4 of 2020, and quarter 1 of 2021 only. CMS will use the most recent eight quarters of data excluding quarter 1 of 2020 and quarter 2 of 2020, for tax hospice survey measures. The provider preview report was issued in November 2021 in advance of the February 2022 hospice refresh.

Next, we would like to share an update about the quality measure or QM reports. In December of 2021 CMS released revised data of the hospice care

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index or HCI and the hospice level Q1 report. Providers can view this revised data via the certification and survey provider enhanced report, or CASPER application. The revisions correct an issue identified with the national averages and percentage calculations.

CMS is targeting a May 2022 refresh for the inaugural display of the HCI and HVLDL or hospice visit and last days of life, claims-based measure. Finally, we would like to announce several new resources available on the HQRP website. In December of 2021, we published the second edition of the hospice public reporting tip sheet explaining our approach to the HQRP as public reporting resumes in February of 2022, hopefully helping providers understand the HQRP public reporting changes associated with the fiscal year 2022 hospice final rule.

We also published an updated version of the HQRP compliance tip sheet providing hospice agencies with an overview of the basic requirements providers must meet to be successful with the HQRP, and to achieve a full annual payment update.

On December 20, 2021, CMS released the hospice quality reporting program, 2021 information gathering report. This report provides information from literature reviews and expert interviews that support expansion of the hospice quality reporting program.

Specific topics include treatment of moderate to severe pain, patient preferences, spiritual care and social needs, medication management, and other topics related to hospice quality. The updated information gathering

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report is available in the download section of the provider and stakeholder engagement webpage. Materials from the December 16, 2021 HQRP cap form are now available in the download section of the provider and stakeholder webpage, and we also released an updated fact sheet on getting started with the HQRP cash procurement report on February 2nd.

And that can be found in the provider toolkit section of the HQRP requirement and best practice webpage. In closing, if you have questions regarding the HQRP please submit them to the hospice quality help desk at [HospiceQualityQuestions@CMS.HHS.gov](mailto:HospiceQualityQuestions@CMS.HHS.gov).

Jill Darling: Great. Thank you, Jermama. And thank you, Lori, Wil and to Stephanie. We will be heading into our Q&A session. I just would like to note that our first speaker, Stephanie Collins, had to step off the call. So, if you did have any prior authorization questions, on the agenda is the prior authorization Web site and resource mailbox. And if you don't have the agenda, it is [DMEPOSPA@CMS.HHS.gov](mailto:DMEPOSPA@CMS.HHS.gov), if you do have any prior authorization questions. And Kelly, we will begin our Q&A please.

Coordinator: Great. So, if you would like to ask a question, please press star 1, unmute your phone and record your name. If you would like to withdraw your question, you can press star 2. And again, to ask a question, press star 1, and it could take a moment or two for the questions to come through. Our first question comes from Susan Conway. Susan, your line is open.

(Susan Conway): Yes, hi. I am just wondering, needing some clarification because I know with the public health emergency some things were excluded. For the hospice the -

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what is the date period on the Compare Web site that's being - that's covered in the February 2022 Care Compare information?

(Jermama Keys): Is this specifically in reference to what quarters are being covered?

(Susan Conway): Yes, ma'am. Yes.

(Jermama Keys): Those questions, if you could, I'm also going to give you the website for the public reporting just so that you get the most updated information in reference to what quarters are going to be used. You can submit your questions to [HospicePRQuestions@CMS.HHS.gov](mailto:HospicePRQuestions@CMS.HHS.gov), and they'll be able to get back to you with the specific quarters.

(Susan Conway): Okay. Thank you.

(Jermama Keys): No problem.

Coordinator: Our next question comes from Christine Bunch. Christine, your line is open.

(Christine Bunch): Okay. Thank you. I just needed some clarification on the QAO report that you said was in IP. I'm actually logged in now and do not see an updated QAO report. And what was the timeframe for that report?

(Jermama Keys): I apologize that you don't see anything. You should be seeing something at this point. If you continue to have issues with the QAO report, if you would submit that issue to the home health quality questions website or the email

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address just so that we can clarify that it's not just you that's having that problem.

(Christine Bunch): Okay. So, my other part of that question was, what was the Oasis timeline for that? I think you said that it ended September 2021, but I did not catch the begin date.

(Jermama Keys): That would have been October, October of 2020 through September of 2021.

(Christine Bunch): Okay. Thank you very much.

(Jermama Keys): No problem.

Coordinator: Your next question comes from John Daikis. John, your line is open.

(John Daikis): Thank you for taking my question. This is concerning medical and physical therapy clinics that are rotated within a competitive bid area. And they currently have (PTAN) numbers and they dispense and bill for orthotic, back, and knee braces to their patients, that directly reflects to what they're seeing the patient for. Up until now the rule has been that they have to dispense and bill for the brace on the same date of service they see and treat the patient for professional services.

But now with prior authorizations become effective April 13th, the new rule says that they have to obtain a prior authorization before they can dispense and bill, and I'll just tell you that is not possible to submit the prior authorization for approval, receive it back, all within the timeline that the

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patient is being seen in the clinic. So, has this been thought of? Is there a solution? Or are there exemptions here?

Brian Slater: Hey. This is Brian Slater. I think unfortunately, we don't have anyone from that area on the call today. If you wouldn't mind, obviously you've summarized it, I think probably pretty succinctly there, but if you could draft a more detailed response and send it into the ODF mailbox, we'll make sure that we triage that accordingly.

(John Daikis): Could you give me that email address?

Brian Slater: Sure. It's HomeHealth all one word underscore hospice underscore DMEODF all one word, hyphen L at CMS.HHS.gov. And it's also in the agenda I think, right Jill, for the meeting? ([HomeHealth\\_DMEODF-L@cms.hhs.gov](mailto:HomeHealth_DMEODF-L@cms.hhs.gov))

Jill Darling: Yes. That's correct.

(John Daikis): Yes. Okay. Okay. Thank you very much.

Brian Slater: Yes. Thank you.

Coordinator: Our next question is from Bonnie Westover. Your line is open.

(Bonnie Westover): Good afternoon. Thank you for taking my call, my question rather. My question is specifically about the incidents of major falls measure that's being reported for the first time now on the preview report. And my question is specific to the language. I work in home health and the language says that the

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measure's application of the percent of residents experiencing one or more falls with major injury, and then long stay is in parentheses.

Can you please - I'm assuming that this is not limiting home health patients who - that this is looking at all home health patients even though it says residents, rather than those home health patients who are living in a facility and receiving home health services.

(Jermama Keyes): No. I can see how that can be very confusing. What would be best is if you could phrase that in an email to the home health quality questions help desk. And that way we can also take a look at the language in addition to...

(Bonnie Westover): Okay. What's the web address? What's the address?

(Jermama Keyes): It's going to be HomeHealth...

(Bonnie Westover): All one word?

(Jermama Keyes): Dot, yes, all one word. QualityQuestions at CMS...

[HomeHealth.QualityQuestions@cms.hhs.gov](mailto:HomeHealth.QualityQuestions@cms.hhs.gov)

(Bonnie Westover): No, no spaces? HomeHealthQualityQuestions?

(Jermama Keyes): Yes. At CMS...

(Bonnie Westover): Okay.

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(Jermama Keys): Dot HHS...

(Bonnie Westover): Okay.

(Jermama Keys): Dot gov. And you can also send it to HH, oh, no, that's correct.

HomeHealthQualityQuestions. That's the best one. And it's all one word. No spaces, no underscore, no hyphen.

[HomeHealthQualityQuestions@CMS.HHS.gov](mailto:HomeHealthQualityQuestions@CMS.HHS.gov).

(Bonnie Westover): Okay. That sounds great. Thank you very much.

(Jermama Keys): Thank you.

Coordinator: Our next question comes from (Susan Crandall). (Susan), your line is open.

(Susan Crandall): All right, yes. Thanks for taking my call. This is kind of an overview big question regarding Oasis in general. I was wondering if there's any movement towards creating the Oasis document to be focused just on the risk payment and star questions.

(Jermama Keys): Not at this time. But CMS always takes ideas and suggestions into consideration. This may be an opportunity to also review the current PRA package and see if there are any questions or any suggestions that you may have, or comments that you may have to add.

(Susan Crandall): And it - where would I make those comments at?

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(Jermama Keys): It's going to be on the federal register, and you would look for it at CMS Oasis E PRA.

(Susan Crandall): E? And what was the last letters you said?

(Jermama Keys): P as in - P as in Paul, R as in Race, A as in Act.

(Susan Crandall): Okay. PRA? Okay. All right. Yes, thank you. It just seems like over the years - I've been in home health for 35 years now, and it just seems like with the Oasis document that it's gotten more and more complex and, you know, our clinicians are getting more and more burdened with the Oasis. And I'm just hoping that at some point in time they'll start moving to make it more simplified.

(Jermama Keys): No. I totally understand. And thank you for your service to home health over these years.

(Susan Crandall): Okay. Yes. Thank you.

(Jermama Keys): You're welcome.

Coordinator: Your next question comes from Sarah Moss. Sarah, your line is open.

(Sarah Moss): Hi. Yes. We have providers who are starting to bill for home health 485, and in our system, we're billing them under the office place of service with place of service code 11. I just want to confirm that the NPI county needs to match

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the physician's office address for the service facility on the claim, and that the NPI county, it's not based on where the patient is being seen.

So, if the county is different from the physician's address, you know, I just want to make sure that it - we need to be matching the NPI county with the physician's address.

(Jermama Keys): So, the NPI should match up with the NPI county if that makes sense, because that NPI number is going to be directly related to the MD.

(Sarah Moss): Okay.

(Jermama Keys): However, just for clarity and to have a record of your question, if you could submit that specific question to the home health QIP help desk that would be great.

(Sarah Moss): Okay. And again, can you give me that email address?

(Jermama Keys): Sure. No problem. It's HomeHealthQualityQuestions all one word.

(Sarah Moss): Okay.

(Jermama Keys): [HomeHealthQualityQuestions@CMS.HHS.gov](mailto:HomeHealthQualityQuestions@CMS.HHS.gov).

(Sarah Moss): Dot gov. Okay. Thank you very much.

(Jermama Keys): You're welcome. Thank you.

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Coordinator: Our next question comes from Patricia Mengal. Patricia, your line is open.

(Patricia Mengal): Hi. Thank you. I was wondering if you could repeat what you said about the points for M1860. I didn't hear all of that, and thank you for taking my call.

(Jermama Keys): Sure. Give me one moment. This was in reference to the points being correct. Is that the same question?

(Patricia Mengal): Yes. Yes, ma'am, and why it came out that way. I thought you said resources, but I didn't hear all of that.

(Jermama Keys): Well it is just the way that the resources use.

(Patricia Mengal): Okay. Thank you.

(Jermama Keys): You're welcome.

Coordinator: The next question comes from Martel Courtney. Martel your line is open.

(Martel Courtney): Hello? Hello?

Jill Darling: Yes. Yes, you may go ahead...

(Martel Courtney): Okay.

Jill Darling: ...with your question.

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(Martel Courtney): Okay. Thank you. I have a question about the actual star ratings for the home health quality. So, the Care Compare preview was put in the IP section, but where is the actual scorecard though, we used to get for our star ratings? Where would I find that? I have not seen that at all.

(Jermama Keys): Okay. This is for a home health cat star ratings or high...

(Martel Courtney): No. No, not cats, quality. I'm talking about our star ratings for quality, where we get star rating 1-5 and it's put in the Compare website. When our Care Compare scores come out, you know, we get the percentage of how well we're doing for each measure.

And then there's a star rating attached to it. Well, we used to get a scorecard back in the key - in the CASPER (key) section. But in IP I haven't been able to locate that. Do we get a star rating preview anymore?

(Jermama Keys): You should be getting that. I'm not exactly sure if something may have happened differently with the refresh. And this is for hospice or for home health?

(Martel Courtney): No. Home health quality.

(Jermama Keys): Okay.

(Martel Courtney): Star rating. So, we get H caps and we get quality, two different star rating.

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(Jermama Keys): Right.

(Martel Courtney): This is for the quality, for home health.

(Jermama Keys): Okay. So...

(Martel Courtney): The Compare Web site comes out with the star rating on it, but where is the preview of the actual star rating? Because when I went into Care Compare in the IP section to look at the preview that was coming out in January, there were no star ratings attached to it. But when I went on the Compare Web site when January actually was released to the public, there were star ratings on there.

(Jermama Keys): But you're not seeing it now?

(Martel Courtney): No. Not in IP. I've sent that question out to the question - to the site that's used in (citing), you know, the website. But they were unable to answer where that is actually located. And do we even get a preview anymore, of our star rating?

(Jermama Keys): Okay. If you could submit that question and I will troubleshoot it on my end to see if there's something that is possibly happening.

(Martel Courtney): Okay. So, I would send that to that - the address you've been...

(Jermama Keys): Yes. You're correct - the home health quality questions. And it may need to be - may have to be forwarded to IP to see what our issue is.

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(Martel Courtney): And do I make it attention to anybody, or...

(Jermama Keys): No. I'm going to be looking for them.

(Martel Courtney): Okay. Okay.

(Jermama Keys): Thank you so much.

(Martel Courtney): All right. Thank you for your help.

Coordinator: Okay. It looks like we have another question from Christine Bunch. Christine, your line is open again.

(Christine Bunch): Hi. I just wanted to jump in to also say that our actual star report that was posted on the IP site several months ago, is no longer visible in the IP portal under the HHA reports. So, I am going to go ahead and follow that up with the home health quality questions website just also to let them know that that's affecting our organization also.

(Jermama Keys): I appreciate that. Thank you so much.

Coordinator: And that is - that was the last question in queue. If you do have a question, please press star 1, unmute your phone to record your name. Our next question comes from Tracy Jackson. Tracy, your line is open.

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(Tracy Jackson): Hi. I hope you can hear me. I hear a lot of conversation about the reports that are not in IP. I pulled the QAOs, star rating, and the preview quality measures today. But my thing is it is not an easy, movable, looking in IP to find these reports. I had to go to the home health preview report folder from 2020 to even find the ones that came out yesterday. And that might be a suggestion for other people to look at, but IP is not a friendly maneuverable place to find your reports. Is there a better way to get these reports?

(Jermama Keys): Unfortunately, I don't have a better way at this time. But I can always - and will always forward your questions and your concerns back to IP.

(Tracy Jackson): Yes. Because they were a lot better when they were in QCOs than they are in IP.

(Jermama Keys): Okay. I understand.

(Tracy Jackson): And I think that's what a lot of people are having problems with, is trying to maneuver. And you probably have to go to an old home health report folder in order to find the ones that came out in February. That came out yesterday, but that's my question. Thank you.

(Jermama Keys): No. I'll definitely pass this along. Thank you.

Coordinator: Our next question comes from Kristen White. Kristen, your line is open.

(Kristen White): Thank you. How soon do you notify the public of the next open door forum? Seems like we just were notified this week that this was happening.

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Jill Darling: Well, we do apologize about, you know, sometimes they are short notice, but we do our best to get them out timely to everybody. So, I don't have a specific date for you. I do apologize. Do you have any suggestions?

Brian Slater: Yes. And Jill, I think...

((Crosstalk))

Brian Slater: They can always leverage the transcript, right, and the, the mailbox if they wanted to ask a question on the call. Because we...

Jill Darling: Yes, absolutely.

Brian Slater: ...have people - I have specific people on my staff that we oversee that mailbox. So, if you ever miss one feel free to bring up a previous agenda. The mailbox stays the same and you can always listen to the transcript after the fact.

(Kristen White): Thank you. Can I ask one more question?

Jill Darling: Yes, go ahead.

Man: I mean we usually allow just one, but sure.

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(Kristen White): Okay. Who do we contact if there's a discrepancy between the number of caps hospice surveys submitted to CMS, and our vendor? Is there a specific person in CMS or a department that we should contact?

(Lori Teichman): Yeah, this is Lori Teichman. And is this for hospice cap surveys or home health cap surveys?

(Kristen White): Hospice cap surveys.

(Lori Teichman): Okay. Gee, I'm trying to think if you should just send this question to - you're finding when you see the number of surveys from your vendor it's different than what's being publicly reported. Is that your concern?

(Kristen White): Correct.

(Lori Teichman): Okay. Yes, I just wanted to - I'm not saying that this is the reason, but I know for home health sometimes there is a difference - well in any case, I think the best thing would do - oh, I don't know the hospice mailbox offhand. Isn't that terrible?

(Jermama Keys): No, it's okay, Lori. It's the HSAG mailbox I think.

(Lori Teichman): Yes. That's the one you should...

(Jermama Keys): Yes.

(Lori Teichman): ...use.

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((Crosstalk))

(Jermama Keys): So, the email is going to be HospiceCahps one word, cap survey at HSAG.com. ([HospiceCAHPSSurvey@HSAG.com](mailto:HospiceCAHPSSurvey@HSAG.com))

(Lori Teichman): At dot gov, dot org, or is it dot com?

(Jemima Keyes): I have dot com.

(Lori Teichman): Okay. All right. Okay. It might be dot org but I'm not sure, because that's the, you know, HSAG.

(Jemima Keyes): I also have a number. I think that's still the one number. It's 1 (844) 472-4621 for technical assistance.

((Crosstalk))

(Lori Teichman): Thank you so much.

(Kristen White): Thank you.

(Jemima Keyes): No problem.

Coordinator: Our next question comes from - again from Martel Courtney. Martel, your line is open.

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(Martel Courtney): Okay. Thank you. I just wanted to follow up on the comment, and thank you for verifying how difficult it is to find these reports. So, my question to follow up, is I have called IP in the past to see if they could talk me, and walk me through where I would find my star rating reports. And all they can say is oh, they're not in the IP anywhere, in the report section?

And so is there any way if I do go through all of this to try and call, you know, email the home health quality questions again, and then get, you know, shifted back to IP which is what happened last time, that somebody could actually either email us step by step on how to access these reports, or is there some education we could just look at on the site somewhere, to help us find our reports? Because it is not easy to access them.

(Jermama Keys): What I am going to do is take that back to our public reporting lead, because it shouldn't be difficult for you all to access what you need.

(Martel Courtney): Right.

(Jermama Keys): However, I'm not able to give you something specific at this moment.

(Martel Courtney): Okay.

(Jermama Keys): I will, however, take it back to the PR lead and figure out if there is something that's already available to try to get you to that report quicker, of if it's something...

(Martel Courtney): Right.

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(Jermama Keys): ...that we need to be putting out to help providers be able to access their reports a little quicker.

(Martel Courtney): Okay. That'd be awesome. Thank you so much.

(Jermama Keys): No problem. Thanks, Martel.

(Martel Courtney): Okay.

(Jermama Keys): I appreciate it.

(Martel Courtney): Okay. Thank you. Bye.

Coordinator: And that was the last question in queue.

Jill Darling: Well, thank you, everyone, for joining the open door forum today. We obviously will do our best to get all of the questions answered for you, as well as if you do have any more questions and comments, please feel free to send it into the Home Health Hospice and DME Open Door Forum mailbox. It is always listed on the agenda. So please use it. And have a great day, everyone. Thank you.

Coordinator: That includes today's call. Thank you for participating. You may disconnect at this time. Speakers, please allow a moment of silence and stand by for your post conference.

END

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