Centers for Medicare & Medicaid Services
Home Health, Hospice and DME Open Door Forum
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Jill Darling: *[not recorded]* Hi, everyone. Welcome. We are going to give it just a few more minutes for folks to get in. Thank you for your patience. Thanks, everyone, for joining us. Karen, will you please record?
Recording in progress.

Jill Darling: Great. Thank you so much. Good morning and good afternoon, everyone. My name is Jill Darling, and I'm in the Office of Communications here at CMS, and welcome to today's Home Health, Hospice and DME Open Door Forum (ODF). I would like to just say thank you for your patience in getting more folks into the webinar room, so thank you very much.

Before we begin, I have a few announcements. This webinar is being recorded. The recording and transcript will be available on the CMS Open Door Forum podcast and transcript web page. That link was on the agenda that was sent out. If you are a member of the press, you may listen in, but please refrain from asking questions during the webinar. If you have any questions, please email press@cms.hhs.gov.

All participants are muted. For those needing closed captioning, a link was provided, and I can send it out again in the chat function of the webinar. We will be taking questions at the end of the agenda today. For today's webinar, the only slide you will see are the agenda slide and then, we will have a resource link and email slide during the Q&A that will be—that will be showing. You may use the raise hand feature at the bottom of your screen for when it is Q&A time, and we will call on you to ask your question and one follow-up question. And we will do our best to get to your questions—all your questions today. So, I will start it off and hand it off to Kelly to begin our agenda.

Kelly Vontran: Thanks, Jill. Welcome, everyone. My name is Kelly Vontran from the Division of Home Health and Hospice here at CMS. We appreciate you guys calling into this Home Health, Hospice and DME Open Door Forum. Myself and my colleague, Susan Bauhaus, will be summarizing the finalized home health and home IVIG (Intravenous Immune Globulin) payment policies in the Calendar Year 2024 Home Health Prospective Payment System (HH PPS) final rule, which displayed at the Federal Register on November 1. These policies will be effective beginning on January 1, 2024. This final rule sets forth routine updates to the Medicare home health payment rates for Calendar Year 2024, in accordance with existing statutory and regulatory requirements.

So, I know we have quite a few agenda items to cover, so I will jump in on the first home health payment policy item, which is the finalized permanent payment adjustment related to actual

behavior changes under the new home health case-mix system—the Patient-Driven Groupings Model, or what we call the PDGM. So just a little contextual background: On January 1 of 2020, CMS implemented the new home health case-mix system—the Patient-Driven Groupings Model—and a 30-day unit of payment as required by the Bipartisan Budget Act of 2018. When calculating the 30-day payment rate under the new system, the law required CMS to make assumptions about behavior changes that could occur because of the implementation of the 30-day unit of payment and the PDGM. CMS finalized three behavior assumptions related to diagnosis coding behaviors and visit patterns when calculating the 30-day payment rate for Calendar Year 2020. The law also requires CMS to annually determine the impact of differences between assumed behavior changes and actual behavior changes on estimated aggregate expenditures, beginning with 2020 and ending with 2026. The law requires CMS to make temporary and permanent increases or decreases, as needed, to the 30-day payment amount to offset such increases or decreases, so that Medicare is paying the same under the PDGM as it would have paid under the old case-mix system.

In the Calendar Year 2023 home health final rule, CMS finalized a methodology for analyzing the differences between assumed versus actual behavior changes on estimated aggregate expenditures. Based on analyses of Calendar Years 2020 and 2021 claims data, CMS determined a negative 7.85% permanent adjustment was needed to the Calendar Year 2023 30-day payment rate. Ultimately, CMS finalized implementing half of the permanent adjustment, that is a negative 3.925% adjustment to the Calendar Year 2023 payment rate, but stated in that final rule that we would have to apply the remaining negative 3.925% in future rulemaking. The Calendar Year 2024 Home Health Prospective Payment System final rule using updated Calendar Year 2022 claims in the methodology finalized in the 2023 home health final rule, CMS determined that Medicare paid more under the PDGM than it would have under the old system. CMS determined that a permanent adjustment of negative 5.779% to the 30-day payment rate was needed for Calendar Year 2024. However, in response to comments or concerns about the magnitude of the single-year significant payment reduction, CMS finalized a permanent adjustment percentage of negative 2.89%, half of the estimated permanent adjustment of the 5.779% in Calendar Year 2024, to address the differences in the aggregate expenditures. This approach of applying half of the permanent adjustment is aligned with the approach finalized in the 2023 final rule. We will have to account for the remaining difference and any other potential adjustments needed to the base payment rate to account for behavior change based on data analysis and future rulemaking. The law also requires CMS to determine temporary payment adjustments to offset any over or under payments for Calendar Years 2023 through 2026, and the law also provides CMS the discretion to make any future permanent or temporary adjustments in a time and manner determined appropriate through analysis of estimated aggregate expenditures. While CMS calculated the total temporary adjustment in the Calendar Year 2024 proposed rule, which was approximately $3.5 billion, CMS did not propose implementing such temporary adjustment for Calendar Year 2024. As a result of these finalized payment policies, Medicare payments to Home Health Agencies (HHAs) in Calendar Year 2024 will increase by 0.8% in the aggregate, or $140 million, as opposed to the 2.2% decrease as originally proposed. The increase in estimated payments for Calendar Year 2024 reflects the effects of the 2024 home health payment update percentage of 3%, or a $525 million increase, an estimated 2.6% decrease that reflects the effects of the permanent adjustment, or a $455 million decrease, and an estimated

0.4% increase that reflects the effects of an updated fixed dollar loss ratio, or a $70 million increase.

The next finalized policy is the rebasing and revising of the home health market basket. Since the Home Health PPS was implemented, the market basket used to update home health prospective payments has been rebased and revised to reflect more recent data on home health cost structures. CMS last rebased and revised the home health market basket in the Calendar Year 2019 Home Health PPS final rule with comment period, where a 2016-based home health market basket was adopted. For Calendar Year 2024, CMS will adopt a 2021-based home health market basket, which includes finalized changes to the market basket cost weights and price proxies. As a result of the rebasing and revising of the home health market basket, the finalized Calendar Year 2024 labor-related share (LRS) is 74.9%, which is based on the 2021-based home health market basket compensation cost weight. Of note, the current labor-related share is 76.1%. Additionally, we are implementing the revised labor-related share in a budget-neutral manner.

Also finalized in the Calendar Year 2024 home health final rule is the recalibration of the PDGM case-mix weights. Each of the 432 payment groups under the PDGM has an associated case-mix weight and Low Utilization Payment Adjustment (LUPA) threshold. CMS's policy is to annually recalibrate the case-mix weights and LUPA thresholds using the most complete utilization data available at the time of rulemaking. CMS is finalizing its proposal to recalibrate the case-mix weights, including the functional levels and comorbidity adjustment subgroups and LUPA thresholds, using Calendar Year 2022 data to more accurately pay for the types of patients Home Health Agencies serve.

The next finalized policies relate to the payment for disposable negative pressure wound therapy (dNPWT). In accordance with the Consolidated Appropriations Act (CAA) of 2023, CMS is finalizing its proposal to codify statutory requirements for negative pressure wound therapy using a disposable device for patients under home health Medicare. Beginning January 1, 2024, a separate payment for the disposable device will be made to a home health agency for an individual who is under home health Medicare, using HCPCS (Healthcare Common Procedure Coding System) codes A9272. The Calendar Year 2024 payment amount for the device under a home health plan of care will be $270.09, which is equal to the supply price of an applicable disposable device under the Medicare Physician Fee Schedule (PFS) for January 1, 2022, which is $263.25, updated by 2.6%, which is a CPI-U (Consumer Price Index for all urban consumers) for the 12-month period ending in June of 2023, minus the productivity adjustment. For 2025 and each subsequent year, the separate payment amount will be set equal to the payment amount established for the device in the previous year, updated by the percentage increase in the CPI-U minus the productivity adjustment for the 12-month period ending in June of the previous year. Claims for disposable negative pressure wound therapy device will no longer be submitted on Type of Bill (TOB) 034x. Instead, for dates of service beginning on January 1, 2024, the home health agency would report the HCPCS code A9272 for the device only, on the home health Type of Bill 032x. The services related to the application of the device will be included in the home health payment and will be excluded from a separate payment amount for the device. I am now going to pass the mic over to Susan Bauhaus, who will go over the home IVIG finalized policies. Susan?

Susan Bauhaus: Thank you, Kelly. And finally, for Calendar Year 2024, CMS is finalizing its proposed regulations to implement a new items and services payment for the home Intravenous Immune Globulin, or IVIG, benefit in accordance with the CAA of 2023. This law adds coverage and payment of items and services related to the administration of IVIG in a patient's home, furnished on or after January 1, 2024, and for beneficiaries who have been diagnosed with a primary immune deficiency disease (PIDD). Specifically, the payment covers the IV (intravenous) administration set, tubing, and nursing services necessary to administer IVIG in a patient's home. Payment is required to be a bundled payment, separate from the payment for the IVIG product, made to a DME (durable medical equipment) supplier, for all items and services related to the administration of IVIG, furnished in the home during a calendar day. We are finalizing that "calendar day" would mean that payment is per visit.

The final Calendar Year 2024 payment rate for the home IVIG items and services is based on the Calendar Year 2023 payment amount established under the current home IVIG demonstration. We are updating the 2023 IVIG services demonstration rate by the Calendar Year 2024 home health payment rate update percentage of 3%. Therefore, the final home IVIG items and services payment rate for Calendar Year 2024 is $420.48. This completes the home health and home IVIG payment policies for Calendar Year 2024. Now, I will turn the call over to Marcie for an update on HHVBP (Home Health Value-Based Purchasing).

Marcie O'Reilly: Thanks, Susan. Hi, everyone. Good day. I'm Marcie O'Reilly, the Coordinator for the Expanded Home Health Value-Based Purchasing model. I'm joining you today to provide some updates and reminders related to the HHVBP model. We have finalized updates to some model policies in the Calendar Year 2024 Home Health PPS final rule. Updates that are effective for Calendar Year 2024 include the following: The codification of the previously finalized measure removal factors and an additional opportunity to request a reconsideration of the annual Total Performance Score (TPS) and payment adjustment included in the annual performance report. The first annual performance report will be issued in August of 2024 and will include the payment adjustment percentage that your HHA will have applied to each Medicare Fee-for-Service (FFS) claim in Calendar Year 2025. And while not a policy update, we also included a reminder that public reporting for HHVBP performance will begin in December of 2024.

There were also updates in the rule effective for Calendar Year 2025, and they include replacing the two Total Normalized Composite measures, one for self-care and one for mobility, with the Discharge Function Score measure. We are replacing the OASIS (Outcome and Assessment Information Set) based Discharge to Community (DTC) measure with the Discharge to Community-Post Acute Care (PAC) measure for Home Health Agencies. And we are replacing the claims-based Acute Care Hospitalization During the First 60 Days of Home Health Use and the Emergency Department Use Without Hospitalization During the First 60 Days of Home Health measures with the claims-based Potentially Preventable Hospitalization measure.

We are also changing the weights of individual measures due to the change in the total number of measures. And we are updating the model baseline year to Calendar Year 2023 for all applicable measures in the finalized measure set, except for the two-year Discharge to Community-Post Acute Care measure, which would—because it's a two-year measure—would have a baseline year of Calendar Year 2022 and Calendar Year 2023. Details about these policy

updates were presented during our HHVBP-specific webinar entitled “Expanded HHVBP Model: Preparing for Calendar Year 2024 and Calendar Year 2025” that occurred on November 9. If you missed the webinar, you may access the slides, recording, and Q&As model’s web page. Additionally, I would like to remind HHAs that the preliminary October Interim Performance Report, or IPR, was published in iQIES (Internet Quality Improvement and Evaluation System) on October 26. After processing recalculation requests, the final October IPRs will be published in iQIES next week. As a reminder, the 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 are released. To help HHAs better understand the report, we hosted a webinar on July 27, providing an overview of the data and information available in the IPR. If you missed the webinar, you may access the slides, recording, and QAs on the model web page.

And I would like to draw your attention to a new podcast series, HHA Perspectives. The first is on quality, and the second is on innovation. A panel of HHAs share what they are doing at their agencies to improve quality and incorporate innovation, to be successful under the expanded HHVBP model. You can find these podcasts on the model’s web page as well. And finally, if you are not receiving email announcements from CMS about the expanded HHVBP model, please go to our web page and join our listserv. The link is near the bottom of the web page. And one other thing, in the next few weeks, the HHVBP newsletter, updated versions of the FAQs, the model guide, and resource index will be available. And I will add the web page URL to the chat in just a second. So, thank you and have a great rest of your day. And I will now hand it over to my colleague, Lori Luria, to discuss the Home Health CAHPS (Consumer Assessment of Healthcare Providers and Systems) updates.

Lori Luria: Thank you so much, Marcie. I appreciate it. Thank you. I have a few announcements for the Home Health CAHPS survey. In January 2024, as with every January, we host our Introductory Training for Home Health CAHPS as well as Update Training. Registration for both trainings begins this Friday. You can go to the web page, and that’s Friday, December 1, and register for both trainings or one or the other. If you are a currently approved Home Health CAHPS survey vendor, you must attend Update Training. It’s part of your requirements. And Update Training is a short training that’s going to be on January 31—Wednesday, January 31—from 12:00 noon to 2:00 Eastern time. And we welcome other people who are interested in hearing about the Update Training to register as well. The Introductory Training slides are posted on the Home Health CAHPS website on Monday January 22, 2024, and from that point until the end of January, all interested registrants who wanted to take Introductory Training should do so at that time. It’s a self-paced training. Then, all registrants that did sign up for Introductory Training will receive an email with a link to an online evaluation certification. It's a small test to be completed successfully between February 5 and February 16, 2024. I say to complete successfully, if you are a new organization that wants to become a Home Health CAHPS survey vendor. If you are just an interested party that just took the training, it doesn't matter what your score is on the link, and you can also opt not to take the test. Okay, and we also, you know, welcome anybody who is interested in learning about the Home Health CAHPS survey in a—in an encapsulated view to look at the introductory training sites that are posted on January 22, and we keep them posted on the website. We also encourage viewing our Home Health CAHPS review newsletters that come out every quarter, and you can

read the current one and also past ones to see what were specific topics that we discussed. The next Home Health CAHPS survey data file submission deadline is in January—January 18, 2024—the third Thursday in January. And all HHAs are encouraged, or really, advised, to check to see if your survey vendors submitted your data. And so, we advise you sometime in, I would say January 8—it's a Monday—sometime from that point on, to see if your vendor submitted data, since the data file for your Home Health Agency is due to us on January 18 at the close of business.

We want to remind Home Health Agencies that are small, that are not currently participating in the Home Health CAHPS survey, to submit your Home Health CAHPS Participation Exemption Request Form, and the current one is for Calendar Year 2025. We keep this form up until March 31, 2024. If you are an HHA that is participating in the Home Health CAHPS survey right now, and you started this in April for the Calendar Year 2025 period, please do not stop participating if your monthly census falls for your patients because you had—if you are participating now, that means your census was large enough in the previous year, that's our reference year. So, we encourage you to continue your participation through March 2024 so that you get the full credit for Home Health CAHPS participation for the Calendar Year 2024 annual payment update. And always, if you have any questions about the Home Health CAHPS survey, we welcome you to contact the Home Health CAHPS coordination team, and you can email them at hhcahps@rti.org, or you can call them at 866-354-0985. And I want to now pass this on to Jermama Keys, who will be discussing both the Home Health CAHPS Quality Reporting Program (QRP) and followed by the Hospice Quality Reporting Program (HQRP). Thank you.

Jermama Keys: Thank you, Lori. Good afternoon, everyone. Today, we do have several announcements about the Home Health Quality Reporting Program, or HH QRP. First, I would like to share a rulemaking update. The Calendar Year 2024 Home Health Prospective Payment System final rule was published on November the 2nd. There is a link to that rule in the chat. The following are the home health reporting program proposals that were finalized: CMS finalized the addition of two quality measures to the HH QRP—the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date, and the discharge function measures—the removal of two outcome and assessment information set OASIS-based data elements, M0110—Episode Timing and M2220—Therapy Needs. The codification of the previously finalized 90% OASIS data completion threshold was codified in the CFR (Code of Federal Regulations), and the public reporting of four of the measures: Transfer of Health, or TOH, Information to the Provider—Post-Acute Care (PAC), and Transfer of Health (TOH) Information to the Patient—Post-Acute Care (PAC)—Post-Acute Care, sorry, the Home Health QRP COVID-19 Vaccine and the Percent of Patients and Residents Who Are Up to Date, and the Discharge Function measures, were all publicly reported. CMS also summarized some feedback on its request for information on the RFI (Request for Information) of the future Home Health QRP measure concepts, and we provided an update on health equity for the Home Health QRP. Again, for any additional information on the provisions included in this rule, there is a link in the chat. Next, we want to provide a quick public reporting update. The next Care Compare refresh will take place in January of 2024. The Provider Preview Reports for the January refresh were released this October 2023.

And finally, I want to provide some updates on resources that are currently available on the Home Health QRP websites. On November the 7th, CMS posted an updated version of the OASIS-E manual and an associated Change Table. Both are in the download section on the Home Health Quality Reporting user's manual web page. On November the 20th, an updated version of the OASIS-E Q&As were posted on the QTSO (QIES Technical Support Office) website—that's qtso.cms.gov. And these updates basically incorporated guidance from July of 2022 through October of 2023, under the CMS quarterly OASIS Q&As, in both the manual and the CMS QAs. As a reminder, no revisions were made to the OASIS-E instrument. And finally, the post-acute care Health Equity Confidential Feedback Reports, or CFR, webinar, and the fact sheets are currently available for download on the Home Health QRP training and education web page. The resources—or these resources—provide an overview of what will be the Health Equity CFR. And that concludes my home health update. I will now be providing an update for hospice.

We would first like to take an opportunity just to provide the public reporting update. This month, the November 2023 quarterly refresh of the Hospice Quality Reporting Program data on Care Compare actually took place. As a reminder, the claims-based measures have been updated with a full two years of data, or eight quarters. The next refresh for the claims-based measures will be a year from now, in November of 2024. The next quarterly refresh will actually take place in February of 2024. Provider Preview Reports for that February refresh are now available in CASPER (Certification and Survey Provider Enhanced Reporting). We would also like to discuss some recent and upcoming public engagement opportunities. There was a HQRP form that took place on November the 14th for the Special Focus Program, or Hospice Special Focus Program, or SFP. Those materials will actually be posted on the provider and stakeholder engagement page of the HQRP website within the upcoming weeks.

Finally, we would like to discuss some updated resources that are available on the HQRP website. The 2023 Technical Expert Summary Report is available for download on the provider and stakeholder engagement web page. And basically, the summary report discusses the tech meetings that were conveyed in 2022 and 2023, and it summarizes the tech recommendations regarding some of our HOPE (Hospice Outcomes and Patient Evaluation) based quality measures, for development for the Hospice Quality Reporting Program. The Hospice Quality Reporting Program Information Gathering Report, or IGR, is also available in that provider and stakeholder—or on that provider and stakeholder engagement web page. The quarter 3 2023 HQRP Q&A document is also now available in the requirements and best practice area of the HQRP website, and that document is going to cover questions that were received between July 1 and September 30 of 2023. Finally, CMS just recently added a new page to the HQRP website, which is entitled: "How to Update Your Hospice Demographic Data," and that new page can be accessed by the left-hand scrollbar on the HQRP website. That is the end of my updates for the hospice program, and I will be passing it over to my colleague, Lauren Fuentes, to update you guys for the—on CAHPS Hospice Survey.

Lauren Fuentes: Thank you, Jermama. Good morning and good afternoon, everyone. So, I want to remind hospices that the deadline to submit a participation exemption for size for the CAHPS Hospice Survey is coming up. So, if the hospice served fewer than 50 survey-eligible decedents in the period from January 1, 2023, through December 31, 2023, then the organization can apply for an exemption from CAHPS Hospice Survey Calendar Year 2024 data collection, which

impacts the reporting requirements for Fiscal Year 2026 Annual Payment Update (APU). So please note that exemptions on the basis of size are active for one year only. So, if you applied for a size exemption last year for a 2023 data collection and are still eligible for that size exemption, you do have to submit a new one for the 2024 data collection. To apply for the exemption, the hospice needs to fill out and submit a Participation for Exemption Size Form, which is on the CAHPS Hospice Survey website, by December 31, 2023. I will go ahead and put that link in the chat. If you have questions about submitting a participation of exemption or any other topics related to the CAHPS Hospice Survey, you can send an email to hospicecahpssurvey@hsag.com or call 1-844-472-4621. Okay, that concludes my update for today. I will hand it over to Mary for her agenda item. Thank you.

Mary Rossi-Coajou: Thank you, Lauren. So, this is Mary Rossi-Coajou, and I'm going to be talking to you a little bit about the addition of MFT (Marriage and Family Therapist) and MHC (Mental Health Counselor) to the hospice IDG (interdisciplinary group). So, the Physicians Fee Schedule final rule, which displayed on November 2, 2023, implemented the Consolidated Appropriations Act of 2023 law changes, to include MFTs, which is Marriage and Family Therapists, and MHC, Mental Health Counselor, into the hospice IDG at §418.56(a)(1)(iii). The hospice now has a choice to use a social worker (SW), MFT, or MHC as an IDG member. This rule also added MFT and MHC to the hospice personnel requirements at §418.114(b) (9) and (10), in which we refer over to the payment requirements for MFT and MHC, which is laid out at §410.53 and §410.54.

We have received many questions from the industry accrediting bodies and hospices regarding the implementation of these requirements. We are currently putting together a Q&A document that will answer the questions that we've received. And so, we are working closely with our survey oversight group, our payment policy colleagues, as well as our general counsel, as we draft these responses. What I will go over today is just a few highlights. So, the hiring of the MFT and MHC is a choice. The hospices are not—or hospices are not required to employ an MFT or an MHC. If the hospice chooses to hire an MFT or MHC, they must be a direct employee of the hospice, meaning the hospice must have a W-2 for them. However, the MFT or MHC can be full-time, part-time, or per diem. Hospices can also utilize MFTs or MHCs as volunteers, meaning if you have a volunteer that meets the requirements laid out at §410.53 or §410.54, they can serve as an MFT and MHC.

And then, just a note on scope of service and interventions between the MFT, MHC, and social worker. MFTs, MHCs, and social workers each have their own scope of practice and licensure requirements. All three of these professionals can provide counseling services. However, a social worker can provide other services considered as medical social services, such as case management or referral of patients to services and resources. The MFT and MHC working for a hospice do not need to go through the Provider Enrollment and Chain of Ownership System, PECOS. However, if the MFT and MHC plan to treat Medicare patients outside the hospice benefit, they would need to go through PECOS. So, if they are solely serving hospice or working for a hospice, PECOS would not be required, but if they are serving Medicare beneficiaries outside of the hospice benefit, they would need to go through PECOS. So, the implementation for this rule is January 1, 2024. We are working towards developing all the information that's

needed for our surveys—surveyors—to put this in process, and so that information will become public as soon as we can. But it does take a little time to be able to do that.

Additional questions—you can send questions specific to MFT and MHC to your industry association, or you can email the CMS Home Health, Hospice Open Door mailbox, and they will find their way to me, and we can include them on that Q&A document. That's all I have. Thank you so much.

Jill Darling: Thank you, Mary, and thank you to all of our speakers. We will be going into Q&A now. So, reminder to use your raise the hand feature at the bottom of your screen, and please have one question and one follow-up question. So, we will give it one moment.

Karen Mohr: Karen Roberts, you are able to unmute and ask your question. Karen, you may unmute and ask your question. You may be double-muted, so we will circle back to you. Lisa Fisher, you may unmute and ask your question. Lisa, you may unmute and ask your question. Okay. We are unable to hear you. Again, we will circle back to you. Cynthia Cooper, you may unmute and ask your question. Cynthia, you may unmute and ask your question. Well, let's see.

Jill Darling: So, I have been asking for folks to—I have a button on my end to ask to unmute. So, if it pops up on your end, unmute it from your end as well.

Karen Mohr: So, Lisa Fisher, are you—you may unmute and ask your question. All right then. We will employ the Q&A so that questions may be typed into the Q&A.

Brian Slater: Yeah, and Jill, this is Brian. I think I'll add that if those that have technical questions that don't feel like it is either appropriate or don't want it out there in the chat function, feel free to leverage the ODF mailbox, and we will have to mitigate these technical issues by following up via email.

Jill Darling: Yes, everyone, we do apologize on this.

Karen Mohr: Let's try another. Cynthia Cooper, you may unmute and ask your question. All right. I will try one more. Cody Reber? I think he's not on sound. Lisa Hoffmeyer, you may unmute and ask your question.

Cody Reber: I can speak if you have unmuted me?

Karen Mohr: Oh! Wonderful. Thank you, it does work.

Cody Reber: Thank you. I sent this in the chat as well, but in the Calendar Year 2024 Home Health PPS final rule, CMS noted: "We proposed that the number of hospices selected to participate in the SFP (Special Focus Program) would be determined in the first quarter of each calendar year. The claims-based quality measures data used in the algorithm is not available until November of each calendar year." Based on this information, the expectation was CMS would use Care Compare November data and the surveys and complaints from the last three calendar years. However, in the hospice November forum call on November 14, CMS indicated, quote,

"while the effective date is January 1, 2024, the SFP selection is expected to begin, probably in late Calendar Year 2024." And it was mentioned in Q4 specifically. So, my question is, what are the date ranges of the data that will be used to determine the first hospice Special Focus Program selection planned for publication in Q4 2024, including hospice survey data, HCI (Hospice Care Index), and CAHPS Hospice Survey measures? Sorry for the long question. Thanks.

Jermama Keys: No, that's okay, Cody. I have your question tracked here in the chat and in the QA, but we don't have anyone on currently from SOG (Survey Operations Group), which will be the Special Focus Program. So, the best way to get to them would be to send them directly an email. Basically, what you typed for us in the Q&A. And then, they should be able to get you some specifics in reference to, like, what quarters are going to be included. There was another email in the final rule, but if we use the one that I just put in the chat, that's going to get you directly to the SFP—SFP follow-up.

Cody Reber: Okay. I will follow up. Thank you.

Jermama Keys: Thank you so much.

Karen Mohr: Cynthia Cooper, you may unmute and ask your question. Once again—oh, there we go.

Lisa Woolery: Hello?

Karen Mohr: Yes, Lisa. Great. Go ahead and ask your question.

Lisa Woolery: The question is about the disposable negative pressure wound therapy units. Is there a limit to the number of units per month or per patient?

Wil Gehne: Hi, this is Wil Gehne. In terms of the claim system, there is no edit limit, no. The limit would be medical necessity.

Lisa Woolery: Okay, great. Most seem to last seven days, maybe two weeks, so just checking. Thank you.

Karen Mohr: Cody, you may unmute and ask your question.

Cody Reber: I must have gotten in the queue twice. I have been answered, thank you.

Karen Mohr: All right. Thank you. Let's see. Ashley, you may unmute and ask your question. Okay. That's gone. We will move on to Paul O'Donnell. You may unmute and ask your question.

Paul O'Donnell: Hi, I was curious if there's any update on the Review Choice Demonstration (RCD) program's extension past May 2024, and if not, if there was a timeline to making that decision?

Kelly Vontran: Hi, this is Kelly. We don't have anyone on from the Center for Program Integrity (CPI). They are responsible for that Review Choice Demonstration. If you can send that question to the ODF policy mailbox, I believe it's right there on the screen, we will make sure we triage it over to the appropriate component for response.

Paul O'Donnell: Thank you.

Brian Slater: Yeah, and Paul, this is Brian Slater. Also, to add on top of what Kelly was saying, they have a website on the cms.gov site that usually, any updates that are either currently effectuated or coming down the pike, they are usually updated on that website as well.

Paul O'Donnell: Appreciate it.

Karen Mohr: Harsharan, you may unmute and ask your question.

Harsharan Bains: Hi, this is Harsharan here. I wanted to ask, you know, for the HHVPB reports that came out, the Discharge to Community data was mentioned that it was incorrect. Has that been fixed now? Or what is the plan to fix it and we do the HHVBP reports?

Marcie O'Reilly: Hi. Any problems that we—that are issues that were identified during the recalculation period will be corrected in the final report. So please look at your final report, and you should see revised data if it affected you.

Harsharan Bains: Okay. Thank you.

Karen Mohr: I do not see any additional hand raises at this time, but you are welcome to raise your hand and ask your question.

Jill Darling: Yes, if you did type in a question, see if you are able to raise your hand and ask it.

Karen Mohr: Cheryl, you are able to unmute and ask your question.

Cheryl Stasa: Hello. Yes. Are you able to provide us any updates on the HOPE tool for hospice?

Jermama Keys: I think I was responding in the Q&A but currently, the updates that will be provided on HOPE will be provided in future rulemaking. There is nothing outside of that planned at this time, so just look out for the upcoming rule to have your questions and updates in reference to HOPE be provided there.

Cheryl Stasa: So, there will be no—it sounded like there was a form or something that we were supposed to expect in the fall. So, there is going to be no type of presentation or anything? We are just going to wait for the final rule?

Jermama Keys: Yes. There hasn't been plans for an update for HOPE specifically, other than the current update that's planned for the Fiscal Year 2025 rule.

Cheryl Stasa: Okay, thank you.

Jermama Keys: You're welcome.

Karen Mohr: Jessica, you are able to unmute and ask your question.

Jessica Havlin: Is there any update on the move to iQIES for hospice?

Jermama Keys: Not at this time. We don't have anyone on from the QIES iQIES component, but we do not have any follow-up as to when the transition is going to happen, but we will keep you updated.

Karen Mohr: Jennifer, you are able to unmute and ask your question.

Jennifer Kennedy: Hi, can you hear me?

Karen Mohr: We hear you.

Jennifer Kennedy: Okay, perfect. Thank you. When will the HOPE beta test report be posted?

Jermama Keys: The HOPE testing report will come out as one comprehensive report, and it will probably be posted closer to when the Fiscal Year 2025 rule is going to be—the proposed rule will be released.

Jennifer Kennedy: Okay, great. Thanks so much.

Jermama Keys: No problem.

Karen Mohr: I don't see any additional hand raises at this time.

Jill Darling: Sorry for the delay, folks. We are just seeing if folks—speakers—can answer any of the questions that have come through the Q&A feature. So, we will just give it one moment.

Brian Slater: Hey, Jill and Karen, is there any way we can treat these as ones that came in via email and get this list and that way, we can kind of respond accordingly to the list that you usually post anyway, Jill?

Jill Darling: Yes, we can do that. So, folks, we have—we'll get the questions and answer information after the call, I will, and so, we can work on that after the call. So again, we apologize. The mute button for those attending wasn't quite working today. But as always, technology is very interesting to work with.

So, at this time, since we don't see any more hands raised, we will conclude today's call. So, we appreciate you joining us. And if you do have any more questions, please send them into the Home Health, Hospice and DME Open Door Forum email, which is on your screen. The first

email along with everything else that was spoken today. Again, thank you for your patience, and we will talk to you next year, I believe. So, thanks, everyone. This concludes today's call.