

Centers for Medicare & Medicaid Services
Open Door Forum: Home Health, Hospice and DME
August 26, 2021
2:00 pm ET

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

Jill Darling: Great, thank you (Denise). 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 today's agenda I have one brief announcement.

This open door forum is open to everyone but if you are a member of the press you may listen in but please refrain from asking questions during the Q&A portion of the call. If you do have inquiries please contact CMS at press@cms.hhs.gov. And I would like to hand the call off to Kelly Vontran.

Kelly Vontran: Thanks, Jill. Good afternoon everyone and thank you for calling into the Home Health, Hospice and DME Open Door Forum. I am Kelly Vontran. And I'm the Deputy Director for the Division of Home Health and Hospice. We

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hope that everyone remains well as we continue to navigate through the public health emergency for COVID-19.

Everyone should have the agenda for today's call. And as a reminder we will take questions at the end. So that being said I will pass the call over to (Jessica Adiyiah) who will discuss the fiscal year 2022 hospice final rule. (Jessica)?

(Jessica Adiyiah): Hello everyone. Good Afternoon and Good Morning to those on the West Coast. My name is Jessica Adiyiah and I'm a Policy Analyst for the Division of Home Health and Hospice under the Center of Medicare. For today I will provide you an overview of what we finalized under the payment portion of the fiscal year 2022 hospice rule.

So for this rule we updated the labor shares for the four levels of care to reflect the 2018 Medicare cost report data for freestanding hospices. For the final 2022 labor shares they are 66% for Routine Home Care also known as RHC, 75.2% for Continuous Home Care also known as CHC, 61% for Inpatient Respite Care also known as IRC, and lastly 63.5% for General Inpatient Care also known as GIP.

We also updated the hospice wage index and payment rate. The updated payment rates for the four levels of care starting with RHC from day 1 to day 60 will be \$203.40 and for 61 days or more it will be \$160.74. For CHC it is \$1462.52; and then also for GIP it is \$473.75; and then IRC it is \$1068.28.

In addition we updated the hospice cap amount. The hospice cap amount for the fiscal year 2022 cap year will be \$31,297.61 which is equal to the fiscal

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year 2021 cap amount updated by the fiscal year 2022 hospice payment update percentage of 2%.

Lastly, we finalized several clarifying regulations text changes on certain aspects of the hospice addendum. To read the full hospice rule please Google CMS-1754-F and read the full rule itself - will come up for you to view. If you have any general questions regarding the hospice policy please feel free to contact us at hospicepolicy@cms.hhs.gov. Thank you so much for calling in today and I will pass this back to Jill.

Jill Darling: Thank you (Jessica). Next we have Charles Padgett, who has some hospice updates and public reporting updates.

Charles Padgett: Thank you Jill. Hi. My name is Charles Padgett and I work in the Division of Chronic and Post Acute Care Systems. I wanted to say good afternoon to everybody and thank you for joining us for this open door forum.

We have several updates to share with the hospice community today. We'd like to begin with an announcement about the fiscal year 2022 hospice payment rate update final rule. This rule results in four quality measures in the hospice quality reporting program.

These quality measures are the hospice items set based, hospice comprehensive assessment measure, or NQF Number 3235, the claims based Hospice Visits in the Last Days of Life, or HVLDL and the Hospice Care Index or HCI as well as the CAHPS Hospice Survey.

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The rule in those seven individual hospice item set measures because the more broadly applicable measure NQF Number 3032, I'm sorry 3235, for the particular topic is available and already publicly reported.

The new claims based measures HVLDL and HCI will be publicly reported no earlier than May 2022. The claims based measures will report using eight quarters of data in order to publicly report on small providers.

This rule also finalizes the addition of the Consumer Assessment of Healthcare Providers and Systems or CAHPS Hospice Surveys star ratings on care compare. Star ratings benefit the public in that they can be easier for somebody to understand than the absolute measure scores and they make comparison between hospices more straightforward.

On August 4 CMS held an hospital quality reporting program forum providing additional details related to the fiscal year 2022 hospice final rule. The materials from this forum, including a recording, will be available on the hospice QRP Web site soon.

On August 31 CMS will host an informational Webinar called the Fiscal Year 2022 Hospice Final Rule, What Hospices Need to Know. Registration is now closed for this Webinar however, if you would like your name placed on a list to receive an email notification when the recorded version of the Webinar is available please email the post acute care training mailbox at pactraining@econometricainc.com. And that's P-A-C-T-R-A-I-N-I-N-G at E-C-O-N-O-M-E-T-R-I-C-A-I-N-C dot com

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This means that including today's open door forum the Hospice Quality Reporting program will have provided three presentations of the QRP requirements discussed in the fiscal year 2022 hospice final rule to help stakeholders prepare for the October 1, 2021 implementation of these requirements.

Next we have some public reporting announcements. There will be no August 2021 refresh as the data remains frozen on care compare at this time. We would also like to remind hospice's of a change to the Annual Payment Update, or APU, effective with the fiscal year 2022 final rule.

Beginning with the fiscal year 2024 Annual Payment Update, and for each subsequent year, the APU reduction will increase from 2% to 4% for hospice's who did not comply with the Hospice Quality Reporting Program requirements for that fiscal year. In order to avoid this percentage point reduction in their APU hospices must be compliant with both HIS and CAHPS requirements.

Hospices are required to submit a minimum percentage of their HIS records by the 30 day submission deadline to meet the timelines thresholds. Hospices found to be non-compliant received a letter of notification and instructions for requesting a reconsideration of the decision.

The non-compliant letters are sent in two different ways. Your MAC sent out non-compliant letters. We also placed non-compliant letters in your CASPER folders. Letters are only sent to non-compliant providers.

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The estimated APU reconsideration timeline is as follows. In July CMS issued notices of non-compliance to hospice's that failed to meet HQRP requirements. Any reconsideration requests were due to CMS by August 13, 2021.

CMS will provide email acknowledgement within five business days of receiving a reconsideration request and will notify hospice's of the agency's decision in September. APU reductions for hospices determined to be non-compliant will be applied on October 1, 2021 as they impact the fiscal year 2022 payment.

We also have an announcement about the home health January 2022 refresh. Due to COVID-19 public health emergency exceptions granted March 27, 2020 CMS will report fewer quarters of data than usual for the January 2022 through July 2024 refresh cycle. Home Health QRP public reporting will resume using three quarters of data for the January 2022 refresh. CMS will release the required preview report for this refresh in and fall of 2021.

Finally, we have a brief announcement about the Hospital Quality Reporting Program help desk. Please remember when submitting questions or information to the help desk please do not submit PHI or OII, that's Personal Health Information or Personally Identifiable Information. Any help desk questions that contain either of these will not be answered.

And that's all I have for hospice updates. I am now going to hand it off to Kelly Vontran for some home health updates.

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Kelly Vontran: Thanks Charles. This is just a quick reminder that the comment period for the calendar year 2022 home health prospective payment system proposed rule closes tomorrow August 27. While we are limited in what we can answer on this call as it relates to this proposed rule we encourage, if you haven't already, to submit your comments via regulations.gov or the other submission methods described in the proposed rule.

Thank you. And I will now turn the call back over to Joan Proctor to discuss the Home Health Quality Reporting Program.

Charles Padgett: Thanks Kelly. I'm actually going to stand in for Joan today this again is Charles. We have several announcements about the Home Health Quality Reporting Program or Home Health QRP.

First, just as Kelly spoke to it we'd like to provide an update on the calendar year 2022 home health Notice to Proposed Rule Making, or NPRM. Public comment for the period will close by August 27, 2021. And to be assured consideration comments must be received by CMS no later than 5:00 pm on August 27.

We also have several public reporting announcements. The July OASIS quarterly questions and answers were posted on July 20, 2021. The questions and answers are available on the CMS QTSO or QTSO Web page.

The next QAO annual performance report will be available on October 1, 2021. This annual performance report will cover OASIS assessments completed between July 1, 2020 and June 30, 2021.

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We would also like to remind everyone that five home health quality measures were removed from care compare and the provider data catalog as of July 21, 2021. These five measures are depression assessment conducted, diabetic foot care and patient/care giver education implemented during all episodes of care, multifactor fall risk assessment conducted for all patients who can ambulate/ pneumococcal polysaccharide vaccine ever received and lastly improvement in the status of surgical wounds.

Finally, we'd like to announce some new or updated resources available on the Home Health QRP Web site. The on demand Interim OASIS Guidance Webinar will be available on the Home Health Quality Reporting Web site by the end of August. There will be no registration as this will only be available on demand.

This is a new training for home health providers intended to highlight some significant OASIS guidance requirements that have been available in recent quarterly OASIS questions - question and answer releases. Please note that this Webinar is not intended to provide basic or comprehensive OASIS training.

And that's all I have for home health. I will hand this - the call back to Jill Darling.

Jill Darling: Thanks Charles. And lastly on the agenda we have Lori Teichman who will give an update for the Home Health CAHPS Survey.

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Lori Teichman: Thank you Jill. On April 1, 2021 we started the CY, Calendar Year, 2023 APU participation period for the Home Health CAHPS Survey, which goes from April 1, 2021 through March 31, 2022. If your agency would like to start participating in the Home Health CAHPS Survey email hhcahps@rti.org to begin the process. If your agency has fewer than 60 patients from April 2020 through March 2021 then complete the Calendar Year 2023 Home Health AHPs Survey Participation Exemption Request Form in the portal for HHAs on the Home Health CAHPS Web site.

Please check out our latest quarterly newsletter posted on July 1, 2021 on the Home Health CAHPS Web site. CMS is hoping in 2022 to test a Web version of a shortened Home Health CAHPS Survey. For all Home Health CAHPS Survey questions email hhscahps@rti.org or call our RTI 1-866-354-0985.
Thank you Jill.

Jill Darling: Thank you Lori and thank you to all of our speakers. (Denise), will you please open the lines for Q&A?

Coordinator: Thanks. We will now begin the question session. If you would like to ask a question please press Star 1, unmute your phone and record your name clearly. Your name is required to introduce your question. Once again Star one. Thank you. As a reminder it is Star 1 if you'd like to ask a question.

Currently - oh I'm starting to get some in. One moment. The first question comes from (Tracy Woodash). Your line is open.

(Tracy Woodash): Hi. Thank you very much for the information provided to date. I'd like to ask a question about the targeted probe and educate process for auditing home health and hospice records. I understand it's going to be starting back up I believe as of September 1. I'm wondering if you have any information regarding the timeline for review will it be the pre-COVID pandemic or will - and picking up from where they left off or will it start brand new with new audit process round one?

Kelly Vontran: Hi. This is Kelly Vontran from the Division of Home Health and Hospice. I know we don't have anyone from our Center for Program Integrity and that's the component that does - that is responsible for the targeted program educate. But if you could send your question to the ODF mailbox I will make sure that it gets triaged and sent over to them so they can provide you with a timely response.

(Tracy Woodash): Thank you.

Coordinator: The next question comes from (Athila). Your line is open.

Jill Darling: Are we able to get that caller?

Coordinator: (Janet), are you on line? Your line is open.

(Janet Athila): Oh I'm sorry I didn't understand what (unintelligible) saying. Are we still doing the ground data part of this seminar? It was listed on my email. Hello?

Kelly Vontran: This is Kelly. I'm not quite sure what you're actually asking. This is the Home Health and Hospice Open Door Forum.

(Janet Athila): Okay, yes I registered for what was I thought the ground data. Are they having something today or is that some other time?

Kelly Vontran: To be honest I'm not really sure what you're...

(Janet Athila): Oh.

Kelly Vontran: ...actually referring to. This is usually the question and answer portion of the information that we just presented.

(Janet Athila): Right, are we - are you presenting anything on the ground data information coming up for reporting? On my Webinar for August 26 it says Medicare Ground Ambulance Data Collection System Instrument Walkthrough Webinar August 26, from 2:00 to 3:30.

Kelly Vontran: Yes, I'm not sure if you're actually dialed into the right number because that is not...

(Janet Athila): Okay.

((Crosstalk))

(Janet Athila): Okay sorry for your time. I guess they didn't respond to my registration so I never got a different number. So my apologies. I missed it I guess. Thank you.

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Jill Darling: Would you mind just forwarding the information? This is Jill Darling...

(Janet Athila): Sure.

Jill Darling: ...to the Home Health Hospice and DME Open Door Forum email just to see what you're talking about and see if I can help you.

(Janet Athila): Sure, the email I got? Yes, where am I forwarding it to?

Jill Darling: Home health, actually you know what let me give you a different one. It's partnership@cms.hhs.gov. And everything you just mentioned just put that in the email and I'll see if I can help you out.

(Janet Athila): Okay partnership what?

Jill Darling: partnership@cms.hhs.gov .

(Janet Athila): Okay, cms dot hhs dot gov.

Jill Darling: Yes.

(Janet Athila): All righty, will do that. Thank you.

Jill Darling: You're welcome.

(Janet Athila): All right, bye.

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Coordinator: The next question is, I think it's (Ann Fleming). I apologize...

(Jean Flemming): It's (Jean), sorry.

Coordinator: ...(Jean) thank you.

(Jean Flemming): Yes. Okay, so my question has to do with the hospice quality measures. You mentioned that they were going to be eight quarters of data. And I know that won't include quarter one or quarter two of 2020. Those eight quarters of data can you please just state again what information is going to be reported during that time and then that will not be done before May 2022, correct?

Charles Padgett: Yes, that's correct. You're talking about the two claims based measures the Hospice Visits in the Last Days of Life and the Hospice Care Index Measures.

(Jean Flemming): Okay, so those are the two things that'll be the last eight quarters of data?

Charles Padgett: Yes. Well we'll be using eight quarters of data and yes, you're correct in that we would certainly exclude quarter one and/or quarter two 2020 data...

(Jean Flemming): Okay.

Charles Padgett: ...from those measured calculations

(Jean Flemming): And then the CAHPS information and would that be the HIS and comp measures will that be end of February of 2022 then and to reporting the data is that correct?

Charles Padgett: Yes, yes, exactly. So as we resume public reporting for the February 2022 refresh we'll be using three out of four quarters of data for HIS measures which is just going to be the comprehensive assessment measure that's based on the other seven component measures.

(Jean Flemming): Okay.

Charles Padgett: And that data I believe will correct itself with the May 2022 refresh. However, as we move forward the claims based measures will continue to be affected for some time because there is a longer period of performance. It takes longer for those two quarters of data, the quarter one and quarter two 2020 data to fall out of that period of performance.

(Jean Flemming): And...

Charles Padgett: And for claims based measures we likely use six out of eight quarters of data. I don't have the exact period of performance in front of me for...

(Jean Flemming): Okay.

Charles Padgett: ...May, a potential May 2022 refresh but I believe we did include that information in our final rule.

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(Jean Flemming): Okay, would the three out of four, or I'm sorry, the three quarters of data, what quarter are going to be again for February 2022 for the comp assessment? Do you know?

Charles Padgett: You know what I don't have that in front of me...

(Jean Flemming): Okay.

Charles Padgett: ...at this moment. If you want to join us on the August 31 final rule call we can certainly be prepared to answer that question during that call.

(Jean Flemming): Oh, okay perfect. All right, and then just one last question would the comp measure...

Charles Padgett: Sure.

(Jean Flemming): ...they're just doing that is one measure now they're not individually reporting. I read about that. Is that an average of all those or is it they say no to any measure do you fail that? I was trying to determine that and I couldn't quite determine.

Charles Padgett: Yes it has to - you have to have completed all seven of the individual measures.

(Jean Flemming): Okay. All right, thank you very much.

Charles Padgett: You're welcome.

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(Jean Flemming): Bye.

Coordinator: Thank you. And the next question is from (Lance Marshall). Your line is open.

(Lance Marshall): Yes, my mom is getting older and I want to put - and I'm looking at a nursing home to put her in. Will you pay for that? Will Medicare pay for that? Hello.

Kelly Vontran: Hi. If you - this is Kelly Vontran. If you're referring to care under Medicare home health benefit that...

(Lance Marshall): Yes skilled nursing, skilled nursing. I'm if on - if and when my mom used that is Medicare going to pay for skilled nursing? She resides in California. She's 71 years old no she's 70 years old. And I'm wondering if skilled nursing would pay for a facility that's right across the street from my house?

Kelly Vontran: And this is - okay so you're talking about if she's in a skilled nursing facility...

(Lance Marshall): No my elderly mother where she's got her foot in the grave will you pay for her to live in this facility across from my house?

Kelly Vontran: If you're talking about - are you talking about like long term nursing care like being in a...

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(Lance Marshall): Skilled nursing - no there would be just a distinction there. Skilled nursing is for those that have some kind of confounding health problem? Not - with medical professionals.

Kelly Vontran: Could you send your question to that ODF mailbox so we can route it to the skilled nursing facility?

(Lance Marshall): Yes, what's the address?

Kelly Vontran: It is - do you have the agenda for today's call. If not it is...

(Lance Marshall): Is it in the email?

Kelly Vontran: Yes, it is.

(Lance Marshall): Okay. And that Web site - that email address is listed there?

Kelly Vontran: Yes, it is. It says the mailbox Home Health Hospice DME ODF.

(Lance Marshall): Great I'll submit that question to that email address and the name...

Kelly Vontran: Yes.

(Lance Marshall): ...and the name and address and the contact information of the skilled nursing facility.

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Kelly Vontran: And yes. And we will try to find the appropriate component that can potentially help answer that question for you.

(Lance Marshall): Of course this is not an immediate problem but I'm just anticipating the future and try to make some preparations.

Kelly Vontran: Okay, as I said if you send that we will make sure we triage it and get it to the appropriate component for you.

(Lance Marshall): Thanks a thousand times over. Great. That's it. Bye.

Coordinator: Thank you. The next question is from (Anju Agerwhal). Your line is open.

(Anju Agerwhal): Hi. My question is related to the California waivers that were put in place during the pandemic. I know that they were all going to be planning to expire at the end of September. But with the uprising in COVID is there any conversation or talk in regards to extension of those waivers?

Kelly Vontran: Are you talking about the waivers that CMS put out for during the public health emergency...

(Anju Agerwhal): Yes.

Kelly Vontran: ...for Medicare? It is the public health emergency does continue into I believe the end of October. And I don't know if we have anyone from our conditions of participation on the line. We may not. So if you want to also send that to

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the ODF mailbox we'll make sure that we send it over to our conditions of participation folks.

But it is my understanding that the public health emergency I believe was extended through the end of October. So there's waivers are still in place.

(Mary): Hey (Kelly). It's (Mary). I'm on.

Kelly Vontran: Oh, hi (Mary). I'm sorry. I didn't know if you were.

(Mary): That's okay, yeah that's okay. So yes the end of October but that will be re-evaluated by the Secretary of Health and Human Services and - to determine whether or not it'll extend again like we have through this past, you know, year and a half. So definitely through the end of October. And then you'll have to just watch to see if there's another extension added.

(Anju Agerwhal): So is that applicable for California as well or just the other states because I know that we had...

(Mary): This was...

(Anju Agerwhal): ...received information from CMS regarding September 30 being the effective date of discontinuation of those waivers.

(Mary): This would be for CMS. If your state is - has other things in place we would not - we wouldn't be aware of those dates. This would be for CMS.

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(Anju Agerwhal): Okay perfect. Thank you.

Coordinator: The next question is from (Tomasina Chamberlain). Your line is open.

(Tomasina Chamberlain): Yes hi. My question is about the claims based measures the Hospice Care Index. And I'm wondering when can hospices expect to receive their own data in CASPER so they would be aware of how they're doing in in those areas?

Charles Padgett: Sure. Thank you for the question. So we are targeting, I believe, September for the release of confidential feedback reports that will contain your data. So you'll be able to access the QM reports for your facility, the QM measure reports both facility and patient level and be able to understand how you're performing on that measure. So I believe we're targeting next month for the release of that report.

(Tomasina Chamberlain): So will these reports include any sort of benchmarking data like how other hospices are performing with these measures?

Charles Padgett: No you'll only be able to see your own but you will be able to see a national value.

(Tomasina Chamberlain): Okay, that will be really helpful. Thank you.

Charles Padgett: Yes, you bet.

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Coordinator: Thank you. And the next question is from (Charlotte Stenenger). Your line is open.

(Charlotte Stenenger): Hi. Hello everyone. Thanks so much for the information. Charles, during the Home Health QRP program update you mentioned about a new Webinar for advanced, or advanced Webinar on interim guidance for the OASIS.

And then I think you said it was going to be released later this month. There's one out there right now that was released on the 13th is that the same one or are you anticipating another one that's going to be released?

Charles Padgett: You know what I honestly don't know the answer to that question. It may be the same one but you know what can I just ask that you submit your questions to the ODF help desk and we will get you a confirmation of that.

(Charlotte Stenenger): Great, thank you so much.

(Joan Proctor): I can answer that question. This is (Joan Proctor) ...

Charles Padgett: Oh great.

(Joan Proctor): ...over at...

Charles Padgett: Perfect.

(Joan Proctor): ...home health OASIS. That is the Webinar. And the Webinar was released on August the 13th. I can confirm that.

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(Charlotte Stenenger): Thanks so much (Joan). I appreciate the information.

(Joan Proctor): No problem.

Charles Padgett: Thank you much.

Coordinator: Thank you. And the next question comes from (Amanda Strange). Your line is open.

(Amanda Strange): Hi. Thank you for your time. I had one question regarding the Hospice Care Index particularly for the four nursing indicators such as gaps in nursing visits, nurse care minutes, skilled nursing on the weekend and visits near death. Does that include LPN and RN?

Charles Padgett: So thanks for the question. So yes, the skilled nursing visits for both the RN and LPN are represented by the same revenue center, center code which is 055X for skilled nursing on the hospital claim. So, both nursing types are included for the calculation of these indicators.

(Amanda Strange): Thank you very much. And that HVLDL will still only be the RN correct?

Charles Padgett: Yes.

(Amanda Strange): Okay, thank you very much.

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Coordinator: Thank you. Up next is (Lori Lott). Your line is open.

(Lori Lott): Hi. Good afternoon. My question is along the same line. Can you clarify what the burden transition type one and the burdensome transition type two is please?

Charles Padgett: Sure, so for type one live discharges from a hospice followed by a hospitalization and subsequent hospice readmission the denominator would be the total number of all live discharges from the hospice within a given year. And the numerator would be the total number of live discharges from the hospice followed by hospital admission within two days then hospice readmission within two days of hospital discharge within a given year. And hospitalizations are found by looking at all fee for service Medicare inpatient claims.

For type two live discharges from hospice followed by hospitalization with a patient dying in the hospital the denominator is the total number of all live discharges from the hospice within a given year and the numerator is the total number of live discharges from the hospice followed by hospitalization within two days of live discharge with death in the hospital within a given year. And again hospitalizations are found by looking at all fee for service Medicare inpatient claims.

And so I know that was a lot. But I will say we are going to following the August 31 Webinar going to pose questions and answers and we will include that on that document.

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(Lori Lott): Thank you very much.

Charles Padgett: You bet.

Coordinator: Thank you. And the next question comes from (Christina Remise). Your line is open.

(Christina Remise): Hello. Thank you for taking my call. My question is also related to burdensome transitions type one, what happens if there's a - if the patient transfers hospices so that is a transfer - they go to the hospital and they transfer and then they have one hospice on the frontend and another hospice on the backend. How will that affect type one?

Charles Padgett: You know, I'm going to be honest I don't know the answer to your question off the top of my head. But if I could ask that you submit it I'd be happy to get an answer to that.

(Christina Remise): I can do that. Thank you.

Charles Padgett: You bet.

Coordinator: Thank you. And the next question is from (Jeanne Klemin). Your line is open.

(Jean Klemin): Yes, I just have one other question about the star on care compare. Can you talk just a little bit on how they're going to do that star rating? Is it by the category? Is each category going to star and an overall star or is an average of

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the categories giving you a star? How is that star determination being come up with? How are they coming up with that?

Charles Padgett: Yes, I apologize - oh let me..

Lori Teichman: Hi. This is Lori Teichman. Are you referring to the star rating for the CAHPS Hospice Survey?

(Jeanne Klemin): Yes.

Lori Teichman: Yes, we're going to have an open door forum this fall . And we are going to discuss the star ratings for the CAHPS Hospice Survey, the methodology for it and then the timing for it.

(Jeanne Klemin):Okay, thank you.

Lori Teichman: Sure, you're welcome. Thank you for your interest in it.

Coordinator: Thank you. Up next is (Jennifer Hendl), my apologies. Your line is open.

(Jennifer Handle): Thank you. I just wonder if you could repeat the line. the email address where if you didn't already register for the upcoming meeting, the PAC training, if somebody could spell that again? I just couldn't write as fast as the gentleman was saying it. And I want to make sure - I thought it might be on the agenda but I don't see that...

Charles Padgett: Oh, for (unintelligible) to notify you...

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(Jennifer Hendl): Yes.

Charles Padgett: ...when it's available.

(Jennifer Hendl): Yes.

Charles Padgett: Yes let me just find that real quick. Okay, it's P as in Paul, A-C, the word training....

(Jennifer Hendl): Okay.

Charles Padgett: ... at econometrica, which is E-C-O-N-O-M-E-T-R-I-C-A-I-N-C as in Inc dot com.

(Jennifer Hendl): Okay. And so we just email that to get the recording after the fact?

Charles Padgett: Exactly. If you email us there we will shoot you an email as soon as it's available.

(Jennifer Hendl): Thank you.

Charles Padgett: You bet.

Coordinator: Thank you. And currently there are no other questions.

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Jill Darling: All right, well thanks everyone for joining. I'll turn it back to Kelly if she has any closing remarks.

Kelly Vontran: Sure just thank everyone for calling in and providing us with some thoughtful questions. And again, we do have the mailbox ODF mailbox on the agenda on the appointment that you received. So if you have any questions that you think of after this call feel free to send them to that address and we will respond to you as soon as we possibly can. Thank you. And stay well everybody.

Jill Darling: And I will if you do not have the agenda the mailbox is homehealth_hospice_dmeodf-1@cms.hhs.gov. So we appreciate your time and calling in and have a wonderful day everyone.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect. Speakers stand by for your post conference.

End

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