Centers for Medicare & Medicaid Services

Open Door Forum: Home Health, Hospice and DME

Moderator: Jill Darling

November 10, 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 that today's conference is being recorded. If you have any objections, you may disconnect at this time. I will now turn the conference 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 we dive into our lengthy agenda today, I have one brief announcement. This Open Door Forum is open to everyone. But if you are a member of the press you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you do have any inquiries, please contact CMS at Press@CMS.HHS.gov.

And we'll get right into our agenda. So first, we have Susan Bauhaus, who will give some updates on the CY 2022 Home Health Final Rule.

Susan Bauhaus: Thank you, Jill. On November 2nd, CMS issued a final rule updating the Medicare Home Health Prospective Payment System Rates and Wage Index for calendar year 2022. CMS estimates that payments to home health agencies

will increase in aggregate by 3.2% or $570 million. This increase reflects the effect of the 2.6% home health payment update percentage, an estimated 0.7% increase that reflects the effects of the updated fixed dollar loss ratio.

And an estimated 0.1% decrease in payments due to the changes in the rural add-on percentages for calendar year 2022. The rule also finalizes the recalibration of the PDGM case mix weight functional levels and comorbidity adjustment subgroups, while maintaining the calendar year 2021 (LUPA) threshold.

The Consolidated Appropriations Act of 2021 included provisions to allow occupational therapists to conduct initial and comprehensive assessments for all Medicare beneficiaries under the home health benefit when the plan of care does not initially include skilled nursing care, but includes either physical therapy or speech language pathology.

CMS is establishing a (LUPA) add-on factor for calculating the (LUPA) add-on payment amount for this first skilled occupational therapy visit and (LUPA) periods that occur as the only period of care or the initial 30 day period of care in a sequence of adjacent 30 day periods of care. However, currently, there is insufficient data regarding the average excess of minutes for the first visit in (LUPA) periods, when the initial and comprehensive assessments are conducted by occupational therapists.

Therefore, CMS will utilize the physical therapy (LUPA) add-on factor as a proxy until calendar year 2022 data is available to establish a more accurate occupational therapy add-on factor for the (LUPA) add-on payment amounts.

Lastly, this rule updates the home infusion therapy services payment rates for calendar year 2022 as required by the 21st Century CARES Act.

In addition, CMS is updating the geographic adjustment factor used for wage adjustment and maintaining the percentages finalized in the calendar year 2020 home health final rule for the initial and subsequent visit adjustments. The overall economic impact of updating the payment rates for home infusion therapy services, is expected to be an increase in payments to home infusion therapy suppliers of 5.1% based on the percentage increase in the consumer price index for all urban consumers, reduced by the productivity adjustment for calendar year 2022.

The CPIU for the 12 month period ending in June of 2021, is 5.4%. And the corresponding productivity adjustment is 0.3%. Now Wil Gehne will give an update on home health claims processing.

Wil Gehne: Thanks, Susan. First, I want to call everyone's attention to a recent transmittal. This Monday, November 8th, CMS issued Change Request 12315 about the implementation of the (LUPA) add-on amounts for occupational therapy visits that Susan just mentioned. It revises the Medicare claims processing manual to reflect this new policy and it provides details on how the payment will be calculated by the home health (pricing) program.

It also describes some improvements we are making to Medicare systems to ensure payment groups are always calculated accurately. These instructions are all directed to Medicare contractors, and no new actions are required by

home health agencies. But you may want to review the change requests just for your own information.

All year long Medicare contractors, home health agencies, and your software vendors have been preparing for the transition to notices of admission. This transition is now right around the corner. It defines all claims with from dates on or after January 1, 2022. With that in mind, I wanted to make sure everyone's also aware of the most recent manual update on that subject. On September 10th we published Change Request 12424 with a clarification about the transition.

For all beneficiaries receiving home health services in 2021, these services will continue into 2022. The home health agency must submit an NOA with a onetime artificial admission date corresponding to the from date of the first period of continuing care in 2022. So, for example, if a period of care begins in 2021 and ends on January 10, 2022, HHA submits a notice of admission with an admission date of January 11, 2022. And then submits a claim with that same submission date when the 30 day period of care is over.

The important clarification is that HHA should submit that January 11th submission date on all subsequent claims until the beneficiary is discharged and another NOA is required. This is to ensure each claim is matched to the correct NOA and a late penalty does not apply to any claims in error. Change request also provides some special instructions for cases where an HHA provides care in one 30 day period and then discharges the beneficiary in the next 30 day period of care that doesn't provide any billable visits before the discharge date.

So, you may want to look at those in a little more detail. With that, I'll turn it over to Joan Proctor.

Joan Proctor: Thanks, Wil. Good afternoon, everyone. Today I have several announcements about the home health quality reporting program or what's often referred to as the HHQRP. In terms of the final rule, home health - calendar year 2022 home health final rule, the following proposals were finalized in the calendar year 2022 home health final rule, and will be effective January 1, 2022.

We finalized proposals to remove the drug education on all medications provided to patient caregiver measures. We also finalized a proposal to replace the acute care hospitalization in emergency department use quality measures with potentially preventable hospitalization quality measures. We also finalized to publicly report the home health falls with major injuries and function quality measures. And we also - lastly, we finalized the proposal to revise the compliance date for certain reporting requirements.

In terms of the drug education removal, we finalized the proposal to remove the measure and the related Oasis item M2016, beginning with calendar year 2023. Home health agencies will no longer be required to submit Oasis item M2016 as of January 1, 2023. CMS will remove the drug education measure from public reporting after July 2024.

In terms of the proposal to replace two measures with the potentially preventable hospitalization while quality measure, we finalized the proposal to remove the acute care hospitalizations during the first 60 days of home health,

what's often referred to as the ACH measure, and the emergency department use without hospitalizations during the first 60 days of home health or ED use measure, and replaced them with a home health within stay, potentially preventable hospitalization or PPH measure.

The PPH quality measure reports the risk-adjusted inpatient hospitalizations and observation stays that occur during a home health day, and are determined to be potentially preventable by home health agency intervention. The PPH measure will be added to the HHQRP in calendar year 2023, with the provision of confidential feedback reports to HHA's providers in October of 2023. The ACH and ED use measures will be retired from the HHQRP in calendar year 2024.

In terms of one of our other proposals, we finalized the proposal to publicly report the percent of residents experiencing one or more falls with major injury measure. An application of percent of long term care hospital patients with an admission and discharge functional assessment in a care plan that addresses function in QF number 2631 beginning in April 2022. We also finalized proposals to revise the compliance date for certain reporting requirements.

First, we finalized the proposal to establish the implementation date of Oasis E as January 1, 2023. We also finalized the proposal to start data collection for the transfer of health information to provide or pass measure, the transfer of health information to patient pas measure, and certain standardized patient assessment data elements beginning January 1, 2023.

We also had included two requests for information. And in the final rule we summarized the input that we received from the industry. And we thank stakeholders for providing valuable input on these important issues of concern relative to digital quality measure and fast healthcare interoperability or (FHIR). And closing the health equity gap in post-acute care quality reporting programs.

I also have a couple of public reporting announcements relative to the HHQRP. CMS will resume HHQRP public reporting in January 2022. For the January 2022 Refresh, Home Health Oasis measure scores will be based on three quarters of Oasis assessment data due to the temporary exemption to the HHQRP data submission requirements in response to the COVID-19 public health emergency.

We also would like to note that the plain space quality measures within this preview report, have not been updated, as CMS has decided to continue with the data freeze for claims-based measures for an additional six months. As a result, quality of patient care star rating will use the claims measures scores from the November 2020 refresh. The quality of patient care star rating provider preview report is planned to be released in November 2021.

And finally, I have an update on the Home Health APU reconsideration period. As announced on the HHQRP Web site and through listserv, CMS identified a problem on October 18, 2021 with receiving emails via our reconsideration email address, which is HHAPUReconsiderations@CMS.HHS.gov. The problem was resolved on Friday, October 22, 2021. And due to the temporary issue, we are extending

the deadline for HHA to file a reconsideration, to November 17, 2021 at 11:59 pm, which represents an additional week.

And that's all of the updates that I have. And at this time, I'm going to turn it over to Jennifer Donovan for the home health value-based purchasing. Jennifer?

Jennifer Donovan: Yes. Thanks, Joan. Hi. This is Jennifer Donovan. I'm with the CMS Innovation Center. And I will provide an overview of policies that we finalized in support of the home health value-based purchasing or HHVBP model. The Innovation Center implemented the original model January 1, 2016, in nine states. The model tests whether payment incentives can significantly change healthcare providers' behavior to improve quality of care through payment adjustments based on quality performance during a given performance year.

Under the model, CMS adjusts fee for service payments to HHAs, based on their performance on a set of quality measures relative to their peers. The last year's data collection under the original nine state model, was calendar year 2020. In the calendar year 2022 HHPPS final rule, we finalized to end the original model one year early and not use 2020 performance data to impact payments to the HHAs in the nine model states in 2022, given the destabilizing effects of the public health emergency on quality measure data as well as the patterns observed in utilization and reporting.

We also finalized not to publicly report performance data from the calendar year 2020 performance year under the original model. Based on the original

model's third annual evaluation report, which showed improvement in HHA's quality scores, as well as savings to Medicare, the CMS Chief Actuary certified, and the HHS Secretary subsequently determined, that the model met statutory requirements for expansion. In January 2021, we announced our intent to expand the model no earlier than January 1, 2022, through rulemaking.

We have finalized to expand the model to all Medicare-certified HHAs in the 50 states, territories, and the District of Columbia. We finalized a one year delay in assessing HHA performance and the implementation of a payment adjustment. Calendar year 2023 will be the first performance year and calendar year 2025 will be the first year with payment adjustments upward or downward of up to 5%.

HHAs certified before January 1, 2022, would have their 2023 performance assessed and be eligible for 2025 payment adjustment. To allow all HHAs time to prepare for the expanded model, calendar year 2022 will be a pre-implementation year. Throughout 2022 we will provide learning support about the expanded model to all HHAs.

Also, in the rule, we finalized to define cohorts by nationwide smaller and larger volume HHAs to allow for a sufficient number of HHAs in each volume-based cohort, to facilitate like comparisons, to set benchmarks and achievement thresholds, and to determine payment adjustments. HHAs would compete for payment adjustments within their national volume-based cohort.

Beginning with the calendar year 2023 performance year, eligible HHAs will compete on value, based on an array of quality measures that include Oasis, claims, and HHCAHPS survey-based measures. The majority of the measures in the measure set were used since the implementation of the original model in 2016. And the majority of measures overlap with the Home Health Quality and Reporting Program.

Also, beginning with the 2023 performance year, we finalized to use two types of HHVBP model-specific reports to provide information on performance and payment adjustments. These are the Interim Performance Reports or IPRs, and annual reports. We anticipate the first IPR to be issued in July 2023, with subsequent IPRs in October, January, and April. The first annual report would be issued in August of 2024.

HHVBP model-specific reports will be made available to HHAs in the existing iQIES system. We also finalized an appeals process that includes a recalculation request process for IPRs, and the recalculation and reconsideration request processes, for the annual report. We have finalized a public reporting policy and an extraordinary circumstance exception policy that aligns to the extent possible, with the existing Home Health Quality Reporting Program exceptions and extension requirements.

For more information, please visit the expanded HHVBP model Web page found on the Innovations.CMS.gov Web site. On the Web site please sign up for the model's listserv, to receive email updates on learning events and resources. Again, please visit the expanded HHVBP model Web page found on the Innovation.CMS.gov Web site for more information and to sign up for

the model's listserv, to receive email updates. And that's all I have. I'll turn it over to Alisha.

Alisha Sanders: Yes. Thank you, Jennifer. And good afternoon, everyone. My name's Alisha Sanders in provider enrollment. And I'm going to provide an update on some of the screening and enrollment activities that we are resuming. So, as you know, during the public health emergency, CMS used its authority under Section 1135 of the Social Security Act, to waive certain provider screening and enrollment activities, and offer additional flexibilities to support providers during the PHE.

We have slowly begun to resume some of these activities that were previously waived. So, beginning November 1st we resumed the collection of application fees, fingerprint-based criminal background checks, and revalidation, but in a phased approach. Application fees and fingerprints will apply to any new applications received on or after that November 1, 2021 date. So, if you have an application in process but it was received by the Medicare administrative contractor or MAC, prior to November 1st, then the fee and the fingerprint requirements would not apply.

So, this would apply just to applications received on or after November 1st. As a reminder, application fees are required for providers and suppliers who are initially enrolling, revalidating, or adding a new type of (location). And fingerprints are required for individuals with a 5% or greater ownership in a provider or supplier that falls under the high risk category.

In regards to revalidation, we are resuming it in a phased approach. And we are focusing our efforts on those providers or suppliers that missed their revalidation due date during the PHE. The MACs have begun issuing their first batch of revalidation letters, I believe the last week in October. So those providers and suppliers will have a January 31, 2022 due date.

The letters are being sent out 90 days in advance of the providers, suppliers revalidation due dates, so they do have that additional advanced notice prior to the revalidation due date. And then in addition to receiving the revalidation notices from their MACs, we have updated the revalidation tool on Data.CMS.gov. This tool is a searchable database that allows you to look up the revalidation due date for currently enrolled providers and suppliers.

For those providers and suppliers selected to revalidate in this initial phase you will see an adjusted revalidation due date on the revalidation tool. This is in addition to your original validation date that was established for you prior to the PHE. The adjusted revalidation due date will be posted 90 days in advance of your revalidation due date, consistent with the MAC notices being issued. And the revalidation tool will be updated and the letters issued on a monthly basis, until we can complete this initial phase of revalidation.

More information about resuming these activities can be found in the COVID-19 provider enrollment FAQs that are posted on CMS.gov. We did provide the link to the FAQs in the agenda, for your reference. And with that, I will turn it over to Cindy Massuda.

Cindy Massuda: Hi. Thank you very much. I'm going to give an update for the hospice quality reporting program and talk about our public reporting; that we're resuming public reporting for the hospice quality reporting program data with the February 2022 refresh period on Care Compare. And for the February 2022 refresh, CMS finalized plans for resuming public reporting data while excluding Q1 and Q2 of 2020 data. CMS will use fewer quarters than usual to report HIS measures, specifically using Q3 2020, Q4 2020, and Q1 2021 only.

CMS will use the most recent eight quarters of data, excluding Q1 2020 and Q2 2020, for the (CAHPS) survey measures. The next provider preview report will be issued in November 2021, in advance of the February 2022 hospice refresh. And I want to encourage you to be looking at the education and training resources that we have provided.

We've done several webinars recently and also provided a lot of best practices materials on our best practices page, related to the development of our claims-based measures and our four measures in general that are in effect as of October 1, 2022 for the Hospice Quality Reporting Program. And with that, I will turn it over to Lauren for the (CAHPS) update.

Lauren Fuentes: Thanks, Cindy. Hi, this is Lauren Fuentes, in the Division of Consumer Assessment of Providers and Plans. And today, myself and (Rebecca Anhang-Price), will provide an update on star ratings for the (CAHPS) hospice survey. So, CMS did finalize in the FY 2022 hospice rule, that the public reporting of (CAHPS) hospice survey star ratings would occur no sooner than fiscal year 2022.

And CMS has determined that we will begin public reporting for star ratings in August 2022. Hospices will first see their star ratings on the preview reports for February, which is the report that Cindy just spoke of, for November 2021. And those reports - the star ratings will also be available in the May 2022 provider preview reports.

And we're considering this our dry run of the star ratings. And during that dry run period the (CAHPS) hospice survey star ratings will not be publicly reported. So, this will be an opportunity for hospices to become familiar with star ratings and how they will be rated before they are publicly reported, beginning in August 2022.

And the goals for the star ratings, we use the star ratings for many other CMS (CAHPS) surveys, including hospital and home health. And really for these star ratings, it's a way to provide consumers with an easy-to-understand method for summarizing the (CAHPS) scores. And it also allows consumers to make comparisons between hospices. And it's a more straightforward way for them to make those comparisons.

So, we do want to talk a little bit more about the methodology for calculating the star ratings. And for that portion, (Rebecca Anhang-Price) with our (CAHPS) hospice survey team, will speak to that.

(Rebecca Anhang-Price): Fantastic. Thanks so much, Lauren. And to those who are listening, who would like to follow along more closely, there is a summary PowerPoint presentation that provides the highlights of what we're talking about today, on

the (CAHPS) hospice survey Web site, in a new tab there entitled Star Ratings.

So, in keeping with (CAHPS) hospice survey measure scores that are currently reported on Care Compare, these star ratings will be calculated using top box scores, which reflect the proportion of respondents who gave the most positive responses. So, for example, always on a never, sometimes usually, or always scale. The scores are adjusted for case mix and mode of survey administration. The mode adjustments that are in current use are from a mode experiment that CMS conducted in 2015.

As some of you know, CMS is currently conducting a new mode experiment for the (CAHPS) Hospice Survey. And this new experiment may result in updated mode adjustments for use in the future. But for now, we're using the ones from that 2015 mode experiment. With regard to case mix, (CAHPS) hospice survey measure scores are adjusted for a range of decedent and respondent characteristics that are associated with how caregivers respond to the survey, but are not within the control of the hospice.

So, these include the decedent and respondent age, payer for hospice care, primary diagnosis, the length of final episode of hospice care, the respondent's education and relationship to the decedent, preferred language, and a variable called response percentile, which takes into account the timeframe in which the respondent returned the survey.

A list of these variables is available on the scoring and analysis page of the (CAHPS) hospice survey Web site. And in addition, on that page, case mix

adjustments are updated each time measure scores are refreshed on Care Compare. And they're updated there so that survey vendors and hospices can approximate the official CMS measure scores.

So, all of what we've said so far should sound very familiar. But what's new are the star ratings, which will range from one star, the lowest category; to five stars, the best category. CMS calculates star ratings for each of the (CAHPS) hospice survey measures. The cut points between the star categories are constructed using statistical clustering procedures that minimize the score differences within a star category and maximize the differences across or between star categories.

The clustering algorithm empirically determines the number of hospices in each category. So that means CMS does not force a certain percentage or number of hospices into each category. Rather, the clustering algorithm determines that. CMS is using a two-stage approach to calculate the cut points between star categories. In the first stage, we determine initial cut points by calculating the clustering algorithm among hospices with 30 or more completed surveys over two quarters.

And we restrict these calculations to hospices that meet a minimum sample size to promote the stability of the cut points. Now since hospices that meet this minimum sample size may have different score patterns than smaller hospices, those initial cut points may be too high or too low. So, to ensure the cut points reflect the full distribution of hospices' measure performance, in the second stage we compare mean measure scores for the hospices used in the

first stage, to all other hospices that we project will have publicly reported measure scores.

And then update the cut points by adjusting the initial set of cut points to reflect the normalized difference between the two groups of hospices. So, this two-stage approach allows for calculation of stable cut points that reflect the full range of hospice performance. CMS uses the star ratings for each of the eight (CAHPS) hospice survey measures, to calculate the family caregiver survey rating, which is a summary star rating that's calculated as the weighted average of the star ratings for each of the (CAHPS) hospice survey quality measures.

When we calculate this summary star, CMS applies a weight of one to all of the composite measure stars, and a weight of a half to each of the stars for the two (CAHPS) hospice survey global rating measures. So that's the rating of this hospice and willingness to recommend. And that weight of half for the global rating measures is because both of those measures, (CAHPS) or caregivers' overall assessments of hospice care.

Once the average of measure starts is calculated, normal rounding rules are applied so that the final family caregiver survey rating, that summary star, is a whole number. No half stars are assigned. So, beginning with this month's provider preview period, as Lauren mentioned, hospices will be able to review their star ratings on their (CAHPS) hospice survey provider preview reports.

The first page of the preview reports will look similar to the way it has in the past, presenting (CAHPS) hospice survey scores for the reporting period. But

the second page is new. It will present the hospice's summary star rating referred to again as the family caregiver survey rating, as well as the star rating for each of the (CAHPS) hospice survey measures.

Only the summary star rating will be displayed on Care Compare once public reporting begins in August 2022. The individual measure star is used to calculate the summary star, are shown on the preview report for hospices' use in quality improvement and monitoring. Now if a hospice does not have 75 completed surveys for the star rating reporting period, no star ratings will be displayed either on the preview report or on Care Compare.

Instead, a footnote will be shown indicating that the number of responses didn't meet the required minimum for public reporting of star ratings for the reporting period. Star ratings will be recalculated every other quarter to allow for stable estimation of cut points. So, the current star rating reporting period for the dry run, reflects experiences of hospice care from the fourth quarter of 2018 through the fourth quarter of 2019, and the third quarter of 2020 through the first quarter of 2021.

So, you'll note that this excludes the first two quarters of 2020 because of the exemption during the public health emergency. So, for this first reporting period, over 2000 hospices across the United States were eligible to receive star ratings. And of these, the most common star categories on the summary star were the three and four star categories, with 39% percent of hospices receiving four stars and 35 percent receiving three stars. Thirteen percent of hospices received two stars, 12% had five stars, and just 1% received one star.

So, information regarding the distribution of stars across the United States and by state, is available on the star ratings page on the (CAHPS) hospice survey Web site. There you can also find answers to frequently asked questions and some detailed technical notes that present the cut points for the individual measure stars, and describe the methods and provide some examples for the star calculations.

So, with that, I'll turn things back to Lauren at CMS, who will describe how to get in touch with the team if you have any questions and take any questions for today.

Lauren Fuentes: Okay. Thank you, (Rebecca). Again, as (Rebecca) mentioned, we have resources to learn more about star ratings on our Web site. That is the hospice (CAHPS) survey dot org Web site. And we do have a new navigation on the left hand side labeled star ratings, where you'll find this information. And for questions, feel free to reach out to the (CAHPS) hospice survey team at Hospice (CAHPS) Survey at HSAG, that's H-S-A-G dot com.

Or to contact CMS with questions, our email address is HospiceSurvey@CMS.HHS.gov. And I did want to mention that we will present this information again on an upcoming HQRP forum. That forum is scheduled for Thursday, December 16th, 2:30 to 3:30 pm Eastern time. So, we will announce details for joining that webinar on the HQRP Web site on the provider and stakeholder engagement page, and through the listserv. So please keep an eye out for that information if this topic is of interest.

So that concludes our updates for today. Jill, I'll hand it back over to you.

Jill Darling: Great. Thanks, Lauren. And thank you, (Rebecca) and to all of our speakers today. (Denise), will you please open the lines for Q&A?

Coordinator: Thank you. 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. If you need to withdraw your question, press star 2. It does take a few moments for the questions to come through. Today's first question comes from (Barbara Hanson). Your line is open.

(Barbara Hanson): Hi. Yes, thank you for this opportunity to ask questions. So, I actually have two questions. I think both of them are quick. When is the anticipated transition to the (IT) system for HIS submission? I know that was supposed to happen sometime in 2022, but I haven't heard any more details.

Cindy Massuda: Hi, this is Cindy Massuda, and I appreciate your question. Well, the transition to (IT) is not planned any time during 2022. But we are doing - once we have a date we will be giving significant notice to prepare the stakeholders, our providers, and everybody, for the transition to (IT). But it is not during 2022. Thank you.

(Barbara Hanson): Okay. Thank you. My second question isn't related to quality reporting. It's more of a general question. I hear from - especially from hospice inpatient units - I work with two state associations. And they're asking what will it take to allow the completion of the hospice selection form through the use of witness verbal permissions for urgent inpatient admissions to a hospice house,

you know, GIP level of care when there's no one available to actually sign the election form?

Will that take a change in the, you know, a legislative change, or - and I appreciate that maybe the right person isn't on this call to answer my question.

(Kelly Vontran): Hi. This is (Kelly Vontran) from the Division of Home Health and Hospice. So, you're asking about situations where there is no representative that could also sign the election statement if the...

(Barbara Hanson): Yes. Yes.

(Kelly Vontran): Because (unintelligible) could not sign?

(Barbara Hanson): Yes.

(Kelly Vontran): I mean right now the - as you know, the regulations really don't speak to that type of situation. But if you could send that question to the ODS mailbox we can certainly explore a little bit further to see, you know, what - if there's any flexibility that currently exist in regulations, which right now I don't think so.

Or we can certainly think about it a little bit more, about how to address those types of extenuating circumstances in the future.

(Barbara Hanson): Great. Thank you.

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

(Cody Rieber): Thank you. When during the Home Health CVP pre-implementation year 2022, will CMS be able to provide the 2019 thresholds and benchmarks for the two cohorts?

Jennifer Donovan: Hi. This is Jennifer Donovan. Thank you for the question. So, throughout 2022 we are going to be providing, you know, learning resources. So, we wouldn't anticipate like providing any type of data related to 2019 until about the summer of 2022.

(Cody Rieber): Thank you.

Coordinator: Thank you. The next question comes from (Bonnie Westover). Your line is open.

(Bonnie Westover): Thank you very much. My question also has to do with value-based purchasing. So, if we start 2023, will the baseline still be 2019? Or might it be 2021?

Jennifer Donovan: So, thank you for the question. This is Jennifer again. So, with the final rule we did finalize that the baseline year would be 2019. However, you know, we are going to be, you know, looking at potentially updating that baseline year in a future rule. So, we're going to look at that analytically and then potentially propose it through a future rule.

(Bonnie Westover): So that would be proposed then before 2023 begins?

Jennifer Donovan: That's right.

(Bonnie Westover): Okay, thank you.

Jennifer Donovan: That's correct.

Coordinator: Thank you. Up next is (Meryl Sailor). Your line is open.

(Meryl Sailor): Thank you. My question was around hospice (CAHPS). And I'm wondering if what you were sharing before, when you were directing us to a particular Web site, is if the threshold for stars is captured around top box. So, for example, communication - are you able to articulate what value needs to be achieved to receive a star? Is that all available yet or not?

Lauren Fuentes: Hi, this is Lauren. (Rebecca), can you field that question?

(Rebecca Anhang-Price): Sure thing. So that information is indeed available on the (CAHPS) hospice survey Web site on the new star ratings Web page that's available there. In the technical notes there's a table that indicates the cut points that distinguish each of the star categories for each (CAPS) hospice survey measure.

(Meryl Sailor): And would you provide that Web site address again, please?

(Rebecca Anhang-Price): Sure thing. It's Hospice (CAHPS) Survey dot org. And on that page in the left hand navigation, there is a tab called star ratings.

(Meryl Sailor): Thank you so much.

Coordinator: Thank you. And the next question comes from (Beth). Your line...

(Beth): Yes. My question is regarding the (CAHPS). The one that's going out, is that from previous 2019 results of our (CAPS) surveys? So, like there are two years missing? Or will that be the updated ones from - including '19 and '20 and '21?

Lauren Fuentes: Hi. This is Lauren Fuentes. So, the report that is coming out in November will be October 2018 to December 31, 2019. And then yes, the excluded quarters are quarter one and quarter two of 2020. So, then it'll also include July 2020 to March 31, 2021 data.

(Beth): So, when will that one come out?

Lauren Fuentes: And that's just for your preview. That's for your preview report that it will be released in November; this month, 2021.

(Beth): This month, the 2021? Okay. Thank you.

Lauren Fuentes: Yes. You're welcome.

Coordinator: Next question is from (Billy St. Clair). Your line is open.

(Billy St. Clair): Hi, there. I have two quick questions. My first question was regarding star rating for January 2022, will we see a preview report?

Lauren Fuentes: Hi, this is Lauren. Yes, you'll see a - well the preview report for January is the November report, for this month.

(Billy St. Clair): For home health?

Lauren Fuentes: Oh, I'm sorry. You were asking about home health? Sorry.

(Billy St. Clair): Yes.

Lauren Fuentes: Okay. Sorry.

Joan Proctor: Yes. This is Joan Proctor. And also, November, I believe our preview report for January would have already gone out in October. But if you can - I'll confirm that.

(Billy St. Clair): I contacted (IT) and they said they had never been released yet. It was last week.

Joan Proctor: Right. But isn't part of our announcement here is, is that when I went through the announcement - give me one second here. I'm looking back at my announcement that I gave you on public reporting. And I'm pretty sure that when it came to - the January 2022 refresh, you know, if you can email me at Joan.Proctor2@CMS.HHS.gov, I'll get back to you.

(Billy St. Clair): Joan.Crawford 2?

Joan Proctor: No. Proctor. Like Proctor, the test. Proctor 2.

(Billy St. Clair): Okay.

Joan Proctor: At...

(Billy St. Clair): Thank you.

Joan Proctor: ...CMS dot HHS dot gov.

(Billy St. Clair): And my other question was about the other preview reports that we have not received either. And the other question was claims-based data because, you know, the final rule...

((Crosstalk))

Woman: ...star rating provider preview report? That's scheduled for this month.

(Billy St. Clair): Okay. The Medicare site said it was October. So, I was just confused, because it never...

Woman: We are a little - we are delayed with some issues that we found when the data was sent over. And so (IT) has worked those out and they were posting them as of today in the folders. So, you should be getting them today. If not, you

know, already have it in your (piece) folder, you should be getting it a little bit later today.

(Billy St. Clair): As far as the claims-based data that's going to be on that report, what will be updated? It just said some claims-based data.

Woman: Well actually what I said was that we're going to use the claims-based measures from the November 2020 refresh. And I just received an email saying that all provider preview reports have been released.

(Billy St. Clair): Thank you so much.

Woman: You're welcome.

Coordinator: ...comes from (Oliver Morales). Your line is open.

(Oliver Morales): My question is regarding the (cost) report and the claims-based report that we were able to see last month for the first time. And I'm wondering, how often can we see updated data regarding those reports in (CASPER)?

Cindy Massuda: So, this is Cindy. I believe you're talking about the hospice quality measure reports that you can get in the (CASPER) folder related to the two new claims-based measures - the hospice last days of life, and the hospice care index. Am I correct?

(Oliver Morales): Yes. Thank you. Thank you. Yes.

Cindy Massuda: So, yes. So, we are - we posted those in September and then we will be updating - they get updated with data on an - updated annually because you can look at your reports.

(Oliver Morales): Perfect. So, it doesn't matter if I run the report again next month, the data will be the same. Right?

Cindy Massuda: You should - we actually are going to be making an update to the report, so there will be an update on the report. We'll be announcing it probably during the December open door forum.

(Oliver Morales): Oh, okay. But so far, it's going to be - for us the data will be once a year to see new data in (CASPER)?

Cindy Massuda: Yes.

(Oliver Morales): Thank you so much.

Coordinator: Thank you. The next question is from (Bonnie Westover). Your line is open.

(Bonnie Westover): Hi. I have two questions related to (CAHPS) hospice. So, I heard the presenter say that there will be no half stars reported. But I wasn't sure if that was in public reporting or if you were still talking about the algorithm. And if no half stars I'm wondering why.

Lauren Fuentes: Hi. This is Lauren Fuentes. (Rebecca), can you address the half star?

(Rebecca Anhang-Price): Sure thing. So, to be sure I understood the question, it sounded like you were asking to confirm whether there would be no half stars used just in the calculation of the star ratings or no half stars presented in public reporting. Was that the first part of the question?

(Bonnie Westover): Yes. When you referred to half stars, were you talking about the calculation or public reporting, or both?

(Rebecca Anhang-Price): Sure. So, we were talking about public reporting. So, no half stars will be publicly reported. So, we do round the star up or down once the average star has been calculated for the summary star. So, everyone gets a full number star, not a - no half, in between.

(Bonnie Westover): Okay. And then the second part of that question was could you speak to why that decision was made? In home health we get half stars. I mean there are only five stars and a half are kind of sort of helpful.

(Rebecca Anhang-Price): Sure. So that's a good question. My colleague (Marc Elliot) is on the line. (Marc), would you like to take that one?

(Marc Elliott): Sure. It is true that half stars and whole stars sort of vary across applications. For example, hospital (CAHPS) uses whole stars as is the case here. And in having examined it several ways, we were most comfortable with the distinctions between categories represented by whole stars in this case.

(Liz Goldstein): I was - this is (Liz Goldstein). I was just going to add for home health (CAHPS), it's similar that it's one to five stars and there are no half stars for home health (CAHPS). So, it's similar for that.

(Bonnie Westover): We actually have a publicly reported half star now. Okay. Okay. So, you're feeling like the representation of the hospice is adequately presented with a whole star and that the half stars didn't really add much value? Would that be correct?

(Marc Elliott): That would be correct.

(Bonnie Westover): Okay. Cool. And then quickly, my second question is you mentioned mode experiments in (CAHPS) hospice. And I'm not familiar with that. Could you elucidate?

Lauren Fuentes: Hi. This is Lauren Fuentes. Sure. I can talk a little bit about the mode experiment. So, the experiment is we started in June 2021 and it's running through December 2021. We are testing a Web-based version of the survey as well as a revised survey. So, we'll provide, you know, more information on the results of that test as we have it.

(Bonnie Westover): Wonderful. Thanks.

Lauren Fuentes: You're welcome.

Jill Darling: (Denise), we'll take one more question, please.

Woman: Oh.

Coordinator: All right.

Lori Teichman: I just wanted to say one thing. The half stars are available on Care Compare. But for the Oasis home health measures, not for the (CAHPS) survey measures. And that's because the methodology is different for the Oasis measures, because the quality measures themselves, are very different than survey measures. The clinical measures are very different than the survey measures. So, the - we - there are - we have a different methodology and there are half stars for that methodology.

Woman: That's helpful. Thanks.

Jill Darling: And (Denise), we'll take our last question, please.

Coordinator: Certainly. And that comes from (Meryl Sailor). Your line is open.

(Meryl Sailor): Thank you. This is just a follow up to the technical information that you directed me to as far as that table is concerned. I wanted to make sure I understand, so when I look at my state and US, so if we use communication as an example, if the average top box in North Carolina was 84 does that suggest that if my average is an 84 above I would be considered probable for getting a point for that, towards the star?

(Rebecca Anhang-Price): So, this is (Rebecca). So, I think what you were inquiring about before was that cut points that are used to determine whether hospice is in

each of the star categories for each measure. And those are available in the technical notes that are on the survey Web site and they're presented as table 2 of the technical notes. And that's distinct from a separate document that describes how many hospices in each state and across the United States, have received each six star category.

(Marc Elliott): This is (Marc) from (RAND). I might add one more thing. You had mentioned North Carolina in particular, and I also wanted to add that the benchmarks that (Rebecca) described, are set at a national level and don't differ by the location of a hospice organization.

(Meryl Sailor): So, I - thank you. So, I'm just trying to get clear. So, for each of those domains, I guess it's saying here that in an example, if you received a - we would - I suspect the top box numbers are going to vary for different domains. So, I'm looking to understand if a top box, if you have a top box of 77, for example, in communications, is there a way to ascertain if that's three star, four star, five star? I haven't had the opportunity to study this. I'm just looking to understand if I can make sense of our current performance based on these tables.

Rebecca Anhang-Price: Sure thing. You should be able to compare the score for your hospice for a given composite measure, for example, to that table 2 in the technical notes. And see where your score falls within each of the star categories presented for a given measure. So, an example given a 77 on top box score for communication with family, is within the range of two stars, which range from between 73 to less than 79.

(Meryl Sailor): Okay. That sounds great. I'll study that table. I appreciate it.

Jill Darling: All right. Well, thank you, everyone, for joining us today. This is Jill Darling. If you do have any further questions, please feel free to send them into the Home Health Hospice DME ODF email, which is always listed on the agenda. We look forward to talking to you next time. So, everyone, have a great day. Thank you.

Coordinator: Thank you. That does conclude the conference. Thank you for - and you may disconnect. Speakers stand by for your post-conference.

END