

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

Moderator: Jill Darling

December 7, 2022

2:00 p.m. ET

Coordinator: Thank you for standing by. All participants will be in a listen-only mode until the question-and-answer session. During that time, if you'd like to ask a question, please press Star 1. I'd like to inform all parties that today's call will be recorded. If you have any objections, you may disconnect at this time. I'd now like to turn the call over to your host, Miss Jill Darling. You may begin whenever you're ready.

Jill Darling: Thank you, (Becca), and good morning, and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communication, and welcome to today's Home Health, Hospice & DME Open Door Forum. As always, we appreciate your patience.

It's tough when we have lots of people dialing in at the exact same time and recording all your information. So, it takes some time to get everybody in. So, again, thank you. Before we get into today's agenda, I have one brief announcement. This open door form is open to everyone, but if you are a member of the press, you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you do have any inquiries, please contact CMS at [press@CMS.hhs.gov](mailto:press@CMS.hhs.gov).

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And to start us off, we will go to Marcie O'Reilly, who has an update on the Expanded Home Health Value-Based Purchasing Model.

Marcie O'Reilly: Thank you, Jill. 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 a few reminders about the expanded Model. CMS designated calendar year 2022 as a pre-implementation year to allow home health agencies time to prepare and learn about the expanded HHVBP Model.

The pre-implementation year will end on December 31st. The first performance year for the expanded Model begins January 1, 2023, just a few weeks away. CMS will use quality measure data from calendar year 2023 to assess each home health agency's performance for the calendar year 2025 payment year.

We have developed many resources to assist home health agencies with understanding the expanded Model. In addition to the Expanded HHVBP Model Guide, frequently asked questions, and monthly newsletters, resources, including webinars and podcasts for quality measures, quality improvement, available reports, and the total performance score and payment adjustment methodology, are available on the expanded HHVBP Model webpage.

The URL for this webpage is included in the agenda within the calendar appointment for today's ODF, or you can simply Google expanded HHVBP Model, and it will be at the top of the list in the search results. In addition, in November, we provided each HHA the first of three pre-implementation performance reports, also known as a PIPR.

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This report provides each HHA with their specific performance data for the quality measure set used in the expanded Model, with comparison to the HHAs nationally within their peer cohort. This report also provides preliminary achievement thresholds and benchmarks for each measure. The report uses the most current data available. Additional PIPRs are planned for January and April.

And we ask you that if you please submit questions about policies and resources for the expanded model to our help desk at [HHVBPquestions@lewin.com](mailto:HHVBPquestions@lewin.com). This email address is also listed within today's agenda.

And if you're not receiving emails from CMS about the expanded HHVBP model, please go through our website and join our Listserv.

Thank you. I will now hand it over to Wil Gehne.

Wil Gehne: Thanks, Marcie. On November 2nd, Medicare issued change request 12805 new codes to report home health services furnished by telehealth. This instruction creates three new HCPCS codes for use on home health claims.

See the instructions for the full definitions, but in short, they are, G0320 for home health telemedicine services rendered via audio and video, G0321 for such services rendered via audio only, and G0322 for remote patient monitoring.

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HHAs may begin to report these codes on a voluntary basis, beginning with periods of care that start on January 1st, 2023. Reporting these codes will be required when applicable beginning with periods of care that start on July 1st, 2023. It's important to note that the billing instructions vary between the codes.

Each telemedicine service reported with G0320 or G0321, should be reported as a separately dated line item. Since these codes are not defined in 15-minute increments, like other home health G codes, the units will be one, representing a single service. Remote monitoring services reported with G0322 may be reported as a single line item that represents monitoring that spans a number of days.

So, a period of remote monitoring beginning on January 1st and lasting 10 days, should be reported as a single line item as the service date and 10 units. Each home health G code should be reported with a revenue code that represents the discipline providing the service.

For instance, if a skilled nurse is providing the service, report revenue code 55X. In the case of remote monitoring where more than one home health discipline is using the monitoring information, HHAs have the discretion to report the revenue code for any discipline that is using that information.

Finally, a quick reminder about existing billing instructions. Back in 2021, Medicare administrative contractors turned off edit 31755. This allows the line-item date on the revenue code 0023 line, and the first visit date on a

claim, to be different. This was a temporary process for dates of service in 2021 only. For current claims, these claim dates should match.

While edit 31755 remained off this year to allow for processing of 2021 claims that are still timely, MACs have been instructed to reactivate the edit in January 2023, and claims for billing periods in 2022 and later where these dates do not match will be returned to the provider. That's it for me. I'll turn it over to (Lori Luria).

(Lori): Thank you so much, Wil, and hello to everyone. I have some bullet points that you might have heard last month, and a couple are new. Annual training for the Home Health CAHPS survey is in January 2023, next month. Training slides for the self-paced introductory training will be posted on the Home Health CAHPS survey website on January 23, 2023.

Registrants for the introductory training who want to become approved Home Health CAHPS survey vendors, will receive an email with a link to an online evaluation certification to be completed between February 1st and February 15th, following the training. And I just want to add something, that it's really mandatory that you complete that evaluation certification if you would like to become a Home Health CAHPS survey vendor.

All current Home Health CAHPS survey vendors must attend an update training webinar on Tuesday, January 23<sup>rd</sup>, I'm sorry. It's January 31st, 2023, from 12 noon to 1:30 p.m. Again, the update training is on the last day of January, January 31st from 12:00 p.m. to 1:30 p.m. Eastern Time. It's a very short update training.

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Registration for both of these trainings, the new introductory and the update training, started last week on December 1st, and we had a lot of registration already. So, that's been great. We will post the Home Health CAHPS coordination team newsletter on January 3rd, 2023.

We always try to post it the first day of the month, but of course, that's on a weekend and a holiday. So, we're going to post it on January 3rd. And this is a quarterly newsletter that we have in the months of January, April, July, and October.

And we'd like to remind vendors that the next data submission deadlines for Home Health CAHPS survey data is January 19th, 2023, and that is for the data collected in the period of July through September 2022.

Home Health CAHPS - excuse me, home health agencies should also be very cognizant of the data submission reports. This is a great time to check data submission reports right now for December. And again, check them in January because data submission is in January, and you could do this easily in the "For HHAs" portal that's on the Home Health CAHPS website.

We would like to ask that agencies do this once a month, but particularly now is a great time if you do it now in December and in January to make sure that your vendor is submitting your survey data on time. We actually recommend prior to the data submission deadline, which is January 19th.

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And all the data submission deadlines are on the third Thursday in the months of January, April, July, and October. So, if you can't remember well in 2024, when is data submission? It's always going to be on the third Thursday in the months of January, April, July, and October.

All home health agencies with fewer than 60 patients from April 2021 through March 2022, should complete or should have completed the Calendar Year 2024 Home Health CAHPS Survey Participation Exemption Request form.

And this is because right now, we're in the period of data collection for the Calendar Year 2024 Annual Payment Update. So, if you believe, and you know for sure, but you really should check to count your patients from April 2021 through March 2022.

And if you had less than 60 patients, you were most likely eligible for an exemption, but we still ask that you complete the Participation Exemption Request form that's on the Home Health CAHPS website, and it's going to be there until the end of March.

All home health agencies that had 60 or more patients from April 2021 through March 2022, should be participating now in data collection for the Calendar Year 2024 Annual Payment Update.

And if for any reason this happens - this happens actually often where the home health agencies participate in the Home Health CAHPS survey and then their census drops, or they're seeing that all of the months kind of have a low census, and they approach their vendors, should I quit Home Health CAHPS?

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No, you should not, because the thing that determines whether you should participate in the CAHPS survey for the annual period is whether or not you had 60 or more patients in the previous year. So, if you had 60 or more patients in the previous year, you must participate in the current year.

All Home Health CAHPS - I'm sorry. The other issue I was going to add for that is that if you don't - if you are an agency, and you speak to your vendors about this issue, and you're not quite sure that the communication is getting across to them in the right way, please call the Home Health CAHPS technical line, technical assistance line.

And I really like to call it the Home Health CAHPS coordination team, because they will answer any of your questions about Home Health CAHPS. And the telephone number is (866) 354-0985. And if you want to send an email, you could just send it to [HHCAHPS@rti.org](mailto:HHCAHPS@rti.org).

That is really your best source for any questions, if you have a question, should I stop the survey? Should I continue it? Am I exempt? All those types of questions, if you want to switch a vendor, you should be contacting RTI.

All of those issues, you're best off just contacting the RTI coordination team, and they will correctly answer your questions. Okay. Thank you so much.

And Jill, I've got to hand it back to you. Thank you so much.

Jill Darling: Great. Thank you, (Lori).

(Lori): You're welcome.

Jill Darling: Next, we have - thanks. Next, we have Jermama Keys.

Jermama Keys: Good afternoon, everyone. Today, we have several announcements about the Home Health Quality Reporting Program. First, we are pleased to announce that the PRA package related to OASIS-E has been approved, with an expiration date of November 30th, 2025.

The final OASIS-E user manual and instrument have been posted on the CMS website, and the final OASIS-E manual is available for download on the OASIS user manuals page. Final OASIS-E instrument is available on the OASIS datasets page. Please note that the effective date for OASIS-E is January 1, 2023.

The version of OASIS that should be collected will be based on the M0090 date assessment completed item. This date is the last date that information is used to complete the comprehensive assessment and determine OASIS coding was gathered by the assessment clinician and documentation of the specific responses was completed.

With the transition to OASIS-E, there's no need for the use of our official M0090 date, and it is not appropriate. All assessments with an M0090 date assessment completed on or before December 31st of 2022, including the last five days of 2022, must be completed with OASIS-E-1.

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All assessments with an M0090 date assessment completed on or after January 1 of 2023, must be completed with OASIS-E. Relative to the annual payment update and reconsideration, as of 11:59 p.m. on 11/16/2022, the calendar year 2023 APU reconsideration period has closed.

CMS will, however, continue to respond to any questions received via the reconsiderations mailbox at [HHAPUreconsideration@CMS.HHS.gov](mailto:HHAPUreconsideration@CMS.HHS.gov). If your reconsideration was submitted and accepted before the deadline, you will receive your final outcome by January 1st, 2023, in your CASPER folders.

Relative to public reporting, the next Care Compare refresh will take place in January 2023. The preview reports related to the 2023 refresh of home health data on Care Compare, were released to providers on October 5th, 2022, and the preview period ended on November the 4th, 2022.

Next, we will have updates for the hospice QRP community today. First, we would like to share some public reporting updates. The next Care Compare refresh will take place on February of 2023. The provider preview reports for the February refresh were issued on November 9th, 2022, and are available in CASPER.

Providers have 30 days to review their quality measure results in CASPER prior to the February 2023 refresh. Although the actual preview period is 30 days, the reports will continue to be available for another 30 days, for a total of 60 days. CMS encourages providers to download and save their hospice provider preview reports for future reference, as they will no longer be available in CASPER after the 60-day period.

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I would next like to turn it over to Thomas Pryor, to share an update about the special focus program, or SFP.

Thomas Pryor: Hi. Can you hear me okay?

Jermama Keys: You're good, Thomas.

Thomas Pryor: Thank you. Jermama. Again, this is Thomas Pryor. I'm with the Quality, Safety & Oversight Group Survey & Certification Hospice team. And as part of this update I want to provide you is the development of the special focus program, or SFP, as authorized by the Consolidated Corporations Act of 2021.

CMS contracted with Abt Associates to conduct a technical expert panel this fall, and the TEP consists of hospice experts to provide their perspectives and expertise to inform Abt in the development of a special focus program.

The topics discussed with the TEP included the SFP algorithm and methodology to identify for performing hospices, special focus program, or SFP survey frequency, utilization of technical assistance, graduation criteria, termination criteria, and public reporting of the SFP.

The TEP is being followed by stakeholder listening sessions to provide an update on the topics discussed with the TEP. The listening sessions include hospice survey or federal experts, accrediting organizations, consumer and caregiver advocates, and hospice industry groups.

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So, tomorrow we have an accrediting organization small group session - listening session tomorrow, and then the industry listening session, is December 13th, 3:00 p.m. CMS would like to thank those who are participating in providing feedback and perspectives.

Additional, information regarding the SFP is expected in future rulemaking. We also expect to summarize the technical expert panel and listening sessions in a report that will be made publicly available in 2023.

And while at this time I'm not at liberty to answer specific questions related to the TEP, or provide details of the development of the SFP, I just want to share that we have a QSOG resource mailbox if there are any other comments that may be provided. And that's [QSOG\\_HOSPICE@CMS.hhs.gov](mailto:QSOG_HOSPICE@CMS.hhs.gov). And that will conclude my update, and will turn it back to you, Jemima.

Jemima Keys: Thanks, Thomas. Next, we would like to share a brief update about HOPE. In March of 2023, CMS will be holding an HQRP forum that will provide updates regarding HOPE testing. Please look for additional information about this forum, including registration details on the HQRP website in early 2023.

Finally, we would like to share some additional updates related to the HQRP. We want to remind everyone that as of fiscal year 2024, which uses calendar year 2022 data, hospices may be subject to a 4% payment reduction in their annual payment update if they fail to comply with HQRP requirements.

The quarter 4 2022 HQRP quarterly update will be published on the requirement and best practice page of the HQRP website in January of 2023.

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Please note, after January of 2023, the HQRP will no longer post a quarterly update document.

Instead, we encourage providers interested in receiving regular updates to sign up for the quarterly informational emails that will be provided by our contractor, Swingtech. The next email is scheduled to be published on or before December the 30th, 2022.

Providers who would like to receive swing text quarterly emails can add or update their email addresses by sending an email to [QRPhelp@swingtech.com](mailto:QRPhelp@swingtech.com), S-W-I-N-G-T-E-C-H.com. Please visit the HQRP requirements and best practices webpage for more information on how to sign up for these emails and to download previous quarterly Swingtech emails. That concludes my updates for home health and hospice.

Jill Darling: Thank you, Jemima. And next, we have Diana Motsiopoulos, who will talk on the elimination of Certificates of Medical Necessity, CMN, and Durable Medical Equipment Forms Information Forms.

Diana Motsiopoulos: Hi. Good afternoon, everyone. As Jill said, this is Diana Motsiopoulos. I'm here today to remind everyone that the elimination of Certificates of Medical Necessity, CMNs, and Durable Medical Equipment Forms Information Forms, DIFs, will take effect for claims with dates of service on and after January the 1st, 2023.

This was announced on May the 20th, 2022, with the release of CR 12734, which updated the CMS internet-only manuals related to CMNs and DIFs. In

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addition, CMS issued a special edition MLN matters article titled, CMS discontinuing the use of the Certificates of Medical Necessity and Durable Medical Equipment Forms Information Forms, which was attached to today's agenda, and can also be found on the [cms.gov](https://www.cms.gov) website by searching for SE 2202.

Claims with dates of service on or after January the 1st, 2023, can no longer submit CMNs or DIFs. Due to electronic filing requirements, claims received with these forms attached will be rejected and returned to the provider or supplier. For claims with dates of service prior to January 1st, 2023, processes will not change.

And if the CMN or DIF is required, it will still be needed to submit with a claim, or must be on file with a previous claim. CMS, its DME MAC, and CEDI, have been continually educating the public providers, suppliers, billers, and vendors, to change systems and billing processes to avoid rejection of claims that have CMNs or DIFs inappropriately attached to claims after January the 1st, 2023.

If you have any questions about this elimination of the forms, please direct them to the home health hospice DME ODF email box, which is at the bottom of your agenda. Thank you.

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

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Coordinator: At this time, if you'd like to ask a question, please press Star 1. Again, that is Star 1. One moment, please. Our first question comes from Jackie Johnson. Your line is now open.

Jackie Johnson: Hi. I wanted to clarify the statement of the OASIS-E implementation in the recert five-day window. What I understood was that we would use OASIS-E in the recert window prior to January 1st. Thank you.

Jermama Keys: Any assessments completed or on or after January 1 should be completed with OASIS-E, but that's based on the M0090 date assessment completed date.

Coordinator: Okay. Our next question comes from Angie Stepan. Your line is now open.

Angie Stepan: Hi. This question is similar to the one that was just asked. If I do a recertification visit, for example, December 28th, and the episode, the new episode starts January 2nd, I was in the understanding I'll use the OASIS-E, correct, because I'm completing my assessment in December 28th, but the episode of care starts January 2nd.

Jemima Keys: So, your new assessment would start on January 2. And if your new assessment is going to be completed from January 1 or later, then you would use OASIS-E.

Angie Stepan: January 1 or later. But - okay, because the OASIS-E dataset collected from the OASIS-E questions are for episodes starting January 1st. So, even if I see the patient on December 28th, and complete it December 29th, I have to use the OASIS-E-1, and the episode starts January 2nd?

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Jermama Keys: I am going to forward you to the home health mailbox, just so that I'm not - so that we're both clear in reference to what your question is.

Angie Stepan: Okay.

Jermama Keys: But it's my understanding that it's based on that M0090 item and when it's actually being completed. And it does change in reference to like the - when you're doing a recert. So, I can understand that.

But your question specifically in reference to how it works with recertification, please do me a favor and forward that question to the home health quality questions mailbox, and that's going to be [homehealthqualityquestions@CMS.HHS.gov](mailto:homehealthqualityquestions@CMS.HHS.gov). Please be sure to include the specific date and timing so that we can better answer your question.

Angie Stepan: Can you repeat that site again? Home health quality questions?

Jermama Keys: At CMS dot HHS dot gov, and it's home health quality questions, all spelled out.

Angie Stepan: All spelled out. Got it. Thank you.

Jermama Keys: No problem.

Coordinator: Our next question comes from (Lisa). Your line is not open.

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(Lisa): Okay. My question is about hospice and the focus program. I missed what the gentleman said that they're going to focus on as far as the hospice's performance.

Thomas Pryor: Hi, (Lisa), this is Thomas. Can you clarify your question? You were asking about ...

(Lisa): Well, I know - I think you said the technical performance, and are there certain things you're going to be looking at?

Thomas Pryor: So, essentially, the topics discussed with the technical expert panel, again, included the special focus program algorithm and methodology to identify poor-performing hospices, the special focus program survey frequency, technical assistance graduation criteria, termination criteria, and public reporting of the special focus program.

(Lisa): Okay. All right. Thank you.

Thomas Pryor: And that information will be used in future rulemaking in the development of the program.

(Lisa): Okay. And can somebody tell me where I can get the agenda for this call?

Jill Darling: Hi, this is Jill Darling. Have you - did you sign up for the Open Door Forum agenda by chance, or did someone forward it to you?

(Lisa): It was forwarded by my supervisor.

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Jill Darling: Okay. If he has the actual agenda where to sign up to receive agendas for all of our Open Door Forums, it's listed on the agenda at the very bottom. Or you could just Google CMS Open Door Forums, and you'll find where to sign up to receive information.

(Lisa): All right. Thank you.

Jill Darling: You're welcome.

Coordinator: Next question comes from Stephan Hall. Your line is now open.

Stephan Hall: Yes. Thank you. My question is about transmittal 11427 on the elimination of mandatory submission of Certificates of Medical Necessity. The guidance states, or the document states that instead of submitting the certificate, carriers will now determine medical necessity based on electronic medical records.

Can you please explain how MACs will access or contractors will access these electronic medical records and whether or not suppliers will be required to submit them?

Diana Motsiopoulos: Hi, good afternoon. I am going to ask you to please submit that question to the home health hospice ODF mailbox at [HOMEHEALTH\\_HOSPICE\\_DMEODF-L@cms.hhs.gov](mailto:HOMEHEALTH_HOSPICE_DMEODF-L@cms.hhs.gov), and we will respond to your email.

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Stephan Hall: Okay. There are other questions related to this, which I'm happy to submit in writing, but at present to the suppliers in the space, I'll just share with you that it's completely unclear transactionally on how this will work and whether this will lead to a jump in RAC audits, where the contractors try to understand whether there's medical necessity for each patient.

We also saw the MLN Connect newsletter, which only seems to restate the language from the transmittal. There's no better clarification that's coming from the newsletter. So, there is a concern that being one month away, that there will be significant confusion in the marketplace about how to manage these claims.

Diana Motsiopoulos: And that is totally understandable, and I don't have anybody from medical review on this call right now. So, if you would be kind enough to forward those to that email box, we will ...

Stephan Hall: I'm happy to do so.

Diana Motsiopoulos: ... send those concerns to the medical review. So, thank you.

Stephan Hall: Happy to - and just one last question. Do you think there might be opportunity for dialogue by phone with those individuals once we send questions?

Diana Motsiopoulos: I can't promise that, but I will certainly bring that up when we get your email concerns.

Stephan Hall: Thank you so much.

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Diana Motsiopoulos: Please make sure you include that with your email that you would like dialogue, if possible, and I will ...

Stephan Hall: Will do.

Diana Motsiopoulos: Thank you. I'm sorry we can't respond to that.

Stephan Hall: Thank you.

Coordinator: Next question comes from (Jennifer) (unintelligible). Your line is now open. (Jennifer), your line is now open. Please check your mute button.

(Jennifer): Okay. Sorry about that. My questions are similar to the first questions regarding the research. I thought that someone had stated in this webinar that if you do a recert in the last five days of December, you use OASIS-E, but I thought it was based on the M0090 date. So, say you did a recert on 11 - sorry, 12/28, and the new episode started 12/31, I believe you would still use OASIS-D, correct?

Jermama Keys: Thank you for the additional question, and I'm not going to give you my specific understanding, but what I would like you to do is forward your specific questions to the home health quality questions, mailbox.

(Jennifer): Okay.

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Jermama Keys: And it may be something that needs to be more specifically explained, but if we get those questions, then we'll have a better idea of how to handle those next steps.

(Jennifer): Okay. And then the other thing I want to know is, could you either repeat the site we need to sign up for to get HOPE data for hospice? Or is that something that will be in this webinar? I didn't get all that information written down.

Jermama Keys: So, it's in reference to HOPE that ...

(Jennifer): I thought you - I thought someone said that it will no longer - the compliance, the hospice compliance will no longer be available quarterly, and that there's a new site we need to sign up for - or a new email listing that we need to sign up for to get - see, you know, how our compliance is - how we're able to check our level of compliance with the hospice reporting.

Jermama Keys: Okay. So, I think that might have been the last ODF where I specifically talked about the compliance document that would no longer be posted, but that inquiry could be sent to QRP help, H-E-L-P at Swingtech.com

(Jennifer): Swingtech. Okay. All right. Thanks a lot.

Jermama Keys: No problem.

Coordinator: Our next question comes from Dale Wells. Your line is now open.

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Dale Wells: Yes. So, we moved our agency a while ago and have made the appropriate changes in PECOS, but you guys can't seem to figure how to get it correct in Home Health Compare or PIPR reports. And every time I send an email, it points me back to the State. And every time I talk to the State, they point me back to you. So, who's responsible for updating those actual addresses? Thank you.

Jermama Keys: Mr. Wells, this is for home health?

Dale Wells: Yes.

Jermama Keys: Okay. And the email that you're referring to, the email that you're sending it to, is it the iQIES email?

Dale Wells: Yes.

Jermama Keys: Okay.

Marcie O'Reilly: I would say also, if you're not getting your PIPER report, please send it to the HHVBP questions email box too, and then we can look into it, but just make sure you include your CCN, because that's what we look - you know, that's the defining data that we distribute things by.

Dale Wells: I guess I'm not sure that answers my question. Who's responsible? Is it the State? Is it you? Is it who?

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Jermama Keys: CMS normally puts that information, and I hate to refer you back to the iQIES mailbox address, but I'll focus on making sure that we can get you some resolution on the other end as well. If you could forward your issue and your questions to both mailboxes, the iQIES mailbox, and the home health quality questions mailbox, in reference to the way that your information looks on Care Compare.

Dale Wells: Okay. Thank you.

Jermama Keys: You're welcome.

Coordinator: Next question comes from (Harold Willy). Your line is now open.

(Harold Willy): I'm sorry. My question was similar on the Medicare CMN as to the other gentleman's, but could you give that email address again for questions? I couldn't quite write it down fast enough.

Jermama Keys: No problem. It's going to be the home health quality helpdesk at home, H-O-M-E, health.

Diana Motsiopoulos: I'm sorry. I think they want the CMN, that was related to CMN, not yours.  
Is that correct?

(Harold Willy): I want the CMN, yes.

Diana Motsiopoulos: Okay. Thanks. I'm sorry to interrupt you.

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Jermama Keys: I'm sorry.

Diana Motsiopoulos: No worries. It is on the bottom of your agenda, but it is home health,  
[HOMEHEALTH\\_HOSPICE\\_DMEODF-L@cms.hhs.gov](mailto:HOMEHEALTH_HOSPICE_DMEODF-L@cms.hhs.gov).

(Harold Willy): Okay. When you said DME OD, is that F as in Frank after the D?

Diana Motsiopoulos: Yes. Open Door Forum, ODF.

(Harold Willy): Okay. Perfect. Okay. Thank you so much.

Diana Motsiopoulos: No worries. Thank you.

Coordinator: As a reminder, if you'd like to ask a question, please press Star 1. Our next question comes from (Rosie) (unintelligible). Your line is now open.

(Rosie): Thank you. I apologize as I needed just a clarifying question about the elimination of the CMN, the letters. I didn't know if I heard this correctly, that if you do submit a claim in January 1st of 2023, that they would reject a claim if a LMN was being submitted. Did I understand that correctly?

Diana Motsiopoulos: So, yes, if your claim is for a date of service on or after January the 1st, they can no longer have a CMN or a DIF attached to them. Those will be rejected and returned. If the date of service is prior to January 1st, the process is the same as it is today. Attach the CMN or the DIF, or if there is one on file with a previous claim related to the one that you're submitting.

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(Rosie): Thank you. Would that include also like clinical trials that usually require an LMN if you're submitting a claim, or is that different?

Diana Motsiopoulos: I think that's different. This is for CMNs, non-LMNs.

(Rosie): Okay. Thank you very much. Thank you for clarifying.

Diana Motsiopoulos: You're welcome.

Coordinator: Next question comes from Katie Barnett. Your line is now open.

Katie Barnett: Hi. My question is for Thomas. You mentioned that the special focus program will be talking with stakeholders, and I didn't catch all of the stakeholder groups that you're meeting with additionally. Could you restate the email address that folks can email for additional information on the SFP process?

Thomas Pryor: Thanks, Katie. The listening sessions include hospital federal experts accrediting organizations, which is meeting tomorrow, consumer and caregiver advocates, which is meeting today, and hospice industry groups, which is meeting next December 13th at three o'clock.

They will provide an overview of the topics discussed with the TEP that I mentioned earlier in my remarks. The email address resource mailbox is [QSOG\\_HOSPICE@CMS.hhs.gov](mailto:QSOG_HOSPICE@CMS.hhs.gov).

Katie Barnett: Thank you, Thomas.

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Thomas Pryor: Does that help clarify? Sure.

Coordinator: Our next question comes from Sherry Whelan. Your line is now open.

Sherry Whelan: Hi, good afternoon. This is more of a statement than a question. I'm a little frustrated that we're making some policy updates by email less than 30 days from the implementation date. I think we really need to have these questions about the new 90 date and what items need to be completed for those assessments that are going into that new year.

This is kind of frustrating from a software development, that we have a short period of time in order to make any kind of corrections, if CMS makes any changes to that. I also have one that I'm going to send into the email. I don't - it's kind of complicated, so I'm going to send it into the email, but it's based on the Errata that we just got, again, 25 days prior to the implementation date.

So, I really want to encourage CMS to pay attention to the emails that are coming through and make sure that the answers are being put out there publicly as soon as possible. I appreciate your time. Thank you.

Jermama Keys: Thank you for your comment, Sherry.

Coordinator: Our next question comes from Christi Kelly. Your line is now open.

Christi Kelly: Yes, for the OASIS scrubbers who are scrubbing OASIS assessments, especially start of CARES, say around the 29th, 30th, or 31st, they might not actually get to scrub them until the first, second or even third day into January.

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And they've always been changing the M0090 date to reflect that updated date, where they're making corrections in coordination with the field staff. So, I'm assuming OASIS-D-1 would still be used, even though they're changing M0090 date to reflect the 2023 date. Am I correct?

Jermama Keys: Hi, Christi. If you could also draft that specific question to the home health quality questions mailbox. I don't want to get into the specifics with changing the date of the assessment.

Christi Kelly: Thank you.

Coordinator: And there are currently no further questions at this time.

Jill Darling: All right. Well, great. Thanks, everyone, for listening, for your questions, for your comments. We always appreciate you calling in and listening in. So, again, for those, the email for the Open Door Forum is located on the agenda towards the bottom.

And please send any questions in. It's [HomeHealth\\_Hospice\\_DMEODF-L@cms.hhs.gov](mailto:HomeHealth_Hospice_DMEODF-L@cms.hhs.gov). And everyone, we will talk with you next year. Have a wonderful holiday, everybody.

Coordinator: Thank you, everyone, for your participation. That concludes today's call. You may disconnect at this time.

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