

Moderator: Jill Darling
January 8, 2020
2:00 pm ET

Coordinator: Welcome and thank you for standing by. All participants are in listen-only until the question and answer session of today's conference. To ask a question press star 1 on your touchtone phone, record your name and I will introduce you.

This call is being recorded. If you have any objections, you may disconnect at this time.

I would like to now turn the call over to Jill Darling. Ma'am, you may begin.

Jill Darling: Thank you (Jennifer). Happy New Year everyone. Good morning and good afternoon. Welcome to our first Home Health, Hospice & DME Open Door Forum of 2020.

We have a pretty lengthy agenda today so I will try to be short and sweet with my brief announcements.

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 have any inquiries please contact CMS at press@cms.hhs.gov.

And we'll dive right in. First off we have Sibel Ozcelik who will talk about the Hospice Benefit component of the Value-Based Insurance Design Model.

Sibel Ozcelik: Thank you Jill. This is Sibel Ozcelik from the CMS Innovation Center. We are excited to let you know that the CMS Innovation Center recently announced a new component to its Value-Based Insurance Design Model or VBID model where we will be offering Medicare Advantage organizations the opportunity to incorporate their current Medicare Hospice Benefit into their covered benefit beginning January 1, 2021.

We view this as a next step in CMS's multi-pronged strategy to improve care for beneficiaries with serious illness by leveraging the valuable and critical work that hospice and palliative care providers do every day for beneficiaries.

We will be testing the impact of this carving on cost and quality outcomes for beneficiaries by fostering partnerships between hospice providers and Medicare Advantage organizations to deliver care for Medicare beneficiaries through VBID model. Our main goal is to create a seamless continuum of care for beneficiaries enrolled in the Medicare Advantage Program.

It should be noted that Medicare Advantage organizations participating in the model component must offer enrollees who like hospice the full Medicare Hospice benefits.

Participating organizations are also able to offer additional palliative care services, upstream of hospice eligibility or election, transitional concurrent care services and hospice specific supplemental benefits to improve the quality of life for beneficiaries as well as the quality of care that they receive.

The model is also voluntary and only some MA plans and some areas will apply to CMS to participate.

For additional information on the model design details please visit the model's Web site where the request for applications is located.

We will also be posting registration details for an upcoming model overview webinar in the next few weeks.

Thus far we've received significant interest and we look forward to working with interest at hospice in Medicare Advantage organizations.

Back over to you Jill.

Jill Darling: Great. Thank you Sibel. Next we have Debra Dean-Whittaker who has a Hospice CAHPS announcement.

Debra Dean-Whittaker: Hello everyone. The 2020 data collection year for the CAHPS Hospice Survey started on January 1. If you were planning to participate in the CAHPS Hospice Survey you and the vendor need to be participating now. Please contact our Technical Assistance team if you have questions or problems for links on any agenda. Contact us sooner rather than later.

The 2020 data collection year will impact to FY2022 annual payment update.

The next data submission deadline for CAHPS Survey data is February 12. Your vendor will submit data on your behalf. Please make sure to check your data status in the data warehouse.

Now, let's talk briefly about the CAHPS Hospice Survey site extension. Please keep this in mind, the CAHPS site extension applies only to reporting CAHPS Survey results. It is unrelated to HIS and it has no impact on your HIS reporting obligation.

The CAHPS Hospice Survey site extension form for 2020 is now posted on the CAHPS Hospice Survey Web site. Look for the participation extension for sites option on the left hand menu.

The CAHPS site extension is good for one year only. So if you filled out the form last year and you still qualify join up and submit it again.

If you are not sure if you qualify we recommend filling out and submitting the form.

The deadline for submitting the form is December 31, 2020. Quite a wait away but we do advise you not to wait to the last minute.

And finally we would like to remind everyone the CAHPS Hospice Survey Technical Assistance email is hospicecahpssurvey@hsag.com as found in the agenda.

And I'm finished now. I believe now I would turn this over to Joan Proctor.

Joan Proctor: Good afternoon. We have several updates for the hospice community today including some updates on public reporting and compliance requirements for the Hospice Quality Reporting Program. And some information on recent activities pertaining to the development of a new hospice assessment instrument also known as the Hospice Outcomes and Patient Evaluation Tool or HOPE.

We also have a reminder on the upcoming hospice quarterly reporting - quarterly update and information on the recent Measures Application Partnership also called the MAP meeting.

And finally we have information to share on public reporting.

We would like to start with a reminder about then hospice quality reporting timeliness compliance threshold for the determination of the annual payment update.

Since fiscal year 2020 at least 90% of all required hospice items as records must be submitted and accepted within the 30-day submission deadline.

Quarterly hospice Consumer Assessment of Healthcare Providers and Systems or CAHPS data must be submitted and accepted by the quarterly deadlines by CMS approved third party vendor.

For more information, please see the hospice quality reporting program requirement for the fiscal year '20 reporting year in the download section of the Hospice Quality Reporting Program Requirements and Best Practices page.

Also an important reminder on how CMS defined the calendar year and fiscal year. The calendar year which is January 1 through December 31 is when hospices must submit and have accepted that their recent CAHPS Hospice Survey data.

The fiscal year which October 1 through September 30 is when (unintelligible) impacted and when hospices are subject to a 2% reduction in their APU for failure to meet requirements for HIS and or CAHPS Hospice Survey.

For example, the next calendar year of data for both HIS and CAHPS begins January 1, 2020 and ends December 31 of 2020. Starting in January of 2021 CMS will start compliance determinations for that time period which will then impact the fiscal year 2022 APU which begins October 1, 2021.

There is a hospice QRP, Quality Reporting Program, train in November that included tips on meeting compliance. If you missed it or you would like to review it again it is available on the Hospice Quality Reporting Web site Training and Education Library.

We would now like to share an update on recent activities related to HOPE. In September act associates under contract with CMS posted materials for 30-day nomination period to recruit a technical expert (unintelligible) to support Hospice Quality Reporting Program quality measure development efforts.

For more details about the test please visit the Hospice Quality Reporting Program Web site. I have held the first in person CAHP this past November which included 11 participants representing a wide range of hospice stakeholders including providers, caregivers and quality improvement experts.

The goal of the test is to provide input on the HOPE assessment instrument and corresponding quality measures for hospice care.

A report documenting the proceedings of this meeting will be available on the Hospice Quality Reporting Program Web site in the next few months.

Related to quality measures we would also like to share an update about a new claims-based measure that was submitted the Measure Application Partnership or the MAP hosted by the National Quality Forum.

The new claims-based measures call the hospice visits in the last days of life and is about the hospice quality's first claims-based measure to be recommended for public reporting by the MAP.

Information about the MAP determination and discussion on the measure will be available later this month in the MAP LTPAC workgroup summary.

If you are interested, please look for it on the NQF Web site that can be accessed from the Hospice Quality Reporting Program Web site.

In December CMS hosted the Hospice Quality Reporting Forum formerly done as the Special Open Door Forum or (SODF).

During this webinar CMS provided an update on HOPE development including findings from our focus groups and EHR vendor listening sessions.

To view these slides please see the download sections of the HOPE page on our Hospice Quality Reporting Program Web site. This ends our latest announcement from both - I think I have one more - I'm sorry. I have two more other updates to provide for you.

Another important update to share is that we are moving forward with the first phase of testing our HOPE tool. A recruitment announcement for field testing also called an Alpha test is posted on our Web page. That associate is currently recruiting hospice providers to participate in the field test.

If you are interested in participating you have until February 21 to submit an application.

For more details, including eligibility criteria please go to the Hospice Quality Reporting Program Web site spotlight and announcement or provider engagement opportunity sections.

And if you are interested once the field test sites have been selected they will also be shared in the provider engagement opportunity page of the Hospice Quality Reporting Program Web site.

Next we would like to share an update on our Hospice Quality Reporting Program quarterly newsletter. The hospice quarterly update for the fourth quarter of 2019 will be available later this month. This update includes Hospice Quality Reporting Program highlights from this past quarter which represents October through December of 2019.

Events and engagement opportunities planned for this coming quarter which is January through March of 2020 and selected questions and answers from the hospice quality help desk. This document will be available on the Hospice Quality Reporting Requirements and Best Practices page of the Hospice Quality Reporting Program Web site.

Finally, we would like to remind providers that the preview period related to the February 2020 hospice compare refresh will end next week January 15, 2020.

Thank you, Jill?

Jill Darling: All right. Thanks Joan. All right. Next we have (Will Gehne) who has a status update on the Home Health PDGM implementation.

(Will Gehne): Thanks Jill. As you know the Home Health group or the PDGM is effective for a 30-day period of care beginning on and after January 1, 2020.

Before I give an update on the implementation status I need to make a correction. The initial PDGM change request 11081 was reissued on December 20. CMS's intent in reissuing it was just to make minor revisions to our business requirements to reflect issues we identified and resolved during our pre-implementation testing.

But since the original change request had been issued in February we also revised any manual sections to reflect changes that had been issued since then. But I overlooked also making conformed changes to the background and policy section of the CR so unfortunately the CR was reissued saying the rough percentages were 60 or 50% rather than the 20% that actually applies under the PDGM.

A further correction to CR 11081 should be issued later this week. Draft payments for periods of care beginning January 1 and later will be 20% and I apologize for any confusion this oversight caused over the holidays.

Regarding our implementation next year quarterly system releases are always installed over the first weekend following the start of the quarter. So the PDGM system changes were installed this past weekend of January 4 and went live in (MAC) systems on Monday January 6.

(MAC) typically holds claims for a time during the 14-day payment flow following a quarterly system release to allow for additional validation. This January release is no exception. (MAC)s are currently holding all of the health claims with through dates in 2020 at this time and expect to release them on or before January 14.

Since Medicare laws require that the claims cannot be paid during the 14-day payment period this should result in little or no delay in home health agencies payments.

Typically, this hold does not include reps but since the HIPPS Codes used for home health payments are completely replaced under the PDGM, this year reps with 2020 dates were also held to allow the new HIPPS Codes to be loaded into Medicare systems with the quarterly release.

We notified home health agencies of this hold in the December 5 MLN connect e-newsletter.

Next we are expecting to release 2020 reps in the next few days if they have not already done so. Please note that reps with 2019 dates were not affected by this hold and are processed normally.

Some providers and vendors have reported certain reps with valid HIPPS Codes being rejected in error. Reps are making stuff - I mean, excuse me the (MAC)s are making those corrections now to resolve this and allow the (MAC)s to be resubmitted.

So far our testing has not identified any problems that would require (MAC)s to hold claims longer than expected. But CMS is continuing to monitor the PDGM implementation closely and will notify the industry as soon as possible if there are any changes.

Thanks. Jill?

Jill Darling: Thanks. Next we have Lori Teichman who has the Home Health CAHPS updates.

Lori Teichman: Thank you Jill. Training registration for both the introductory and the update trainings sessions for HH CAHPS for new vendors and currently approved vendors are posted on the Home Health CAHPS Web site that's noted in the agenda today.

The intro training will be a self-directed training -- this is new for this year. And a certification at the end will be given only for new applicant vendors.

The update training for currently approved Home Health CAHPS survey vendors is Friday January 31, 2020 from 12:00 noon to 2:00 pm. It will only be offered at this time, January 31, 2020 12:00 to 2:00 pm. All currently approved Home Health CAHPS survey vendors are required to attend the update training.

Every Home Health agency is responsible for submitting a monthly list of their Home Health patients that are Home Health CAHPS eligible to their respective Home Health CAHPS survey vendor so that sampling and data collection of their agency's patients can occur according to schedule.

If an HHA does not have any patients for the month then the agency must notify their vendor so that the vendor can record that there are no patients for the month for the HHA. If the HHA does not notify their vendor and the vendor in turn does not report to RTI that there were no eligible patients for the month then CMS will assume that the Home Health agency did not participate in HHS CAHPS for that month. All months must be accounted for.

All Home Health agencies need to monitor their data submission reports in the secure portal on the Web site that is labeled for HHAs. This is the best way to find out if your Home Health CAHPS vendor submitted all of your Home Health CAHPS data to the Home Health CAHPS data warehouse.

If your agency is planning to change their Home Health CAHPS vendor, please contact RTI by email to hhcahps@rti.org which is noted on the agenda. We highly recommend that you do this as soon as you intend to sign a contract with another Home Health CAHPS vendor.

You may telephone RTI as well 866-354-0985. Thank you Jill.

Jill Darling: Great. Thanks Lori. We'll kick it back to Joan Proctor who has some updates and announcements from the Home Health Quality Reporting Program. And I do apologize if Joan has some hospice compare updates as well.

Joan Proctor: Actually I have provided the hospice so we are good on that end...

((Crosstalk))

Jill Darling: Thank you.

Joan Proctor: ...as part of that first announcement I made. We have several updates on the Home Health Quality Reporting Program. First we would like to provide an update on measure changes. Per the calendar year 2020 final rule CMS will remove the pain interfering with activity measure from star rating beginning with the April 2020 refresh.

The April 2020-star rating refresh will be based on Home Health agency's ability to report on five of those remaining seven measures.

Second we would like to provide a reminder about the January 2020 refresh. The January 2020 quarterly Home Health compare refresh will be available on January 23 on the Home Health Compare Web site.

Please visit to view the new and updated quality data. Please note as of this refresh CMS is no longer publicly reporting to claims-based measures. Emergency department use with our hospital readmission during the first 30 days of Home Health and rehospitalization during the first 30 days of Home Health.

Next we would like also to remind providers that the January OASIS Quarterly Q&A are scheduled to be posted on January 21. The Web address is listed on our agenda that we published today.

Finally, CMS is contracted with (ASC) associates to develop functional outcome quality measures for the Home Health setting. As part of its measure development process (ASC) is convening groups of stakeholders and experts who contribute direction and thoughtful input to the measure contractor doing measure development and maintenance. After seeking nomination for a functional status quality measure technical expert panel.

The measure developers are seeking individuals with the following areas of expertise and perspectives. Clinical expertise in Home Health, consumer patient family perspective, healthcare disparities, performance measurements with respect to functional status, OASIS based quality measure developments, quality improvements, research methodology including statistical analysis and risk adjustment and finally quality measure public reporting.

The nomination forms and proposed test charter are found on our Web site at www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/mms/technicalexpertpanel.html

If you wish to nominate yourself or other individuals for consideration please complete the form and email it to our home - to hhqmcomment@ascassociates.com by January 17, 2020.

And I think I'm going to turn it over now. I think the next person on our agenda is (Jessica) for an iQIES update.

(Jessica): Hi everyone. My name is (Jessica) (Unintelligible) and I work in GCHQ and Information Systems Group. I have given an update in previous calls on iQIES and I just wanted to provide another update today.

The OASIS submissions portion of the QIES Assessment, Submission and Processing otherwise known as ASAP system is no longer available. As of January 1, 2020 HHA users are required to submit OASIS records to the Internet Quality Improvement and Evaluation System otherwise known as iQIES at iqies@cms.gov.

Failure to obtain access to iQIES will impact an organization's ability to submit assessment data needed for claims matching purposes.

In order to access iQIES users must create an account and establish log in credentials in Healthcare Quality Information System otherwise known as HQIS, Access, Rules and Profile Systems otherwise known as ARPS.

For details on how to create an account in iQIES and for the description of the roles available to your organization please refer to the iQIES on boarding guide which can be accessed at qtso.cms.gov.

If you just need assistance with access iQIES you should consult the designated security official for the organization or contact the iQIES help desk via phone at 800-339-9313 or by email at help@qtso.com.

Today 89% of HHAs have on boarded to iQIES.

I also wanted to provide an iQIES reporting update. The HHA provider and OASIS Quality Improvement reports will be inerrably available to users in iQIES. The following HHA provider reports are now available in iQIES.

That is the OASIS Agency Final Validation Report. The OASIS Submitter Final Validation Report. The OASIS Error Detail Report. The OASIS Error Summary by AEC Report. HHA Discharges and HHA Activity Report.

Also the following OASIS Quality Improvement Report is available and that is HHA review and correct report. Please note that patient level results for this report are available in the Comment Separated Values otherwise known as CSP File Only. The same results will be added to the Portable Documents Formats otherwise known as PDFs versions of the report and their subsequent release.

Three HHA provider reports and all other OASIS Quality Improvement Reports will remain available in the CSP reporting application until the corresponding reports are available in iQIES. Once that occurs the same reports in CSP will no longer be available.

Please note the data in the HHA provider CSP reports are reflective of OASIS submissions to the QIES exert system through December 27, 2019. Data for OASIS submission to iQIES is effective January 1, 2020 and beyond will be reflected in the HHA provider reports in iQIES as the reports become fully available.

Once the HHA provider reports are available on iQIES those reports will reflect the OASIS data submitted to iQIES as well as historical data from OASIS records that were submitted to the QIES ASAP system.

The December 2019 HHA Provider Preview Report for the April 2020 Compare Refresh and the HHA QAO Report will continue to be available in the HHA test for share folder during the 30-day provider preview period.

Lastly we are aware of the issues regarding the display of validation reports in iQIES as well as the limit on number of CCMs that can be associated to a security official role, processing times and role permissions for state users. And we are actively working with our production support teams to resolve these issues.

We will provide communication to the user community as these issues are resolved. Thank you.

Jill Darling: Thank you (Jessica). And lastly we have Jennifer McMullen who has an update on the Review Choice Demonstration for Home Health services.

Jennifer McMullen: Thank you. This is Jennifer McMullen. I'm just going to give a quick update on the Review Choice Demonstration. The selection period for HHAs located in Texas will begin on January 15 and end on February 13.

HHAs should visit the Palmetto GBA provider portal for information and instructions on the selection process.

Through the portal HHAs will be able to view their available choices and make their selection.

HHAs that do not make a selection by February 13 will be automatically placed in choice 2 for statement review.

Following the close to the choice selection period the demonstration will begin in Texas on March 2. Also as a reminder the cycle 2 choice selection period for HHAs located in Illinois will end on January 13. Following the close of the selection period the cycle will begin on January 1.

We will continue to post updated information on our demonstration Web site and questions can be sent to homehealthrcd@cms.hhs.gov. Thank you.

I will now turn it over back to Jill.

Jill Darling: All right. Thanks Jennifer and thank you to all of our speakers today. (Jennifer), our Operator we will go into our Q&A please.

Coordinator: Thank you again. If you would like to ask a question please press star 1 on your touchtone phone, unmute your phone, record your name clearly after the prompt and I will introduce you for your question. Again that's star 1 to ask a question. If you need to withdraw your question you may press star 2. Please standby for incoming questions.

Our first question comes from (Josh Lampkin). Your line is open.

(Josh Lampkin): Thank you very much. My question is, the OASIS submissions and iQIES system, we know that non-PDGM HIPPS Codes are being allowed to be used for Medicare Advantage in similar payers. Are non-PDGM HIPPS Codes being accepted by the iQIES system if they are submitted on the OASIS? Do you want an assessment for a non-PDGM payer and if they are being accepted are they being stored in the system for OASIS and claim validation where the Medicare Advantage payer may want to match insured matching?

(Christine Grose): Hey (Josh). This is (Christine Grose) from CMS. The HIPPS Codes are not required after January 1, 2020 so the iQIES will not be doing validations on those items so they will not be in fact saving them because they are not required. They will be ignoring them -- because as of January 1 we had no authority to collect that data.

(Josh Lampkin): Right. We were just thinking that, you know, Medicare Advantage payers or any similar other payer may be doing something like that on their own outside of, you know the traditional Medicare fee for service.

(Will Gehne): Hey Josh. This is (Will Gehne). To my knowledge we don't have any MA payers that are doing claims OASIS validation at least not in any systematic way.

(Josh Lampkin): Okay.

(Will Gainey): Something similar to what the original Medicare claims do.

(Josh Lampkin): But regardless those values are not being stored.

(Christine Goal): Correct. That is correct.

(Josh Lampkin): Okay. Thank you very much.

Coordinator: Our next question comes from (Tiffany Bullock). Your line is open.

(Tiffany Bullock): Yes. You mentioned that the Web site for the Q&A for OASIS that's coming out January 31 was on the agenda but I didn't see the Web site on the agenda.

Joan Proctor: Hi, this Joan Proctor. Give me - we - if you can send us a question in - the Web site designations are kind of long to read out and I'm not sure it's very clear. Would you like to send me an email?

(Tiffany Bullock): Yes. That would be fun. Where should I send it?

Joan Proctor: Joan.proctor2@cms.hhs.gov and Jill I'll be sure to include you on the response.

(Tiffany Bullock): Okay. You are going to have to say that again. Joan. Proctor...

Joan Proctor: Yes. The number 2 at cms dot hhs dot gov.

(Tiffany Bullock): Okay. Thank you.

Joan Proctor: You're welcome.

Coordinator: Again if you would like to ask a question press star 1 on your touchtone phone, unmute your phone, record your name clearly after the prompt and I will introduce you for your question. That's star 1 to ask a question. If you need to withdraw your question you may press star 2.

Our next question comes from (Lisa Welarry). Your line is open.

(Lisa Welarry): Hi. My question is about the subsequent 30-day wrap. Is the first visit date still required before that subsequent 30-day wrap is sent?

Jill Darling: Hey (Will), are you still on the line?

(Will Gehne): Yes. Yes, it is except in this sort of limited circumstance where there is...

(Lisa Welarry): Where there is no visit, right?

(Will Gehne): ...cases where there is no visit expected during that 30-day period. But yes, the actual visit date for the first visit in the period is a requirement on all of the wraps.

(Lisa Welarry): Okay. Thank you.

Jill Darling: Do we have any more questions?

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

(Lisa Johnson): Yes. Thank you. My question is regarding the QRP Program. Could you please repeat with the January 2020 refresh that the rehospitalization and the first 30 days is no longer going to be reported. Would you please confirm?

Joan Proctor: Yes. I'm confirming. It will no longer be reported in (Unintelligible).

Coordinator: Okay. Our next question comes from (Tracy Jackson). Your line is open.

(Tracy Jackson): Hi. Thank you. I wanted to know when you contact the iQIES either by way of phone or by email is there a certain amount of time for turnaround

response? I called them today and their mailbox is full and I have sent them two emails.

Jill Darling: Anybody?

Tom Kress: Hi. This is Tom Kress from CMS. We recognize that there has been - there is long wait times for responses. The offset was affording the ability to decrease those and hopefully get a response A-S-A-P. We don't necessarily have a service bubble agreement in terms of the predicated time they need to get back to them. But we are aware and we are working on that as diligently as possible.

(Tracy Jackson): Okay. Thank you.

Coordinator: Our next question is from (Gwen) (Unintelligible). Your line is open.

(Gwen): Hi. Thank you. I have a question regarding iQIES and we are having consistent reductions in assessments that have been modified and sent through the new iQIES system where the original assessment was submitted in and accepted through the legacy system. Is this a known issue or is that being worked on and we have not been able to get through iQIES to verify that?

(Christine Grose): Thank you. This is (Chris) from CMS. That is a known issue and they are actively working on that to correct that issue. Thank you.

Coordinator: Our next question is from (David Tesla). Your line is open.

(David Tesla): That's great. I have got a follow up question or the previous person stole my thunder. But what would we do on our end with those records that are having a problem? Should we try to modify them a second time and send them back

through up. We know there is nothing wrong compared to the legacy system.
What would our fix be to get the records accepted?

Tom Kress: This is Tom again. Sorry she stole your thunder. That being said, don't do anything. Resubmitting it will just go and turn another rejection at this point so that's my knowledge. So hold tight with those records until you see some sort of communication coming out with respect to the fix. And as soon as that is available the community at large will be notified that you are now green lighted to submit those modified records.

(David Tesla): And that won't affect our billing - it shouldn't affect our billing. Well, it - I guess we are okay there. Thank you.

Tom Price: Thank you very much.

Coordinator: Again if you would like to ask a question please press star 1 on your touchtone phone, record your name clearly after the prompt and I will introduce you for your question. Again that's star 1 to ask a question. If you need to withdraw your question you may press star 2.

Our next question is from (Liz Well). Your line is open.

(Liz Well): Hi. Thank you. My question is already answered.

Coordinator: Okay. Please stand by for the next question. Our next question comes from (Caroline Dean). Your line is open.

(Caroline Dean): Yes. Hello. Thanks for the opportunity. My question is in regards to iQIES as well. I'm wondering if there is any centralized area that providers or vendors can find to go status on open issues that are reported about iQIES and their

resolution. I know it's on the (MAC)s but then they claim is processing type issue, they typically have a claims processing log. But we are not aware of any area where known iQIES issues can be found with their resolution.

Christine Grose: That's actually a great solution or a great suggestion. We can certainly take that back to the team. That's a very good suggestion. Thank you. But currently one does not exist.

(Caroline Dean): Okay. Thank you.

Coordinator: Our next question comes from (Evelyn Morales). Your line is open.

(Evelyn Morales): Hi. Good afternoon. Thank you. My question/comment is regarding the last gentleman's comment about billing and the iQIE - the ability to not or not being able to submit through iQIES or having the rejections. My understanding is, if we cannot successfully submit an OASIS into iQIES and have it accepted then we cannot submit a bill. So in theory we can't bill. Our bills are being held off.

Tom Kress: Thank you. This is Tom. Thanks for the clarification. I may have misunderstood what he said. Again we are affording the issue on the modification and rejections and we will notify the community at large as soon as there is a solution in place.

Coordinator: Our next question comes from (Lynn) (Unintelligible). Your line is open.

(Lynn): Hi. This is for iQIES question again and it's a two-part one. You said that the previous question that I had was a known issue. Do you have a listing of other known issues that you could talk about here today at the forum? And then also with the previous questions regarding this concern regarding payment for

OASIS that are held up due to the problems. Are we going to be allowed some forgiveness for not getting that assessment in the 30 days?

Christine Grose: Well...

Jill Darling: Yes. Go ahead.

Christine Grose: Well, I wanted to speak first to the 30-day penalty. That's a warning edit. I don't believe that there is a payment implication related to that.

(Debra): Right. Yes. This is Debra Weiland with CMS. That's correct. So if your assessment is submitted past the 30-day time period you will receive a warning message on your final validation report. But that late submission in and of itself does not result in a penalty. You are simply notified that the assessment was submitted late.

Tom Kress: Yes. This is Tom. And as far as discussing other known issues, there are other known issues and I don't know if we are prepared, certainly I'm not prepared to and I don't have notes in front of me about those. It goes back to your colleague's question about one place to get all that. Get great suggestions.

Keep your eyes and ears open for communications coming out and, you know, that may be an alternate or downstream solution. So we'll get the information to you as quickly and as efficiently as we possibly can. Thank you for your patience.

Coordinator: Please stand by for the next question.

Jill Darling: Do we have any further questions?

Coordinator: Our next question comes from (Mary Carr). Your line is open.

(Mary Carr): Hi everybody. I just want to clarify on the previous caller's question regarding the 30-day assessment requirement. Now, it's not a condition for payment but it is a condition of participation and I don't believe anybody from survey side is on the call. But this is something that is going to be a concern for agencies if this continues much longer.

Tom Kress: Thank you for the update. Again there is no one here from survey side. You're correct. And we'll double check on that on this end.

(Mary Carr): Thank you.

Coordinator: Again if you would like to ask a question over the phone please press star 1 on your touchtone phone, unmute your phone, record your name clearly after the prompt and I will introduce you for your question. Again that's star 1 to ask a question. If you need to withdraw your question you may press star 2.

At this time, we have no incoming question.

Jill Darling: All right. Well, thanks everyone for joining us today. Great questions and any further questions for iQIES you have the email to submit them.

You'll get some time back to your day and have a great one everyone. Thank you.

Coordinator: This concludes today's conference. Thank you for your attendance. You may disconnect your line.

END