

Centers for Medicare & Medicaid Services
Home Health Hospice and DME/Quality
Open Door Forum
Moderator: Darling, Jill
Wednesday, January 16, 2019
02:00 PM ET

Operator: Good afternoon my name is Tiffany and I will be your conference facilitator today. At this time I would like to welcome everyone to the Centers for Medicare and Medicaid Services Home Health Hospice and DME/Quality Open Door Forum.

All lines have been placed on mute to prevent any background noise. After the speaker's remarks there will be a question and answer session. If you would like to ask a question during this time simply press star then the number one on your telephone keypad. If you would like to withdraw your question press the pound key. Thank you. Jill Darling you may begin your conference.

Jill Darling: Hi, thank you Tiffany and welcome everyone to the first 2019 Home Health Hospice & DME Open Door Forum. We do apologize in advance if you do hear some echoing from our end. We might be dealing with some audio technical difficulties but we'll do our best to project and make sure you can hear everyone clearly so before we get into today's agenda one brief announcement from me.

This Open Door Forum is not intended for the press and the remarks are not considered on the record if you are a member of the press you may listen in but please refrain from asking questions during the Q and A portion of the call. If you have any enquiries, please contact CMS Press at press@cms.hhs.gov and I will now hand the call off to Brian Slater.

Brian Slater: Thanks Jill, just to reiterate what Jill said and we apologize in advance for any echoing. We are experimenting with our remotes in the room here so someone too loud or too soft we apologize. If you have a question ask in the Q and A portion. Just before we get into the agenda just an update from my side we want to give an update on National Provider Call that's dated for February 12th that's a Tuesday

from 1:30 to 3:00 PM Eastern Standard Time. It will be on the Home Health Patient-Driven Groupings Model.

This is, just going to give a broad overview of the model walk through some specific payment adjustments within the model if guys want little more information on that as we move towards the implementation of that in January 1st 2020 in regards to that we will have a presentation materials that will be available couple days in advance from the event will also be audio recording and transcript will be available couple weeks out after the event and since we're going to be having a Q and A portion.

It will be a part of that event we're just asking folks today on this call if you have any questions regarding the PDGM just to hold those off until that call just so where all the respectful for all those that are going to be calling into that call about that specific agenda. So then I'll pass it off to Jennifer McMullen for her updates.

Jennifer McMullen: Thank you, we just want to give you a real quick update on the review choice demonstration for home health services we just want to let you know that we are still continuing the process for the paperwork reduction act approval once we have received the approval we're going to be updating our website with that, with the final approval and the demonstration information and also how you can begin your choice selection process so I keep watching the website for updates on that and the website is <https://go.cms.gov/homehealthRCD> leave it off also in your agenda. Thank you now I'll turn it over to Debra Dean Whitaker.

Debra Dean-Whitaker: Hello everyone this is Deborah Dean-Whitaker, I have a few announcements for the Hospice CAHPS survey. First the participation exemption for five forms now available for the 2019 CAHPS Hospice Survey Data Collection Year, you can complete and submit this form on the CAHPS Hospice Survey website that can be found on the agenda is it is www.hospicecahpsurvey.org that fifty survey eligible [inaudible] from caregivers in the reference here which is 2018 can apply for exemption from participation in the CAHPS Hospice survey for 2019.

The application deadline is actually December of 2019 but don't wait get it done so it won't matter if you forget.

After you submit the form you will receive a confirmation email we suggest that you keep it for future reference final decision about who will obtain the exemption are made once a year prior to the onset of the annual payment update review the next data submission deadline for CAHPS Hospice Survey Data is the second Wednesday in February that is February 13th, 2019. We suggest you monitor to be sure they are getting your data in on time.

Also on February hospice compare will be update with the most recent Hospice CAHPS results. The time period covered will be from Quarter 2, 2016 through Quarter 1, 2018. And now I will turn it over to Lori Teichman for Home Healthcare Care.

Lori Teichman: Thank you Debra. I just wanted to announce before I speak about the training information that tomorrow is the date of submission deadline Home Health Test data and home health agencies should check in with their, should check in this secure portal that called for four HHA's on the home health CAHPS website and you'll be able to review your information that is being submitted if you do not see that data was submitted you should check with your vendor to just confirm that they submitted. So far we have heard that all of the vendors have started or have completed the data submission by, is a good idea. If you are on the website to make sure that your particular information was submitted and I want to home health CAHPS training.

Annually we have home health CAHPS training for this survey vendors home health agencies are welcome to attend the training is geared to really how to implement the home health CAHPS survey and it is full of details actually about every step of the implementation process at the end of January on the afternoon of January 29th and January 30th we will have update training, excuse me, we will have the introductory training, and the training time is from 1:00 PM to 5:00 PM and we suggest that if you are attending to make sure that you log on to the webinar beginning around 12:30 those days you can register for training right on our website we are going to take registrations right until the training days.

Also we will have updates training that's mandatory for all current. home

health CAHPS survey vendors I believe that all of the current vendors have registered it is a short training it is on Friday February 1st from 12:00 to 2:00 PM on this training we will discuss all new information about Home Health CAHPS. And is provided for the current survey vendors just so that they know if there are any lessons learned or any features that we are changing that has been noted in the update manuals we will announce it at the training as well in case when the manuals are available that particular vendors miss these aspect.

We will have all training slides and the updated manuals home health CAHPS protocols and [inaudible] manual and home health CAHPS data submission manual the new versions will be posted on our website on January 22nd so it's pretty soon about a little bit more than a week and even if you're not attending training you'll be able to see all these materials. As always we ask that if you have any questions about any aspect of home health CAHPS so please email RPIHHCAHPS@rti.org you could also email CMS at HomeHealthCAHPS@cms.hhs.gov and also in today's agenda we noted the home health CAHPS website. And we welcome your feedback about the Home Health CAHPS Survey. Thank you.

Charlayne Van: Good afternoon. My name is Charlayne Van and I'm from the Division of [inaudible] Care. I'm coming in today for my Hospice Quality Reporting Program colleague who is unable to attend today forum. We have several top security update today. The first being Hospice Compare Refresh that can come to here will be refreshed in February of 2019. HIS quality measures will be updated. If patient states discharged Quarter two in 2017 and quarter one in 2018 and CAHPS Hospice survey data was updated to reflect quarter two of 2016 and quarter one of 2018.

Hospice Provider to check Hospice Compare after the refresh to review their updated HIS and CAHPS quality measure data. The next step is referring to the brief date. The brief date throughout the March HIS preview report in February 15 of 2019. All HIS records for patients date discharged between quarter three, 2017 and quarter two of 2018 including modification, correction and inactivation need to be submitted and accepted by Quality improvement and violation system also known as QIES. This needs to be updated by in the system by 11:59 Eastern Standard time on February 15th of 2019 to be reflected in the Hospice Provider Preview Report that will be available on March 1st

of 2019.

Our next update is on the preview period. In advance that the made refresh of Hospice Compare. HIS and CAHPS provider was reviewed report will be available for provider in their CAHPS folder on March 1st of 2019. The 30 days preview period were end on March 31st of 2019. Upcoming updates to the CAHPS Q1 Reports Providers will be able to review the performance once CAHPS submitted and then measure one and measure two using their CAHPS Q1 reports be getting in March of 2019. Measure one measures the percentage of patients receiving at least one visit from a registered nurse, physicians, nurse practitioner or physician's assistant in the last three days of life.

Measure two with measure the percentage of patients receiving at least two visit from social worker, [inaudible] two practical nurses for Hospice aid in the last seven days of life.

The next update on the four and half month's data correction deadline for public reporting. The four and half month data correction deadline for public reporting went into effect in beginning January 1st of 2019. CMS instituted the four and half months data correction deadline for public reporting in the FY 2019 Hospice wage index and payment rate update and hospice public reporting requirements final board.

This means that became borderline, which is January through March of 2019. Providers will have approximately four and half months probably need ended each calendar year. Calendar year quarter that is to review incorrect their HIS record with target date and in mention date, pretty HIS, the admission and discharge date. For the HIS discharge. So this must be updated in that order for the purposes of public reporting.

For HIS record with target date within quarter one in 2019, Providers will have until August 15th of 2019 to review into made any corrections to these record. Note that as being four and half months data correction deadline went into effect on January 1st, 2019. Any HIS records with target date prior to January 1st of 2019. We will also have the data correction deadline of August 15th of 2019. After this data correction deadline has passed HIS data in the corresponding calendar year quarter will be permanently frozen for the purposes of public reporting.

Update made after that correction deadline, will not appear in any hospice compare refresh. For more information about this policy, please refer to this four and half month's data correction deadline for public reporting factsheet in the download section of the Hospice Quality Reporting Program. Public reporting key dates for provider's web page.

Next we have Hospice Quality Reporting Program data collection for the Fiscal-Year 2021, reporting year beginning January 1st of 2019. The first quarter for data collection for Fiscal-Year 2021, reporting year began on January 1st of 2019. For hospice items set data, remember that timing this threshold requirement for the Fiscal Year 2021 reporting year and beyond is 19%. This means that to be determined compliance with HIS requirement hospices must submit least 90% of their HIS records on time within 30 days of the patient admission or discharge. There are no side or nearest exemption for HIS reporting.

For more information on the timeline is complaints threshold, please refer to the timeliness compliance threshold backseat in the download section of the HQRP hospice items at webpage. Our Hospice consumer assessment of health care provider in systems for CAHPS. Providers who have not been participating in CAHPS and do not qualify for an exemption, should begin immediate preparation to participate in the survey.

For assistance, please email or call the CAHPS Hospice Survey Project Team: hospicecahpsurvey@HCQIS.org or you can call them at 1844-472-4671. Additional tip on insurance compliance HQRP overall. Please refer to HQRP - Requirements and Best Practices webpage. There's a new version in the Hospice item set manual now available. A Hospice item set manual has been updated with refined guidance for completing the HIS based on frequently ask questions in Hospice quality help desk.

Note that no update for made to the HIS items for the HIS itself. Instead additional guidance based on provider feedback from the hospice quality help desk has been added to the manual to clarify HIS coding instruction.

To download a new version of the HIS manual and the associated change table, please refer to the annual section of the HQRP Hospice Item Set one page.

Updates to public reporting in fiscal year 2019, Hospice comprehensive assessment measure and data correction dateline webinar training.

On December 13th of 2018 from 1:00 to 2:30 CMS hosted at two parts Webinar entitled update to public reporting in fiscal year 2019.

The first part of the training focused on Hospice and Palliative Care Composite Process Measure also known as Hospice Comprehensive Assessment Measure. Including measure background, have this measures calculated and help providers can use their CAHPS reports to understand your hospices performance on the measure.

The second part of the training focused on the four and a half months data correction deadline for public reporting policy update that was finalized in FY'29 Hospice wage index and payment rate update and hospice QRP requirements final role. Part two of the training explains how this new policy change will be implemented in the implications of this main policy.

Please monitor the HQRP training and education library webpage to download the materials from the training. And lastly the HQRP is now registering participants for the achieving of a full APU webinar. CMS will be hosting a webinar on Wednesday, January 23rd of 2019 from 2:00 to 3:30 Eastern Standard time. The purpose of the webinar is educate providers as to the APU process in order to achieve before APU. The webinar recovered the relationship between the APU and quality your coding program associated data admission requirements and reconsideration process for providers to identified has being noncompliant.

The training materials for the upcoming HQRP program achieving as full APU webinar are now available at the bottom of the download section on the hospice QRP webpage. Please also check the Hospice QRP's spotlight and announcement and please register for this great training. Thank you for your time.

Carla Douglas: Hello, my name is Carla Douglas and I will give an update on change request 11049. We would like to report today that change request 11049, which provides system changes to ensure that only active billing hospice can submit a revocation was recently published and schedule for implementation on July 1, 2019. With these changes, the common working file will create a new edit in the Medicare system to ensure that the provider identifier on type of bill 8XB matches the most recent provider CCN on a hospice benefit period.

The common working file will allow notices of termination/revocation (type of bill 8XB) only if the provider identifier on the notice of termination/revocation matches the active CCN on the hospice benefit period. If a transfer notice (8XC) or change of ownership notice (8XE) has changed the billing provider on a benefit period within an election, the notice of termination/revocation must match the changed provider.

The CR contains no new policy changes. It only revises the current Medicare system processes to ensure that existing hospice benefit policy is administered more efficiently. The situation prevented by the new edit occurs rarely, so these changes will not create a significant impact to hospice providers.' I will now turn it over to Heidi Magladry for her updates.

Heidi Magladry: Thank you, this is Heidi with the Home Health Quality Reporting Program. We have five updates for Home Health Community Today. The first four highlight new resources for the Home Health Quality Reporting Programs that are now available and the fifth update relates to an upcoming provider training. First the January 2019 OASIS quarterly Q&A was posted on the CMS web page yesterday January 15th. It answers 32 questions on specific items, and complements the item specific guidance in OASIS-D guidance manual.

Update number two, we developed the functional assessment decision tree for use by Home Health Agency Clinicians and those in other post-acute care settings. The decision tree is designed to help you determine appropriate responses for the standardized GG item for self-care and mobility. They can be found on the OASIS user manual webpage in the download section and we intend to include it in the next version of the

post-acute care guidance manual.

Update number three, we posted updated technical health measure specifications and tables. These materials have been updated to align with the implementation of OASIS-D, which occurred on January first. You can find them in the download section of the quality measures page. The dated measure specifications provide the logic and pseudo code for all OASIS based measures and patient characteristics available through the CASPER system.

The outcome, process, and potentially avoidable event measure tables including measure definition and data sources as well as information about National Quality Forum Endorsement and use in the Quality of Patient Care star ratings.

Update number four, you can now download the Quality of Patient Care star rating preview reports for the April, 2019 Home Health compare refresh from CASPER. These reports reflect the updated calculation algorithm described on the October 3rd, 2018 Medicare Learning Network Call. Specifically the process measure Drug Education on all medications was replaced with the outcome measure improvement in management of oral medications.

Finally, update number five, CMS has a two day Home Health Quality reporting program in person training trainer event planned for March 5-6, 2019 at the Lord Baltimore Hotel in Baltimore, Maryland. Registration is not yet open, but we expect it will open in the next two to three weeks. We will post spotlight announcement on Home Health Quality Reporting stage, spotlight announcement page once registration is open and with that, I will hand it back to Jill Darling.

Jill Darling: Alright. Thank you Heidi and thank you to all of our speakers today Tiffany, we'll go into Q&A please.

Operator: Thank you. As you reminder, ladies and gentlemen, if you would like to ask a question, please press star then one on your telephone keypad. If you would like to withdraw your question, press the pound key. Please put your question to one question and one follow up to allow other

participants time for questions. If you require any further follow up, you may press star one again to rejoin the queue.

Your first question comes from a line of Debbie Ryan, Your line is open.

Debbie Ryan: Oh, yes, hi. I just had a question about ambulance transferred and you know when the benefit period, this transfer in the same benefit period for hospice, is there anything that speaks to distance that needs to be covered with that?

Hello.

Jill Darling: Hi there and I don't think anyone is here to help with that question, but in the meantime would you please send your question in to the ODF mailbox. It's listed in the agenda if you have it.

Debbie Ryan: Okay and then maybe it's a similar question so maybe I have to do the same thing, but if there is a patient that has already transferred once in a benefit period and is somewhere on general inpatient level of care and family wants to transfer them closer to where they live. You can't if you. You can't transfer because you can only do it once a benefit period, but if that other hospice just charges alive, you can't re-admit till the following day, is that correct, which would leave the patient 24hours without care.

So, I send it to the website, I mean to the email.

Female Speaker: There is some discussion here.

Jill Darling: Yeah, there is some internal discussion going on. Yes if you don't mind, please sending that both your questions in, to the mailbox. So we can take a look.

Debbie Ryan: Okay, thanks only that have come up a couple different times.

Jill Darling: Okay, thank you.

Operator Again to ask a question, please press star one on your telephone keypad.

Again to ask a question, please press star one on your telephone keypad. Your next question comes from a line of Jill Schuermann with Schuermann Business, your line is open.

Jill Schuermann: Hi, I wanted to know regarding the change for the end, the revocation only applying to the agency, which is the most recent on file. We've been having a lot of issues with the changeover that happened in July, where the 81C posted for the new agency, but then the 81 when the final claim was filed by the first hospice. The revocation code showed up on the file and then we could not submit any claims. I understand where this change should stop that, but any idea what we do about the once that have already been messed up.

Brian Slater: Hi, it's Brian Slater you're saying that the you submitted a transfer and then the transferring hospice, that hospice that was transferring patient out submitted a discharge claim that posted a revocation.

Jill Schuermann: That's correct.

Brian Slater: Okay. Yeah the only way to work around those is to, contact The transfer hospice and ask them to cancel resubmitted corrected claims, that was, remove the revocation dates or if you can get in contact with that hospice and make a similar request for the bigger MAC may help you with this.

Jill Schuermann: Okay, Thank you.

Operator Our next question comes from the line of Denise Shaffer with Sandata, your line is open.

Denise Shaffer: Hi, my question is related to the new requirement to include this FIP code on episodes ending on/or after January 1st, 2019. I just wanted to verify if on rep the; from and through date is what's being used instead of the episode end date to determine if their value code 85 and FIPS code is required. So, we're getting rejections on wraps that began in at the end of December. The period ends in 2019, but the reps from and through date would show a 2018 date and so we're getting rejections for all of those reps.

- Brian Slater:** Alright. It's driven by the through date and from date.
- Denise Shaffer:** Okay, great. Thank you I just want to confirm that. Thank you very, very much.
- Operator** Your next question comes from the line of Tonya Anderson with Premier Care HomeCare, your line is open.
- Tonya Anderson:** I have a question related to the advanced corrective on the plan of care. There's been some discussion about the, you would need an addendum if you found any that needed to have a correction and you would have to submit a corrective claim, but then you wouldn't have to submit a corrective claims, so just trying to get a clarification for the 2018 year. What the expectation as if there are any determined to be out of compliance with that requirement.
- Jill Darling:** Hi there. We do apologize there is no one here to help with that question, but please send it into the ODF mailbox and we'll look forward for that one.
- Tonya Anderson:** Thank You.
- Jill Darling:** You're welcome.
- Operator** Your next question. There are no further questions, Thank you at this time. As reminder to ask a question, please press star one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.
- Your next question comes from the line of Danielle Smith with Regional Hospice, your line is open.
- Danielle Smith:** Hi, I have a question regarding the election and the benefit periods that are now showing up on the common working file. It's almost a follow up question to the lady before. So, what I think she meant was is when we put in an 81C as transfer for some reason once the previous hospice puts

their final claimant. It's putting a revocation code under the election period and it's causing claims to bounce back.

So I've seen this on a couple of claims I've had as well and because the claims continue to RTP, you have absolutely no appeal process to follow.

How do we go about correcting these?

Brian Slater: Okay so and you're saying that I am trying to understand why the revocation indicators is getting set.

Danielle Smith: It's only getting quit into underneath the election period, not the benefit period, but it's causing claims to deny.

Brian Slater: Correct well said, the election period is the only place that revocation the indicator to update anymore. So hospice -- the previous hospice is to make the claim correcting with the transferred discharge status. That shouldn't happen so

Danielle Smith: I have three examples, yeah.

Brian Slater: Okay, well it shouldn't happen and so if you have examples of that bringing to attention of your MAC, so they can have our system maintainer research because if that's happening, we need to fix it.

Danielle Smith: Okay so I actually did do that and they can't give me a reason why this is happening and it's been since months now, so I'm wondering if there's anywhere else I can go from here.

Brian Slater: Send, send it to the Open Door Forums mail box and will forwarded to be and research it for you.

Danielle Smith: Okay, great thank you.

Operator: There are no further questions. Thank you at this time. I turn the conference back over to our presenters.

Jill Darling: Thank you everyone for joining us today. Again, we do apologize about any technical difficulties if you were unable to hear us, but if you

do have a question, please send it in to the HomeHealth_Hospice_DMEODF-L@cms.hhs.gov and we will route your questions for you. Thanks everyone, have a great day.
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Operator: Thank you for participating in today's Home health Hospice and DME Quality open door forum. This call will be available for replay begin at 7:00 PM eastern time today January 16th, 2019 until 11:59 PM eastern time on January 18th, 2019. The conference ID number for the replay is 9749859. The number to dial for the replay is 855-859-2056. This concludes today's conference call. You may now disconnect.