

Centers for Medicare & Medicaid Services
Home Health, Hospice & DME Open Door Forum
Wednesday, January 10, 2024
2:00–3:00 p.m. ET

Webinar recording:

https://cms.zoomgov.com/rec/share/yfoittJFhFqdOx56TNKdOkX259zYyck8CVusIOSSW0Ela-U0gAN_lxoWGK_bGY2w.yztgKdA7B11-86na

Passcode: ^N?FfN47

Jill Darling: Hi and welcome, everyone. Thank you for joining us. We're going to give it another minute to let more folks in. So, thank you for your patience. Thank you so much.

Recording begins:

Jill Darling: Great. Thank you so much. Hi everyone. Happy New Year, and welcome to today's Home Health, Hospice & DME Forum Open Door Forum. My name is Jill, and I am in the CMS Office of Communications. Again, welcome and happy New Year. Before we begin our agenda, I just have a few announcements. This webinar is being recorded. The recording and transcript will be available on the CMS Open Door Forum podcast and transcript web page. That link was on the agenda, and I will also add it to the chat for today's webinar.

If you are a member of the press, please refrain from asking questions during the webinar. If you do have any questions, please email press@cms.hhs.gov. All participants are muted upon entry. For those who will need closed captioning, I just provided a link in the chat function, and I can provide it again. For today's webinar, we will just have this agenda slide and then I will also have a helpful link and email resource slide up during the Q&A portion. We will be taking questions at the end of the agenda today. We note that we will be presenting and answering questions on the topics listed on the agenda during today's ODF call. We ask that any live questions related to the topics presented during today's Open Door Forum call. If you do have any questions unrelated to agenda items, we may not have the appropriate person on the call to answer your questions. I'm very sorry. Sorry about that. So, if we don't have the appropriate person on the call, we ask that you can send in your unrelated question to the appropriate policy component or send your email to the ODF resource mailbox that will be shared and was also on the agenda that was sent out. And we will try to get the question to the appropriate component for a response. During the Q&A, you may use the raise hand feature at the bottom of your screen, and we will call on you when it's time for Q&A. When the moderator says your name, please unmute yourself on your end to ask your question and one follow-up question. And we will do our best to get to all of your questions today. So, we will start off with our first topic from Jessica Martindale.

Jessica Martindale: Thanks, Jill. Good afternoon. My name is Jessica Martindale. I am with the Division of Payment Methods and Strategies in the Center for Program Integrity (CPI). Today, I

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

will be providing an update on prior authorization requirements for certain orthoses items previously subject to the Competitive Bid Program (CBP).

Effective January 1, there is a temporary gap period in the DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, & Supplies) Competitive Bid Program of off-the-shelf (OTS) back and knee braces. As such, prior authorization requirements are no longer suspended for HCPCS (Healthcare Common Procedure Coding System) codes L0648, L0650, L1833, and L1851, billed with competitive bid modifiers KV, J4 or J5 to indicate there was a Competitive Bid Program exception. Treating practitioners, physical therapists, occupational therapists, and hospital-based suppliers in previously designated competitive bid areas have the option to undergo the regular prior authorization process with the standard five-day time frame of review, request expedited day two-day review, or utilize the ST modifier indicating acute or emergent need. Claims bill using the ST modifier will be subject to 50% prepayment review for dates of service on or after January 1, 2024. More information on the prior authorization of certain DMEPOS items can be found on the CMS DMEPOS prior authorization (PA) website. Questions and comments can be sent to the DMEPOS PA mailbox at dmeupospa@cms.hhs.gov. I will now hand the call over to Marcie.

Marcie O'Reilly: Thank you, Jessica. Happy New Year. I'm Marcie O'Reilly, the coordinator for the expanded Home Health Value-Based Purchasing (HHVBP) model. I'm joining you to provide updates and reminders related to the HHVBP model. First, please note that the email address for the HHVBP helpdesk has changed. The email address is now hhvbpquestions@cms.hhs.gov. This is the one we are—will be on the slide that Jill puts up later, and I will put that in the chat as well. Since the publication of the Calendar Year 2024 Home Health PPS (Prospective Payment System) final rule, we have updated several HHVBP model resources. These include the Frequently Asked Questions document, the model guide, and the resource index. The updated versions, along with the most current newsletter, can be found on the model's web page. And the current newsletter is going out via the listserv this afternoon as well.

CMS has released the expanded HHVBP model Technical Expert Panel, or TEP, summary report. This report provides a summary of the TEP's input on health equity approaches, performance measures, measure weights, and performing—performance reporting for the model. You can download that report from the model's web page. Please keep an eye out for the January Interim Performance Report, or IPR. It should appear in your HHAs (home health agencies) folder within the next week and a half or so. Remember, IPRs use the most current 12 months of data available. We encourage the many HHAs that have not been accessing their IPRs to do so and all HHAs to access each quarterly report as soon as they are released. To help HHAs better understand this report, we hosted a webinar in July providing an overview of the data and information available in the IPR. If you missed the live webinar, you may access the slides, the recording, and the Q&As on the model's web page.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Finally, if you're not receiving emails, announcements from CMS about the expanded HHVBP model, please go to the web page and join the listserv. The link is near the bottom of the model's web page. I will add the web page URL and the new helpdesk email address to the chat so you can copy them. Thank you and have a great rest of your day and I will now hand it over to my colleague, Beth Simon, to discuss HHCAHPS (Home Health Consumer Assessment of Healthcare Providers and Systems) updates.

Beth Simon: Thank you, Marcie. And happy New Year to all. As Marcie mentioned, my name is Beth Simon. I'm going to share Home Health CAHPS survey updates on behalf of Lori Luria. I want to begin by mentioning that the annual training for the HHCAHPS survey is later this month at the end of January. Registration is on the HHCAHPS website at homehealthcahps.org. The update training will be on Wednesday, January 31 from 12:00 to 2:00 Eastern. And our currently approved HHCAHPS survey vendors must attend. Others interested are welcome to attend this update training as well. Training slides for the self-paced introductory training will be posted on the HHCAHPS survey website on or about January 22. Registrants for this introductory training will receive an email with a link to an online certification to be completed between February 5th and 16th following the training, if they're applying to become an approved vendor. All those interested are encouraged to review the introductory training slides.

Next, we posted the January HHCAHPS Coordination Team Quarterly Review newsletter last week on the HHCAHPS website. The newsletter features the summary of deadlines for the first quarter of 2024 along with a feature about the footnotes that are used for the publicly reported HHCAHPS survey data on Care Compare. Next, please remember that the next data submission deadline for HHCAHPS survey vendors to submit the HHCAHPS survey data is January 18, and this is for the July 2023 through September 2023 sample month. All HHAs should now be checking their portal on the HHCAHPS website to see if their vendors have started to submit their data. All HHAs should check the HHCAHPS website at homehealthcahps.org at least quarterly in January, April, July, and October for the newsletter. Also, for their preview reports of what will be publicly reported and for their vendor's data submission reports in the four HHAs portal. We also want to remind that all HHAs with fewer than 60 patients from April 1, 2022, through March 31, 2023, should complete the Calendar Year 2025 HHCAHPS Survey Participation Exemption Request Form by March 31, 2024, on the HHCAHPS website. All HHAs with 60 or more HHCAHPS-eligible patients from April 1, 2022, through March 31, 2023, should be participating in the HHCAHPS survey every month from April 2023 through March 2024 to meet the HHCAHPS reporting requirements for the CY 2025 home health APU (annual payment update). And I'm wrapping up to say that all HHAs that are currently participating in the HHCAHPS survey monthly data collection should not stop participating in the survey if they now have low-patient counts. All HHAs should continue their survey participation through March 2024 as long as their patient counts were big enough in the reference count year, the previous year of April 2022 to March 2023, to participate in HHCAHPS from April 2023 to March 2024. And as always, if you have any technical assistance questions about the Home Health CAHPS survey or need help switching vendors, please contact

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

the HHCAHPS coordination team at hhcahps@rti.org or by phone at 866-354-0985. Thank you, and I'll turn it over to Jermama.

Jermama Keys: Good afternoon, everyone. I will be providing updates on home health and hospice today. First up is home health, and we do have some public reporting updates. The next Care Compare refresh will take place this month, January 2024. The preview reports related to the January 2024 refresh of the home health data on Care Compare were released to providers in October of 2023. The January 2024 QAO (Quality Assessment Only) Interim Performance Report is available in your iQIES (Internet Quality Improvement and Evaluation System) folders, and this report includes OASIS (Outcome and Assessment Information Set) assessments completed during the period of October 1, 2022, through December 31 of 2023. Next, we have an update about OASIS. The updated draft OASIS-E all-item instrument was posted to the CMS OASIS datasets page on January the 2nd. The OASIS-E all-items instrument has an anticipated effective date of January 1, of 2025.

Finally, we have several new or updated resources available on the HH QRP (Home Health Quality Reporting Program) website. Materials from the November 16, 2023, CMS Health Equity Confidential Feedback Report's last Q&A session are currently available on the home health quality reporting training web page. A new video tutorial for the assessment of OASIS items C1310, Signs and Symptoms of Delirium, taken from the Confusion Assessment Method, or CAM, is now collected on OASIS-E, and this resource can be accessed through the Home Health Quality Reporting Program training web page as well. That completes my home health updates. I'll now provide a brief update on hospice.

Currently, the next Care Compare refresh for hospice will take place in February of 2024. The preview reports for the February refresh were released in November of 2023. In addition, the next CAHPS hospice survey data submission deadline, as we heard from Beth, is February the 14th of 2024. The CAHPS hospice survey data for quarter three of 2023 covers July through September and must be submitted by February the 14th. Thank you very much, and I'll turn it over to Jill.

Jill Darling: Great. Thank you, Jermama, and thank you to the rest of our speakers. We will be going into the Q&A. Reminder, please use the raise hand feature at the bottom of your screen. When you are called on, unmute yourself and make sure you might be double-muted. I know we have had some technical difficulties in the past regarding folks trying to get off mute. It might happen again. I do apologize. So, we'll try to get back into the queue for yourself. So, we will open for Q&A now. So, we'll just get some more hands raised.

Jackie Ryan: All right. Well, the first person that I saw was Christine Bunch. You are able to unmute yourself, Christine.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Christine Bunch: Yes. I just have a question. In iQIES today, I notice that we have the home health—the HHA Provider Preview Report for April 2024. Do we know when the next star rating will be released?

Jermama Keys: Christine, is this for—this is not for CAHPS. This is just for the home health star ratings. Correct?

Christine Bunch: Correct, yes.

Jermama Keys: Yeah. Okay, I don't want to give incorrect information because I get my quarters mixed up between home hospice and home health. If you could just send that email to the helpdesk for home health and they'll be able to give you the time frame in which we normally would have those reports available.

Christine Bunch: Oh, okay. I'll be glad to do that. I was just a little confused since your agenda talks about the January 2024 reports, but in iQIES we have a preview report for April 2024. That's why I was just a little confused there.

Jermama Keys: No, I can understand that. I think that if—for clarity, and then you can also get the specifics on star ratings versus just the preview reports for the measures.

Christine Bunch: Okay, so you want me to send that to homehealthqualityquestions@cms?

Jermama Keys: Yes, that would be perfect.

Christine Bunch: Thank you.

Jermama Keys: You're welcome.

Jackie: All right. The next person I see is Barbara. Barbara, you are able to unmute yourself.

Barbara Hansen: Yes. Are you accepting questions today that are not related to hospice quality reporting? I have a more general question.

Brian Slater: Yeah, sure. Feel free to ask and if we have someone on the line that can address it, we would be happy to.

Barbara Hansen: Okay, sure. Thank you. My question is about whether CMS plans to update the State Operations Manual, Appendix M, to address the makeup of the interdisciplinary group? So, the clarification I'm looking for is at 418.56A1 about the makeup of the interdisciplinary group. Now with the addition of marriage and family therapists and mental health counselors, I think hospice programs are wondering if they always need to have a social worker on the group

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

even though they might be using a marriage and family therapist or a mental health counselor with a particular patient and family. I just think more guidance needs to be issued. I work with hospice providers in the states of Oregon and Washington. So, thank you.

Kelly Vontran: I don't think...

Mary Rossi-Coajou: Hey, Brian, I'm on.

Kelly Vontran: Oh good, Mary. I was just going to see if you were.

Mary Rossi-Coajou: Yes, I'm on. So, we currently have Qs and As related to this entire topic area. Finishing up CMS clearance right now and I hope to have them out to the industry, and it will also be posted on the hospice center—CMS hospice center web page, that will answer these questions. In regard to the State Operations Manual, once the Q&A is out, QSOG (Quality, Safety & Oversight Group), which is the survey side of CMS, will be spending out a QSO memo, and the guidance then currently being worked on. But guidance takes a little bit because it has to be, you know, it has to go through clearance at CMS and that will come out. But the Q&As should help you and then, any other additional questions can be sent directly to me.

Barbara Hansen: All right. Wonderful. Thank you.

Mary Rossi-Coajou: Sure.

Jackie Ryan: All right. The next person I see is Sarah. Sarah Simmons, you're able to unmute yourself.

Sarah Simmons: Hi there, thank you. My question relates to the hospice datasets published on the CMS website. There was an additional dataset published December 20 that was not associated with the Care Compare refresh. And we're just wondering if there is a difference in the December dataset compared to what was published along with the refresh in November or why there was an additional dataset published, if there's anything that providers should be aware of.

Jermama Keys: Oh. There's nothing that would have changed in the dataset. I think we just—it may have been something with like a date to make sure that it was updated. But there's no change in the guidance itself and no change to the actual item set at this time.

Sarah Simmons: Thank you.

Jermama Keys: No problem.

Jackie Ryan: All right. And the next up is Lisa. Lisa, you're able to unmute yourself.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Lisa Selman-Holman: Hi. I'm asking about the TNC (Total Normalized Composite) numbers since they were frozen in October. I'm wondering if they will be unfrozen for January in the interim report.

Marcie O'Reilly: I knew someone was going to ask this question and I was going to get the answer before this call, and I didn't. I believe they are, but don't hold me to that. What we are doing is we have to create—they created a crosswalk to the new reporting numbers or whatever that caused the issue. I believe that will be done by then, but I don't want to promise something that I'm not in control of. So if you want, send that question to the hhvbpquestions@cms email box and I'll get you the most direct answer.

Lisa Selman-Holman: All right. Thank you very much.

Marcie O'Reilly: You're welcome.

Jackie Ryan: All right. And then next up, we have—I think it's Kara or Kara? Kara, you're able to unmute yourself.

Kara Cardinale: Hi, yes. It's Kara. Thank you very much. I wanted to ask about DME post-rate setting and specifically in the 2020 final rule, you all talked about—you established a one-time price adjustment that could happen over a five-year lookback period for DME post items that didn't have a cross walked rate, and we were wondering what if any—given that 2024 could be the first year this could occur? What, if anything, CMS is planning in this policy area in this regard this year?

Jessica Martindale: Unfortunately, I am not equipped to answer this question for you, but if you could send that in to our DME mailbox. I put the address in the chat. That would be great.

Kara Cardinale: Wonderful. Thank you so much. I appreciate your help.

Jessica Martindale: Uh-huh.

Jackie: All right. The next person I see is Kristy. Kristy, you are able to unmute yourself.

Kristy Egg: Thank you. We are being inundated with CHOW (Change of Ownership) requests that have all come in like the last four days of December and they're all coming in the first week of January. Of course, they're dated. All these purchases took place in October, November, and December, but they're all wanting to be processed right now. They're all—the brand-new hospices that were just initially surveyed within a year and we're not able to go back out and find them. But they're all being purchased, and I just want to know if the 36-month rule, is it that

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

they—if they were purchased before the 1st of January but we're processing them where they're applying for CHOW now, does the 36-month rule still apply?

Jermama Keys: All right. Program Integrity and—or enrollment. If you could forward that question to the—I'll funnel it through the DME mailbox. But I'll make sure that it gets to the right person so that we can, you know, kind of hopefully get this resolved for you. And Kristy, are you calling in in reference to—from the state itself or...

Kristy Egg: Yes. I'm the State Manager of our home health and hospice and we are getting inundated with CHOWs and I'm just like, as far as I'm concerned, it's the processing. If you put a CHOW in after January 1, I think they're just trying to find a loophole, and the state that I'm in, we're getting everybody who has been kicked out of California and Nevada and all the other states and they're here now and it's a—it's a way—

Jermama Keys: It's inundating. I can understand. If you can forward that question to DME and it will more than likely go to Program Integrity and enrollment—the enrollment group—so we can try to get you some resolution.

Kristy Egg: So that's the dmepospa@cms?

Jermama Keys: I'm sorry. Not DME. The actual ODF mailbox email.

Brian Slater: Yeah, Kristy. So, you can send it to the ODF email. Jill just put it in the chat. We'll triage it over to CPI. Jermama is right. That's something they're going to—they're going to have to look into from an enrollment standpoint because they receive the CHOW process.

Kristy Egg: Okay, yeah. We have got to do something because I mean, I probably have 15 right now. You know, like in like a four-day period, and they're still coming in.

Brian Slater: Yeah. Okay.

Kristy Egg: Thanks.

Brian Slater: Yep. Thanks Kristy.

Jackie: All right. The next person that I see is Kristen. Kristen, you are able to unmute yourself.

Kristen Gracz: Oh, thank you. I am new to hospice and home health care. I was previously in acute inpatient rehab, so I'm just wondering where all the refresh dates and what [inaudible] for the Care Compare—is that posted somewhere for easy reference?

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Jermama Keys: So, there are tables located on both the HQRP and HH QRP websites that lead into when the refreshes happen. But let me put those two in the chat for you. And then, if there's something that is outside of that or you're unable to find that information, you can always email both of the helpdesks for home health or for hospice and we should be able to get you like a—like a timeline.

Kristen Gracz: Thank you.

Jermama Keys: You're welcome.

Jackie: All right. And then the last hand I see right now is David. David, you are able to unmute yourself.

David Ainsworth: Hello. David Ainsworth in NorCal. Just wondered if there's any update on hospice HOPE (Hospice Outcomes & Patient Evaluation).

Jermama Keys: No, David, the HOPE is still in progress, and it will be provided, or updates will be provided, in an upcoming rule making.

Jackie: That was the last hand that I see raised for now. I don't know if anybody else had questions.

Jill Darling: We can just give it like 30 more seconds in case we see another hand. Just a few more seconds.

Jackie: Okay, it looks like Tricia—let me find her. Her hand is raised. There she is. Tricia, you're able to unmute yourself.

Tricia Campbell: Yeah. Can you hear me?

Jackie: Yes.

Tricia Campbell: So just a kind of general question. I work for a health plan, and we are wanting to know, or I'm wanting to know, is there going to be any updates to the All Plan Letter (APL) in regards to any prior authorization approvals for hospice?

Brian Slater: Tricia, I think the fact that no one is jumping on this, I think it might be too broad of a question. So, if you could kind of write it up detailed and send it in to the ODF mailbox, we'll be glad to triage it.

Tricia Campbell: Okay, which one is that one? That one right there. Got it.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Brian Slater: It's the top left. Yep.

Tricia Campbell: Okay, I will definitely do that. Thank you.

Brian Slater: Sorry about that. Sometimes when you get the analysis it's like, is that mine or someone else's? Is that yours? Is it mine? So, apologies.

Tricia Campbell: No worries. Thank you.

Jackie: All right. And it looks like we have another hand now. Sheila. You are able to unmute yourself.

Sheila Clark: Hi. This is Sheila from the California Hospice and Palliative Care Association. Tricia, I think what you're talking about—and I'm just going to jump in here—APLs are specific to California.

Tricia Campbell: Oh.

Sheila Clark: All Plan Letters? They're not specific—CMS does not publish All Plan Letters.

Tricia Campbell: Oh, okay.

Sheila Clark: And feel free to reach out to me here at the association if you have any questions.

Tricia Campbell: Okay.

Jackie: All right. It looks like we have another hand now. Mary. Mary, you are able to unmute yourself.

Mary Guanzon: Yes. Hi. Good morning. I had a—where can I find any webinar education in regards to the—understanding the Home Health Value-Based Purchasing Report that was published? Is there any other—I know that there was a webinar that was going on, but I couldn't find the link to how to interpret the interim report that we had recently posted.

Marcie O'Reilly: Yes. If you go on the model's web page, you will find the actual slides from that webinar. You can also listen to the recording of it. And then there's a Q&A document that came out as a result of that. The model guide also gives you some information. If you—hold on one second. Let me see if I can throw the direct link to—or at least tell you—I did already put the web—thank you, Jill for just putting that in again. That's the web page. But let me look real fast and see if I can tell you what section it's under. There's section called “Model Reports.”

Mary Guanzon: Model reports.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Marcie O'Reilly: Yeah. And it's after you get down to HHVBP resources, it's after the FAQs and model guide. But this model report, you'll find how to access reports, how to do a recalculation request, the quick reference guide and then the webinars and the related documents from that webinar.

Mary Guanzon: Okay. Sounds great. Thank you.

Marcie O'Reilly: And if you have questions after that, just send them to our helpdesk and there are—you can do, you know, some more specific queries in the FAQs. There's tons of information in there, too.

Mary Guanzon: All right. Wonderful. Thank you so much.

Marcie O'Reilly: You're welcome.

Jackie: All right. Jill, I think that's it for now. Again. I don't see any other hands.

Jill Darling: Okay. Wonderful. So, we will conclude today's Open Door Forum. Great questions, everyone, and hopefully everyone was able to receive these helpful links and emails. Again, we will post these every Open Door Forum as well as we will post the transcript and the Q&A document. Give us a couple weeks to get everything posted. And so, it will be up in the CMS Podcast and Transcript web page. And thank you everyone for joining us. We appreciate your time, and you will get some time back to your day. Have a great one, everyone.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.