

Centers for Medicare and Medicaid Services

Questions and Answers from Home Health, Hospice and DME

Open Door Forum- April 13, 2021

1. Just some clarification around the hospice CAHPS. I thought I heard the presenter say that the data that would be released in February of 2022 would only have two quarters but it's my understanding that hospice CAHPS usually has eight quarters of data so by removing the two quarters that are not being publicly reported that that would be six quarters. And a follow up question has to do with the timing of the release of the proposed star for hospice CAHPS, when would that first - when is the intention of when that would first be released on public reporting?
 - a. To clarify for star or for CAHPS with respect to reporting CAHPS measures that potentially had affected - COVID affected data which we consider quarter-one and quarter-two of 2020, they would use the full eight quarters of data that are used for CAHPS data and we would just exclude quarter-one and quarter-two. And what would happen is, say we would use the most recent eight quarters of data and what would happen is say we were reporting quarter-one of 2020 through quarter-four of 2021, we would exclude quarter-one and quarter-two of 2020 but then we would use the two most recent quarters prior to that so we would actually use quarter-three and quarter-four of 2019 and then quarter-three of 2020 through quarter-four of 2021. So we will always use the exact same amount of data that's been used to calculate CAHPS data we would just be excluding quarter-one and/or quarter-two of 2020 and replacing that with the one or two most recent quarters of data prior to that.
 - i. So would you still be using the same timeline that we would anticipate normally to come out during those quarterly refreshes or are you talking about using even more recent data then would - like for example in February 20 of '22 normally it would be quarter-two '19 through quarter-one '21? Are you talking about anything more recent than quarter-one '21 in the example you just provided?
 1. No. what we've stated in the rule is that we would not or we would - we're proposing to add star ratings to public reporting no sooner than Fiscal Year '22.
2. How will hospice agencies be able to see the hospice visits in the last days of life performance data either for themselves or to compare as a benchmark nationally prior to that data being publicly reported? So for example since we started - since we stopped submitting Section O the HIS visits in the final days we can no longer see data through our vendors. And I noted, like on the hospice care index there's a plan to have QM reports in CASPER showing that data. Is there a similar plan being proposed for how agencies can see our current performance with business in the last days?
 - a. So we are planning to include the information hospice visits last days of life on the QM reports that we put out for the providers. And hospice visits when death is imminent while we are still publicly reporting that data so for the data that remained those will also continue on your QM reports. But the new claims

measures the plan is to have access to that information through your quality measure reports.

- i. Do you have a timeline for when those new QM reports for hospice visits in the last days might be visible to agencies?
 1. Sure well we're going backwards if we're planning to report in May of 2022 at the earliest, going backwards it would be six months prior to that.
3. I was calling to find out the QAO report, what report filter is that under in the iQIES system. I'm not showing it under the facility quality which is what I would intuitively think it would be under.
 - a. The QAO Reports can be found within the HHA Provider Preview Reports folder within the iQIES system. Please note that if you are a new user to iQIES, and you received your access *after* the last time the QAO reports were distributed in the folders, you will not be able to see the reports. The reports are only visible to those users who have access to iQIES at the time the reports are distributed. Our teams can retroactively make the older reports available to new users, and this can be accomplished by contacting our helpdesk. If you cannot locate the report after checking the HHA Provider Preview Report folder, please reach out to the iQIES helpdesk (iqies@cms.hhs.gov or 800-339-9313) for assistance.
4. The exemption did you say it was 60 or less to be exempt?
 - a. It is 60 or less. All right so the home health CAHPS is 60 or less.
5. My first one is can you please clarify the denominator for the visits in the phase of life as in does it mirror the previous rule that said that the inpatient who received a higher level of care within the last three days of life will be excluded from this new visit measure of the two visits spanning three days? And also is the denominator somebody who actually had, you know, a length of stay of three days or more or no, yes three days or more?
 - a. So to answer your first question the denominator for the hospice visits last days of life is the same denominator as we had for hospice visits when death is imminent. And you would have to be on service for three days or more.
 - i. Thank you and if they received a higher level of care within the last three days then we would not - they would not be included in that reporting is that correct?
 1. It's right, it's using the same directions that we had for the hospice visits when death is imminent.
 - a. Thank you so much that's really important that we understand that. And my second question is given that we are no longer reporting Section O on the discharge, death discharge hospice item set all the other demographic stuff that is reported on the first page is all coming also to claims do you see that a time where we will have the ability to stop reporting a death discharge hospice item set at all? Because I don't see whether it's bringing any other value to CMS and it does, you know, add to provider burden.

- i. At this time we still are collecting - because there's other parts of the discharge assessment that is used for monitoring for other parts of the quality program, coordination of data. So we do foresee keeping the discharge assessment at this time thank you.
6. There is still a reported problem on (Palmetto) and CGS Web site saying that the submitted hits code is not being replaced by the system calculated code. It was reported back it's showing March 25 is the last update, sorry reported on March 10. Last update was March 25 saying there was no additional update at this time. Do you have any comment to that when we might see an update?
 - a. I wish I had more news about that but our system maintainers and the contractor like the home health group are still working out what's the mechanism of that problem. It's been very tough to diagnose and so they're working on it. But I don't have a fixed date at this point.
7. I just had a question for the home health issues that he talked about, is there a place on the CMS site I'm wondering if it's the claim payment issues that they'll list all these problems that they were having so I can go to one place to find - to look at what all the issues have been going on with the RAPs.
 - a. There isn't a site on the CMS Web site for that. Each of the MACs has a claims processing issues log on their Web sites, what (Sheri) was referring to a moment ago and they should have all of the current ones and resolution dates for the older ones.
8. So on the Care Compare Web site under quality of patient care when it lists the hospice visits in the last days of life measure will it say anything in that little paragraph above that states that something like note this measure does not reflect when hospices offered a visit and it was refused by the patient or family. Because I think as you have mentioned one of the challenges with claims-based measures is you can't capture that kind of information when they refuse a visit.
 - a. Sure when we go to post the claims-based measures we will provide appropriate, you know, guidance or information like we do for other measures but what exactly they'll say at this time I cannot - I don't have we're - you know, as we get closer to the public reporting we will be preparing that information. But we will take what you have suggested under advisement.
9. I would like to clarify something I have heard I mean during the session. So claims-based data will be collected and it is stated that you must submit the claim within 90 days for the data to be processed. So the first part of the question is will there be a penalty if the data, I mean the claim is not submitted timely? And secondly when will this process start?
 - a. So the question you're asking has to do with claims-based data that would be used for the calculation of quality measures and public display on Care Compare. And there's really it's not a deadline per se in that it's only a deadline inasmuch as it - a claim is not reported to CMS within that 90 day window so that's 90 days beyond either the calendar year or fiscal year of data that is being used to calculate that quality measure. That claim would not be included in the data that's

used to calculate those quality measures. There would not be any penalty associated with that as far as the hospice quality reporting program is concerned. You could certainly submit the claim after that. The only caveat there would be that a claim submitted after that would not be included in the data for the purpose of quality measure calculation and that is so that, you know, if we waited a full year for all claims to be submitted the data that we were using to report our quality measures would be quite old by the time we used it to calculate the quality measures.

i. Okay I understand. And when is this process going to start?

1. Well it will start with the first claims data that we're using to calculate the hospice visits in the last days of life measure which I'm not sure what that is offhand but it's certainly included within the hospice rule this year and under the public reporting section. You can see what data that we're proposing to use to calculate and display the hospice visits in the last days of life measure and then you can just go to the end of that year and that 90 days and that will give you your date.

a. I need to get the billing department really kind of shape up and get those claims out timely. Is it being processed now or we have a little time to get ready to make sure all claims are submitted timely?

i. Got you. I just don't have that date off the top of my head right now so unfortunately I can't give you that information. But again it's certainly included within the rule. You can see the data that's being used or proposed to be used to calculate the quality measure for the inaugural display of that measure on the Care Compare site.

10. I just wanted to mimic the other caller who expressed interest in knowing where to see our data regarding visits at the last days of life where we could find these reports. I think if it's not on CASPER then maybe someone who's going to get back to that individual person with their information.

a. It is the information in your CASPER reports. I mean it's your quality measure - it's the QM reports that are in your CASPER folders.