

Centers for Medicare & Medicaid Services

Questions and Answers from

Home Health, Hospice and DME Open Door Forum

Thursday, August 26, 2021

1. I'd like to ask a question about the targeted probe and educate process for auditing home health and hospice records. I understand it's going to be starting back up, I believe as of September 1. I'm wondering if you have any information regarding the timeline for review. Will it be the pre-COVID pandemic, picking up from where they left off or will it start brand new with new audit process round one?
  - a. Targeted Probe and Educate (TPE) resumed on 9/1/2021, and providers are encouraged to review their MAC websites or reach out to their MACs regarding any current audits. Any provider/supplier who was previously on TPE (at the time when the suspension in medical review occurred) is being started back at round one of the TPE process. Claims selected for dates of service during the Public Health Emergency (PHE) will be reviewed with all applicable waivers and flexibilities, established as a result of the PHE, taken in to consideration. Additionally, upon provider/supplier request, Medicare Administrative Contractors are granting extensions to Additional Documentation Request response times if a provider is facing hardships due to the PHE.
2. My question has to do with the hospice quality measures. You mentioned that they were going to be eight quarters of data. And I know that won't include quarter one or quarter two of 2020. Those eight quarters of data can you please just state again what information is going to be reported during that time and then that will not be done before May 2022, correct?
  - a. Yes, that's correct. You're talking about the two claims based measures the Hospice Visits in the Last Days of Life and the Hospice Care Index Measures.
    - i. Those are the two things (measures) that'll be the last eight quarters of data?
      1. Yes. Well we'll be using eight quarters of data and yes, you're correct in that we would certainly exclude quarter one and/or quarter two 2020 data from those measured calculations
        - a. And then the CAHPS information and would that be the HIS and comp measures will that be end of February of 2022 then and to reporting the data is that correct?
          - i. Yes, exactly. So, as we resume public reporting for the February 2022 refresh we'll be using three out of

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four quarters of data for HIS measures which is just going to be the comprehensive assessment measure that's based on the other seven component measures. And that data I believe will correct itself with the May 2022 refresh. However, as we move forward the claims based measures will continue to be affected for some time because there is a longer period of performance. It takes longer for those two quarters of data, the quarter one and quarter two 2020 data to fall out of that period of performance. I don't have the exact period of performance in front of me for May, a potential May 2022 refresh but I believe we did include that information in our final rule.

1. With the comp measure they're just doing that is one measure now they're not individually reporting. I read about that. Is that an average of all those or is it they say no to any measure do you fail that? I was trying to determine that and I couldn't quite determine.
    - a. Yes, you have to have completed all seven of the individual measures.
3. My question is related to the California waivers that were put in place during the pandemic. I know that they were all going to be planning to expire at the end of September. But with the uprising in COVID is there any conversation or talk in regards to extension of those waivers?
  - a. The end of October but that will be re-evaluated by the Secretary of Health and Human Services and to determine whether or not it'll extend again like we have through this past, you know, year and a half. So definitely through the end of October. And then you'll have to just watch to see if there's another extension added.
    - i. So is that applicable for California as well or just the other states because I know that we had received information from CMS regarding September 30 being the effective date of discontinuation of those waivers.
      1. This would be for CMS. If your state has had other things in place we would not - we wouldn't be aware of those dates. This would be for CMS. *(After this call, more was discussed and to please talk*

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*with your state survey agency and see which state waivers are in place. The waivers that was referred was issued by Medicare. They are good through the end of October. We will have to see if the Secretary extends the date longer.)*

4. My question is about the claims based measures the Hospice Care Index. And I'm wondering when can hospices expect to receive their own data in CASPER so they would be aware of how they're doing in in those areas?
  - a. So, we are targeting, I believe, September for the release of confidential feedback reports that will contain your data. So, you'll be able to access the QM reports for your facility, the QM measure reports both facility and patient level and be able to understand how you're performing on that measure. So, I believe we're targeting next month for the release of that report.
    - i. Will these reports include any sort of benchmarking data like how other hospices are performing with these measures?
      1. No, you'll only be able to see your own but you will be able to see a national value.
5. During the Home Health QRP program update, you mentioned about a new Webinar for advanced, or advanced Webinar on interim guidance for the OASIS. And then I think you said it was going to be released later this month. There's one out there right now that was released on the 13th is that the same one or are you anticipating another one that's going to be released?
  - a. That is the Webinar. And the Webinar was released on August the 13th. I can confirm that.
6. I had one question regarding the Hospice Care Index particularly for the four nursing indicators such as gaps in nursing visits, nurse care minutes, skilled nursing on the weekend and visits near death. Does that include LPN and RN?
  - a. So yes, the skilled nursing visits for both the RN and LPN are represented by the same revenue center, center code which is 055X for skilled nursing on the hospital claim. So, both nursing types are included for the calculation of these indicators.
    - i. And that HVLDDL will still only be the RN correct?
      1. Yes.
7. Can you clarify what the burden transition type one and the burdensome transition type two is please?
  - a. Sure, so for type one live discharges from a hospice followed by a hospitalization and subsequent hospice readmission, the denominator would be the total number of all live discharges from the hospice within a given year. And the numerator would be the total number of live discharges from the hospice followed by hospital admission within two days then hospice readmission within two days of

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hospital discharge within a given year. And hospitalizations are found by looking at all fee for service Medicare inpatient claims.

- b. For type two live discharges from hospice followed by hospitalization with a patient dying in the hospital, the denominator is the total number of all live discharges from the hospice within a given year. And the numerator is the total number of live discharges from the hospice followed by hospitalization within two days of live discharge with death in the hospital within a given year. And again, hospitalizations are found by looking at all fee for service Medicare inpatient claims. I know that was a lot. But I will say we are going to following the August 31 Webinar going to pose questions and answers and we will include that on that document.
8. My question is also related to burdensome transitions type one, what happens if there's a - if the patient transfers hospices so that is a transfer - they go to the hospital and they transfer and then they have one hospice on the frontend and another hospice on the backend. How will that affect type one?
- a. For HCI Indicator, ***Burdensome Transitions (Type 1) - Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission:***

**The Numerator** = The total number of live discharges from the hospice followed by hospital admission within two days, then hospice readmission within two days of hospital discharge within a given year. Hospitalizations are found by looking at all Fee-for-Service Medicare inpatient claims.

Based on the Numerator description above, the Hospice of origin where the patient was receiving care at the time of the discharge would be accountable in the instance you described as long as the occurrence was within the two days as noted in the numerator.

9. Can you talk just a little bit on how they're going to do that star rating? Is it by the category? Is each category going to star and an overall star or is an average of the categories giving you a star? How is that star determination being come up with? How are they coming up with that?
- a. Yes, we're going to have an open door forum this fall. And we are going to discuss the star ratings for the CAHPS Hospice Survey, the methodology for it and then the timing for it.
10. I just wonder if you could repeat the line. the email address where if you didn't already register for the upcoming meeting, the PAC training, if somebody could spell that again? I just couldn't write as fast as the gentleman was saying it. And I want to make sure - I thought it might be on the agenda but I don't see [when it's available].
- a. it's P as in Paul, A-C, the word training.... at econometrica, which is E-C-O-N-O-M-E-T-R-I-C-A-I-N-C as in Inc.com.

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- i. And so, we just email that to get the recording after the fact?
  - 1. Exactly. If you email us there we will shoot you an email as soon as it's available.

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