

Centers for Medicare and Medicaid Services
Questions and Answers:
Home Health, Hospice and DME Open Door Forum
Wednesday, October 11, 2023

1. Question: I have a question related to the Review Choice Demonstration in Oklahoma. My question is, has there been any outreach to referral sources, such as physician offices, since this is a fairly new demonstration in the state of Oklahoma?
 - a. Answer: We are currently working with OPOLE (Office of Program Operations and Local Engagement) as well as our MAC (Medicare Administrative Contractor), Palmetto, to make sure we get outreach to the Home Health and Home Care Associations—make sure that the word is getting out.
 - i. Question: But specifically, I'm asking about physician offices—our referral sources, the ones that will have to go—our agencies and other agencies in Oklahoma will have to go back and forth with to get documentation and a face-to-face visit.
 1. Answer: The MAC Palmetto sent notification letters to physicians that included information about the Review Choice Demonstration program in preparation for expansion into the other states five states and will do that again for physicians in Oklahoma. The letters providing information about RCD will be going out to both physicians and non-physician practitioners in Oklahoma, as CMS felt that would be the most beneficial for HHAs. The MAC is currently pulling together data on the projected volume of practitioners in Oklahoma and will have the letters out shortly to ensure timely distribution before the demonstration goes live in Oklahoma.
2. Question: Could somebody please post the link to the demographic update for the Hospice QRP information?
 - a. Answer: HQRP DEMOGRAPHIC UPDATE Webpage:
<https://www.cms.gov/medicare/quality/hospice-quality-reporting-program/how-update-hospice-demographic-data>
3. Question: Are there any updates for the HOPE project pertaining to hospice that we should expect to see in the next few weeks?

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- a. Answer: Nothing that you would expect to see in the upcoming weeks. But if there is going to be any tentative update or new updates, just look for that information on the spotlight and announcements pages for the QRP.
- 4. Question: My question is regarding Home Health Value-Based Purchasing. I'm wondering how and when agencies can expect to be communicated with on our final total performance score and ranking and the percent of rate adjustment. When can we expect that information, and what do you anticipate the platform for communication will be?
 - a. Answer: The annual report, which will include that information, is scheduled for August of 2024. At that time, you'll have an opportunity to review the data and ask questions, request a recalculation if need be. And then the final report will come out so that we meet the regulatory guideline that we tell you what your final percentage adjustment is 30 days before the performance year of 2025. As a reminder, if there are recalculation requests and we find that something does need to be recalculated, it could potentially affect everybody's scores, and that's why you don't see the absolute final until after the whole appeals process goes through. But your first glimpse of it will be in August of 2024.
- 5. Question: I have a question that unfortunately is sort of unrelated to all the topics that we covered, but it's important. We are in the process of our CHAPS (*Community Health Accreditation Partner*) certification, and we're going through the necessary procedures and so forth in order for us to make sure that we're certified. But I just wanted to be able to get an idea as to what are the procedures that CMS required? Uh, from the beginning of the process to the end, towards the certification. If I could get a better understanding of what CMS requires, also as what CHAPS (*Community Health Accreditation Partner*) also require.
 - a. Answer: We recommend the provider reach out to his regional office or state office for more information about accreditation.
- 6. Question: I was curious about the states that are currently in the Review Choice Demonstration and the end date of May 31 of 2024. I was curious if there's a timeline for knowing when and if the program would be extended past that date.
 - a. Answer: At this time, we have the demonstration set to end in May of 2024, but CMS is currently working internally to determine if the demonstration will be extended past that May expiration date, and we will definitely provide ample notice. But at this point, that's about the best answer I can give.
- 7. Question: I believe in the time frame of about two to three years ago, it was announced that for hospice HIS (Hospice Item Set) submissions, it would be moving from the QIES

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system to the iQIES system. And then there's been no communication since. So, I'm just curious if there's any updates about timeline, if that's still in the works and being planned, and if so, when might that happen?

- a. Answer: That transition is still scheduled to happen. I unfortunately do not know the specific time frame at this time. But if you stay tuned in to the QRP pages, updates and information will be coming to let providers know when that shift will be happening.
8. Question: Are there any updates for hospices adding MFTs (marriage and family therapists) or MHCs (mental health counselors) for Calendar Year 2024?
 - a. Answer: The final rule for this will be out in early November. So, just watch for the Physician's Fee Schedule final rule, which will be published around November 1, or at least displayed around November 1.
 - i. Question: Okay, and that will give the hospices the direction, because we know by reading the FAQ that the MFTs and MHCs will have to enroll in the system, but at the same time, the rule if it becomes effective January 1, what's the time frame for hospices to have this discipline in either an employee or a contract employee? Will that final rule address that?
 1. Answer: The final rule will address the effective date of January 1, yes.
 - a. Question: Okay. So as these MFTs and MHCs enroll with CMS Medicare, then hospices will find out who the host of folks that are enrolled and contract or employ them, correct?
 - i. Answer: Yes. Again, the final rule will describe more of that, but you can always—once November 1 comes around, and we'll be glad to assist you in any way.
 9. Question: My question is regarding the Value-Based Insurance Design, and how often is that list updated so that we can check if any payor in our community enroll? Thank you.
 - a. Answer: The list of Model participants is updated annually in the fall ahead of the upcoming calendar year. Please visit the [VBID webpage](#) for more information.
 10. Question: My question is in regard to the hospice provision in the hospice Fiscal Year 2024 rule that would require certifying physicians to be enrolled in Medicare or validly opted out. There was mention that CMS would be posting a transmittal with implementation instructions specifically with the technical details for updating the

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ORDF, which is the database for notifying providers and vendors of those hospice physicians that are enrolled. And I'm wondering if CMS has an idea as to when that transmittal will be made available?

- a. Answer: We're working on an MLN article that we hope to issue in the next few weeks.

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