

Centers for Medicare and Medicaid Services
Home Health, Hospice and DME Quality
Open Door Forum
Moderator: Jill Darling
Wednesday, January 17, 2018
2:00 p.m. ET

Operator: Good afternoon. My name is (Julie). And I will be your conference facilitator today. At this time, I'd 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, simply press the pound key.

Thank you. Mr. Brian Slater, you may begin your conference.

Brian Slater: Thank you very much. Just a couple updates. One, Hillary Loeffler our chair and our moderator Jill Darling are out today. So, I'm actually filling in. Couple updates – excuse me, on the agenda is we're going to be flip flapping C and D on the agenda and actually we're F, the update on the Hospice Compare.

And in addition to that, just keep in mind that the open door forum is not intended for the press. 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&A portion of the call. If you have any inquiries and you're in the press, please contact cms.press@cms.hhs.gov.

And without further ado, I'm going to pass off to (Michelle Mack) to give an update on the Medicare Care Choices Model update.

(Michelle Mack): Hi. This is (Michelle Mack). I'm going to give you a brief update on the Medicare Care Choices Model. We also call MCCM. We just want to let you know that effective January 1, 2018, we brought on cohort two. They started enrolling patient with – for the MCCM model.

Also at this time between cohorts one and two, we have 99 total hospices that are participating in the Medicare Care Choices Model. Our team is excited that we are starting to move forward and being the trend go upward.

Also as of today, as of December, we have a total of over 1500 enrollees. And also, if you have any additional questions regarding the Medicare Care Choices Model, feel free to e-mail us at carechoices@cms.hhs.gov That's Care Choices, spelled C-A-R-E, choices C-H-O-I-C-E-S@cms.hhs.gov, thank you.

At this time, I'd like to pass it along to Danielle.

Danielle Shearer: Thanks so much. My name is Danielle Shearer. And I'm here to remind everyone that the new Home Health Agency Conditions of Participation are now effective. They went into effect on Saturday, January 13th. So, it's very new and very exciting for all of us involved.

I want to make a note out there that the eCFR, the Electronic CFR website has not yet been updated to reflect the new COPs. That update should occur within the next days with the newest site refresh. So, look for it there in a few days.

If you want to visit the rule today, the best way to do it is to go on to the federal register website and search by date for January 13, 2017. So, one year ago. And you'll be able to find the rule that way for viewing until the eCFR is updated.

Any question about the rule, can you direct it to me? Danielle Shearer, its D-A-N-I-E-L-L-E.Shearer, S-H-E-A-R-E-R@cms.hhs.gov. Again, D-A-N-I-E-L-L-L.S-H-E-A-R-E-R@cms.hhs.gov, thanks, that's all. Brian.

Brian Slater: Great. Thanks Danielle. Now, I'm going to pass off to (Lori Teichman)) for Home Health CAHPS Survey announcements.

Lori Teichman: Thank you Brian, I just have a few announcements. First is on January 2nd, we posted the latest Home Health CAHPS Coordination Team quarterly newsletter. This is a one-page of newsletter that we put out every quarter.

We are encourage everybody and especially Home Health Agencies to look at this because we have some important new information about how Home Health Agencies can monitor their data submissions on their respective Home Health CAHPS Survey vendors. So, it has a lot of good news and information.

On January 24th which is next week, we are posting updated Home Health CAHPS data on Home Health Compare. On <https://homehealthcahps.org>, also on January 24th, we will post the update patient mix adjustors for the update publicly reported data on Home Health Compare.

On the last open door forum, I announced that the Home Health CAHPS Coordination team is looking in to some new topics for the current questionnaire that's been in use so many years. And we are interested in conducting telephone interviews with Home Health Agencies or Home Health Experts and Patient advocates about topics that they would like to see added to the survey. Possibly after we test out additional questions and test out removal of some questions, we may consider modifying the current survey. The current survey has 34 questions, 25 core questions, 9 “about you” questions. We would like to keep the survey about the same length.

If you're interested in taking part in this process, we welcome you to e-mail the Home Health CAHPS Survey Coordination team at HHCAHPS@rti.org.

One last announcement, in two weeks from today, we have our annual introductory and update SURVEY VENDOR training sessions for Home Health CAHPS.

The introductory training sessions take place on two afternoons, the afternoon of January 30th and the afternoon of January 31st. Both Intro Sessions are from 1 pm to 4 pm. The Update training for current HHCAHPS survey vendors is on Friday, February 2nd from 12 pm to 2 pm.

If you would like any information about these survey vendor training sessions or if you would like to see the training slides, we're going to post them for all the sessions on <https://homehealthcahps.org> on the week of January 22nd.

And I just want to close with saying, if you have any questions about the survey feel free always to e-mail RTI that's Research Triangle International, they are the CMS federal contractor for Home Health CAHPS and you may e-mail them at HHCAHPS@rti.org. There's also a telephone number which is 1-866-354-0985. Thank you so much.

And now, I'd like to introduce the next presentations that will be done by Carol Schwartz.

Carol Schwartz: Thank you. I would like to provide three updates to the Home Health Quality Reporting Program. There has been an update on changes to the quality of Patient Care Star Ratings Calculation Algorithm.

The Home Health Quality of Patient Care Star Rating has been publicly reported each quarter on Home Health Compare starting in 2015. Since then, our contractor has convened an expert panel. And CMS has held multiple stakeholder engagement opportunities to gather feedbacks and suggestions on the methodology and performance of the ratings.

CMS also monitors the quality of patient care star ratings and its component measures by assessing report ability, quarter to quarter stability and examining trends in ratings over time. Based on this feedback in January of 2017, we propose two changes to the star rating measures. Removing the influenza immunization measure and adding the emergency department visit without hospitalization claims based measure to the calculation algorithm.

Based on stakeholder feedback, CMS revised its protocol to remove the influenza measure and add no new measures. This new proposal was announced on Medicare Learning Network call on October 10th.

In the 30-day comment period following the October call we received 24 comments, all supporting the removal of the influenza measure from the quality of patient care star rating. A summary of these comments is available on the Home Health Star Rating's page.

Based on this input in a December 14th 2017 webinar, CMS announced that we had finalized its proposal to remove the influenza immunization received for current flu season measure from the quality of patient care star rating for home health.

In follow up to this, current reporting deadlines for the quality of patient care star rating's calculation the algorithm, the removal of the influenza measure will be effective with the April 2018 Home Health Compare Refresh.

The preview reports reflecting this change will be distributed by early February. And we'll cover data from July 1, 2016 to June 30, 2017. This data will be displayed on Home Health Compare in April 2018. The methodology report and other documentation will be added to align with the revised calculation and repost it on the CMS website.

The influenza measure will continue to be reported on Home Health Compare and will be monitored to determine whether removal from the star rating calculation impacts vaccination rates.

Questions may be seated – may be submitted to the Home Health Quality Help Desk at – and it's all one word, lower case, no spaces
homehealthqualityquestions@cms.hhs.gov.

And finally, our third announcement is about an updated reconsideration and exception and extension page. In the C.Y. 2018, final Home Health PPS rule, CMS formalized its process for requesting the reconsideration of determinations regarding from clients with paper reporting requirements, as

well as its policies for providing exceptions to these policies and extensions to reporting timeframes.

The reconsideration request web page accessible from the Home Health Quality Initiative home page provides information and updates related to the reconsideration process for the Home Health Quality Reporting Program.

On this page, you will find guidelines and processes for submitting reconsideration request and request for exceptions and extensions better effective as of January 1, 2018.

At this time, I would like to move forward and give some announcements for the Hospice Quality Reporting Program. So, we have some upcoming training and education events. CMS is producing two series of education modules that will be released in March.

The first series will focus on helping providers navigate the websites for the Hospice Quality Reporting Program. This includes the CMS HQRP website, the CAHPS Survey website and the (Q2) website.

CMS has recently made updates to the organization of the HQRP website to improve flow in organizations. This first series will include information on navigating the newly redesigned website. The second series will focus on coding guidance for the HIS, for Hospice Item Set.

Based on questions frequently asked on a Hospice Quality Help Desk, CMS has produced refined coding guidance for specific HIS items. This series will cover refined guidance and will include examples for each section of the HIS.

Both of these series will be release as short self-directed video segments. To launch the release of the video segment series, CMS will host a live webinar event where select modules will be featured. But the webinar event will also have a question and answer session.

CMS plans to host the webinar event in March. The exact date has not yet been determined. Check the training announcements and registration page on

the CMS HQRP website for updates on the release and launch of these educational modules.

Another update is about the F.Y. 2020 HQRP requirements. January 1st, 2018 marks the start of the F.Y. 2020 reporting year for the Hospice Quality Reporting Program.

As a reminder, all Medicare certified Hospice providers are required to comply with HQRP requirements or they will be subject to a two percentage point reduction in their APU in their annual payment update.

Hospice providers must comply with both HIS and Hospice CAHPS requirements to avoid the two percent reduction in their APU. For HIS, for the F.Y. 2020 APU, you must submit 90 percent of your HIS records on time to be considered compliant.

Remember, there are no exemptions for HIS reporting. All Medicare certified providers must report HIS data.

For CAHPS for the F.Y. 2020 APU, your vendor must have successfully submitted 12 months of data by each quarterly deadline.

There are size and newness exemptions for CAHPS. The newness exemption is granted automatically if you are eligible, but the size exemption must be applied for annually. It does not carry over from year-to-year.

For more information on compliance requirements, please view the training materials from the reporting Hospice quality data tips for compliance call which are available on the training and education library portion of the CMS HQRP website.

And at this time, I'd like to turn the call over, I believe to Will Gehne and Charles Nixon. Thank you.

Charles Nixon: Thank you. This is Charles Nixon. I'm going to talk about the EDI notice of election submission. We would like to provide you with an update of notice of election submission via Electronic Data Interchange, also known as EDI.

CRR10064 was created to allow EDI submission and was schedule for implementation on January 2nd, 2018. And they actually discover two issues during their testing. First issue is that CMS provide a Companion Guide for EDI NOE, they also include an instruction needed to ensure NOEs pass HIPAA compliance edit.

The guide required hospices submit and not otherwise specific HCPC code which is code 25009. It's an unspecified code is used existing edits require a description to also be included. CMS has updated a guide to add this instruction and posted a revised document to our hospice website. All providers and their vendors must follow the updated guide in order to submit EDI NOE successfully.

Second issue is that electronically submitted NOEs will hit CWF edits E2101, patient status code admitted or code impossible in return the provider for corrections. Due to different circumstances at the MAC sides, the impact for this problem varied across the country.

Your MAC may have implemented a work around in their system that allows them to continue accepting EDI submission, providers who follow their updates on their MACs list serve and their websites regarding electronic submission.

Your MAC may recommend hospices continue to submit NOEs via Direct Data Entry otherwise known as DDE until the issue is resolved. DDE submission does not effected by this issue. Currently, it is schedule to fixed on February 5th, 2018.

We're doing what we can in each jurisdiction for some hospices can get the benefit of EDI submission as soon as possible. We will continue to work with the MACs to meet our goal of resolving this issue quickly and permanently.

Now, we an have update on the Hospice CAHPS announcements from Debra Dean-Whittaker.

Debra Dean-Whittaker: Hello everyone. I thought I would talk to a little bit about the preview report for Hospice CAHPS data. We just completed our first round of providing preview report, a Hospice CAHPS survey data and I thought I would mention how it went.

A handful of Hospice is formally requested review of their data. A larger number had general questions which were also answered. Be sure to realize that the adjusted data shown on the preview report may not match the data you get from your vendor. This is to be expected. The preview report show official CMS data. And that data is adjusted for case-mix and mode.

We do case-mix and mode adjustments in order to make the comparisons between hospices more fair. We are trying to remove the impact of who is answering the survey and using what methods.

For example, mode adjustment is intended to remove differences in survey results that come from how you collect your data whether the hospice does a mail survey, a phone survey or a mix mode survey.

In our work with the review request, we found that mode adjustment accounted for much of the difference between the adjusted data in their preview report and the data from vendors which tends to be unadjusted.

We did review all of those scores as requested and found they were correct. The variations between the adjusted and unadjusted scores were due primarily, although not exclusively, to mode adjustment.

If you have further question, you certainly can contact us at the e-mail address on the agenda. And now I'd like to return the mic to Brian.

Brian Slater: Thank you, Debra. That concludes our presentation portion. We can get right in to the Q&A portion.

Operator: At this time, I would like to remind everyone if you would like to ask a question, it is the star one on your telephone keypad. If you would like to withdraw your question, please pound – press the pound key.

Please limit your questions to one question and one follow-up to allow other participants time for questions. If you require any follow-up, you may press star one again to rejoin the queue.

Your first question comes from the line of (Aileen Hasien) from Compassionate Healthcare Hospital. Your line is now open.

(Aileen Hasien): Hello, can you hear me?

Operator: Yes, your line is open.

(Aileen Hasien): Hi, yes.

Brian Slater: Yes. We can hear you.

(Aileen Hasien): All right, thanks. Thank you for the presentation. Yes, I'm wondering about demographic updates on Hospice Compare. I understand that the timing is six months, has there have been any work to try to tighten that timeline, that seems like an awful long time?

Amanda Barnes: Hi. This is Amanda Barnes with CMS. And I hear your concerns. And we are aware that that timeline is pretty tight or, excuse me, pretty lengthy. And unfortunately, with the notices that have to happen between the MACs and the various different systems to update with and coordinate all within each other, it just takes a little bit of time for all of that to happen. And then obviously to then push out to the preview reports and then push out to the compare site.

So unfortunately, we say six months, you know, as the buffer. So unfortunately, is until we can figure out maybe some system issues or, excuse me, some system enhancements that that's the timeline that we're looking at. Thank you.

Operator: Your next question comes from the line of (Anne Lee) from P.I. (Anne), your line is now open.

(Annette Lee): Hi. This is (Annette Lee). I have a question regarding the initial assessment visit. I'm looking at the draft of the interpretive guidelines, and the question

was regarding the verbiage within the standard that talks about the comprehensive assessment being completed in a timely manner. And it talks about no later than five days after the start of care which has been the way it has been for years. But then it goes on to say the start of care is the date of the initial assessment. And we've always had the understanding that the start of care date was the first billable visit. So my question is, is it acceptable to conduct the initial assessment visit and the start of care or that first billable visit on different days?

Danielle Shearer: This Danielle Shearer. Unfortunately, we do not have anyone from the interpretive guidelines team here on the call. So I don't think we have somebody here who can answer that question.

(Annette Lee): OK.

Danielle Shearer: If you want to go ahead and send it in to me, I can make sure that the (inaudible) have a time to weigh in.

(Annette Lee): Sure, thanks Danielle. I do have a follow-up on a different topic, maybe this is something you could speak to.

Regarding the extended patient rights, all the additional information we have to be sure to provide the patient before serving them. For patients that were already on service, so they're extending past that date when the new COPs were valid last Saturday.

How do you want that handle, do all patients, even if they were prior patients need to ensure that we have that in their record and find that yes they've received this now with the new COPs now after that day?

Danielle Shearer: Yes. That's actually a very good question and not one that I've gotten before. So, I don't know that we've actually developed an answer to that. That's been circulated around. So, again, if you want to submit that to me ...

(Annette Lee): OK. Sure.

Danielle Shearer: ... by e-mail, we can, again, touch base to with our survey side to make sure we're all on the same boat and get the answer back to you.

(Annette Lee): Awesome. OK. Thanks Danielle.

Danielle Shearer: You're much welcome.

Operator: And your next question comes from line of (Karissa McKenna) from (Mcbee). Your line is now open.

(Karissa McKenna): Hello? Can you hear me?

Brian Slater: Hello.

(Karissa McKenna): Hi. OK. I just, I'm sorry, I missed the very beginning because I was stuck in the queue. Was there any talk about the draft guidelines when they're going to be release in the finalized version?

Danielle Shearer: This is Danielle again. To the best of my knowledge and, again, I'm not the I.T. person. But to the best of my knowledge there in the clearance process for the final version, but when they will actually be released has not been decided yet.

(Karissa McKenna): Thank you.

Operator: Your next question comes from line of (Diane Segal) from Tri County. Diane, your line is open.

(Diane Segal): Hi. We're a DME company. And I was wondering if you've heard have any information on the next round of competitive bidding? If there's any been any word on that yet?

Brian Slater: Hi (Diane). This is Brian. We don't have anyone from the DME side of the house here. If you want to send your questions to the Home Health Hospice DME ODF mailbox ...

(Diane Segal): OK.

Brian Slater: ... we can triage it accordingly.

(Diane Segal): Right. Thank you.

Brian Slater: Thank you.

Operator: Your next question comes from the line of (Jennifer Miller) from Willis County. (Jennifer), your line is now open.

(Jennifer Miller): Hi. We had a question related to the interpretive guidelines as well. So what e-mail do we send those questions to?

Danielle Shearer: Brian, this is Danielle. Do you want them to send, I mean, I can field ...

Brian Slater: Yes, let's ...

Danielle Shearer: ... a question for survey and cert or they can send them to the general mailbox.

Brian Slater: Yes let's submit ...

Danielle Shearer: What do you prefer?

Brian Slater: ... mailbox just to that number.

Danielle Shearer: OK.

Brian Slater: Everyone's questions will be in the same place so we can triage from there.

Danielle Shearer: OK. Fair enough.

Brian Slater: Do you have that mailbox (Jennifer)?

(Jennifer Miller): Is it the new HHACOPs?

Danielle Shearer: No. That one actually goes to me as well. So there is a different one that's for the open door forum. So that Brian can make sure that he gets to the right people since they're not here.

Brian Slater: Yes.

(Jennifer Miller): Go ahead give it to me.

Brian Slater: It's homehealth, one word, underscore hospice underscore dmeodf-
l@cms.hhs.gov.

(Jennifer Miller): Thank you.

Brian Slater: You're welcome.

Operator: Your next question comes from the line of (Kathleen Watson) from Interim
Health. Kathleen, your line is now open.

(Kathleen Watson): Hi. Thanks a lot. You all have a nice document on how to correct
demographic information for Hospice Compare. Do you have something – I
couldn't find anything similar for Home Health Compare or is the same
process?

Amanda Barnes: Hi. It's Amanda Barnes. I can try to take a stab at this. We're working on
updating on all of our guidelines on updating demographic information across
our post-acute care settings.

So if you would like to just stay tuned to the Home Health spotlights page.
And also the post-acute care list serve that we have, we also routinely send out
on the home health hospice and OD – pardon me, DME ODF list serve when
we do have major updates like that. So as soon as those updates do become
available on for Home Health, we'll be able to update providers on that.

(Kathleen Watson): OK thanks. That would be very helpful. Thank you.

Amanda Barnes: No problem.

Operator: Your next question comes from a line of (Jennifer Handel) from hospice in
Michigan. (Jennifer), your line is now open.

(Jennifer Handel): Hi. I'm just wondering, we have recently had a hospice routine home care high rate, low rate overpayment. And I thought that with the – whatever came out in the fall and that we were supposed to submit to our MACs anything that was outstanding that the issues had been resolved. Are you aware if there still issues that remain with the hospice payment reform payments.

Wil Gehne: Hi, it's Wil Gehne. We've just recently had some information suggesting that there may be another issue that we weren't aware of. I haven't had much time to review that yet. But if you have an example and please bring it to the attention of your MACs so they can then escalate their system maintainer and researchers.

I would have said – two days ago I would have said, you know, absolutely we've got it all covered. I'm not sure about that right now.

(Jennifer Handel): All right. I mean, I did. I have to follow up with them because they do not – even when we submit this to them, we don't even get acknowledgement that it's been submitted. So we need to find out from them how we can get acknowledgement that we've even submitted this stuff. But, all right, I'll follow-up again.

Wil Gehne: OK. Thank you.

Operator: Your next question comes from line of (Jessica Kaufmaca) from Pro Health. (Jessica), your line is open.

(Jessica Kaufmaca): Hi. I was stuck in the queue as well. I joined five minutes late. Can you tell me what's the HHACOP update, was that removed from the agenda or did I miss that?

Danielle Shearer: Now, you just happen to unfortunately get in a little bit late. It was just a reminder to folks that the HHA COPs are now in effect. And to make folks aware that they are not currently up on the eCFR. And that the best place to view them is actual federal registrar website. So, we hope that they will up on the next refresh in the next few days.

(Jessica Kaufmaca): OK. Thank you.

Danielle Shearer: You're very welcome.

Operator: Your next question comes from the line of (Angela Annison) from Perham Living. Angela, your line is open.

(Angela Annison): So, my question is about the medical social worker. So, from what my interpretation is if I have a bachelor degree social worker, she can't be doing the initial social work visit or a discharge visit, is that correct?

Danielle Shearer: We have not made – wait. First, are you asking for home health or are you asking for hospice?

(Angela Annison): Home health.

Danielle Shearer: Home health. All right, we haven't made any changes for medical social worker requirement.

(Angela Annison): OK.

Danielle Shearer: So nothing has changed in practice in that regard of who can or cannot do different visits.

(Angela Annison): OK.

Danielle Shearer: OK. I hope that helps.

(Angela Annison): Yes. Yes.

Danielle Shearer: All right. Thanks.

Operator: Again, if you'd like to ask a question, please press star then the number one on your telephone keypad.

Your next question comes from the line of Paul Komishock from Pride Mobility. Paul, your line is now open.

Paul Komishock: All right. Thanks for taking my call. Can anyone there provide any updates on the upcoming competitive bidding program for 2019 for DME?

Brian Slater: Hi Paul. This is Brian. Someone asked that question before. Unfortunately, no one is from that area and we can't give any update on that. If you'd like to submit your question, if you have a specific question to the mailbox, you can do so. Do you have e-mail?

Paul Komishock: I do.

Brian Slater: OK.

Paul Komishock: OK. Good.

Brian Slater: Great. Thank you.

Operator: Your next question comes from the line of Julia Howard from CMS. Julia, your line is open.

Julia Howard: Hi. Sorry, I was little way to a near call. This is Julia Howard from competitive bidding. And to answer those two questions, we don't have any update on when the next round of competitive bidding will be.

Operator: Thank you. And your next question comes from the line of (Aileen Hasien) from Compassionate Health. (Aileen) your line is open.

(Aileen Hasien): Hi. This is about the hospice items at timeliness reports and the keys website. And I've asked this question a couple different ways and I thought I'm just going to ask whoever can answer it the best.

HIS timeliness is 90 percent for this year of course. But it seems that the HIS timeliness reports are not real time. In other words, can you help me understand the log time between form uploads and when the timeliness of those reports are reflected? It doesn't seem like they flow logically. And I want to know when the right time to run the reports related to form uploads has been. Because I've asked the question of keys and they told me its real time but it isn't real time. So I wondered if you had any perspective on that.

Amanda Barnes: Hey. This is Amanda from DCPAC. That seems like something that we would need to take back to our technical team. So if you could just send it to the home health and hospice/DME e-mail address and Brian can get that to us over here, Amanda, and our – and we can forward that to our technical team. And that e-mail address is HomeHealth_Hospice_DMEODF-L@cms.hhs.gov.

(Aileen Hasien): Is that the same web address on the agenda?

Amanda Barnes: Yes. Yes ma'am.

(Aileen Hasien): ... or the e-mail on this – OK, thanks.

Amanda Barnes: Yes ma'am.

(Aileen Hasien): Sure, right.

Operator: And your final question comes from the line of Anne Marie Cunningham from Ernest Health. Anne Marie your line is now open.

Anne Marie Cunningham: Hi. Thank you. I have a couple of questions, actually regarding the new Home Health COPs. I'm wondering if you could clarify regarding the patient record that it must be available free of charge and within the four business days. Does that include patients who are discharged as well or those – is that guideline just for active patients?

Danielle Shearer: That would apply to all patients regardless of whether they are active or discharged.

Anne Marie Cunningham: OK. And (one has) to be free of charge, does that include to the patient representative or legal representative or just to the patient request?

Danielle Shearer: If there's a patient representative acting on behalf of the patients then they are essentially being treated as the patient for that purpose.

Anne Marie Cunningham: OK. And so there is then I guess the providers are not permitted to charge at all after the 13th for a medical record?

Danielle Shearer: For requesting information from the medical record, yes.

Anne Marie Cunningham: So can you clarify that – I'm just trying to see clarification to make sure that we're in line with the COPs. It used to be, you know, you could – there would be possibly an opportunity to charge for possibly the paper, the administrative time to gather the medical record for the patient and deliver it. Is that something that now is you cannot do absolutely and everything it has to be free of charge, or is this free of charge does simply pieces of the medical record?

Danielle Shearer: It's free of charge period.

Anne Marie Cunningham: OK. Very good. And I had another question regarding that or do I need to go back into the queue?

Danielle Shearer: Brian, I will defer to you on that call.

Brian Slater: I mean I think the customer thing would be to go back into the queue, but since you're the last one and we're ahead of schedule why not.

Danielle Shearer: All right, fire away.

Anne Marie Cunningham: OK. I appreciate it. Could you clarify for me if the qualified person authorized to act in the absence of the administrator, if that was someone who didn't meet the administrator requirements prior to the new COPs, will that qualified person be grandfathered in?

Danielle Shearer: No. The qualified person is not grandfathered in. The administrator, him or herself or herself is grandfathered in, but not the qualified individual.

Anne Marie Cunningham: OK. Great, thank you.

Danielle Shearer: You're very welcome.

Operator: We do have another couple of questions from the queue. Your next one comes from the line of (Karen Blacker) from Lake Center Hospital. (Karen), your line is open.

(Karen Blacker): Hi. Thank you. I want a clarification on the prior question. If an attorney asked for medical records or a long-term, you know, an insurance company asked for medical records on behalf of one of our patients for whatever reasons they might ask for it. Do I have to provide to them free?

Like I interpreted as just as a patient and if the patient, you know, caregiver, you know, POA that that's, you know, involved with the family I took it to mean those individuals but not attorneys and insurance companies.

Danielle Shearer: The requirement is that it's made available to the patient. When we speak to the patient's representative, we're talking about the individual that meets the representative definition provided in the rule. That would not necessarily cross over to an insurance company because they would not meet the definition of their representative as provided in the rule.

(Karen Blacker): Or an attorney, because I'm applying – I'm supplying it to the attorney. I'm not supplying it to the patient.

Danielle Shearer: The definition of the representative as set forth in the rule. Please pardon me because I'm actually sorting through. At the moment, I do not believe would cross over into that.

(Karen Blacker): I didn't think it that way either.

Danielle Shearer: Yes. It talks about the individual who makes health care decisions on the patients behalf or somebody who is making decisions related to the patient plan of care well-being. So it does not extend out that far.

(Karen Blacker): It would not be an attorney and that would not be an insurance company then that – OK. Great.

Danielle Shearer: It must be somebody who meets the definition of a representative as set forth in the rule.

(Karen Blacker): Thank you.

Danielle Shearer: You're very welcome.

Operator: Your next question comes from the line of (Tammy Anderson) from Premier Care. (Tammy), your line is now open.

(Tammy Anderson): (Karen) just addressed my question. My question is answered. Thank you.

Operator: There are no further questions at this time. I turn the call back over to the presenters.

Brian Slater: Yes. I appreciate that. I think that's it for this call. If you have any outstanding questions or anything comes up after the fact you can send those to the mailbox on the agenda. For those of you that don't have it or have the agenda in front of you, again, it's homehealth_hospice_dmeodf-1@cms.hhs.gov.

Thanks for all those did join the call today and our speakers and we'll see you guys with the next one. Thank you.

Operator: Thank you for – thank you for participating in today's Home Health Hospice and DME Quality Open Door Form Conference Call.

This call will be available for replay beginning January 17th 2018 at 5:00 p.m. until 19th January 2018 at 11:59 p.m. The conference I.D. number to replay is 31077154. The number to dial for the replay is 855-859-2056. This concludes today's conference call. You may now disconnect.

END