

Centers for Medicare & Medicaid Services
Home Health, Hospice and DME/Quality
Open Door Forum
Moderator: Jill Darling
Tuesday, May 15, 2018
2:00 p.m. ET

OPERATOR: Good afternoon. My name is (Emily) and I will be your conference operator today. I would like to welcome everyone to the Centers for Medicare & 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 speakers' remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply please star then the number on your telephone keypad. If you would like to withdraw your question, press the pound key.

I would now like to turn the call over the Jill Darling. Please go ahead.

Jill Darling: Thanks (Emily). Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communications, and thanks for joining us today for the Home Health, Hospice and DME Open Door Forum.

Before we get into today's lengthy agenda, I have one brief announcement. This Open Door Forum is not intended for the press, and the remarks are not considered on the record. If you are member of the press, you may listen in or please refrain from asking questions during the Q&A portion of the call. If you have any inquires, please contact CMS at press@cms.hhs.gov.

So, first, we have (Laura Ashbaugh), who will go over the Fiscal Year 2019 Hospice Payment Update.

(Laura Ashbaugh): Good afternoon. The FY 2019 hospice proposed rule includes routine, technical rate setting changes for FY 2019 to update hospice payment amount for the hospice base payment rates, the hospice aggregate cap amounts, and the wage index. The hospice payment update percentage for FY 2019 is 1.8 percent. We are also making minor changes to regulations text as a result of the Bipartisan Budget Act of 2018. Effective January 1st 2019, physician assistants are recognized as attending physicians for Medicare hospice. PAs will be permitted to perform the function of attending in support of the hospice patient. However, we note that PAs are not permitted to perform the face-to-face encounter nor the certification of terminal illness.

Now we'd like to turn the discussion over to Cindy Massuda in CCSQ. Thank you.

Cindy Massuda: Thank you very much, (Laura). Good afternoon and good morning to everybody. So for the fiscal year 2019 hospice proposed rule for the Hospice Quality Reporting Program, I want to be providing updates and highlights to that rule. So for the rule, we revised the date of the reviews and correction timeframes for data submitted to the Hospice Compare using the hospice item set; for CAHPS, the hospice survey participation requirements for fiscal year 2023 and subsequent years; and then we added quality measures to publicly available websites and provide the procedures to determine quality measure readiness for public reporting; quality measures to be displayed on Hospice Compare in Fiscal Year 2019; updates to the public display of Hospice Item Set measures and display of the public use file data and/or other publicly available CMS data on the Hospice Compare website. There's no proposed changes to the Hospice Item Set data collection nor any new quality measures being proposed.

So the revised data review and correction timeframe for data submitted to Hospice Compare using the Hospice Item Set – so that we could ensure that data reported on Hospice Compare is accurate and to align with other quality reporting programs, we proposed the hospices to have four and a half months after the end of each quarter to review and correct data that's been publicly reported. And this proposed policy would go into affect January 1st of 2019.

This proposal would not impact the current 36 months timeframe providers have to correct records via modification or inactivation request.

For adding quality measures to publicly available websites, the procedures to determine quality measure readiness for public reporting, we follow standard consistent process in determining the readiness for quality measures to be publicly reported and perform the necessary analysis to determine and demonstrate that the measures meet the NQF measure evaluation criteria for reliability, validity, and reportability prior to public reporting provider performance on these quality measures. Since all measures follow the same analyses, CMS would announce results of these analyses and publicly report – and public reporting timeframe for measures via standard subregulatory communication channels.

We also have quality measures that are going to be added to be displayed on Hospice Compare in Fiscal Year 2019, and these for the Hospice Item Set are; Hospice Comprehensive Assessment measure, which is NQF 3235, and Hospice Visits when Death is Imminent Measure Pair.

And we propose updates to the public display of Hospice Item Set measures. So to enable more efficient use of Hospice Compare data, we propose to no longer directly display the seven component measures as individual measures on Hospice Compare once the Hospice Comprehensive Assessment measure that NQF 3235 is displayed. We would still provide the public the ability to view these component measures in a manner that avoids confusion on Hospice Compare. This proposal would only impact how the measures are displayed on Hospice Compare.

And then display of the public use file data and their other publicly available CMS data on the Hospice Compare website. We propose to display the data as shown from the CMS Public Use Files and/or any other publicly available CMS data to the Hospice Compare website or present the data after additional calculations to help consumers make an informed decision (in the) selection of a hospice. Examples of information we may present that is likely to trended over multiple years; hospice provider provides only routine home care to

patients; percentages of the primary diagnosis that patient is served by the hospice such as cancer, dementia, stroke, respiratory disease; locations where the hospices has served patients. Any of those calculations will be performed on data exclusively from the source file like the Public Use File or any other publicly available CMS data.

The information we anticipate placing on Hospice Compare website includes data from the Public Use File that is based on adjudicated claims. And we would be adding a new section to the Hospice Compare website to display the section of information in a consumer-friendly format.

And with that, I'm going to turn it over to my colleague, Carol Schwartz.

Carol Schwartz: Thank you. The Home Health Quality Reporting Program has two announcements. Updated materials are now available on the CMS website. CMS has posted several documents relevant to the Home Health community on our websites. Documents have been posted on the Star Ratings page to reflect the removal of the Influenza Immunization Received for Current Flu Season measure from the star ratings algorithm in April 2018. This included an updated fact sheet, frequently asked question document and an updated methodology report.

The April 2018 OASIS Q&As have been posted in the Downloads section of the OASIS user's manual page. The web address for this document is also included in the agenda for this call. These Q&As provide official CMS responses to frequently asked question that had been submitted through the Home Health Quality help desk by industry providers, consultants, and CMS contractors.

Topics addressed in the Q&As include, collaboration under the newly expanded one clinician guidance, changes to timing for completing the resumption of care assessment when the physician orders a resumption of care date that is later than 48 hours after hospital discharge, and guidance on collecting the standardized items including those related to pressure ulcers, height and weight, a Drug Regimen Review items.

Based on help desk activity, providers should look for additional Q&A documents be posted at this same sites quarterly, roughly around the third week of January, April, July, and October close to the time of a Home Health Compare refreshers.

Revise measures specifications for the Timely Initiation of Care and present a residents or patients with pressure ulcers that are new or worsened were posted on a Home Health Quality Measures page. Changes were made to Timely Initiation of Care to align with the updated conditions of participation guidance. Updates were made to the specification for the percent of residence or patients with pressure ulcers that are new or worsened to provide further clarification on how (responses) to M28 would be use as potential covariates for risk adjustments.

Updated quality measure tables were posted on the Home Health Quality Measures page. The quality measure tables were updated to reflect changes in measure description for Timely Initiation of Care and changes in National Quality Forum status for few measures.

And finally, Medicare Learning Network call. There will be a Medicare Learning Network call on Wednesday, June 27th, from 2:00 to 3:00 p.m. Eastern Standard Time about proposed changes to the Quality of Patient Care Star Ratings. During this call, stakeholders can learn more on proposed modifications under considerations to the way the Quality of Patient Care Star Ratings are calculated. CMS will present the rationale, proposed timing, and impact of these changes. A question-and-answer session will follow the presentation.

And now, I would like to turn it over to Debra Dean-Whittaker. Thank you.

Debra Dean-Whittaker: Hello, everyone. This is Debra Dean-Whittaker. I'm going to have a few reminders for the CAHPS Hospice Survey. The CAHPS Hospice Survey team provides official translations of the survey to hospices and to (vendors) without charge. We currently offer the survey for the telephone and mail in both English and Spanish. In addition, we offer the mail survey in Traditional and Simplified Chinese, Russian, Portuguese, Vietnamese, Polish, and

Korean. These are all available on the survey website. If you have a suggestion for another language translation, please contact CAHPS Hospice Survey technical assistance team with your suggestions. The e-mail address and their phone number is on the agenda.

And here are some helpful reminders. Make sure you have authorized your survey vendor. Vendors cannot submit data to the CAHPS Hospice Survey Data Warehouse unless you authorize them to do so. If you are a small hospice and you qualify for size exemption for data collection this year, make sure you go to the CAHPS Hospice Survey website, that's www.hospicecahpssurvey.org, and fill out and submit the size exemption form. And as always, if you are considering changing your survey vendor, please contact the CAHPS Hospice Survey technical assistance team. They will be happy to help you through the process and it is a good idea to have their help.

And now, I'm going to turn it over to Lori Teichman for Home Health CAHPS.

Lori Teichman: Thank you, Debra. Hello everyone. I have just a few announcements today for the Home Health CAHPS Survey. And Debra talked about languages, and we've had some updated work recently. The survey, the Home Health CAHPS Survey, has been available in five languages -- English, Spanish, Chinese, Russian, and Vietnamese. We recently did an in-depth assessment with four Spanish language experts in the United States, and they independently evaluated the correctness of the wording of the Home Health CAHPS Survey, and then they convened together to discuss their findings and came to some exclusions about the survey and pretty much it was good. We didn't have a lot of changes. So that was great. And we're going to also soon have the Home Health CAHPS Survey available in Armenian.

Typically, we get suggestions for other languages from the Home Health CAHPS Survey vendors because they in turn here from one of their clients, which they are Home Health agencies clients and they say our Home Health agency serves primarily patients who speak whatever is the language. So we

had this recent request and so now we are going to translate the survey in Armenian. And we also invite you to e-mail us to the e-mail addresses that are noted on the agenda if you have additional suggestions for survey languages for the Home Health CAHPS Survey. And vendors are also reminded, as well as Home Health agencies, that our data submission deadlines are always the third Thursday in the months of January, April, July, and October. So, we just had data submission in April, a few weeks ago. And now our next data submission deadline is July 19th.

Home Health agencies are reminded to check the data submission reports and their secured data portal called for HHAs on our website. And the Home Health agencies are responsible for monitoring their data submissions by the respective vendors. And Home Health agencies are additionally responsible for giving their monthly list of their home health patients by the due dates that are set in their contract with the respective Home Health CAHPS survey vendor.

And lastly, we have now posted the new participation exemption request form, which is for agencies that are too small to participate in the data collection that started in April 2018 and goes through March 2019. And that period of time, April 2018 through March 2019, are the 12 months that count to the calendar year 2020, Home Health CAHPS annual payment update. It's hard to believe. And we strongly encourage all qualifying home health agencies to complete this form as soon as possible even though the form will be on the website until the end of March 2019. We also remind agencies that if you have had a size exemption in the past than many have that every year you are required to complete the form.

And that's all I have today. And next we are going to hear from Charles Nixon on hospice claims processing.

Charles Nixon: Thank you.

Lori Teichman: Welcome.

Charles Nixon: Good afternoon. There are two updates we would like to share with you regarding hospice claims and CR 10573 Enhancements to Processing of Hospice Routine Home Care Payment. After discussions with MACs and following examination of provider feedback, we develop the goal of making routine home care payments more transparent for providers. One way of reaching this transparency will be implemented with the CR around October 1st, 2018, and that is by using new value codes to signify the number of days paid at the high and the number of days paid at the low Routine Home Care rate.

Value codes 62 and 63 will indicate whether the days are paid at the high RHC or the low RHC rate. They will be visible on the MACs online claim history to allow provider easy access. We are excited for this enhancement, and (certainly) providers will find this new level of visibility useful for their processing needs.

Also what's stated in the CR, hospices will soon be able to report a monthly charge total for all drugs given during the period covered by the claims using Revenue Code 0250. We would like to stress that the hospice will be given the option to continue reporting drugs using line item detail but it will no longer be a requirement.

The Medicare Claims Processing Manual has been updated with specific details on drug reporting for those who wish to obtain additional clarification. It is our intention to make things easier on the provider through this added flexibility and reporting practices.

Now, I will pass you on to (Wil Gehne).

(Wil Gehne): Thanks, Charles. On our last call, we noted that the Bipartisan Budget Act of 2018 extended the 3 percent home health rural add-on to episodes that ended in calendar year 2018. Since then, CMS has issued Change Request 10531, which instructed the Medicare administrative contractors to install the revised Home Health Pricer Program reflecting the add-on. So claims for rural CBSA's received since April 2nd are receiving add-on payment correctly.

The CR also instructed the MACs to adjust any rural claims that we received before April 2nd. Some HHAs may have already seen adjustments to make retroactive rural add-on payments. If not, you will receive the payments in the coming weeks. MACs have until October 1 to perform all the adjustments but often finish them sooner.

Also I want to remind home health agencies that the 2018 Home Health PC Pricer available on the CMS website supports calculation to value-based purchasing or VBP adjusted payments. We recently updated the PC Pricer instructions to explain a new field that's labeled VBP FAC. If your home health agency is in value-based purchasing state, you can use this field to enter your agency's VBP adjustment factor. HHAs and other states may skip past this field or leaving the default value of one in place on the PC Pricer.
Thanks.

Jill Darling: All right. Thank you, (Wil), and thank you to all of our speakers today. (Emily), we'll go into our Q&A please.

Operator: And at this time, if you would like to ask a question over the phone, please press star, then the number one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.

Our first question comes from the line of Cody Reber from Strategic Healthcare. Your line is open.

Cody Reber: Hi, yes, thank you for taking my question. I was curious when we'll see the share of the counties that are considered frontier and top 25 percent of home health utilization for the new rural add-on calculations as part of the 2019 Home Health PPS wage index file?

(Brian Slater): Hi (Cody), this is (Brian Slater). I'm the Deputy Director of the Division of Home Health and Hospice. And the rural add-on we will include is the piece in our Home Health proposed rule, and it will mirror the legislation. We'll have files that will update our splicing of the territories. And if you have any questions after that, please follow up but that's our updated this time.

Operator: Our next question comes from the line of (Jennifer Handle) from (Hospice OS Hospital). Your line is open.

(Jennifer Handle): Hi, this is (Jennifer Handle) from Hospice of Michigan. My question is for Charles Nixon. I'm looking at the MLN Matters for CR 10573. And it doesn't say in the CR that you have the option. It does state that in the proposed rule. But in the CR it says hospices must report a monthly charge total for all drugs. So, are you clarifying that, that's not accurate, the must report that hospices do in fact have the option to continue to provide line item detail for the medications?

Charles Nixon: So it is optional. It is – (well), the manual has been updated. We did notice that in the CR, but it is – I am clarifying there for you. So, it will be optional report drug line – our line items or you can report the total charge.

(Jennifer Handle): All right. Thank you.

Charles Nixon: But the manual change in Chapter 11 says; may not must, so.

(Jennifer Handle): OK. I have a follow-up question, the same part of that CR, and it is with regard to DME, you're referring to the DME that relates to medication and infusion, right? Not all DME like beds in other things.

Charles Nixon: Correct.

(Jennifer Handle): OK. Thank you.

Charles Nixon: No problem.

Operator: Our next question comes from the line of (Rett Kiver) from Treasure Coast Hospital. Your line is open.

(Rett Kiver): Hi. I actually just had the exact same question as to prior caller. Thanks.

Operator: Our next question comes from the line of (Linda Smith) from (MOM Software). Your line is open.

(Linda Smith): Good morning. I was hoping to get some clarification on the DME that needs to start being reported on the hospice claims. Is it strictly the DME in regards to the med fills? Or is it all DME?

Charles Nixon: So if the – what the last caller asked is the same answer. If the DME that refers to the infusion pumps and it's the injectable, the medications that are hospice related is not all DME products.

(Linda Smith): OK. Thank you.

Operator: Our next question comes from the line of (Melissa Arvada) from St. Croix Hospice. Your line is open.

(Melissa Arvada): Hi. This is my first time joining in on one of this group sessions. And I was just wondering, do you send out an agenda to everybody? Or do you just update the CMS website with all this information?

Jill Darling: Hi. This is Jill Darling. Yes, an agenda is sent out. There is a listserv that we have and there is a signup. So if you do visit CMS Open Door Forum, there is a link to sign up for our Open Door Forums. So probably your best bet is to Google. Do use Google and then you can sign up for whatever open door forums you would like that you're interested.

(Melissa Arvada): So I go to Open Door Forums?

Jill Darling: Yes. If you go to the Open Door Forums webpage via the CMS (deck). There is a link ...

(Melissa Arvada): OK.

Jill Darling: ... towards the bottom to sign up for the listserv.

(Melissa Arvada): OK. And I did give you my incorrect e-mail address. It's (marvado) ...

Jill Darling: No, you do it yourself. You can go ahead and ...

(Melissa Arvada): Right.

Jill Darling: ... and do it yourself. Yes.

(Melissa Arvada): OK. OK. So it doesn't matter that I gave you my incorrect e-mail address?

Jill Darling: Oh, OK, yes, I hear you're saying to the operator today.

(Melissa Arvada): Right.

Jill Darling: But you can go ahead on your own time and sign up.

(Melissa Arvada): OK, all right. Thank you.

Operator: Our next question comes from the line of Alaina Hartman from Suncrest.
Your line is open.

Alaina Hartman: Hi, there. Can you clarify what for this is what a physician assistant can and cannot do with regard to the hospice face-to-face?

Laura Ashbaugh: Yes. In terms of the physician assistant, they are not permitted to perform the face-to-face encounter as they are not the appropriate – they don't meet the definition as described in (statute).

Alaina Hartman: So they can even fulfill the same function that an NP would followed by an MD?

Laura Ashbaugh: That's correct. Nurse practitioners are differentiated in that way.

Alaina Hartman: OK.

Female: Physician assistants are not permitted to do that.

Alaina Hartman: Thank you.

Female: You're welcome.

Operator: Our next question comes from the line of Janine McGraw from Great Lakes Caring. Your line is open.

Janine McGraw: Yes, thank you. I want to do double check if uncomparing CAHPS data will continue to be published as top box score only. I'd heard a rumor that it was going to be expanded but nothing in the rule mentions any of this.

Debra Dean-Whittaker: No, it does not mention it in the rule. We do anticipate that we will be publishing top box, middle box, and lower box scores. And for those of you who don't know, that means the most – the percentage of response who provided the most favorable response, top box; those provided a middle range response, middle box; and those who – the percentage who provided the links (favorable) (inaudible), that's the lower box. It can be found when you go to the CAHPS page. You will see the top box scores as you saw in the last time around. But at the top, there will be a link called View More Detail. If you click on that, it will take you to a page that has (inaudible).

Janine McGraw: Thank you very much.

Operator: Our next question comes from the line of (Cindy Burns) from (Visiting Nurse Hospital). Your line is open.

(Cindy Burns): Yes, thank you. I just need little clarification on the CR 10573 as far as the value codes. So there's going to be value code for the high and a value code for the low. Are you going to require that the (cue) codes be separated out if, say, during a month first starts out at the high level and switches to the low level during the month? Do we have to separate the (cue) codes on separate lines as well?

(Wil Gehne): Not sure I know what – I'm not sure I understand your question. The value codes aren't reported by the hospice. They are calculated by Medicare systems and put on the claim after the payment is calculated. So, there's no reporting change for hospice related to this.

(Cindy Burns): Oh, so we're not submitting those codes. They're being put on after it's being sent, OK.

(Wil Gehne): Yes.

(Cindy Burns): I thought we were putting them on.

(Wil Gehne): No.

Charles Nixon: That's just the way to identify whether or not it's high versus low payments.

(Cindy Burns): OK. OK, all right, thank you.

Operator: We have another question from (Jennifer Handle). Your line is open.

(Jennifer Handle), your line is open.

(Jennifer Handle): Yes. Can you comment on whether or not providers can use MBI on claims? Or should we only be using them when a beneficiary presents his or her cards because we did test some claims for the month of April with MBIs. And the hospice patients that didn't prior claims, the claims paid successfully. But the hospice patients that had prior claims where the HIA, where the HIC number was used, the claims rejected. So I just wanted you to comment on what point we should feel safe to be able to use MBIs for claims.

Wil Gehne: Yes, I'm sorry, we don't have anybody from the New Medicare Card Project here, and I'm not familiar with the issue that you're talking about. So I have – I wouldn't want to say one thing or another.

Jill Darling: Hi, this is Jill Darling. If you have the agenda for today, at the very bottom, there's provider ombudsman for the new Medicare card e-mail.

(Jennifer Handle): OK.

Jill Darling: And you can send your question into there. I'll also mention it, NMCPProviderQuestions@cms.hhs.gov.

(Jennifer Handle): Thank you.

Jill Darling: You're welcome.

Operator: Our next question comes from the line of Stephanie Fishkin from Kaiser. Your line is open.

Stephanie Fishkin: Hi, good morning and good afternoon. Just a clarification about the Spanish version of HHCAHPS, are you releasing a revised survey or was the consensus that it was (finances)?

Lori Teichman: It's for Home Health CAHPS. And right now, we're using it as – we're going to – well, we still are going to decide whether or not we're actually going to change the wording or how that's going to be handled.

Stephanie Fishkin: Thank you.

Operator: Again, that's star one on your telephone keypad if you would like to ask a question. And our last question comes from the line of Mary Myslajek from Hennepin County. Your line is open.

Mary Myslajek: Thank you for taking our call. I am asking about topics that's in the in-patient proposed rule but it affects regarding hospital discharges to a hospice. So there is a provision that states effective October 1st of 2018 that discharges from a hospital to a hospice will be subject to the acute care transfer policy, which can mean in some instances a reduction and payment of the MS-DRG hospital. Do you have anyone there who can speak to whether that discharge is meant to be a discharge immediately to hospice? Is it – if the hospice care is going to start at some later point, is there anything you can help me with on that?

(Brian Slater): Hi, this is (Brian), if you want to send your e-mail just so we're following it accurately ...

Mary Myslajek: OK.

(Brian Slater): ... to the Home Health mailbox.

Mary Myslajek: OK.

(Brian Slater): We can get someone to answer it or triage it accordingly.

Mary Myslajek: OK, thank you very much.

Operator: Our next question comes from the line of Kathy Duckett from CareGroup Parmenter. Your line is open.

Kathy Duckett: Yes, I thought you said that there's going to be an MLN call on June 27th regarding the propose changes star ratings. But I just saw in the MLN website and it's not there to register. Am I looking on the wrong place?

Hello?

Cindy Massuda: Hi, registration is not open yet. It should be up shortly.

Kathy Duckett: Oh, great. Thank you very much.

Cindy Massuda: I appreciate your interest.

Operator: And out last question comes from the line of Joy Cameron from VNAA. Your line is open.

Joy Cameron: Hi, thank you so much. I was wondering; if we have a timeline on the final interpretive guidance for the Conditions of Participation?

Jill Darling: Hi, unfortunately, no one is here in that area to help out. Just like the other caller, would you mind sending in your question to the Home Health Hospice in DME ODF mailbox? It's on the agenda.

Joy Cameron: OK, I'll do that.

Jill Darling: All right, thank you.

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

Jill Darling: All right, well, thank you, everyone, for joining us today. We will hear from you in a few weeks for the next call. So have a great day.

Operator: This concludes today's conference call. You may now disconnect.

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