

Centers for Medicare and Medicaid Services  
Home Health Hospice and DME  
Open Door Forum  
Moderator: Darling, Jill  
July 9, 2019  
02:00 PM ET

Operator: Good afternoon. My name is Maria, and I'll be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services Home Health Hospice and DME 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, press the pound key. Thank you. Ms. Darling, you may begin your conference.

Jill Darling: Thank you Maria. Good morning and good afternoon everyone. I'm Jill Darling in the CMS Office of Communications and welcome to today's Home Health Hospice and DME Open Door Forum. Before we get into today's agenda, I have one brief announcement. This Open Door Forum is open to everyone, but 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 do have enquiries, please contact CMS at [press@CMS.hhs.gov](mailto:press@CMS.hhs.gov) to start off, we have Gina Longus who has a DMEPOS update.

Gina Longus: Greetings. This is a reminder that the bed window for around 2021 of the Medicare durable medical equipment prosthetics, orthotics and supplies DMEPOS competitive fitting program opens this Tuesday, July 16th. Registration is now open to all suppliers interested in participating in the program. If you plan on bidding in the competitive bidding program and hadn't registered, please refer to the registration page on the competitive bidding implementation contractor CBIC website at [www.dmecompetitivebid.com](http://www.dmecompetitivebid.com) for more information on how to register.

Also in preparation for bidding, it is important that you first get licensed and accredited. You must meet all applicable accreditation and state

licensing requirements to be awarded a contract. Second, review your enrollment records and the provider enrollment chain and ownership system or PECO to make sure that everything is accurate and up to date. Third, get bonded. You must obtain a bid surety bond from an authorized surety on the department of treasury list of certified companies for each competitive bidding area for which you sent it a bid.

Lastly, preparing your financial documents. You must upload in connection that DMEPOS competitive bidding program shore, secure portal all require financial documents at the close of the bid window. The CBIC contains an abundant of information including requests for bid instructions to assist you with registering and bidding, and the DMEPOS competitive bid system, DBID and connection. Please go to [www.dmecompetitive.com](http://www.dmecompetitive.com) and click round 2021.

From there, you can assess helpful information and tools for registering bidding and much more. I would also like to remind you that starting in May, CMS began a series of webcasts designed to assist bidders and other interested stakeholders list the key components of the round 2021 bidding process. If you attended any of these webcasts so far, we appreciate your participation. If you did not register or were not able to attend, we hope that you will visit the education event page on the CBIC website and register so you can receive access to the handout and a recording of the last webcast. The next webcast is scheduled for Tuesday, July 23rd from 3 to 4 Eastern daylight time.

During this webcast, you will learn how to register in the CMS enterprise portal, submit a bid and de-bid and upload your required bidding documents and connection. We will also explain the various functions each user role can perform in de-bid and connection. Please go to the education page on the CBIC website to register now. Lastly, I would like to remind everyone that the CBIC is the official information source for bidders and better education. We caution bidders about potential and accurate information concerning the DMEPOS competitive bidding program posted on website other than the CBIC website.

Bidders that rely on this information and preparation or submission of their bids can be at risk of submitting a noncompliant bid. Visit to CBIC

website at [www.dmecompetitivebid.com](http://www.dmecompetitivebid.com) for valuable resources and tools to subscribe and to subscribe for email updates. If you have any questions or need assistance, please call the CBIC customer service center at 877-577-5331. During the registration and bid window, the customer service center will be open between 9 AM and 7 PM Eastern time, Monday through Friday. Hours are extended to 9 PM surveilling eastern time during the last two weeks of both the registration and bid windows. Thank you.

Jill Darling: Great. Thanks Gina. Next, we have Virginia Boulin who will go over the DMEPOS prior off program for pressure reducing support services.

Virginia Boulin: Thank you Jill. Good day everyone. This is Virginia Boulin from the Center for Program Integrity. I will be providing an update on the Required Prior Authorization List for DMEPOS. CMS has selected 12 additional items for durable medical equipment to be subject to require prior authorization. Seven mobility devices and five pressure reducing support services. CMS will require prior authorization as a condition of payment nationwide beginning July 22, 2019 for the following seven additional PMD K0857, K0858, K0859, K0860, K0862, K0863 and K0864.

All new rental claims series for these PMDs with a date of delivery as of July 22, 2019 must be associated with a prior authorization request as a condition of payment. The DME MACs began accepting prior authorization requests for these PMDs on July 8, 2019. The five selected support services code are E0193, E0277, E0371, E0372 and E0373. Prior authorization of these codes will be completed in two phases. Phase I will be implemented in four states California, Indiana, New Jersey and North Carolina for date of service or delivery on or after July 22, 2019.

The DME MACs started accepting the request on July 8, 2019. Phase II will expand to all US states and territories in October. All previously added codes to the Required Prior Authorization List will be subject to the requirements of prior authorization. The updated required prior authorization list, operational guides, and special open door forum presentation can be found in the download section of the CMS DMEPOS prior authorization website at [go.cms.gov/dmepospa](http://go.cms.gov/dmepospa). Thank you.

Jill Darling: Thanks Virginia. Next is Wil Gehne who has a reminder of the public beta testing of the home health PDGM Grouper software.

Wil Gehne: Thanks Jill. Each year before the home health Grouper program is updated. CMS and 3M are software maintainers released a beta version of the program. In typical years, this occurs about four weeks before the final release. This year since the Grouper contains entirely new logic reflecting the patient driven groupings model or PDGM that takes effect in January, we're releasing the beta version earlier. This will allow providers and their software vendors' additional time to work with the new program and facilitate their implementation of the PDGM.

This year's beta Grouper will be made available to enrolled beta testers on August 5th. If you are already an enrolled beta tester, please be on the lookout for the release on August 5th and be ready to test. If you're not currently enrolled, but wish to test the new program this year, go to the CMS website and search home health PPS software. The first result will take you to our Grouper release page and toward the bottom of that page, you'll find instructions on how to sign up. Thanks.

Jill Darling: Okay. Thanks Will. Next is Heidi Magladry who has updates and announcements from the home health quality reporting program.

Heidi Magladry: Good afternoon. We have several updates for the home health community today. First, I would like to address that there was an item on the agenda, which is at calendar year 2019 NPRM rule update. This item is in error. However, we do have several updates about past and upcoming trainings, about helpdesk resources as well as two public reporting updates. First, the updates on the training materials. On June 19th, we hosted a webinar on processes and requirements for meeting the annual payment update or APU. The webinar covered the relationship between the APU and the home health quality reporting program, associated data submission requirements and the reconsideration process for providers who are identified as being noncompliant. You can download the slides from the webinar from the training page of the HHQRP website.

Secondly, on June 7th, we released a series of short videos to assist providers with the coding selection of section GG item on the oasis along with the patient assessment instruments for other post-acute care settings. These videos ranging from 4 to 12 minutes are designed to provide targeted guidance using simulated patient scenarios. You can access these videos from the trainings page of the HHQRP website.

Our third training update is on a new section GG web based training course. This 45-minute course will guide you through how to properly code items in section GG. The course is intended for home health care providers along with providers and other post-acute care setting. It is divided into four lessons and includes interactive exercises that allow you to test your knowledge in real life scenarios. You can access it at any time online from the training page. If you have technical questions or feedback on the training, please email the pack training mailbox at [PACQualityInitiative@cms.hhs.gov](mailto:PACQualityInitiative@cms.hhs.gov). Please submit content related questions for the quality reporting program helpdesk.

We would also like to share some public reporting updates. First, the next quarterly update of home health compare is scheduled for late July. Second, we will post a new measure on home health compare beginning in October 2019. This new measure is called potentially preventable readmissions or PPR. PPR estimates the rate of unplanned potentially preventable readmission for patients following discharge from a home health agency. PPR is a risk adjusted outcome measure. For more information about this measure, please visit the home health quality measures page of the HHQRP website.

Our final update is that the July quarterly Q&As will be posted on the QTSO webpage on July 16th. The web address is included in the agenda and that's all I have today for the home health quality reporting program.

Jill Darling: Thank you Heidi. And last we have to Cindy Massuda who has some updates to the HQRP and hospice compare.

Cindy Massuda: Thank you Jill. This is Cindy Massuda. Good afternoon. We do have several updates for the hospice community. They're related to the timeline for public reporting on hospice compare, notifications on

compliance requirements with the hospice quality reporting program and our work to develop a hospice patient assessment tool.

So to start with, there're several announcements and reminders regarding that public reporting timeline. The period for reviewing and requesting data suppression for the August 2019 hospice compare refresh ended on July 1st. In addition, the freeze date is August 15th for the next hospice compare refresh. This means that by August 15th, hospice provider should submit their hospice item set modification and then activation records for changes to be reflected in the next hospice compare refresh.

Providers can use the review and correct reports available on Casper to help review their hospice item set data for accuracy. If you have questions about how to use the review on correct reports, please access the newly posted webinar that we conducted back on June 11th and those materials are on the training and education page of the hospice quarter reporting program website. We also have an announcement on compliance for the annual payment update or APU.

Starting now and during the mid-July period, CMS is sending out official notification to providers who are identified as initially noncompliant with the hospice quality reporting program requirements that will affect fiscal year 2020 annual payment update in fiscal year 2020. Those providers will receive letters from the Medicare administrative contractor and in their Casper folders. The letters will include instructions for submitting a reconsideration request within 30 days.

Hospices that are compliant for their annual payment update will not receive any notification. So we encourage all hospices to check regularly for a notification of noncompliance that'll come either from your mac or within your Casper folder this month and that notification from either the mac or your Casper folder is considered official notification. We also would like to share several updates related to the ongoing development of the hospice patient assessment tool. First, we hosted the special open door forum on June 12th. During this event, we shared how the patient assessment tool is different from the hospice item set and our rationale for designing an assessment tool.

We also talked about recent activities. We have conducted to hear from the provider community about their goals, concerns and ideas for the

assessment instrument and summarize what we've learned so far. Finally, we reviewed the next steps we plan and you can find the slides for this event on the heart web page of the hospice quality reporting program website and also on the special open door forum page.

Thank you for those who participated and ask questions. We continue to welcome your thoughts and comments about the tool by emailing us at hospice assessments at CMS.HHS.gov. Our next special open door forum related to the hospice assessment tool is on September 12<sup>th</sup> at 2 PM. So, please look for upcoming public announcement for our next special open door forum in September. Also, please look out as we discussed at our last special open door forum that we will be having an upcoming public call to solicit for a focused group participants related to developing the hospice assessment tool.

We intend to use the focus groups to inform the new hospice assessment tools development. A final update is that the quarter two hospice half newsletter will be posted on the hospice quality reporting program website in July. It should be posted very soon. It will include the hospice quality reporting program highlights from this past quarter and events and engagement opportunities planned for this upcoming quarter, and selected questions and answers from the hospice quality helpdesk. Thank you very much and with that, I'll turn it back to Jill.

Jill Darling: Great. Thanks Cindy and thank you to all of our speakers today. Maria, will you please open the line for Q&A?

Operator: As a reminder ladies and gentlemen, if you would like to ask a question, please press star then one on your telephone keypad. If you would like to withdraw your question, 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 further follow up, you may press star one again to rejoin the queue. Our first question comes from Eugenia Smither.

Eugenia Smither: Hello. This question has to do with the hospice compare website. You indicated that August was going to be our next time that the site was going to be refreshed. My memory is that in the proposed rule, they

talked about having utilization data available at that time as well, but you didn't mention anything about that component.

Is there going to be the public usage file data available to hospices to review prior to them being posted on the compare website like we have our other quality data?

Cindy Massuda: Thank you very much for that question. So yes, the public use file information is actually posted in the May refresh. So, it is up there now and because we are using public use file information already publicly available data, it's not included in the preview reports. It's already available as a public use file as part of the hospice public use file. We provided it on the May refresh as information on the May refresh and you can locate it there related to levels of care and related to location of care and diagnoses served.

Eugenia Smither: My memory about that information currently is that it comes from different time periods. So, maybe I didn't ask the right question. Yes, it's coming from the public data, but is it coming from a series of public data sets? I'm struggling with how I can go back and validate where those numbers are coming from.

Cindy Massuda: Sure. So, the data is, it's three years' worth of data from the hospice public use file and we explained it on the compare website, for purposes of the levels of care data, we do use three years' worth of data, an average and show the data to average across three years. For the diagnoses that care and for the location of care, we use the most recent that's available in the public use file.

Eugenia Smither: Okay. Thank you.

Operator: Again ladies and gentlemen, if you wish to ask a question, simply press star then the number one on your telephone keypad. We have a question from Amy O'Brien.

Amy O'Brien: Hi. My question is related to the October 2019 quality star preview files, which were just released. I noticed in that file that it says the Oasis and claims data is both from calendar year 2018, but previously CMS had said that we would only receive updated claims data annually

in January. So, I was wondering; is that actually calendar year 2018 had it in the October stars or was that a typo?

Heidi Magladry: Hi. This is Heidi with quality reporting program. So, the claims measured data is going to be updated annually in the October refresh, but maybe could you type me that question, send it in as an email because I want to make sure that I can respond, make sure all the dates are correct and that I'm understanding your question.

Amy O'Brien: Sure and would that just be where email would I send out to you?

Heidi Magladry: It's the home health hospice ODF. Email is on today's agenda if you have it.

Amy O'Brien: Okay.

Heidi Magladry: It's on there.

Amy O'Brien: All right.

Operator: Our next question comes from the line of Robert Houck.

Robert Houck: Good afternoon. I was just wondering; whether there's any word on when the 2020 home health proposed rule will be published?

Brian Slater: Hi Robert. This is Brian from CMS. Unfortunately, right now as you obviously have noticed that is not out yet. We expect it to be soon, so stay tuned.

Robert Houck: Okay, thank you.

Brian Slater: Yep.

Operator: Again ladies and gentlemen, if you wish to ask a question simply press star one. Our next question comes from Michael Tidd.

Michael Tidd: Hello. My question was just asked by Robert. Thank you.

Operator: Our next question comes from Drexel Kave.

Drexel Kave: Hi. Is it possible that you could fax an agenda of what was the whole idea what was going on today because I didn't find out until 2 o'clock I was supposed to be listening? This is new to me, and I don't have an agenda and I would like to prepare to send one to my supervisor. So, could you fax me over an agenda for today?

Jill Darling: If you don't mind since you don't have the agenda, the email for the open door forum, I'll give it to you.

Drexel Kave: Okay.

Jill Darling: It's [homehealth\\_hospice\\_dmeodf-1@cms.hhs.gov](mailto:homehealth_hospice_dmeodf-1@cms.hhs.gov).

Drexel Kave: Okay and that's the email address.

Jill Darling: Correct, for the open door forum for the home health hospice.

Drexel Kave: All right and that's to get an agenda.

Jill Darling: Yeah.

Drexel Kave: And the agenda is pertaining to what was the title?

Brian: It's the home health and hospice and DME ODF.

Drexel Kave: Okay. Thank you very much.

Brian: You're welcome.

Operator: Again ladies and gentlemen, if you wish to ask a question, simply press star then the number one on your telephone keypad. And I'm showing no further questions at this time.

Jill Darling: All right. Well thanks to everyone. You will get about thirty minutes back here today. We appreciate your time and questions, and have a wonderful day.

Operator: Thank you for participating in today's home health hospice and DME open door forum conference call. This call will be available for replay beginning July 9, 2019 at 5 PM Eastern until July 11, 2019 at midnight. The conference ID number for the replay is 8354358. The number to dial for the replay is 855-859-2056.