

Centers for Medicare & Medicaid Services
Home Health, Hospice and DME Open Door Forum
Moderator: Jill Darling
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2:00 pm ET

Coordinator: Welcome and thank you all for standing by. At this time I would like to inform all participants that your lines have been placed on a listen-only mode until the question-and-answer session of today's call. Today's call is also being recorded. If anyone has any objections you may disconnect at this time. And I would now like to turn the call over to Ms. Jill Darling. Thank you, you may begin.

Jill Darling: Great thank you (Sue). 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 any inquiries please contact CMS at press@cms.hhs.gov.

And we do appreciate your patience. I know we're starting a little later than we normally do but we were waiting for a few other speakers to come on so as always we appreciate your patience. And I will now hand the call off to our Chair, (Brian Slater).

(Brian Slater): Thanks Jill and appreciate everyone joining this afternoon and morning for those on the West Coast. And just wanted to apologize for last week's

rescheduling. The reason being was that the FY 2022 Hospice Proposed Rule was actually not out in time and we wanted to give an update on that. So since we didn't display until last Friday we wanted to move this meeting so that we could provide an update so that was the reason behind the move.

And with that being said and without any further ado I'm going to pass it off to (Amanda Barnes) who's going to walk you through the payment provisions for the hospice rule.

(Amanda Barnes): Thanks (Brian), yes this is (Amanda Barnes) with CMS and I'm going to provide you an update on the Fiscal Year 2022 Hospice Proposed Rule that was published on April 9 and it will publish at the Federal Register tomorrow April 14.

This rule would provide routine updates to hospice base payment rates and the aggregate cap for Fiscal Year 2022 in accordance with existing statutory and regulatory requirements. This rule also includes data analysis on historical hospice utilization trends. The analysis also includes the number of beneficiaries using the hospice benefit, live discharges, reported diagnoses on hospice claims, Medicare hospice spending and non-hospice spending during an election.

We are soliciting comments from the public from hospice providers as well as patients and advocates regarding the analysis and we're also including questions related to non-hospice funding during a hospice election.

In addition we also are proposing to revise and rebase the labor shares for all four levels of care using 2018 Medicare cost reports for free-standing hospice facilities. Additionally this rule proposes several clarifying regulation text

changes on certain aspects of the hospice election statement addendum that was finalized for hospice elections beginning on October 1, 2020.

As proposed hospices would see an update percentage of 2.3 percent or \$530 million in payments for Fiscal Year 2022 and the hospice payment rate update as mentioned before includes a statutory aggregate cap amount that limits the overall payments per patient that is made to a hospice annually per statute. The proposed cap announced for Fiscal Year 2022 is roughly \$31,000. And the comment due date for this rule is due June 7. And I will hand it off to (Mary).

(Mary):

Hello everybody so I'm going to be talking to you about the two proposed changes that are in this rule related to the conditions of participation. So in this rule we are proposing that during hospice aid competency testing the hospice will be able to use pseudo patients which include computer-based mannequin devices.

We believe that this specific public health emergency waiver should be made permanent as soon as we can and that allowing hospices to use pseudo patients for competency testing of hospice aids greatly increases the speed of performing competency testing and allows new aids to be able to begin serving patients more quickly while protecting patients' health and safety.

We are also making a complementary change to this related to hospice aid testing. We currently require that if an area of concern is verified by a hospice during an onsite supervisory visit, that supervisory visit, the hospice must conduct and aid must complete a competency evaluation. The change that we are proposing would allow the hospice to focus on the aid's specific deficient skills and all related skills instead of assessing multiple areas within the competency evaluation. This will allow for highly skilled aids to be able to be

trained more quickly in order to provide high quality patient care. So those are the two changes they're making, that's all I had.

(Cindy Massuda): So with that I'm - this is (Cindy Massuda), I'm going to give the hospice quality reporting program update from the rule. And for us we made several proposals, one of them is the removal of the seven hospice item set measures from the compare tool.

And so the other - and with that one we are looking to remove that measure because of more broadly applicable measures available and that's the hospice and palliative care composite process measure which is the comprehensive assessment admission which is NQF-3235. And that measure is a percentage of patient stays during which the patient received all care processes captured by the seven component quality measures.

So we would be no longer applying the seven measures to the Fiscal Year 2024 annual payment update and we would - but we would continue to report those seven process measures to inform hospices about their quality improvement and calculate the hospice - for calculating the hospice item set comprehensive assessment measure in your reports.

The next proposal we have is we're looking to add claims-based measures to the hospice quality reporting program. And so one of them that we're looking to propose is a hospice care index which we call HCI and HCI is a claims-based measure that adds value to our program by filling in information gaps in aspects of hospice care using the claims data, our data source is the Medicare claims. And we will be revising our confidential quality measure reports to include the claims-based measure scores.

And this is a measure that's made up of ten indicators as that reflects several aspects of care and aspects of hospice services that include the level of care provided, frequency and timing of clinical visits, transitions to and from hospice care and Medicare spending.

We would - so with that - and so another proposal that we made is we are looking to be revising the section of the CFR to be able to collect the administrative data such as claims data. And the other thing that we did with updating the CFR is we were identified some - that our measure removal factors were inadvertently admitted from the - when we proposed it in Fiscal Year 2016 and the 2019 final rule it never got into the CFR and so we're proposing to get that into the code of federal regulations through this year's rule.

In future quality measure development we are looking to bring on future claims-based measures and also the development of HOPE and also hybrid measures where we can look at claims along with other data sources including an assessment instrument. So the goal there is to allow families and caregivers to make more informed decisions and choices about their hospice care and obviously to be meeting - to meet our meaningful measures and fill gaps in the hospice quality reporting program.

So and then we gave an update on the HOPE tool which is the Hospice Outcome and Patient Evaluation and for that we are looking - we are sharing the updates about the use of HOPE to become our source for collecting our clinical data for hospices that to be able to collect their clinical data to inform - that could be used to inform quality measures and considered for future payment refinements. It's meant to be captured in patient and family care needs in real time to be flexible to accommodate patients with varying clinical needs and to support provider care planning and quality improvement efforts.

We also included in the rule two RFIs, two requests for information. One is on advancing digital quality measurement and this is looking at using digital quality measurement via the Fast Healthcare Interoperability Resources which is known as FHIR application programming interface - for application programming interfaces. The idea is that we were looking to be able to collect data once to be able to use it in multiple ways which is what FHIR allows us to do and to be able to align or measure requirements and tools across quality measure reporting programs with federal and state agencies and other private sectors. It's to progress our quality reporting program.

The other request for information is closing the health equity gap and this is we're looking for recommendations for quality measures that can help us to address health equity recognizing the importance of health equity in hospice and in our other quality reporting program. We already have in some of our programs social determinants of health and we have the standard patient assessment data elements, the SPADE adoption in some of our - in our other post-acute care settings and looking to see what's appropriate and other ways to be appropriate to get to health equity in hospice.

And with that I'm going to turn it over to my colleague (Charles Padgett) for the public reporting part of the rule, thank you.

(Charles Padgett): Thank you (Cindy) really appreciate it. Hi my name's (Charles Padgett) and I work in the Division of Chronic and Post-Acute Care with (Cindy Massuda) and I lead the post-acute care public reporting efforts including hospice. And so today I'm just going to talk a little bit about the proposals we have related to public reporting or hospice public reporting specifically.

The quality measures to be displayed in the compare tool in Fiscal Year '22 and beyond coming up here we propose to remove seven HIS process measures from public reporting on the Care Compare tool no earlier than May 2022. The compare tool or the new tool is hosted by the US Department of Health and Human Services and we will continue to have all its data made publicly available in a downloadable format in our provider data catalog.

We also propose to publicly report the healthcare index measure beginning no earlier than May 2022 using two years of Medicare hospice claims data and to replace the hospice visits when death is imminent measure with the hospice visits in the last days of life measure on the Care Compare tool right around May of 2022.

And the hospice visits when death is imminent measure was the HIS-based measure pair and then the hospice visits in the last days of life, which we're going to replace those two measures with is a claims-based measure and I'll talk a little bit more about that coming up.

Regarding the updates for the hospice visits in the last days of life and the hospice item set Version 3.0 we are removing Section O from the hospice item set discharge assessment. Again as I stated we're replacing the hospice visits when death is imminent measure pair with the hospice visits in the last days of life in Fiscal Year 2022.

And we propose to begin publicly reporting about hospice visits in the last days of life beginning in Fiscal Year 2022. And once again just once we start reporting that measure we will stop publicly reporting the hospice visits when death is imminent. I know there's been some question about the overlap there. Compared with the hospice visits when death is imminent measure the new

claims-based measure does demonstrate a higher validity and variability testing results which we're excited about.

Other proposals we've included in this year's rule regarding the public display of quality measures and other hospice data, we have updated the HQRP claims-based measures or we are going to be updating any hospice QRP claims-based measures annually. That is in alignment with the most other post-acute care claims-based measures that we update on an annual basis. We'll extract claims data for calculating measures at least 90 days after the discharge date and in order to balance timeliness and completeness of data.

Normally, you know, like, you know, claims can be submitted up to a year after the date of service however in order for us to, you know, extract and report this data in a timely manner what we do is we allow a 90-day runoff at the end of the calendar year or fiscal year of data that we're using. We allow only a 90-day period beyond that for which - during which hospices can submit their claims after which any claims submitted after that would not be included in the dataset that's used to calculate the measure. Any claims that were submitted by that date would be included in the calculation of the quality measure.

The calculation of claims-based measures will be based on one or more years of data. And, you know, our analysis and research has shown that multiple years of data can help include more hospices that have lower performance rates for the hospice visits in the last days of life and the HDI measure in public reporting on the compare tool.

And, you know, really, you know, when we choose how many quarters of data to use with respect to the new measure proposals we really have to balance out, you know, greater inclusion versus, you know, the use of data that are the

most relevant. So the more data we use, you know, the measure could potentially be more inclusive however allowing more data really involves sharing data that are no longer relevant and displays - and ends up displaying scores that don't reflect recent hospice improvement efforts.

We have additionally added to the Care Compare site whether hospices have provided services to any Medicare Advantage patients or we will be adding whether hospices provided services to any patients with both Medicaid and Medicare coverage. And we're also going to be providing on Care Compare a link to the APU compliance file where users can determine if the hospice is on the list of compliant hospices for any given year.

The transition from Hospice Compare to the new Care Compare tools happened last fall. We began the transition in generally around August of 2020, that lasted over several months and then finally in December of 2020 we retired all of the legacy Compare tools and they're all now included in the Care Compare Web site that hosts all eight original Care Compare tools and that happened in December again of 2020. Now we only have the one hospice compare tool that's within the Care Compare Web site.

Some updates related to CAHPS Hospice Survey average patient requirement. We have proposed in this year's rule to introduce star ratings for hospices for the CAHPS Hospice Survey no sooner than Fiscal Year 2022. Star ratings will range from a low of one star to a high of five stars. And this is the very first time that we've proposed star ratings for CAHPS Hospice Survey but the ratings - star ratings are currently publicly reported for other CAHPS surveys for other settings including the home health CAHPS and hospital CAHPS. It will be displayed similar to other Web sites.

Again this is the only for that hospice CAHPS data. We have not yet introduced star ratings for our hospice assessment data. And a star rating will be calculated for each of the six measures that are listed on the Web site and then overall CAHPS star rating will be calculated for each hospice.

I also want to talk a little bit about data collection and reporting during the public health emergency COVID-19, what happened. Earlier in 2020 we granted an exemption to hospice QRP reporting requirements for quarter-four of 2019, quarter-one of 2020 and quarter-two of 2020. After much analysis we determined that quarter-four 2019 data submissions were appropriate for public reporting.

In November of 2020 we looked at the data submission numbers for quarter-four of 2019 and they were up to par and in fact I think they even exceeded the data submission numbers for the same quarter in 2018. However the exceptions that we granted for hospice quality reporting requirements ended up limiting the amount of data that we have to calculate quality measures for the hospice compare site so in order to account for that we decided to hold the November 2020 refresh data constant through the November 2021 refresh on Hospice Compare, as those two quarters of data ran through the period of performance for each of our measures.

We have proposed in this rule to report HIS measures using just three quarters of data for the February 2022 hospice compare refresh which will happen in February of 2022. And those three quarters would be quarter-three of 2020, quarter-four of 2020 and quarter-one of 2021. They've also proposed to report the CAHPS measures, the hospice CAHPS measures using the most recent eight quarters of hospice care, the CAHPS survey data which would exclude quarter-one and quarter-two of 2020.

In doing this we're providing consumers with more relevant quality data and allowing hospices to demonstrate more recent performance. So if we waited until the point at which we could use four unaffected quarters of data it would be - we would be holding the data constant on the Web site for a longer amount of time. So we figured we would move forward with just using three quarters of data for the February 2022 refresh so that we could report, publicly report data sooner than if we waited.

And testing results have indicated we can achieve, you know, positive impacts of getting this data out there for users while maintaining high standards of our reportability and reliability.

We also have a proposal in this year's rule to update our extraordinary circumstances exceptions policy related to the public health emergency. It states that we would conduct testing to inform decisions about public reporting using fewer than four quarters of data. We'll communicate results related to the decisions using regulatory processes and this will allow a timely response of future public health emergencies and ensure consumers have the most current data on quality of hospice care.

That's it for hospice, that's all the public reporting data, or I'm sorry, updates that I have for the hospice QRP and the rule. I also am going to talk a little bit about the home health QRP public reporting proposals and I have several announcements just about home health quality reporting program in general.

To begin with I'd like to announce that due to the delay and rollout of the new OASIS-E there will be an interim update of key guidance. A training call will be set up and materials will be distributed this coming summer to review key guidance affected by the delay in OASIS-E.

We'd also like to remind providers that the QAO interim performance report is currently available to you. This interim performance report covers OASIS assessments completed between January 1, 2020 and December 31, 2020.

Onto public reporting, I have a few public reporting updates to share. In July, this coming July of 2021 five home health measures will be removed from Care Compare and those measures include the depression assessment conducted, diabetic foot care and patient/caregiver education implemented during all episodes of care, multifactor fall assessment conducted for all patients who can ambulate, pneumococcal polysaccharide vaccine ever received and lastly improvement in the status of surgical wounds. And we will be removing those from Care Compare with the July 2021 refresh.

We would also like to remind you that public reporting data as it is with hospice is frozen through 2020 and as such there will be - not be a Care Compare refresh this month nor will a preview report be published however all confidential QM reports including the review and correct reports will continue to be populated with data as normal. And we will resume public reporting for the home health setting with the January 2022 refresh of Care Compare.

Finally we would like to announce two new on-demand web-based trainings that are available on the home health QRP Web site. These trainings cover Section N which is medications and Section J which is health conditions. These trainings should help providers and home health agencies in patient rehab facilities, long term care hospitals and skilled nursing facilities understand the assessment and the coding of these sections.

And just a few more updates related to this year's rule in the home health setting we have proposed to display the January '22 home health QRP public

reporting data with fewer than the standard number of quarters of data just as we've done for hospice. We have proposed to use just three quarters of data which would be quarter-three 2020, quarter-four of 2020 and quarter-one of 2021. And that would just be for the January '22 refresh of home health data on Care Compare.

Publicly report - we've also proposed to publicly report OASIS-based measures in January '22 based on three quarters of data as well as the use of those three quarters of data for some claims-based measures for the refresh is between January '22 and July 2024.

We think or we believe that using three quarters of data will achieve scientifically acceptable quality measure scores. As our analysis has shown, you know, home health QRP measures would still meet our reportability and reliability standards and, you know, using three quarters of data with the January 2020 refresh will provide more relevant quality of data than continuing to use October 2020 data which we have continued to hold constant on the Web site throughout all of 2020.

Using fewer quarters than the standard number of quarters for claims-based measures between 2022 and 2024 will allow us to begin providing more relevant data sooner for home health public reporting on the Care Compare site. And that is all I have for this afternoon, thank you for having me.

Jill Darling: Great thanks (Charles). Next we have (Will Gehne) who will talk about the recent corrections to the home health claims processing.

(Will Gehne): Thanks Jill. On our last open door forum I alerted home health agencies to three issues regarding processing of no-pay RAPs, two involved RAPs being returned to the provider in error, a third involved claims being underpaid

when RAPs were submitted with future dates. These issues were corrected before March 1 and MACs has instructions to adjust and correct any claims that paid incorrect.

Since last time we identified and corrected some additional problems affecting the calculation of Calendar Year 2021 home health claims. They are the claims spanning January 1 were applying 2020 rates in error, the late RAP penalties we're not applying to outlier amounts and late RAP penalties were being applied after the value-based purchasing adjustment. We've corrected these problems in Medicare systems on April 2. Again MACs has instructions to adjust and correct any claims that paid incorrectly.

We're also aware of two ongoing problems, first is that low utilization payment adjustment or LUPA claim lines are being denied in error. Claim lines subject to LUPA payments are not payable if the RAP is not timely and the line item falls in the period between the claim from date and the RAP receipt date lead to an error in CMS requirements. Medicare systems are denying LUPA line items in error anytime that fall between the from date and the RAP receipt date. These LUPA claims received reason code 37363. In the next few days MACs will receive instructions for a workaround to process these claims and to pay line items that were previously denied in error.

We also recently found that an unintended consequence of one of the earlier fixes is causing RAP payment for periods of care in 2020 to be too low. Only the non-labor portion of the payment is being made. There's no need to correct this problem though, those 2020 periods of care are all now completed so home health agencies can receive their full and correct payment by promptly submitting the corresponding final claim. I apologize for these problems and thank you for your patience as we work them out.

Looking to the future we're working hard to provide home health agencies with the information you need about the upcoming January 2022 implementation of the home health notice of admission or NOA. I'm happy to report that on April 7 we've published the NOA companion guide on the CMS Web site. This document provides information for system developers and vendors on how to format NOAs as electronic data interchange or EDI transaction. On the guide go to the home health agency center webpage and follow the link for coding and billing.

Also look out for two upcoming transmittals about NOAs. On May 3 we will publish one containing all the Medicare business requirements for the new system. Another with updates to Chapter 10 of the Medicare claims processing manual should be published by that date or slightly earlier. That's all I have, thanks Jill.

Jill Darling: Thank you (Wil). And next we have (Lori Teichman) who has some home health CAHPS survey update. (Lori)?

(Lori Teichman): I apologize I was on mute, my apologies thanks Jill. April 1, 2021 of this month marked the start of the calendar year 2023 annual payment update participation period for the home health CAHPS survey and the period is from April 2021 this month through March 2022.

If you are not yet participating in home health CAHPS you can email hhcahps@rti.org and they will contact you about getting started. If you do it in the next couple of weeks you can even have a chance of participating in the April data collection. If your agency had 60 or fewer patients from April 2020 through March 2021 your agency may be exempt from the home health CAHPS survey for the calendar year 2023 APU.

On the home health CAHPS Web site you can complete the calendar year 2023 home health CAHPS survey participation exemption request form. We also still have on the home health CAHPS Web site the calendar year 2022 home health CAHPS participation exemption request form. And if you were not able to complete that in time which it was due on March 31 you can still go on the Web site, download the form, print it and fill it out and send it in to the address that's on the form.

For any home health CAHPS questions at all email homehealthcahps@rti.org. And you may also telephone RTI at 1-866-354-0985 and the phone is open from Monday through Friday 8:30 am to 5:00 pm Eastern Time. Thank you so much Jill.

Jill Darling: Great thank you (Lori) and now back to (Brian).

(Brian Slater): Yes thanks Jill. I just wanted to jump back in everyone and just to reiterate that I failed to say at the beginning of the call that the updates that we did on the FY22 hospice proposed rule since that's now out as of the display date of last Friday that we now are in the comment period and cannot respond to any specifics on things that are in the rule but we look forward to any and all comments, you know, that the industry and stakeholders might have but just make sure that you submit those by June 7. And with that Jill I think we can open it up for questions.

Jill Darling: Yes we can. (Sue) will you please open the lines for Q&A.

Coordinator: Absolutely, at this time if anyone would like to ask a question please ensure that your phone is unmuted, press Star 1 and record your name clearly when prompted. If you would need to withdraw your question press Star 2.

Again to ask a question please press Star 1. And we'll just take a moment for questions to come in. And our first question is from (Stephanie Fishkin), you may go ahead.

(Stephanie Fishkin): Thank you and good afternoon. Just some clarification around the hospice CAHPS. I thought I heard the presenter say that the data that would be released in February of 2022 would only have two quarters but it's my understanding that hospice CAHPS usually has eight quarters of data so by removing the two quarters that are not being publicly reported that that would be six quarters.

And a follow up question has to do with the timing of the release of the proposed star for hospice CAHPS, when would that first - when is the intention of when that would first be released on public reporting?

(Charles Padgett): Hi this is (Charles), I can speak to your questions here. So I'm sorry so to clarify for star or for CAHPS with respect to reporting CAHPS measures that potentially had affected - COVID affected data which we consider quarter-one and quarter-two of 2020, they would use the full eight quarters of data that are used for CAHPS data and we would just exclude quarter-one and quarter-two.

And what would happen is we say we would use the most recent eight quarters of data and what would happen is say we were reporting quarter-one of 2020 through quarter-four of 2021 we would exclude quarter-one and quarter-two of 2020 but then we would use the two most recent quarters prior to that so we would actually use quarter-three and quarter-four of 2019 and then quarter-three of 2020 through quarter-four of 2021.

So we will always use the exact same amount of data that's been used to calculate CAHPS data we would just be excluding quarter-one and/or quarter-

two of 2020 and replacing that with the one or two most recent quarters of data prior to that. Does that help?

(Stephanie Fishkin): So would you still be using the same timeline that we would anticipate normally to come out during those quarterly refreshes or are you talking about using even more recent data then would - like for example this - the one that would have been released in February would have been quarter-two '18 through quarter-one '20. No that's a bad example I'm sorry.

In February 20 of '22 normally it would be quarter-two '19 through quarter-one '21? Are you talking about anything more recent than quarter-one '21 in the example you just provided?

(Charles Padgett): No.

(Stephanie Fishkin): Okay and then I guess what's more key to me is what's the timing of the intent of the release of the hospice CAHPS star rating approximately.

(Charles Padgett): Yes what we've stated in the rule is that we would not or we would - we're proposing to add star ratings to public reporting no sooner than Fiscal Year '22.

(Stephanie Fishkin): Okay thank you.

(Charles Padgett) :You're welcome.

Coordinator: Thank you the next question is from (Chris Lastly), you may go ahead.

(Chris Lastly): Hi thank you. How will hospice agencies be able to see the hospice visits in the last days of life performance data either for themselves or to compare as a

benchmark nationally prior to that data being publicly reported? So for example since we started - since we stopped submitting Section O the HIS visits in the final days we can no longer see data through our vendors.

And I noted, like on the hospice care index there's a plan to have QM reports in CASPER showing that data. Is there a similar plan being proposed for how agencies can see our current performance with business in the last days?

(Cindy Massuda): (Charles) do you want me to take that or?

(Charles Padgett): Sure.

(Cindy Massuda): So yes so we are planning to include the information hospice visits last days of life on the QM reports that we put out for the providers. And hospice visits when death is imminent while we are still publicly reporting that data so for the data that remained those will also continue on your QM reports. But the new claims measures the plan is to have access to that information through your quality measure reports.

(Charles Padgett): (Unintelligible)...

(Chris Lastly): Thank you do you have a timeline...

(Cindy Massuda): I'm sorry I didn't hear your question.

(Chris Lastly): I'm sorry do you have a timeline for when those new QM reports for hospice visits in the last days might be visible to agencies?

(Cindy Massuda): Sure well we're going backwards if we're planning to report in May of 2022 at the earliest, going backwards it would be six months prior to that.

(Chris Lastly): Okay thank you.

Coordinator: Thank you the next question is from (Christina), you may go ahead.

(Christina): Good afternoon, I was calling to find out the QAO report, what report filter is that under in the IQIES system. I'm not showing it under the facility quality which is what I would intuitively think it would be under.

(Charles Padgett): Hi this is (Charles). I do not have the answer to that question right now to be honest but it's something I can get you the answer too.

(Christina): That would be helpful. I'm not seeing it in the...

(Charles Padgett): So we have your information and we'll certainly let folks know.

(Christina): Thank you.

Coordinator: Thank you the next question is from (Anne Stinehower) you may go ahead.

(Anne Stinehower): The exemption did you say it was 60 or less to be exempt?

(Cindy Massuda): Are you talking...

(Lori Teichman): Hello this is (Lori Teichman)...

((Crosstalk))

(Lori Teichman): ...it is 60 or less. All right so the home health CAHPS is 60 or less.

(Anne Stinehower): Okay thank you.

(Lori Teichman): You're welcome.

Coordinator: Thank you the next question is from (Suzanne Wiess) you may go ahead.

(Suzanne Wiess): Thank you so much, actually I have two questions. My first one is can you please clarify the denominator for the visits in the phase of life as in does it mirror the previous rule that said that the inpatient who received a higher level of care within the last three days of life will be excluded from this new visit measure of the two visits spanning three days? And also is the denominator somebody who actually had, you know, a length of stay of three days or more or no, yes three days or more? That's my first question.

(Cindy Massuda): So to answer your first question the denominator for the hospice visits last days of life is the same denominator as we had for hospice visits when death is imminent. And you would have to be on service for three days or more.

(Suzanne Wiess): Thank you and if they received a higher level of care within the last three days then we would not - they would not be included in that reporting is that correct?

(Cindy Massuda): It's right, it's using the same directions that we had for the hospice visits when death is imminent. So if the...

(Suzanne Wiess): Thank you.

(Cindy Massuda): Yes.

(Suzanne Wiess): Thank you so much that's really important that we understand that. And my second question is given that we are no longer reporting Section O on the discharge, death discharge hospice item set all the other demographic stuff that is reported on the first page is all coming also to claims do you see that a time where we will have the ability to stop reporting a death discharge hospice item set at all? Because I don't see whether it's bringing any other value to CMS and it does, you know, add to provider burden.

(Cindy Massuda): At this time we still are collecting - because there's other parts of the discharge assessment that is used for monitoring for other parts of the quality program, coordination of data. So we do foresee keeping the discharge assessment at this time thank you.

(Suzanne Wiess): Thank you.

Coordinator: Thank you the next question is from (Sheri Waylen), you may go ahead.

(Sheri Waylen): Hi this question I think is for (Wil). There is still a reported problem on (Palmetto) and CGS Web site saying that the submitted hits code is not being replaced by the system calculated code. It was reported back it's showing March 25 is the last update, sorry reported on March 10. Last update was March 25 saying there was no additional update at this time. Do you have any comment to that when we might see an update? Sorry that was a spiel.

(Wil Gehne): I wish I had more news about that (Sheri) but our system maintainers and the contractor like the home health group are still working out what's the mechanism of that problem. It's been very tough to diagnose and so they're working on it.

(Sheri Waylen): Okay.

(Wil Gehne): But I don't have a fixed date at this point.

(Sheri Waylen): Okay cool thank you.

Coordinator: Thank you the next question is from (Cindy Burns), you may go ahead.

(Cindy Burns): Thank you good afternoon. I just had a question for the home health issues that he talked about, is there a place on the CMS site I'm wondering if it's the claim payment issues that they'll list all these problems that they were having so I can go to one place to find - to look at what all the issues have been going on with the RAPs.

(Wil Gehne): There isn't a site on the CMS Web site for that. Each of the MACs has a claims processing issues log on their Web sites, what (Sheri) was referring to a moment ago and they should have all of the current ones and resolution dates for the older ones.

(Cindy Burns): Okay thank you.

Coordinator: Thank you and just a reminder to participants if you would like to ask a question please press Star followed by 1. Our next question is from (Barb Hansen), you may go ahead.

(Barb Hansen): Hi I think this question is for (Cindy Massuda). So on the Care Compare Web site under quality of patient care when it lists the hospice visits in the last days of life measure will it say anything in that little paragraph above that states that something like note this measure does not reflect when hospices offered a visit and it was refused by the patient or family. Because I think as you have

mentioned one of the challenges with claims-based measures is you can't capture that kind of information when they refuse a visit, thank you.

(Cindy Massuda): Sure when we go to post the claims-based measures we will provide appropriate, you know, guidance or information like we do for other measures but what exactly they'll say at this time I cannot - I don't have we're - you know, as we get closer to the public reporting we will be preparing that information. But we will take what you have suggested under advisement.

(Barb Hansen): Thank you and perhaps hospices will choose to submit comments to that effect before June 7, thank you.

Coordinator: Thank you the next question is from (Nancy Chang), you may go ahead.

(Nancy Chang): Hi thank you. I would like to clarify something I have heard I mean during the session. So claims-based data will be collected and it is stated that you must submit the claim within 90 days for the data to be processed. So the first part of the question is will there be a penalty if the data, I mean the claim is not submitted timely? And secondly when will this process start?

(Charles Padgett): So the question you're asking has to do with claims-based data that would be used for the calculation of quality measures and public display on Care Compare. And there's really it's not a deadline per se in that it's only a deadline insomuch as it - a claim is not reported to CMS within that 90 day window so that's 90 days beyond either the calendar year or fiscal year of data that is being used to calculate that quality measure. That claim would not be included in the data that's used to calculate those quality measures. There would not be any penalty associated with that as far as the hospice quality reporting program is concerned.

(Nancy Chang): Okay.

(Charles Padgett): You know, you could certainly submit the claim after that. The only caveat there would be that a claim submitted after that would not be included in the data for the purpose of quality measure calculation and that is so that, you know, if we waited a full year for all claims to be submitted the data that we were using to report our quality measures would be quite old by the time we used it to calculate the quality measures.

(Nancy Chang): Okay I understand. And when is this process going to start?

(Charles Padgett): Well it will start with the first claims data that we're using to calculate the hospice visits in the last days of life measure which I'm not sure what that is offhand but it's certainly included within the hospice rule this year and under the public reporting section. You can see what data that we're proposing to use to calculate and display the hospice visits in the last days of life measure and then you can just go to the end of that year and that 90 days and that will give you your date.

(Nancy Chang): Okay I guess I'm asking because I want to know okay I need to get the billing department really kind of shape up and, you know, get those claims out timely. So are - is it being processed now or we have a little time to get ready to make sure all claims are submitted timely? That's - I guess that's what I'm alluding to, my question.

(Charles Padgett): Got you. I just don't have that date off the top of my head right now so unfortunately I can't give you that information. But again it's certainly included within the rule. You can see the data that's being used or proposed to be used to calculate the quality measure for the inaugural display of that measure on the Care Compare site.

(Nancy Chang): Okay thank you for answering my question.

(Charles Padgett): Of course.

Jill Darling: And (Sue) we'll take one more question please.

Coordinator: Okay our last question is from (Cindy Higgins), you may go ahead.

(Cindy Higgins): Yes thanks. I just wanted to mimic the other caller who expressed interest in knowing where to see our data regarding visits at the last days of life where we could find these reports. I think if it's not on CASPER then maybe someone who's going to get back to that individual person with their information. So I'm...

(Cindy Massuda): So this is - yes it is the information in your CASPER reports. I mean it's your quality measure - it's the QM reports that are in your CASPER folders.

(Cindy Higgins): Okay thank you.

(Cindy Massuda): That's where we're reporting it.

(Cindy Higgins): Okay.

(Cindy Massuda): I think when the question was asked before I think (Charles) thought the person was asking a very technical question and he was trying - because (Charles) is very technically focused and he was trying to give the more technical response but it's in the CASPER folder.

(Cindy Higgins): Okay...

(Cindy Massuda): Your quality...

((Crosstalk))

Jill Darling: All right well thank you everyone for joining us today. If you were in the queue for a question or comment please feel free to send in to the home health hospice DME open door forum email which is always listed on the agenda. As always we thank you and we will look forward to talking to you next time. Thank you have a great day.

Coordinator: Thank you that does conclude today's conference. Thank you all for participating, you may now disconnect.

END