CMS January 17 Open Door Forum Summary of Home Health, Hospice Issues

The Centers for Medicare & Medicaid Services (CMS) held its January Home Health, Hospice & DME Open Door Forum on January 17, 2018, at which a number of home health and hospice issues were discussed. An Encore recording of the call is available until 5 p.m. Friday, January 19, by calling: 1-855-859-2056 and entering the following Conference ID: 31077154.

HOME HEALTH UPDATES

Home Health Conditions of Participation (HHCoP)

CMS officials reminded participants that the HHCoPs went into effect January 13, 2018. The Electronic Code of the Federal Regulations web page has not been updated to reflect the new regulations but should be updated with the next refresh.

The Home Health Agency Consumer Assessment of Healthcare Providers and Systems (HHACAPHS) Survey

CMS has released the latest issue of the HHCAPHs quarterly news letter and encourage home health agencies to read the report for valuable information related to monitoring HHCAHPS data submission. To view the newsletter go here

CMS also announced that on 1/24/2018 national and state averages for the HHCAHPS and updates to the patient mix adjusters will be released. For more information, go to the HHCAHPS web site.

CMS is reviewing the HHCAHPS survey questionnaire for potential improvements in the survey questions. The HHCAHPS contractors will soon be conducting interviews with patient advocates and providers to solicit input. Home health agencies interested in participating may contact RTI at HHCAHPS@RTI.org

Lastly, officials reminded that the HHCAHPS introductory Survey Training Sessions are scheduled for January 30 (Session 1) and January 31, 2018 (Session 2). Both sessions will run 1:00–5:00 pm ET. Also, an update Training Session will be held February 2, 2018, 12:00–2:00 pm ET. To register for the training sessions go here.

Home Health Quality Reporting Program (HHQRP)

CMS announced that the Influenza Immunization measure will be removed from the Home Health Star Rating, but will continue to be reported on Home Health Compare. This measure will be monitored in the coming quarters to ensure rates do not decrease. The first preview report using updated methodology will be provided to agencies in mid-January 2018. Home Health Compare refresh updates for the Star Rating will occur in April 2018. All measures (OASIS- and claims-based) will report on data from July 1, 2016 to June 30, 2017.

CMS announced a new Reconsideration Requests web page that provides information and updates related to the reconsideration process for the (HHQRP). Guidelines and processes for submitting reconsideration requests and requests for exceptions and extensions can be found on the web page and are effective date 1/1/2018.

HOSPICE UPDATES

Medicare Care Choices Model (MCCM): Effective January 1 the second cohort of hospice programs participating in the MCCM began enrolling patients for the program. Between the first and second cohorts, CMS has 99 providers participating. As of December, over 1,500 patients were enrolled. If anyone has questions about the MCCM they may be emailed to: carechoices@cms.hhs.gov.

Hospice Quality Reporting Program (HQRP) Training & Education: CMS will be releasing the following two HQRP training and education modules some time in March:

- CMS has redesigned the HQRP website for greater ease of use and this educational module will provide guidance on navigating the new HQRP website as well as the Hospice CAHPS and QTSO websites
- A module on coding guidance for the Hospice Item Set (HIS) based on frequently asked questions that have been submitted to the HIS HELP Desk. CMS has produced refined coding guidance that will be incorporated into this module.

The modules will be launched during a live webinar to be held in March but a data has not yet been set for the webinar. Please watch for updates!

REMINDER Regarding FY2020 HQRP requirements: January 1, 2018, marked the start of the reporting year for data that will impact the FY2020 payment year. All hospices are required to comply with all HQRP requirements or be subject to a 2% payment update reduction. Reporting requirements include:

- For HIS — 90% of all HIS records must be submitted timely and no exceptions are permitted

- Hospice CAHPS – the hospice's vendor must have successfully submitted 12 months of data by each quarterly deadline. Under CAHPS there are exceptions for newness (automatically determined by CMS) and size (exemption for size must be applied for on an annual basis)

Staff recommended that hospices review the recording of the HQRP TIPS FOR COMPLIANCE call recording available HERE.

Hospice CAHPS Preview Reports: During the month of December hospice providers had the first opportunity to examine their CAHPS Preview Reports. CMS received a handful of requests for review and fielded numerous general questions about the reports. CMS indicated that the data for all of the reports for which review was requested was correct; the requests were precipitated by the fact that vendor-supplied hospice CAHPS reports and the CMS preview reports had somewhat different findings. CMS explained that the reason the vendor and preview report data did not match is that the preview report data was adjusted for the survey mode (mail, phone, mail & phone) and for case mix. The mode adjustment accounted for much of difference between vendor data and preview reports.

- For technical assistance, contact the CAHPS Hospice Survey Project Team: hospicecahpssurvey@HCQIS.org or 1-844-472-4621
- To communicate with CMS staff about implementation issues please email: hospicesurvey@cms.hhs.gov
- Additional hospice CAHPS information is available online here: www.hospicecahpssurvey.org.

Hospice EDI Submission of Notices of Election (NOE): Two issues have emerged relative to electronic submission of hospice NOEs. The issues were discussed in a previously published *NAHC Report* article available HERE. Hospices are encouraged to watch for updates from their assigned Medicare Administrative Contractor (MAC).

As part of the Q & A section of the call, the following hospice-related questions were asked:

Hospice Compare Demographic Data: One caller asked why it takes six months for hospice demographic data to be updated and suggested that CMS tighten that time frame. CMS staff responded that coordination of the data between different entities takes a significant amount of time and that they try to update it as quickly as possible.

Two-tiered Hospice Payments for Routine Home Care (RHC): One caller asked if there are any outstanding problems related to processing of the two-tiered payments for hospice RHC. A claims processing representative responded that a new issue was raised within the last couple of days and it is currently being researched but they have not been able to confirm an additional claims processing issue as yet. Hospices were encouraged to alert their MAC if they become aware of any new issues related to processing of hospice RHC payments.

Time Frame for Posting of HIS for Purposes of Timeliness: Another caller indicated that while the QIES HELP staff have indicated that posting of HIS records occurs in real time, there seems to be a lag between when a record is submitted and when it uploads and is reported. Staff did not have a response and asked that the question be submitted for a response.

The date for the next Home Health, Hospice & DME Open Door Forum is to be announced. Questions may be submitted via email to: Mailbox: HomeHealth_Hospice_DMEODF -L@cms.hhs.gov. For ODF schedule updates and E-Mailing List registration, visit CMS' website at: http://www.cms.gov/OpenDoorForums/.

Question & Answer

Stakeholders presented a significant number of questions to CMS, most of which related to the new home health conditions of participation (COPs).

  a. Home Health

A question was asked the COPs requirements regarding initial assessment visit. The COP provides that a comprehensive assessment must being completed within 5 days of start of care but then says start of care is the date of the initial assessment. The stakeholder asked whether the date of initial assessment can be different than the date of the first billing. CMS stated it will need to obtain an answer from the interpretive guidelines team.

A question was asked regarding the COPs' extended patient rights and whether these extended rights apply to patients in their care prior to the COP effective date. CMS stated it will need to obtain an answer from the interpretive guidelines team.

A question was asked regarding whether a qualified person (who is not the administrator) who does not meet the definition of an administration is grandfathered in to qualify as an administrator. CMS said grandfathering only applies to administrators in place prior to the COP, not to qualified persons.

A question was asked as to whether patient records must be provided free of charge to just active patients or to discharged patients as well. In addition, the question asked whether patient representatives must also be provided with records for free. Records must be provided for free to active and discharged patients and to patient representatives.

  b. DME

A question was asked as to when the next competitive bidding period will occur for DME. CMS stated it has no information at this time.

c. Hospice

Updates to Hospice Provider demographic information presently do not happen in real-time and take approximately 6-months to appear on Hospice Compare. A question was asked as to whether CMS could reduce this lag time. CMS stated it is aware that the 6 month period is lengthy but for administrative reasons CMS need that amount of time.

Sources:
NAHC Report, January 18, 2018
Partnership for Quality Home Healthcare