

Centers for Medicare & Medicaid Services
Open Door Forum: Home Health, Hospice and DME
Moderator: Jill Darling
September 21, 2022
3:30 pm ET

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode until the question and answer session of today's conference. At that time, you may press star 1 on your phone to ask a question.

I would like to inform all parties that today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the conference over to Jill Darling. Thank you. You may begin.

Jill Darling: Great. Thanks, Courtney. 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 our agenda today, 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 first up we have Sarah Darnley who will speak on the DMEPOS national provider enrollment award.

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Sarah Darnley: Thanks, Jill. Hi, everyone. My name is Sarah Darnley and I work in the Provider Enrollment and Oversight Group specifically on DME enrollment operations.

I am joining the call today because we wanted to announce that starting on October 29, 2022 *(There has been a change to this date. The new date is November 7, 2022.)* the National Supplier Clearinghouse, also known as the NSC, will no longer process Medicare enrollment applications for DME suppliers.

Starting on October 29, 2022 *(There has been a change to this date. The new date is November 7, 2022.)*, two new contractors will be processing all Medicare enrollment applications for DME suppliers. Novitas Solutions will be handling the eastern region of the country and U.S. territories and Palmetto GBA will be handling the western region of the country and U.S. territories.

Now as far as what comes next, there is no immediate action required from suppliers at this point and you should continue to work with the NSC through October 28 *(There has been a change to this date. The new date is November 6, 2022.)*. If you do have any in-process applications, those will automatically be moved to the new contractor. That includes paper applications as well as applications submitted online via PECOS.

So, the only required action after October 28 *(There has been a change to this date. The new date is November 6, 2022.)* is that if you do need to contact your enrollment contractor or submit anything to them, including applications, you would need to submit them to your new contractor and not to the NSC.

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CMS will be publishing more information to the public next week and as the transition date gets closer. But again, no action is required right now. Thank you.

Jill Darling: Great. Thank you, Sarah. Next, we have Emily Calvert who will talk on the suspension of prior authorization requirements.

Emily Calvert: Hi, everyone. This is Emily Calvert from the Center for Program Integrity. And like they just said, I will just be giving an update on the required prior auths for certain orthoses items.

This isn't, I guess, necessarily an update as more so this is to serve as a reminder for HCPCS codes, L0648, L0650, L1833 and L1851. We did publish a Federal Register Notice for the selection of these HCPCS codes to the required prior authorization list on January 13 of this year.

So as a reminder, phase one of prior authorizations for these certain orthoses items began on April 13 of this year in limited number of states, which were New York, Illinois, Florida and California.

And then following phase one, we implemented phase two, which began on July 12 of this year. And then phase two, we expanded to additional states which include Maryland, Pennsylvania, New Jersey, Michigan, Ohio, Kentucky, Texas, North Carolina, Georgia, Missouri, Arizona and Washington.

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Prior authorization for those HCPCS will expand to all remaining states, not included in phase one or phase two beginning October 10, 2022. And the DME MACs are able to begin accepting requests, prior authorization requests for dates of service on or after that October 10th date starting September 26.

So, we just wanted to jump on and give the reminder that phase three of the orthotics prior authorization will be required as a condition of payment starting next month. But those providers and suppliers are able to begin submitting those prior auth requests starting next week.

And also, just another reminder for this program as we enter phase three that boosted the need for certain patients to receive an orthoses item that would otherwise be subject to prior authorization when the two day expedited review would delay the care or risk the life of the beneficiary.

CMS has suspended prior auth requirements for items furnished under certain circumstances. So, claims for HCPCS codes L0648, L0650, L1832, L1833 and L1851 still using modifier SP indicate that the item was furnished urgently.

And then additionally claims for HCPCS codes L0648, L0650, L1833 and L1851 billed using modifiers KZ, J5 or J4 by suppliers furnishing the items under a competitive bidding program exception to convey that the DMEPOS item is needed immediately, either because it is being furnished by a physician or treating practitioner during an office visit where it is determined that the brace or the item is needed immediately due to medical necessity or because it's being furnished by an occupational therapist or a physical therapist who

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determines that the brace or item is needed to be furnished as part of the physical therapy session.

So, the claims filled using the SP modifiers, they will be subject to 100% prepayment review. And then the claims filled using the modifiers KV, J5 or J4, those will be subject to a 10% prepayment review. And the prior authorization for these HCPCS codes will continue when furnished under circumstances not covered in those urgent need or competitive bid exception areas as well as all of the other codes currently on the required prior authorization list.

In addition to the Federal Register notice that we published in January with the selection of these items, we did also publish a Federal Register notice last month on August 10 that provides information on the suspension and the use of modifiers. That is the link that is included on the agenda.

So, if you have any questions or just want some more information on the modifier usage, that Federal Register notice is linked in the agenda. And then also more information can always be found on the prior authorization of certain DEMPOS items Web site. And the short link for that is go.cms.gov/dmepospa.

And if you have any additional questions or comments that you don't find answers to on the Web or any of the resources available online, you can always send an email to us. Our direct resource mailbox is dmepospa@cms.hhs.gov. And that is all that I have for today. So, I will turn the call over to Marcie. Thank you.

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Marcie O'Reilly: Thank you. Good day. I'm Marcie O'Reilly, the coordinator for the expanded Home Health Value-Based Purchasing Model. Calendar year 2022 is deemed a pre-implementation year in anticipation of the first performance year for the expanded HHVBP model, which begins January 1, 2023, just 101 days away.

We have developed and continue to develop resources to assist home health agencies with understanding the expanded HHVBP Model. In addition to the expanded HHVBP Model Guide and FAQs, there are resources specific to quality measures, quality improvement, the total performance score, payment adjustments and reports, which are available on the expanded HHVBP Model Web page.

The URL for this Web page is included in the agenda within the calendar appointment and Listserv announcement for today's ODF or you can simply Google expanded HHVBP Model and it will be at the top of the list in your search results.

On August 25, we held a live event that was designed to help home health agencies with understanding the content of and navigating the interim performance reports and annual performance reports that they will receive going forth.

Due to a technical glitch, which prevented some stakeholders from joining the webinar, we are planning to host another live event on October 11. The link to the registration is available at the very top of the expanded HHVBP Model Web page.

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However, if you do not want to wait until then the recording, slides, and transcript for the previous webinar are available on the model Web site.

We encourage home health agencies participating in the expanded HHVBP model to download from iQIES the sample reports and to review them prior to viewing the recording of the August 25 webinar and/or attending the October 11 webinar.

For instructions on how to access the reports and iQIES, the instructions are available on the model Web page entitled, Expanded HHVBP Model Reports-Access Instructions.

Additional questions about finalized policies and resources for the expanded model should be sent to our help desk at HHVBPquestions@lewin.com. This email address is also listed within today's agenda.

Also, if you are not currently receiving emails from CMS about the expanded HHVBP Model, please go to our Web site and join our Listserv and/or make sure your email is up-to-date in iQIES. Thank you. I'll now turn it over to my colleague (Jermama Keys) to discuss HHQRP.

(Jermama Keys): Good afternoon, everyone. Today we have several public reporting announcements about the Home Health Quality Reporting Program, or HHQRP. The next care compare refresh will take place in October 2022. Only the Oasis and CAHPS quality measures will be updated in the October refresh.

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The claims space QMs will not be refreshed in October. The preview reports for the October refresh were made available in IPs in July. The annual QAO Performance Report will be available and provided IP folders on October 1.

This performance report will include a link of assessments completed during the period of July 1, 2021 through June 30, 2022 and submitted by July 31, 2022.

Next, we would like to remind everyone that CMS provided a virtual training program for the Oasis guidance for the Oasis outcome and assessment information set, or Oasis E. For more information, please visit the Home Health Quality Reporting Program training page.

I will now pass it over to (Lori Teichman) for home health CAHPS.

(Lori Teichman): Thank you, (Jermama). Hello, everyone. I'm going to just talk about a couple of updates for the Home Health CAHPS Survey.

Beginning tomorrow home health agencies may view their Home Health CAHPS Survey preview reports. And this is on the Home Health CAHPS website and HHAs should go into the secure portal on the website that is called For HHAs. They will be able to view their own preview report.

And if they have any questions about the preview report, please contact the Home Health CAHPS coordination team at hhcahps@rti.org, or you may call 866-354-0985.

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On October 3, 2022, we will be posting the quarterly newsletter for the Home Health CAHPS survey again on the Home Health CAHPS Web site.

The October edition of the newsletter will feature information about our revised cover letters that have less text and are more visually engaging. The newsletter will include important reminders for home health agencies and for Home Health CAHPS Survey vendors.

The next Home Health CAHPS Survey data submission deadline for our survey vendors is Thursday, October 20, 2022. It's four weeks from tomorrow.

CMS wants to remind home health agencies that they are responsible for reviewing their data submission reports on the Home Health CAHPS Web site, again in the For HHA's portal. And by reviewing their data submission report, you can make sure that your survey vendor is successfully submitting your Home Health CAHPS Survey data.

A reminder that I usually always say. All home health agencies with less than 60 patients from the reference period of April 1, 2021 through March 31, 2022 should complete the calendar year 2024 Home Health CAHPS Survey participation exemption request form in the HHHHA secure portal by March 31, 2023.

Home health agencies that are currently doing home health CAHPS should not stop participating in the Home Health CAHPS Survey if currently you are

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finding you have a very small number of patients. You should continue the survey for the entire survey period that will end March 31, 2023.

And as always, if you have any questions about the Home Health CAHPS Survey or you need help switching your vendor, please come contact the Home Health CAHPS Coordination Team at hhcahps@rti.org or call 866-354-0985,

And now I will turn it back over to (Jermama Keys) to discuss the Hospice Quality Reporting Program.

(Jermama Keys): Thanks so much, (Lori). Good afternoon again, everyone. I will now be providing several updates to share with the hospice community.

First, we have several public reporting updates. The next Care Compare refresh will take place in November 2022. And this refresh will include HIS quality measure results from quarter one of 2021 through quarter four of '21, CAHPS Hospice Survey data reflecting quarter three of 2019 through quarter four of 2019 and quarter three of 2020 through quarter four of 2021. Only the survey measures results will be refreshed.

Claims-based measure results reflecting quarter three of 2019 through quarter four of 2019 and quarter three of 2020 through quarter four of 2021 will also be refreshed in November of 2022.

The provider preview reports for the November refresh were issued on August 17. The preview report for the latest provider preview report lasts from August 17 to September 16 of 2022.

Although the actual preview report is 30 days, the reports will continue to be available for another 30 days for a total of 60 days. CMS continues to encourage providers to download and save their hospice provider preview reports for their future reference as they will no longer be available in CASPER after the 60-day period.

We also have an update related to the development of HOPE. CMS and their contractors and associates continued testing of the draft standardized patient assessment tool for the HQRP called the Hospice Outcomes and Patient Evaluation or HOPE form.

The draft HOPE assessment is currently in the final phase of testing, the HOPE beta test. The data collection for the beta test is currently ongoing. After completing data collection, the data test team will analyze the data and collect feedback from the hospice team to inform our decisions for the final version of the HOPE assessment and implementation of HOPE.

Next, we have some updates related to HQRP rulemaking. On July 27, 2022 CMS issued the fiscal year '23 hospice payment rate update final rule, which is available online at the Federal Register's public inspection desk under special filings.

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CMS will be holding a fall HQRP forum on September 28 to provide a further overview of the fiscal year '23 hospice final rule. Registration information for this forum is available on the HQRP Web site on the provider and stakeholder engagement Web page.

There are several new and updated resources available on the HQRP Web site as well. Version 1.01 of the HQRP QM user's manual and the change table are now available. These documents are available in the download section of the current measures Web page.

Three updated documents getting started with the HQRP CASPER QM report, getting started with review and correct reports and the third edition of the public reporting tip sheets are all located on the requirements and best practice Web page.

Please tune into the Spotlight and Announcement page for any upcoming quarterly outreach emails that will be released sometime in September. If you want Swing Tech's quarterly emails, add or update the email address to which these messages are sent by emailing qrphelp@swingtech.com and including your facility name and CCM along with any requested updates.

Finally, CMS recently released two informational videos to help consumers better understand the HQRP program and HQRP explanatory video and a Hospice Care Index, or HCI, informational video. Both of these videos are available on the CMS YouTube channel.

I will now pass it back over to Jill Darling.

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Jill Darling: Thank you, (Jermama) and thank you to all of our speakers today. Courtney, will you please open the lines for Q&A?

Coordinator: Thank you. We will now begin the question and answer session. If you would like to ask a question, please press star 1 and record your name. If you need to withdraw your question, press star 2. Again, to ask a question, please press star 1.

Our first question comes from (Connie Westover). Your line is open.

(Bonnie Westover): Good afternoon. This is actually (Bonnie Westover). This morning I received an email from CMS Post-Acute Care Quality Reporting Program that indicated there would be a quality measure rating threshold change with the October 2022 refresh, but it didn't indicate which post-acute care programs this affected.

However, there was a link to a 2019 memorandum that referred to SNFs and LTAC. So, might anyone on this call be able to tell me for which post-acute care programs the rating threshold changes will be made or maybe you could tell me if those changes are not being made for home health or hospice please?

(Jermama Keys): There are no changes for home health or hospice at this time.

(Bonnie Westover): Okay, great. Thank you. It would be fabulous if when we got those sorts of announcements, that it would say more than just post-acute care, but actually which part. Anyway, thanks.

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(Jermama Keys): Thank you for your comment.

Coordinator: Our next question comes from (Christine). Your line is open.

(Christine Bunge): Hello. This is (Christine Bunge). My question is pertaining to the Oasis E training program that was held. And I was wondering when the video recording of that session is going to be released. I may have missed it if it was told so far.

(Jermama Keys): No, (Christine), you didn't miss it. The original training or live virtual workshop was held on the 13th and 14th of September. There's usually about a 30 to 45-day turnaround for the finalized items. So just be on the lookout on the Spotlight and Announcements page for that information.

(Christine Bunge): Okay. I don't know if this will help speed up the process of it being released or not, but we found those very beneficial. I thought the whole platform was very easy to understand. And we would like to use that as part of our training.

And with 100 days away from the implementation of Oasis E, you know, the clock is ticking. So, if that helps to speed it along, that would be great. Thank you.

(Jermama Keys): No. Thank you, (Christine). We appreciate your comments and we're glad that you enjoyed the forum. CMS does take all timing into consideration.

(Christine): Thank you.

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Coordinator: Our next question comes from (Beth Bohmar).

(Beth Bohmar): I am actually asking a question on DMEs and I was wondering if there are any details on date for like the release of LTDs or also if there are any plans to grandfather during PHE for testing, prior authorizations, paperwork, things like that for after the PHE has ended.

Emily Calvert: Hi. This is Emily. I'm sorry. You were asking about DEMPOS prior authorization? I'm just trying to make sure this question is for me.

(Beth Bohmar): Yes.

Emily Calvert: I'm sorry. Could you repeat the question for me? I don't know if I understand exactly what you're asking.

(Beth Bohmar): Just if there was any information about grandfathering like patients that we obtained during the PHE for like testing, prior authorizations, paperwork, if there's any information on that or when the PHE ends?

Emily Calvert: At least for prior authorization for like the orthotics and our current codes that are on the required list, there are - we have certain, you know, things set up for like the modifier usage for urgent need. But as far as things for the public health emergency, I think we would - I guess I would maybe need to look into it a little bit more.

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I don't know - if you could send me an email to that DMEPOS resource mailbox that I had given earlier with some more specific information I can see if I can help assist in answering all the different points of topics that you have. I don't think I understand completely what you mean by grandfathering in.

And my group is only responsible for the prior authorization piece of DME. There are some other groups and other people who work with durable medical equipment. So, if I'm not the person who could best assist with that, I would like to at least help find the person who is for you. So, if you could send an email to me at that email address, that would be great.

(Beth Bohmar): Is it listed on the information that we received?

Emily Calvert: It may not be listed on the agenda. But it is DMEPOS, D-M-E-P-O-S, and then PA, short for prior authorization@cms.hhs.gov.

(Beth Bohmar): Thank you very much.

Emily Calvert: Thank you.

Coordinator: Our next question comes from (Cody Reber). Your line is open.

(Cody Reber): Thank you. Can you please confirm HHAs will get a preview report, including the PPH or potentially preventable hospitalization measure next month in October 2022 and that the measure will be publicly reported still on Care Compare in October 2023?

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(Jermama Keys): I'm sorry. The two measures again?

(Cody Reber): It's all around the PPH measures. So, the potentially preventable hospitalization, we had heard previously from the final rule or the proposed rule that the measure would be included next month from the preview reports and we heard that on the calls as well. And then that the inaugural public reporting would occur in Care Compare on October 2023.

So, I just want to confirm that the preview report will include it next month and the Care Compare publicly inaugural reporting of it will occur on October 2023 refresh.

(Jermama Keys): I can confirm it.

(Response: The Home Health potentially preventable hospitalization (PPH) measure will be added to the iQIES confidential feedback reports beginning in October 2022. The PPH QM will be initially publicly reported in October 2023 and preview reports in advance of that public reporting refresh will be available in July 2023).

(Cody Reber): Great. Thank you.

(Jermama Keys): No problem.

(Cody Reber): And while we're on that if I may ask one additional question, can you confirm that the 60-day hospitalization and emergency department use or emergency care use without hospitalization measures will be removed from Care Compare at the same time that that PPH is added, so October 2023?

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(Response: The ACH and ED Use QMs will not be removed from Care Compare in October 2023. Instead, these two QMs will be reported concurrently with the PPH QM until at least October 2024. It is still CMS's intention to replace the ACH and ED Use QMs with the PPH as soon as practicable.)

(Jermama Keys): I cannot confirm that. There have been several change requests in reference to that, but if you would be so kind as to send that specific question to the help desk, that would be greatly appreciated. That way they can get a definite answer back to you.

(Cody Reber): Okay. Thank you.

(Jermama Keys): You're welcome.

Coordinator: Our next question comes from (Kelly Perry). Your line is open.

(Kelly Perry): Hi. This is about the provider enrollment change. I understand that the states will be split. Is there anywhere that we can go to see what part will be considered eastern and what part would be considered western. And also, will we still be doing enrollments for both of the enrollment groups on PECOS?

Sarah Darnley: Hi there. So yes. We are planning on publishing a map with that information on it. That will likely go up next week and that'll be on cms.gov on the, "Enroll as a DMEPOS Supplier," webpage. So, all that information will be on there.

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We are working on getting the contractors' websites up and running as well. So, they'll have further information on that. And to answer your second question, yes, you will still be using PECOS for online applications. The contractors will be set up in there so nothing is changing with that system.

(Kelly Perry): Okay. Thank you.

Sarah Darnley: Thank you.

Coordinator: I'm showing no further questions at this time.

Jill Darling: Okay, great. Well thank you, everyone, for joining us today. And if you do have any further questions, our email is listed on the agenda. The homehealth_hospice_dmeodf-L@cms.hhs.gov. And have a great day, everyone. Thank you.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time.

[End]