

Centers for Medicare and Medicaid Services

Questions and Answers:

Home Health, Hospice and DME Open Door Forum

Wednesday, December 7, 2022

1. Question: I wanted to clarify the statement of the OASIS-E implementation in the recent five-day window. What I understood was that we would use OASIS-E in the recent window prior to January 1st.
 - a. Answer: Any assessments completed on or after January 1 should be completed with OASIS-E, but that's based on the M0090 date assessment completed date.
2. Question: If I do a recertification visit, for example, December 28th, and the episode, the new episode starts January 2nd, I was in the understanding I'll use the OASIS-E, correct, because I'm completing my assessment in December 28th, but the episode of care starts January 2nd.
 - a. Answer: Your new assessment would start on January 2. And if your new assessment is going to be completed from January 1 or later, then you would use OASIS-E.
 - i. Question: Because the OASIS-E dataset collected from the OASIS-E questions are for episodes starting January 1st. So, even if I see the patient on December 28th, and complete it December 29th, I have to use the OASIS-E-1, and the episode starts January 2nd?
 1. Answer: Please note that the effective date for OASIS-E is January 1, 2023. The version of OASIS that should be collected will be based on the M0090 – Date Assessment Completed. The M0090 date is the last date that information used to complete the comprehensive assessment and determine OASIS coding was gathered by the assessing clinician and documentation of the specific responses was completed.

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3. Question: My question is about hospice and the focus program. I missed what the gentleman said that they're going to focus on as far as the hospice's performance.
 - a. Answer: The topics discussed with the technical expert panel, again, included the special focus program algorithm and methodology to identify poor-performing hospices, the special focus program survey frequency, technical assistance graduation criteria, termination criteria, and public reporting of the special focus program.
4. Question: Can somebody tell me where I can get the agenda for this call?
 - a. Question back: Did you sign up for the Open Door Forum agenda by chance, or did someone forward it to you?
 - i. Answer: It was forwarded by my supervisor.
 1. Answer: Okay. If he has the actual agenda where to sign up to receive agendas for all of our Open Door Forums, it's listed on the agenda at the very bottom. Or you could just Google CMS Open Door Forums, and you'll find where to sign up to receive information.
5. Question: My question is about transmittal 11427 on the elimination of mandatory submission of Certificates of Medical Necessity. The guidance states, or the document states that instead of submitting the certificate, carriers will now determine medical necessity based on electronic medical records. Can you please explain how MACs will access or contractors will access these electronic medical records and whether or not suppliers will be required to submit them?
 - a. Answer: It has always been CMS' expectation that prior to submitting a claim that all suppliers will have the requisite documentation on file/available, and absent that, would obtain it from the ordering provider. Medicare Administrative Contractors (MAC) will continue to access beneficiary medical records in the same way that they always have, by specifically requesting from the supplier when needed.
 - i. Comment: There are other questions related to this, which I'm happy to submit in writing, but at present to the suppliers in the space, I'll just share with you that it's completely unclear transactionally on how this will work and whether this will lead to a jump in RAC audits, where the contractors try to understand whether there's medical necessity for each patient. We also saw the MLN Connect newsletter, which only seems to restate the language from the transmittal. There's no better clarification that's coming from the newsletter. So, there is a concern that being one month away, that

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there will be significant confusion in the marketplace about how to manage these claims.

6. Question: My questions are similar to the first questions regarding the research. I thought that someone had stated in this webinar that if you do a recert in the last five days of December, you use OASIS-E, but I thought it was based on the M0090 date. So, say you did a recert on 12/28, and the new episode started 12/31, I believe you would still use OASIS-D, correct?

a. Answer: Please note that the effective date for OASIS-E is January 1, 2023. The version of OASIS that should be collected will be based on the M0090 – Date Assessment Completed. The M0090 date is the last date that information used to complete the comprehensive assessment and determine OASIS coding was gathered by the assessing clinician and documentation of the specific responses was completed.

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i. Question: And then the other thing I want to know is, could you either repeat the site we need to sign up for to get HOPE data for hospice? Or is that something that will be in this webinar? I didn't get all that information written down. I thought someone said the hospice compliance will no longer be available quarterly, and that there's a new site we need to sign up for - or a new email listing that we need to sign up for to get how our compliance is - how we're able to check our level of compliance with the hospice reporting.

1. Answer: I think that might have been the last ODF where I specifically talked about the compliance document that would no longer be posted, but that inquiry could be sent to QRP help, H-E-L-P at [Swingtech.com](mailto:QRPHelp@SwingTech.com). (QRPHelp@SwingTech.com)

7. Question: We moved our agency a while ago and have made the appropriate changes in PECOS, but you guys can't seem to figure how to get it correct in Home Health Compare or PIPR reports. And every time I send an email, it points me back to the State. And

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every time I talk to the State, they point me back to you. So, who's responsible for updating those actual addresses?

- a. Question back: And the email that you're referring to, the email that you're sending it to, is it the iQIES email?
 - i. Answer: Yes
 1. Answer: I would say also, if you're not getting your PIPR report, please send it to the HHVBP questions email box too, and then we can look into it, but just make sure you include your CCN, because that's the defining data that we distribute things by.
 - a. Question: I guess I'm not sure that answers my question. Who's responsible? Is it the State? Is it you? Is it who?
 - i. Answer: CMS normally puts that information, and I hate to refer you back to the iQIES mailbox address, but I'll focus on making sure that we can get you some resolution on the other end as well. If you could forward your issue and your questions to both mailboxes, the iQIES mailbox, and the home health quality questions mailbox, in reference to the way that your information looks on Care Compare.
8. Question: My question was similar on the Medicare CMN as to the other gentleman's, but could you give that email address again for questions? I couldn't quite write it down fast enough.
 - a. Answer: It is on the bottom of your agenda, but it is home health, HOMEHEALTH_HOSPICE_DMEODF-L@cms.hhs.gov.
9. Question: Just a clarifying question about the elimination of the CMN, the letters. I didn't know if I heard this correctly, that if you do submit a claim in January 1st of 2023, that they would reject a claim if a LMN was being submitted. Did I understand that correctly?
 - a. Answer: if your claim is for a date of service on or after January the 1st, they can no longer have a CMN or a DIF attached to them. Those will be rejected and returned. If the date of service is prior to January 1st, the process is the same as it is today. Attach the CMN or the DIF, or if there is one on file with a previous claim related to the one that you're submitting.
 - i. Question: Would that include also like clinical trials that usually require an LMN if you're submitting a claim, or is that different?
 1. Answer: I think that's different. This is for CMNs, non-LMNs.
10. Question: You mentioned that the special focus program will be talking with stakeholders, and I didn't catch all of the stakeholder groups that you're meeting with

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additionally. Could you restate the email address that folks can email for additional information on the SFP process?

- a. Answer: The listening sessions include hospital federal experts accrediting organizations, which is meeting tomorrow, consumer and caregiver advocates, which is meeting today, and hospice industry groups, which is meeting next December 13th at three o'clock. They will provide an overview of the topics discussed with the TEP that I mentioned earlier in my remarks. The email address resource mailbox is OSOG_HOSPICE@CMS.hhs.gov.
11. Comment: This is more of a statement than a question. I'm a little frustrated that we're making some policy updates by email less than 30 days from the implementation date. I think we really need to have these questions about the new 90 date and what items need to be completed for those assessments that are going into that new year. This is kind of frustrating from a software development, that we have a short period of time in order to make any kind of corrections, if CMS makes any changes to that. I also have one that I'm going to send into the email. I don't - it's kind of complicated, so I'm going to send it into the email, but it's based on the Errata that we just got, again, 25 days prior to the implementation date. So, I really want to encourage CMS to pay attention to the emails that are coming through and make sure that the answers are being put out there publicly as soon as possible. I appreciate your time. Thank you.
 12. Question: Yes, for the OASIS scrubbers who are scrubbing OASIS assessments, especially start of CARES, say around the 29th, 30th, or 31st, they might not actually get to scrub them until the first, second or even third day into January. And they've always been changing the M0090 date to reflect that updated date, where they're making corrections in coordination with the field staff. So, I'm assuming OASIS-D-1 would still be used, even though they're changing M0090 date to reflect the 2023 date. Am I correct?
 - a. Answer: Please note that the effective date for OASIS-E is January 1, 2023. The version of OASIS that should be collected will be based on the M0090 – Date Assessment Completed. The M0090 date is the last date that information used to complete the comprehensive assessment and determine OASIS coding was gathered by the assessing clinician and documentation of the specific responses was completed.

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