

Centers for Medicare & Medicaid Services
Home Health, Hospice and DME Open Door Forum
Moderator: Jill Darling
January 26, 2021
2:00 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. Today's conference is being recorded. If you have any objections you may disconnect at this time. I will now turn the conference over to Jill Darling. Thank you. You may begin.

Jill Darling: Great. Thank you (Terry). Good morning and good afternoon everyone. I'm Jill Darling in the CMS Office of Communications and this is our first Home Health Hospice and DME Open Door forum of the new year so Happy New Year to everyone. As always we appreciate your patience in getting into the call.

So before we begin one brief announcement from me. 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 I would like to hand the call off to Brian Slater.

Brian Slater: Great thanks Jill. So good afternoon to those on the East Coast and morning to those on the West Coast. And I'll reiterate what Jill said, Happy New Year to everyone. First call of 2021, hopefully it's a better year than 2020.

Our regularly scheduled program is currently interrupted. The agenda is out. It is going to be all of that plus one issue that was a last-minute add. It's just a

quick clarifying addition from my team. And to do that clarification is (Susan Bauhaus) and then we'll get back into the regular agenda that you saw on the appointment. (Susan)?

(Susan Bauhaus): Thanks Brian. Good afternoon. We wanted to address a quick question we received regarding home infusion therapy services for infusion drugs that are not considered Medicare home infusion drugs under the home infusion therapy services benefit and hopefully provide some clarity regarding what these drugs are and who can furnish these services.

The home infusion therapy payment explicitly and separately pays only qualified home infusion therapy suppliers for the professional services related to the administration of certain drugs and biologicals identified on the durable medical equipment LCD for external infusion pumps.

This means that only the parenteral drugs or biologicals on this list that are administered intravenously or subcutaneously for an administration period of 15 minutes or more and are not given through an insulin pump system or listed on the self-administered drug exclusion list are considered Medicare home infusion drugs and eligible for the home infusion therapy services payment.

The list of drugs eligible for services under the home infusion therapy services benefit can be found in the MLM Matters document Number 11880 which can be found on the CMS Home Infusion Therapy Web page under the Related Links section. We will update this list of drugs as new drugs are added or drugs are removed.

If a beneficiary is receiving an infusion drug in the home that is not on this list and is eligible for the home health benefit then the home health agency can

continue to furnish and bill for the professional services needed to infuse the drug in the home. These services would remain under the home health benefits.

For example, there are anti-infective drugs on the DME LCD that are considered Medicare home infusion drugs. These include anti-virals and antifungals but there are no antibiotics on this list. This means that services necessary for administration of antibiotics in the home are not covered under the home infusion therapy services benefit.

If a beneficiary receives home infusion of IV antibiotics and is eligible for home health services, the home health agency would furnish and bill for these services under the Home Health Prospective Payment System. Now I'll hand it over to (Wil Gehne) for our home health claims processing update.

(Wil Gehne): Thanks (Susan). Today I want to alert health agencies to some claims processing errors that are affecting no pay RAP since the start of the year and also to let you know the actions we're taking to limit the impact of those errors on you.

Everyone should be aware of three issues. First earlier this month we discovered that Medicare systems were returning RAPs in error with Reason Code 32035 if Value Code 61 and a CDSA code were missing. In 2021 it's optional for you to report Value Code 61 on your RAP so we implemented a workaround to prevent this. Your Medicare administrative contractor is adding Value Code 61s and a placeholder CBSA Code 10180 to these RAP so they continue processing.

You don't need to take any action and you should disregard the added codes. And CMS published an alert about this workaround in the MLN Connects e-newsletter on January 21.

More recently we discovered Medicare systems are also returning RAP in error with Reason Code W7216. This edit that's when a Revenue Code 0023 line falls outside the from through dates. This edit should not apply to RAP.

If they've not done so already your MAC will soon begin to suspend RAP receiving those reason code and will then bypass the edit so the RAP can continue processing. You will not need to take any action.

Some RAP were returned in error due to these problems before the workarounds were in place. If these delays caused the RAP to be submitted beyond the five-day timeliness period an exception will apply since these were circumstances beyond the home health agency's control.

Finally I want to alert you to a problem that may affect your upcoming claims if you've submitted RAP for a future date. As you know the late RAP penalty applies only to claims where a RAP received date is more than five days after the claim from date.

An error in the Home Health Price Program implemented in January will apply the penalty if the RAP was more than five days early also. This will incorrectly apply a penalty to second 30 day periods of care in a certification period if you submitted the rapid advance.

Unfortunately this error cannot be corrected in Medicare systems until March 1. Home health agencies have two options. You can avoid erroneous penalties by holding off submitting claims until after March 1 for any February periods

of care for which you submitted RAP with future dates. Or you can submit claims normally. And during the weeks following March 1 MACs will automatically adjust and correct any claims that received a penalty in error.

I apologize for these problems and I thank you all for your patience as we work them out. Jill?

Jill Darling: Great, thank you (Wil). Next we have Lori Teichman who has the Home Health CAHPS Survey announcement.

Lori Teichman: Thank you so much Jill. Training registration for the intro training for new applicant Home Health CAHPS Survey vendors and for update training for currently approved Home Health CAHPS survey vendors is available on the home health CAHPS Web site <https://homehealthcahps.org>.

The intro training is a self-directed self-paced training and a certificate is issued at the end of the training and assessment for new applicant home health Home Health CAHPS survey vendors. All home health agencies, currently approved Home Health CAHPS vendors, current and new subcontractors are also welcome to take the intro training.

The update training for currently approved Home Health CAHPS Survey vendors is on this Friday, January 29 from 12:00 noon to 2:00 pm Eastern Time. All currently approved Home Health CAHPS Survey vendors are required to attend update training. In addition we welcome any home health agencies, and any currently approved vendor subcontractors to additionally attend the update training.

If you are a home health agency now in the Home Health CAHPS Survey and you are thinking of a changing from your current Home Health CAHPS

Survey vendor to a new Home Health CAHPS Survey vendor, CMS advises you to first contact RTI for their assistance in this process and you may email hcahps@rti.org or you may call RTI at 866-354-0985.

And now I will hand this over to Joan Proctor who will present on the Hospice Quality Reporting Program.

Joan Proctor: Hi. Thanks Lori. Good afternoon everyone and thank you for joining us for this open door forum. We have several updates to share with the hospice community today.

First I'd like to start with an update on CMS's quality measure development work for Hospice Quality Reporting Program. On January 11 of this - January 11 we presented the newly proposed Hospice Care Index or HCI quality measure to the National Quality Forum Measure Application Partnership or the MAP. And the MAP has conditionally approved the hospice, the HCI, Hospice Care Index measure. And we're going to work towards formal endorsement of our Hospice Care Index measure.

In terms of the - I have - also have a couple updates for you on the Hospice Item Set or HIS. The HIS Manual Version 3.00 is still pending approval from OMB. The new manual removed Section 0 from the HIS as this information will now be obtained from the hospice claim.

Once OMB approval is confirmed the HIS Manual Version 3.00 and related materials will be posted on the HIS Web page. The new QM User's Manual Version 4.00 has also been revised to reflect the new hospice visits in the last stage of life or HBLDL measure based on hospice claims data.

Once OMB approval is confirmed this new version of the user's manual will be posted on the current Measures Web page. Currently you can find more information about this new measure in the Hospice Visits when Death is Imminent Testing Re-specification Report from October 2020 located in the Download section of the current Measures page.

While we await OMB approval CMS moves forward with the implementation of Version 3.00 of the HIS data submission specifications on January 1 of 2021. The implementation of these specifications will prevent hospice providers from encountering any fatal errors or rejected records whether submitting HIS records or both will be accepted by the ASAP. So you can - it's either the HIS records Version 2.0 or 3.0. The specifications that we released will assist in showing the fatal errors are voided and the rejected - that records are not rejected.

We also have received a number of help desk questions about the new measure and reporting of hospice visits in the last days of life. The Hospice Visits in the Last Day of Life is a re-specified version of the Hospice Visits When Death is Imminent measure (payor).

Per the measure specification the measure indicates a hospice provider's proportion of patients who have received visits from a registered nurse or medical social worker non-telephonically on at least two of the final three days of the patient's life. The calculation of the last three days of life remains unchanged from what was previously documented in Section O.

The date of death is the same as the date provided in A0270, the discharge date. One day prior to death is calculated as the discharge. Minus 1 in two days prior to death is calculated as the discharge date minus 2. Then this new measure is expected to be publicly reported beginning in the spring of 2022.

Okay and I'm also going to go over some public reporting announcements. The reporting of hospice quality data for calendar year 2021 began on January 1 and runs through December 31 of this year. Hospices must meet the quality reporting programs that apply to both the hospice item set and the CAHPS survey to be in compliance. Data from calendar year 2021 impacts the Annual Payment Updates or APU in fiscal year 2023.

During calendar year 2021 the CAHPS Hospice Survey will continue data collection as normal. The next deadline for data submission to the CAHPS Hospice Survey Data Warehouse will occur on February 10 covering dates of death between July 2020 and September 2020.

Hospice Compare was replaced with a new platform called Care Compare on December 1 of 2020. And the Care Compare is a streamlined design - redesign of eight existing CMS Health Care Compare tools on medicare.gov. You can still find the same information of about hospice as well as other hospice - other healthcare providers on the Care Compare site.

Please note that due to the COVID-19 public health emergency and the temporary exemption for the hospice quality reporting for the data submission requirement, the publicly reported quality data will be held constant from the November 2020 refresh through the November 2021 refresh. No provider preview reports will be issued for those refreshes that continue to display the constant or frozen data.

For the Review and Correct Reports there will also be no data available to correct for calendar - for quarter one 2020 and quarter two of 2020. However all confidential reports including the timeliness compliance report will continue to be available and include all the data that has been submitted.

Also in May of 2021 CMS will conduct the annual update of the information on Care Compare that comes from the hospital and Post-Acute Care or PAC Provider Utilization and Payment Public Use File cost. Care Compare will display PUF information for 2016 through 2018.

The ZIP Codes on Care Compare sourced from HIS records will be held constant until the May 2021 refresh. At that time CMS will use calendar year 2019 claims data to update the ZIP Code file used to power the Care Compare search function for hospices. Okay I'm going to turn it back over to Jill. That's the end of my update.

Jill Darling: Great thanks. Okay thank you Joan. And last we have Debra Dean-Whittaker who has an update for the CAHPS Hospice Survey.

Debra Dean-Whittaker: Hello everyone this is Debra Dean-Whittaker. Thank you very much Joan for your updates for CAHPS. In addition I would like to call your attention to the fact that we are now in a new year of data collection starting with January 1. If you are participating in the CAHPS Hospice Survey now is the time to be ready to collect all 12 months of data.

The new Size Exemption Form is up on the CAHPS Hospice Survey Web site. If you have your patient counts for calendar year 2020 you can fill out and submit the form now. If not don't worry, it will be available until December 31, 2021 so you do have time.

And finally if you are thinking of changing survey vendors the very first thing you should do is contact the CAHPS Hospice Survey Technical Support Team. Please do not try to switch vendors without talking to them. The process is more complex than it may appear. The technical team can help you

get everything done in the right order and at the right time. And this is critical so please contact them. Thank you and I return it to you Jill.

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

Coordinator: Thank you. And if you'd like to ask a question please press Star 1, unmute your phone and record your name clearly. If you need to withdraw your question press Star 2. Again to ask a question, please press Star 1. It will take a few moments for questions to come through so please stand by.

And our first question comes from Jennifer Kennedy. Your line is now open.

Jennifer Kennedy: Thank you so much. So I had a question for the hospice folks. The hospice visits in the last days of life is CMS actively collecting that off of claims as of January 1?

Joan Proctor: Well we have access to the claims data so it's nothing for us to actively collect. And I'd have to get back with you as to whether it is not it's being collected at this time whether or not...

Jennifer Kennedy: Yes, that's...

Joan Proctor: ...it was adopted. I believe it was.

Jennifer Kennedy: Yes. Okay. So if you know it would be - it would be great if CMS could clarify that for hospice providers. I represent The National Hospice and Palliative Care Organization and I can tell you providers are very confused.

Joan Proctor: Okay. We can definitely clarify...

Jennifer Kennedy: Thank you so much.

Joan Proctor: ...that on our Web site and we - I can follow-up with and I can give you some information.

Jennifer Kennedy: All right perfect. Thanks so much.

Coordinator: And our next question comes from (Chris Lasley). And your line is now open.

(Chris Lasley): Thank you for taking my question. This is about the HIS Discharge Form. So now that Section O has been removed and the visit data will be obtained from claims, will there be consideration to allow us to stop submitting the discharge form because there's really no information there that can't be obtained, you know, from claims? And it just takes time, you know, to submit those and resources to submit those and I'm not sure what the value is at this point.

Joan Proctor: I believe that we do have a plan for that. This is Joan. And again I'll have to get back with further clarification and take this back because I'm not the lead for the hospice. I'm sort of filling in today.

But one of the things I can point to you is that I think one of the - our big issues has been the hold up of OMB approval. And so clearly we would not continue to require the reporting of information once we have a Version O that would remove certain data elements. I don't know if I'm being helpful here or being more damage, but I can definitely take both of these topics that have been raised back and come back to both of you with additional information.

(Chris Lasley): Thank you.

Joan Proctor: You're welcome.

Coordinator: And our next question comes from (Mary Grazon) and your line is now open.

(Mary Grazon): Yes hi. Can you clarify the infusion home therapy services in regards to the IV antibiotic that you have mentioned?

Joan Proctor: Sure. So there are no home antibiotics on the Home Infusion Therapy Services list of eligible home infusion drugs. So if a home health agency is providing the services necessary for the infusion or the administration of an IV antibiotic the home health agency would not need a qualified home infusion therapy supplier to furnish and bill for these services. The home health agency could furnish the services related to the infusion of an IV antibiotic and bill for them under the home health prospective payment system.

(Mary Grazon): All right thank you.

Joan Proctor: Sure.

Coordinator: And our next question comes from (Leslie Spencer). Your line is now open.

(Leslie Spencer): I wanted to go back to the announcement on the additional announcements that were made on the home health claims processing update. I heard that gentlemen say submitting that with future dates of greater than five days is going to be applying a penalty as well that should be corrected on March 1.

So what should we do about all of the claims that we've already submitted for the month of January? And are we - do we need to stop submitting the second

30 day claims for the month of February and moving forward until that update is done on March 1? Are these penalty monies going to be sent back to us as providers?

(Wil Gehne): Right. Well the scenario wouldn't affect any January claims because you wouldn't have - they're first - they're the first billing period so you wouldn't have sent future data graphs for those.

(Leslie Spencer): Okay.

(Wil Gehne): But for the February claims it's up to you. I mean if you want to choose to avoid the erroneous penalties you could hold those February claims until after March 1. If you choose to bill normally the MAC will adjust the claims later and send the payment - send the corrected payment to you automatically without you doing anything. It's just it's your preference which way you want to handle this.

(Leslie Spencer): And is it going to be 1/30 of each day that it was submitted early if that's the case, so basically you wouldn't get - receive payment for that second 30 day period at all until they make the corrections if they're submitted early?

(Wil Gehne): That could happen yes.

(Leslie Spencer): Okay thank you.

Coordinator: And our next question comes from (Craig Furya). And your line is now open.

(Craig Furya): Hi thank you. I don't mean to beat a dead horse here but back to the hospice HIS questions, I just have a few. Does two visits on the same day count and does the date of death count as one of the last days? And then finally if so,

does a death visit count because that's, you know, for a hospices to kind of time all of this is difficult at times? So thank you.

Coordinator: And our next question comes from (Meryl Seidler) and your line is now open.

Joan Proctor: Yes I think you - I don't think - we haven't responded to the last inquiry.

Coordinator: I apologize. Go ahead.

Joan Proctor: No problem. In terms of the again that question, the particular question I would have to get back to you. I don't want to speak off-the-cuff here as I'm sort of filling in. So again I've been capturing your questions as they're coming along and cataloging them, getting ready to send to the hospice team members who are unable to attend a day because of another conflict and I promise to get back with you with additional clarification. But I would ask one follow-up question to you. Can you clarify I again, are you saying are we counting the last day?

(Craig Furya): Yes so does date of death count as one of the days requiring a visit by a social worker or RN?

Joan Proctor: Well those two calculations I gave you earlier and that was one day prior to death is calculated as a discharge date minus 1 and two days prior to death is calculated as discharge date minus 2. In my reading of the language I was given was that this would remain unchanged from what was in Section O.

(Craig Furya): Okay thank you.

Joan Proctor: So if you have - if you're going consistent with what we had in Section O if you've met the thing of two visits in the last days of a patient's life the

calculation is still the same. It's not changed by the fact that we're collecting it off of a claim.

(Craig Furya): Okay thank you.

Joan Proctor: Does that help?

(Craig Furya): Yes.

Joan Proctor: Okay thank you.

Coordinator: Thank you. And our next question comes from (Meryl Seidler). Your line is now open.

(Meryl Seidler): Thank you my question was similar to the other hospices. I think the last gentlemen was asking if two visits occurred on the same day how would that be counted? I understand your having to take this down but that was an additional question I had as well.

Joan Proctor: Okay. I will definitely take that and bring something back through Jill.

(Meryl Seidler): How - what is the process to bring something back? So will there be an email to us or how will we get this info?

Jill Darling: Right so this is Jill. So for the open door forums I put together a Q&A document and gather all the questions on the call. So today's call will have any unanswered questions from the call. I'll reach, you know, can reach out to Joan and to the other subject matter experts to get the answers and it will be on the Q&A document that will be posted on to our podcast and transcript Web page. And you can Google that CMS podcast and transcripts and it will

be there. Now give us a few weeks to get it up so we can get all the questions answered.

(Meryl Seidler): Thank you.

Jill Darling: You're welcome.

Coordinator: And our next question comes from (Annette Siler) or I apologize, (Kaizer). Your line is now open.

(Annette Kaizer): Thank you for taking my call. So I just want to clarify a couple things again about the hospice. So Jennifer Kennedy was asking about CMS collecting from the claims. And I just want to ask one of the questions to be addressed is with telehealth visits we are not able to report those on our claim and we still have a lot of situations where we're not able to make visits because of COVID, either families don't allow us in or facilities don't allow us in, so we're providing care by telehealth.

If those things are going to be reported publicly come spring of 2022 we need to know what allowances are going to be made because it's going to look pretty rough in some situations to have a low number of visits when we can't report those telehealth visits on the claim. So we asked for consideration for reporting those visits.

And then the gentleman asked about the discharge HIS form, and from what I'm seeing the OMB approval is just to remove Section O. But to reiterate what the gentleman was saying that leaves nothing on the discharge form except reporting the date of death and the reason. For - well the date of discharge and the reason for discharge and that can be pulled from the claim.

And so what he was asking was why do we even need to submit a discharge form when that information could be pulled from the claim?

And lastly again not to beat a dead horse but the piece around no change and counting the days, from what I understand you to say the date of death will count as a day. Many of our patients die at 1 o'clock, 2 o'clock in the morning and there's not likely going to be able to be a visit made before the patient dies unless the family has some acute need. And so it's going to make it difficult to get three visits - to get two visits in in two days. And so that's why we need the clarification around two visits being made on the same day.

Joan Proctor: Okay I've got it. I've jotted all of this down to be able to take back and be able to respond to.

(Annette Kaizer): Thank you.

Coordinator: And our next question comes from Thomasina Chamberlain. Your line is now open.

Thomasina Chamberlain: Hi. Thank you for taking my question. I was wondering about the measure that everyone's talking about today for hospice, the three visits in the last excuse me, the two visits in the last three days of life. I was wondering as a claims-based measure if we're going to be able to pull that data from CASPER?

Right now were able to pull our HIS report from CASPER about two months after the month closes. Like for example this for - in January, I was able to pull November data. And it gives not only the information for our provider, but also gives some national benchmarking information. So I was wondering

for this particular measure being a claims based measure if that will appear in CASPER for us to be able to access?

Joan Proctor: Similar to what we've done in other programs we are attempting to provide that type of claims based measures data for the providers prior to being published. However as you know they're not part of the reviewing correct process but they would be made available similar to the way that they're made available. We're working through right now with the data systems folks to make that a reality on - in hospice the way it is done in other programs.

Thomasina Chamberlain: So you're saying that you're working through the process now. So does that mean that you're not sure at this time?

Joan Proctor: No. It does not mean I'm not sure at this time. We're working through the systems changes in the effective date is when I would - is something that would be announced to you.

Thomasina Chamberlain: Okay. So are you anticipating because it's a claims based measure that there may be more of a time interval needed between the time that the claim is submitted and the time that the data would be available in CASPER?

Joan Proctor: I suspect that we will be coming out with additional information for all providers - all hospice providers that will outline what our schedule is the same way that we currently do in our programs. So you would be getting an information that would tell you when it would be available and what time period it would cover.

Thomasina Chamberlain: Would that...

Joan Proctor: And it's typically something that Charles Padgett will be probably addressing in a future call.

Thomasina Chamberlain: Do you anticipate that this will need to wait until - for OMB approval?

Joan Proctor: This portion of it in terms of the CASPER reports is not part of the OMB it's not caught up by the OMB approval process. This is about making changes within the IT system that you submit your - some of - when you were submitting data where you were submitting it. That system is still what you're accessing to get the preview report. And that CASPER report data that's a system I'm talking about making changes with them.

Thomasina Chamberlain: Okay thank you.

Joan Proctor: You're welcome.

Coordinator: And our next question comes from (Judith Redona). Your line is now open.

(Judith Redona): Hello. Thank you for taking my call. My question is will the Hospice Care Index when it's implemented replace the HIS measures?

Joan Proctor: Yes that is our plan.

(Judith Redona) Do we have a timeline for that yet?

Joan Proctor: We will be putting all of that out within our rulemaking process so it's not available at this time for me to be able to discuss, nor could I adequately. I really intentioning be the day for Cindy Massuda who is the coordinator for hospice.

(Judith Redona) Okay thank you.

Joan Proctor: You're welcome.

Coordinator: And our next question comes from Barbara Hansen. Your line is now open.

Barbara Hansen: Yes thank you for taking my call. So my question is of course about the hospice visits in the last days of life. And I've been looking back on the podcast and transcripts page for the last several weeks for the transcript of the December 16 open door forum call when Cindy Massuda did provide some information.

And because the instant replay of these calls is only available about 48 hours, I think many of us in the hospice community are counting on being able to read the transcript to get more information. And to echo Jennifer Kennedy's point hospice providers don't know when this new claims based measure is going into effect.

And I think Cindy may have said in the December call that it might start in January. Other people have said February or April.

So there's just a lot of confusion and the ability to look at the transcript would be very helpful. And I know you said to give several weeks and it's usually I think on the Web site it says three weeks and it's now been almost six weeks since that call. So we're just eager for information. Thank you.

Jill Darling: Yes I understand. This is Jill. As of right now my computer is down and so once I can get it back up, if it's not I believe it is currently at the one from December. I'm not sure when you checked last.

Barbara Hansen: I checked this morning.

Jill Darling: Do...

Barbara Hansen: I mean I checked...

Jill Darling: Okay.

Barbara Hansen: ...five minutes ago and it's not.

Jill Darling: Okay. Okay well thank you for bringing it to my attention. And we'll get that
- we'll get it up. Thank you.

Barbara Hansen: Thank you.

Coordinator: And our next question comes from (Terry Wade). Your line is now open.

(Terry Wade): Yes thank you for taking my call. I just wanted to get clarity on when there is
when there is a RAP penalty. I know we have five days to submit the RAP.
Like suppose the RAP start date would be January 15 if we set it before
January 15 did you say there is a penalty?

Are you there?

(Wil Gehne): Oh is that the...

(Terry Wade): Yes, I was just wondering if we sent it - can we send it before the date the
start date of not the admit date but the research? Like if it was - if it was due
January 15 would be our next RAP due date for the start of the five day

window. If we were to send it like on the 12th is there a penalty for sending it early as well as late?

(Wil Gehne): No there's no penalty under the policy for that but you should - and the instruction is that if for the first period of care and the certification period you should send the RAP for the first period after the certification period starts. So you can send one early for - we have periods that are just starting January 1 and you can send one early for the second period of care February - not for March and early again for April. So you can still...

((Crosstalk))

(Terry Wade): Okay so it goes by the start period?

(Wil Gehne): (Unintelligible) of the certification at the same time roughly.

(Terry Wade): So we can send both RAP...

(Wil Gehne): So...

(Terry Wade): ...for that one certification at the same time?

(Wil Gehne): Right.

(Terry Wade): So if it's started January 15 was the start of care we could send it January 15 and the February 15 at the same time and there won't be a penalty?

(Wil Gehne): When the - when the systems are working correctly yes. And with the error that I described...

((Crosstalk))

(Terry Wade): Yes I know you said there was a problem with the system...

(Wil Gehne): ...(unintelligible) February 1...

((Crosstalk))

(Terry Wade): ...but I didn't...

(Wil Gehne): ...currently (unintelligible) wrong. But when it's working correctly yes.

(Terry Wade): So for the - it has to fall within the CERT. So within the CERT you can send the January February at the same time. Then when March came you have to wait and send the March one when it's the due date but the second half you could send early. Is that what I'm understanding?

(Wil Gehne): That's correct yes.

(Terry Wade): Okay and there won't be a penalty in that situation?

(Wil Gehne): Right.

(Terry Wade): And sometimes we have RAP that kick to return to provider for these January claims. When we take them off the return to provider is that starting over that five day window or are you taking into consideration of when we originally sent that RAP?

(Wil Gehne): No they do get a new receipt date after they've been returned to you so you want to work those as promptly as you can.

(Terry Wade): Yes but sometimes I notice that they don't return to provider timely within a day, like sometimes it takes five or six days. So if we sent the RAP originally timely and it doesn't kick to the return to provider until six days later then we take it off it gives it that new date so then it's not timely any longer...

(Wil Gehne): Right and that...

(Terry Wade): ...with the new date.

(Wil Gehne): ...would be a circumstance beyond your control and you could apply for an exception on the final claim.

(Terry Wade): That's an exception beyond our control and on the final claim?

(Wil Gehne): Yes.

(Terry Wade): We can submit what is it called?

(Wil Gehne): well you'd request an exception. You'd submit the claim with a (Cags) modifier and add remarks to the claim explaining what happened.

(Terry Wade): And then add the remarks okay.

(Wil Gehne): Yes.

(Terry Wade): Okay thank you so much.

(Wil Gehne): Sure.

Jill Darling: Hi. This is Jill.

Coordinator: And our next...

Jill Darling: For - I'm sorry (Terry) I just wanted to follow-up with the previous caller about the transcripts. I just Googled home health - I'm sorry, I googled CMS podcast and transcripts and the December 16 transcript and audio is posted. You have to scroll all the way down. It's very long. It has a lot of all of our past calls.

So it is posted. It's in a Zip file. You should be able to click on the transcript and the audio. Thank you.

Coordinator: Thank you. In our next question comes from (Andrea Kimball). Your line is now open.

(Andrea Kimball): Hi. I'm hoping this will be okay but I have a - well I have two questions. One is regards to another question that was asked on this. But I have some hospice claims so it's a hospice question where CWF was not counting the non-payable days for a late NOE. I think they were supposed to put in a system enhancement to go through in January. And I was wondering if that's been completed yet or if it's upcoming?

And my next question is I had a question in with the educational department with the intermediary on the definition of the word day for hospice.

(Wil Gehne): Hi. This is (Wil).

(Andrea Kimball): Hello.

(Wil Gehne): I'm not sure I - what the exact scenario you're talking about is with the prior days for the hospice claims. But could you said the scenario to the address on the agenda so that a colleague and I can look at it and give you the correct response?

(Andrea Kimball): Okay. Let's see, is at the bottom of the open door form questions?

(Wil Gehne): Yes.

Joan Proctor: Yes.

(Andrea Kimball): Okay.

Joan Proctor: Yes, the email is on the agenda.

(Andrea Kimball): Okay. I'll be happy to.

(Wil Gehne): Thank you.

Coordinator: And again as a reminder please press Star 1 on your phone and record your name if you have a question. And our next question comes from (Katie Weary). And your line is now open.

(Katie Weary): Thank you. I have a clarification question on a previous answer. The question was will the Hospice Care Index when implemented replace the HIS measures. And the answer was yes. I just want to clarify that that is in fact the case?

Joan Proctor: I'm confirming this for you based upon the fact that the Hospice Compare Index measure is what we just got approved through NQF. So that is our plan to do - move forward with the use of the Hospice Compare Index.

(Katie Weary): Okay. And to use that instead of the HIS measures. And then does that mean that the hospices would be able to stop submitting the HIS before the HOPE Assessment tool is released?

Joan Proctor: I think, you know, some of these details I am reluctant to speak off of the cuff here. But I believe if you look at our Web site that we've outlined and described and addressed all of this. So in our hospice QRP Web site a lot of these details seem to have been addressed from what I recall.

(Katie Weary): Well the...

((Crosstalk))

Joan Proctor: (Unintelligible) take it.

(Katie Weary): It does state that the HOPE would replace the HIS. And the reason I'm asking is because the HIS measures are different than the type of measures under the Hospice Care Index. And it's fine if it's going to be replaced I just wanted to know if it was going to be replaced before HOPE comes out because it was most hospices had the understanding that it was the HOPE that would replace the HIS, not the Hospice Care Index. But that's okay thank you.

Joan Proctor: You know what, I will definitely make a point of clarification and get back with you. I apologize if I confused the (matter) here for the callers here on the call.

(Katie Weary): Thank you.

Coordinator: And our next question comes from (Farida Chutfor). Your line is now open.

(Farida Chutfor): Hi. I would like to call back to the question regarding the days prior to the (desk). So you were talking about BC as a discharge date then BC minus one BC minus 2 so that two days prior to the date of date of death? Are we talking here about DC minus 2 and DC minus 1, DC minus 2 and DC minus 3 the days, are the three days prior to death?

And during these three days are we talking about visits from MSW RN and Chaplin are just the MSW and the RN? So it's two questions in one.

Brian Slater: Hey, this is Brian Slater. So I think for the interest of the rest of this call any questions regarding QRP or ones that Cindy Massuda and some of her colleagues that were unfortunately unable to attend today that they would have to address.

In interest of time and other questions possibly in the queue if you could just send those to ODF mailbox so we can triage those accordingly and that gets you the appropriate people to respond to those questions. And again apologies for conflicts on the CMS side and those folks not being able to join today.

Coordinator: Thank you. And our next question comes from (Catherine Nelson). Your line is now open.

(Catherine Nelson): I had a hospice question so I'll defer.

Coordinator: Thank you. And again as a reminder please press Star 1 on your phone and record your name if you have a question. One moment.

And our next question comes from Annette Lee. Your line is now open.

Annette Lee: Hi. Thanks so much. This question is for (Will). I just wanted to ensure we had clarity here regarding the early RAP situation. So let's say we have a start of care in January both RAP were submitted at that time. One was in the first five days the other also within the first five days which makes that second 30 days RAP about 25 days early.

So to ensure that there's no financial penalty for that we just hold that second 30 day end of episode claim until on or after March 1 is that correct?

(Wil Gehne): Yes.

Annette Lee: Okay. Thank you much.

(Wil Gehne): Sure.

Coordinator: And our next question comes from (Kerry Griffin). Your line is now open.

(Kerry Griffin): Hi. Sorry to go back to the no pay RAP on the filing the claims early. My question is where would I locate guidance from CMS related to this topic so I could then present it to my billers?

(Wil Gehne): We don't have anything published in writing about it if that's what you're asking.

(Kerry Griffin): Yes okay. Thank you.

(Will Gehne): I would look for alerts coming out on your MAC list serves for that in the future. Thanks.

(Kerry Griffin): Okay thank you.

Coordinator: And currently we have no further questions in queue.

Jill Darling: All right everyone well thank you so much for taking time out of your day to join today's call. Again we, you know, encourage you to submit any questions or comments into the Home Health Hospice and DME Open Door Forum. Any of those questions that Joan had mentioned please send them in and, you know, I will after the call get together with the subject matter experts to get the answers for follow-up and they will be posted on the Q&A document.

And the podcast and transcript link is on the agenda. So you can check in periodically for that to be posted. Again thank you so much everyone have a great day.

Coordinator: Thank you. That concludes today's conference. Thank you for participating. You may disconnect at this time. Speakers please allow a moment of silence and standby for your (unintelligible) conference details.

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