

Centers for Medicare and Medicaid Services  
Questions and Answers:  
Home Health, Hospice and DME Open Door Forum  
Wednesday, February 22, 2024

1. Question: I work with the hospice associations in Oregon and Washington State. I had a provider ask me if they should include the names of any of their staff who have management responsibilities, such as supervisors and the way the language reads, I'm reading it as the hospice administrator and the hospice medical director, but not necessarily other folks with supervisory responsibility. Am I correct about that? Or please set me straight.
  - a. Answer: The baseline is our managing employee definition, which you can look at there. I'll say it again. 42 CFR 424.502, and you just scroll down to the managing employee definition amongst our kind of a slew of definitions there. It's fundamentally about an individual who manages the day-to-day operations of the facility, has control over the operations of the facility, and so we were just, this revision just clarifies that by definition, we consider hospice medical directors and administrators to fall into that bucket, but there are many other titles and individuals that could fall in that bucket, and it really depends on their behavior and what their day-to-day role is to the hospice. So, if you have a supervisor, he's called a supervisor or a manager or whatever title he or she has, but that individual, as you read the definition, is involved with the day-to-day operation and control of the provider, they would be a management employee, and they would need to be reported alongside the medical director and administrator.
2. Question: Our members in California have questions about designee. Do they need to be reported like an administrator designee or a physician designee that is covering when those two disciplines are not available?
  - a. Answer: The conditions of participation basically define the physician designee to the medical director as somebody that's appointed when the medical director is unavailable. So, the medical director is ultimately the one responsible person as the assigned medical director. The designee would only be in place if the medical director were on vacation or unavailable for whatever period of time, but again, one medical director, and that's all we really recognize in the COPs (conditions of participation).
    - i. Question: The second part of my question is, is there an expected time frame should one of those positions become vacant for whatever reason? What is the time frame that the department is expecting providers then to get that replacement application to CMS?

*This Q and A document was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This Q and A document was prepared as a service to the public and is not intended to grant rights or impose obligations. This Q and A document may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.*

1. Answer: We don't get that specific in the conditions of participation. So, if there was a medical director that left their position and there was a vacancy, it would be expected that if the hospice was surveyed, that they would be able to show who was covering what they've done to fill that position, however they're advertising or researching for a new person, and sort of where they are in that process. So, I think it would have to be reasonable, but how long it takes to find somebody, but we don't give a specific time frame, so we certainly would never want to see a hospice not have a medical director, and then just basically go with an acting and/or designee and not ever replace the person. So, whatever is an acceptable time frame would be like what normal standard business practices are, but we don't get specific in the conditions.
3. Question: My question is in regards to the medical director. Do you name that medical director only if they're an employee of the organization, or if they were a contracted person, they should be named as well?
  - a. Answer: Contracted as well. We talk about in that regulation that for any role at any provider or supplier, whether or not the individual is a contractor or a W2 employee, that doesn't determine it's really about the day-to-day controlling, and then for the hospice medical director administrator that follows that one of those roles doesn't have to be W2 employee.
4. Question: What report is it that we need to go to make sure that we've got our medical director and administrator documented?
  - a. Answer: So that will be from the provider enrollment angle. That will be done through a paper application, which would be Form 855A, and if you are making a change to the medical director or if you haven't reported that medical director to date, then that would be a change of information application, adding that medical director and then there are different fields on that form, name, other identifiers that would've to put in or this can be done online via PECOS because our online enrollment system, which has a lot of efficiencies, or doing it via the paper route and then from your PECOS access, your online PECOS access, the interface that you can see, you are able to see who you've reported as owners, who you have reported as managing employees. So, you'd be able to take a look at that and see have we reported our medical director as a managing employee, or have we reported our administrator as a managing employee and then be able to take action from there.

*This Q and A document was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This Q and A document was prepared as a service to the public and is not intended to grant rights or impose obligations. This Q and A document may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.*

5. Question: I drew a blank on the HCI (Hospice Care Index) stuff. Some of that information will not be updated until this week. Is that correct?
- a. Answer: What you see on Care Compare there is for hospice, the current updates for Care Compare have not changed. Specifically for hospice, we're looking at one of the pages that represents public reporting and the key dates. Those dates are reflective of the 2023 year versus the 2024 year. I don't know if that's helping, but there's no difference in what you would see on Care Compare with the refresh.
    - i. Question: For example, when I look at the HCI indicators, like my numerator denominators, the dates changed, but the percentages and all of that stayed exactly the same. That's what you're saying hasn't changed. It'll update later on. Correct?
      - 1. Answer: Right. It'll update with the refresh, but in reference to what you see on the webpage, it's really just a reference so that providers can see what date range the data that's being reported is based off of.
        - a. Comment from participant: I know the previous report that I pulled three months ago had a different date range, but the numbers are exactly the same from that date range to this date range. So, I'm just curious to know why that would happen or if it was just maybe a glitch in our reporting and that's something maybe I need to submit the ticket for.
          - i. Comment from CMS: In all honesty, if you're noticing that shift, then I would just because we want to make sure that it's correct, and sometimes the refreshes, the date that you may have looked at that particular item, that refresh may not have flipped over or been refreshed on the page. So, if there's a discrepancy that you see, I usually, on the side of using some caution to just make sure that we are all in alignment and we are not seeing something that you shouldn't be and we're not reporting something that isn't the case.
6. Question: I just want to validate that the changes in administrators need to be reported every time we have a turnover in administration on the PECOS. That needs to come back on.

*This Q and A document was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This Q and A document was prepared as a service to the public and is not intended to grant rights or impose obligations. This Q and A document may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.*

- a. Answer: From a COP perspective, we don't talk about the 855 or PECOS.
7. Question: My question is regarding Home Health CAHPS. We have been experiencing adverse effects on our scores due to patients not responding to the CAHP survey, which is beyond our control. So how do we make sure, or what are the suggestions to improve this response rate, especially if it's beyond our control but it's affecting our scores negatively?
- a. Answer: I think the best thing to do first is send an email to [HHCAHPS@rti.org](mailto:HHCAHPS@rti.org) because we have some language that we are giving to the home health agencies to put in a package, like when they give out their introductory package to their care to patients, that they could put this on a flyer or just to inform them about the Home Health CAHPS survey. So that's one thing you could do. Beyond that, you're really not supposed to talk too much about the survey, except you could say that if you get a survey that says it's from the federal government or whatever, there is a number there that they could call to make sure that it is an official survey if people are afraid to answer it. When you say adverse scores, has this been recently, or has it always been that way, or did you see a trend where it started to go down?
- i. Comment from participant: It's always been a low score, and I understand that we cannot disclose a lot of information about the survey, it defeats that purpose, but at the same time, the patients, like you mentioned, are hesitant on filling out information thinking it's fraud or a scam, and so they are not filling out this survey and so our scores are constantly low, making it seem like we're not a good agency, but it's just something beyond our control.
1. Comment from CMS: RTI will go over their HHCAHPS data in detail.
8. Question: This is a question about the information that was presented for the Home Health Care CAHPS survey. I just wanted to confirm that the documents entitled HHA Responsibilities and FAQs is available for everyone on the homepage, not just behind the registration in the HHA section.
- a. Answer: That's right. It's on what they call "the public side" of the website. That's correct.
9. Question: With the CAHPS survey, you had mentioned that there's a pamphlet or a form that you guys have developed that agencies can put in their admission packet or folder to give to the patient regarding the CAHPS survey. Is that something available, like we can go on and get that on the website or, I know you said for her to email you.
- a. Answer: I would say contact RTI, and they'll send you the information.

*This Q and A document was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This Q and A document was prepared as a service to the public and is not intended to grant rights or impose obligations. This Q and A document may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.*

10. Question: This question is about the Hospice Quality Reporting Program. When Preview Reports were released last week, we heard from several hospices that the Preview Reports were incomplete and that they had claims-based data, but CAHPS survey data Preview Reports were not available. Can you clarify whether there'll be additional time added to the preview period or any updates on that, please?
- a. Answer: The Hospice CAHPS Provider Preview Reports for the May 2024 refresh (Hospice CAHPS Survey data from Q3 2021 – Q2 2023) are delayed by 2 weeks and will be available on or around 2/28/2024. The 30-day preview period for CAHPS data will begin the same day reports become available.
11. Question: We also received our HIS and our HCI measures as a Provider Preview Report, but we did not get our CAHPS information either, like we usually do.
- a. Answer: The CAHPS Hospice Preview Reports were posted in the Hospices' folders, February 28, 2024.
12. Question: My question is also related to the CAHPS Hospice Reports not being available.
- a. Answer: The CAHPS hospice scores, the Preview Reports are delayed until next week. The 28<sup>th</sup> was written down, but the 28th is Wednesday. So, I don't know if that means they're first posting them on Wednesday or they're going to post them on Monday, which is the 26th. Whatever it is, they're delayed, but they should have had something in the folder where the Preview Reports are to indicate that they're coming, but they're delayed.

*This Q and A document was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This Q and A document was prepared as a service to the public and is not intended to grant rights or impose obligations. This Q and A document may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.*