

Centers for Medicare & Medicaid Services

Questions and Answers from

Home Health, Hospice and DME Open Door Forum

November 10, 2021

1. When is the anticipated transition to the (IT) system for HIS submission? I know that was supposed to happen sometime in 2022, but I haven't heard any more details.
 - a. Well, the transition to (IT) is not planned any time during 2022. Once we have a date we will be giving significant notice to prepare the stakeholders, our providers, and everybody, for the transition to (IT). But it is not during 2022.
2. From hospice inpatient units - I work with two state associations. And they're asking what will it take to allow the completion of the hospice selection form through the use of witness verbal permissions for urgent inpatient admissions to a hospice house, GIP level of care when there's no one available to actually sign the election form? Will that take a change, a legislative change?
 - a. You're asking about situations where there is no representative that could also sign the election statement?
 - i. Yes
 1. Because a hallmark of the Medicare hospice benefit is one in which the beneficiary (or representative) elects to receive hospice care, the regulations are clear that this must be done via a beneficiary or representative signed statement and any kind of witnessed verbal hospice election would require a change in the regulations. That being said, in such circumstances we would expect hospices to do their due diligence to get a signature from a representative identified by the beneficiary. Given that beneficiaries waive their rights to Medicare payment for services related to the terminal illness and related conditions, the signed election statement is a beneficiary (and hospice) protection to safeguard beneficiary rights and wishes for the type of care they want to receive and to make sure hospices can bill for such services.
3. When during the Home Health CVP pre-implementation year 2022, will CMS be able to provide the 2019 thresholds and benchmarks for the two cohorts?
 - a. Throughout 2022 we are going to be providing learning resources. So, we wouldn't anticipate providing any type of data related to 2019 until about the summer of 2022.
4. My question also has to do with value-based purchasing. So, if we start 2023, will the baseline still be 2019? Or might it be 2021?
 - a. With the final rule, we did finalize that the baseline year would be 2019. However, we are going to be looking at potentially updating that baseline year in a future rule. So,

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we're going to look at that analytically and then potentially propose it through a future rule.

- i. That would be proposed then before 2023 begins?
 - 1. That's right.
- 5. I'm wondering if what you were sharing before, when you were directing us to a particular Web site, is if the threshold for stars is captured around top box. So, for example, communication - are you able to articulate what value needs to be achieved to receive a star? Is that all available yet or not?
 - a. That information is indeed available on the (CAHPS) hospice survey Web site on the new star ratings Web page that's available there. In the technical notes there's a table that indicates the cut points that distinguish each of the star categories for each (CAHPS) hospice survey measure. The website is: <https://www.hospicecahpsurvey.org/>. And on that page in the left hand navigation, there is a tab called star ratings.
- 6. My question is regarding the (CAHPS). The one that's going out, is that from previous 2019 results of our (CAHPS) surveys? So, like there are two years missing? Or will that be the updated ones from - including '19 and '20 and '21?
 - a. The report that is coming out in November will be October 2018 to December 31, 2019. And then yes, the excluded quarters are quarter one and quarter two of 2020. So, then it'll also include July 2020 to March 31, 2021 data.
 - i. When will that one come out?
 - 1. And that's just for your preview. That's for your preview report that it will be released in November; this month, 2021.
- 7. My first question was regarding star rating for January 2022, will we see a preview report?
 - a. November. I believe our preview report for January would have already gone out in October.
 - i. The other preview reports that we have not received either. And the other question was claims-based data.
 - 1. We are delayed with some issues that we found when the data was sent over. And so (IT) has worked those out and they were posting them as of today in the folders. So, you should be getting them today. If not, you know, already have it in your (piece) folder, you should be getting it a little bit later today.
 - a. As far as the claims-based data that's going to be on that report, what will be updated? It just said some claims-based data.
 - i. Well actually what I said was that we're going to use the claims-based measures from the November 2020 refresh. And I just received an email saying that all provider preview reports have been released.

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8. The (cost) report and the claims-based report that we were able to see last month for the first time. And I'm wondering, how often can we see updated data regarding those reports in (CASPER)?
 - a. We posted those (*hospice quality measure reports that you can get in the (CASPER) folder related to the two new claims-based measures - the hospice last days of life, and the hospice care index*) in September and then we will be updating - they get updated with data on an - updated annually because you can look at your reports.
 - i. It doesn't matter if I run the report again next month, the data will be the same?
 1. We actually are going to be making an update to the report, so there will be an update on the report. We'll be announcing it probably during the December Open Door Forum.
 - a. For us the data will be once a year to see new data in (CASPER)?
 - i. Yes.
9. I heard the presenter say that there will be no half stars reported. But I wasn't sure if that was in public reporting or if you were still talking about the algorithm. And if no half stars, I'm wondering why.
 - a. To be sure I understood the question, it sounded like you were asking to confirm whether there would be no half stars used just in the calculation of the star ratings or no half stars presented in public reporting. Was that the first part of the question?
 - i. Yes. When you referred to half stars, were you talking about the calculation or public reporting, or both?
 1. We were talking about public reporting. So, no half stars will be publicly reported. So, we do round the star up or down once the average star has been calculated for the summary star. So, everyone gets a full number star, not a - no half, in between.
 - a. And then the second part of that question was could you speak to why that decision was made? In home health we get half stars. I mean there are only five stars and a half is kind of sort of helpful.
 - i. Sure. It is true that half stars and whole stars sort of vary across applications. For example, hospital (CAHPS) uses whole stars as is the case here. And in having examined it several ways, we were most comfortable with the distinctions between categories represented by whole stars in this case. I was just going to add for home health (CAHPS), it's similar that it's one to five stars and there are no half stars for home health (CAHPS). So, it's similar for that.

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1. We actually have a publicly reported half star now. Okay. Okay. So, you're feeling like the representation of the hospice is adequately presented with a whole star and that the half stars didn't really add much value? Would that be correct?
 - a. Correct.
 - i. You mentioned mode experiments in (CAHPS) hospice. And I'm not familiar with that. Could you elucidate?
 - ii. Answer: The experiment is we started in June 2021 and it's running through December 2021. We are testing a Web-based version of the survey as well as a revised survey. So, we'll provide, you know, more information on the results of that test as we have it.
10. This is just a follow up to the technical information that you directed me to as far as that table is concerned. I wanted to make sure I understand, so when I look at my state and US, so if we use communication as an example, if the average top box in North Carolina was 84 does that suggest that if my average is an 84 above I would be considered probable for getting a point for that, towards the star?
 - a. What you were inquiring about before was that cut points that are used to determine whether hospice is in each of the star categories for each measure. And those are available in the technical notes that are on the survey Web site. and they're presented as table 2 of the technical notes. And that's distinct from a separate document that describes how many hospices in each state and across the United States, have received each six star category. You had mentioned North Carolina in particular, and I also wanted to add that the benchmarks that were described, are set at a national level and don't differ by the location of a hospice organization.
 - i. or each of those domains, I guess it's saying here that in an example, if you received a - we would - I suspect the top box numbers are going to vary for different domains. So, I'm looking to understand if a top box, if you have a top box of 77, for example, in communications, is there a way to ascertain if that's three star, four star, five star? I haven't had the opportunity to study this. I'm

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just looking to understand if I can make sense of our current performance based on these tables.

1. You should be able to compare the score for your hospice for a given composite measure, for example, to that table 2 in the technical notes. And see where your score falls within each of the star categories presented for a given measure. So, an example given a 77 on top box score for communication with family, is within the range of two stars, which range from between 73 to less than 79.

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