Questions and Answers from Home Health, Hospice and DME Open Door Forum- January 26, 2021

1. 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?

   What is the HVLDL?

   As described in the report, Hospice Visits When Death is Imminent: Measure Validity Testing Summary and Re-Specifications (posted in September, 2020) Hospice Visits in the Last Days of Life (HVLDL) is a re-specified, claims-based version of the Hospice Visits when Death is Imminent (HVWDII) measure pair. Per the measure specifications, HVLDL indicates the hospice provider's proportion of patients who have received visits from a registered nurse or medical social worker (non-telephonically) on at least two out of the final three days of the patient's life.

   How are the last three days of life calculated in the HVLDL?

   The calculation of the last three days remains unchanged from the last three days documented in Section O. Currently, information defining the last three days can be found on page 2O-3 in HIS Manual V2.01. Specifically these three days are "indicated by the day of death, the day prior to death, and two days prior to death."

   - The day of death is the same as the date provided in A0270, Discharge Date. (or the day of death)
   - One day prior to death is calculated as A0270 minus 1.
   - Two days prior to death is calculated as A0270 minus 2.

   How are the visits calculated in the HVLDL?

   HVLDL indicates the hospice provider's proportion of patients who have received visits from a registered nurse or medical social worker (non-telephonically) on *at least two out of the final three days* of the patient's life. While all patient visits are meaningful, only patients with visits on two different days during the last three days of life will count towards the numerator for this measure. These visits can be made by either the nurse, the social worker, or both.

2. 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 from claims? And it just takes time to submit those and resources to submit those and I'm not sure what the value is at this point.
   a. The requirements for the HQRP remain unchanged. The HQRP includes both the Hospice Item Set (HIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice survey. According the HIS Manual, hospices shall continue to submit two HIS records (HIS-Admission record and HIS-Discharge record) for each patient admission occurring on or after July 1, 2014. Hospices no longer need to submit Section O (Service Utilization). The HIS-Discharge form contained in the draft HIS Manual V3.00 is replacing the older version. To prevent hospice providers from encountering any fatal errors or rejected records whether submitting HIS records with or

without section O, both V2.00 and V3.00 HIS-Discharge records can be accepted by the ASAP system.

3. Can you clarify the infusion home therapy services in regards to the IV antibiotic that you have mentioned?
    a. Sure. So the 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.
4. 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?
    a. Right. Well the scenario wouldn't affect any January claims because you wouldn't have, they're the first billing period so you wouldn't have sent future data graphs for those. 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.
        i. 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?
            1. That could happen yes.
5. 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?
    a. 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?
        i. Yes, so does date of death count as one of the days requiring a visit by a social worker or RN?
            1. 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.
6. 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. what is the process to bring something back? So will there be an email to us or how will we get this info?
    a. 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 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.

7. 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.
    a. Please visit: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight
8. 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?
    a. 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 in hospice the way it is done in other programs.
        i. 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?
            1. 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. 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 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.

9. Will the Hospice Care Index when it's implemented replace the HIS measures?
    a. Yes that is our plan.
        i. Do we have a timeline for that yet?
            1. 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.
10. 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.
    a. 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.
11. 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?
    a. 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.
        i. Okay so it goes by the start period?
            1. Right
                a. 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?
                    i. When the systems are working correctly yes. And with the error that I described.
                        1. 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?
                            a. That's correct, yes.
                                i. Okay and there won't be a penalty in that situation? Right

                                Question: 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?

A. 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.
B. Question: 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 with the new date.

12. 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.
    a. See section 30.1 and 30.2 of the Hospice Claims Processing Manual. Hospice is paid the routine home care rate for each day the patient is under the care of the hospice and not receiving one of the other categories of hospice care. A hospice day billed at the RHC level in the first 60 days of a hospice election is paid at the high RHC rate. A hospice day billed at the RHC level on day 61 or later of the hospice election is paid at the low RHC rate. This rate is paid without regard to the volume or intensity of routine home care services provided on any given day. By this description a day would consist of 24 hours. In cases where one hospice transfers a beneficiary to another hospice that admits the beneficiary on the same day, each hospice is permitted to bill and each will be reimbursed at the appropriate level of care for its respective day of discharge or admission. This is why NGS stated that if there is a transfer (two separate Hospice's admitting and discharging on the same day) the day is counted twice.
13. 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?
    a. 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.
        i. 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?
            1. 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.

    a. 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.
        i. 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.

14. I would like to call back to the question regarding the days prior to the death. 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.
    a. The calculation of the last three days remains unchanged from the last three days documented in Section O. Currently, information defining the last three days can be found on page 2O-3 in HIS Manual V2.01. Specifically these three days are "indicated by the day of death, the day prior to death, and two days prior to death."
    b. The day of death is the same as the date provided in A0270, Discharge Date. (or the day of death)
    c. One day prior to death is calculated as A0270 minus 1.
    d. Two days prior to death is calculated as A0270 minus 2.
15. 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?
    a. Yes.
16. Where would I locate guidance from CMS related to this topic so I could then present it to my billers?
    a. We don't have anything published in writing about it if that's what you're asking. I would look for alerts coming out on your MAC list serves for that in the future.