

## **CMS Open Door Summary: Home Health**

Source: The Alliance, November 8, 2024

The Centers for Medicare & Medicaid Services (CMS) hosted the Home Health, Hospice, and DME Open Door Forum call on November 7, 2024 and covered several topics related to home health and hospice providers

### **Calendar Year (CY) 2025 Home Health Prospective Payment System Rate Update**

The rule finalizes a permanent adjustment of -1.975% (half of the calculated permanent adjustment of -3.95%) to the CY 2025 home health payment rate to account for the impact of implementing the Patient-Driven Groupings Model (PDGM). For CY 2023 and CY 2024, CMS previously applied a 3.925% reduction and a 2.890% reduction, respectively, which were half of the estimated required permanent adjustments.

While CMS did not propose to implement a temporary behavior adjustment in 2025, the final rule provided the calculated temporary behavior adjustment dollar amount which is approximated to be hundred \$971 million based on the calendar year 2023 claims.

In addition, CMS is finalizing a crosswalk for mapping responses on the current Outcome and Assessment Information Set-E (OASIS-E) to the prior OASIS-D responses for use in the methodology to analyze the difference between assumed and actual behavior changes on estimated aggregate expenditures; recalibrated PDGM case-mix weights; and updated low-utilization payment adjustment (LUPA) thresholds, functional impairment levels, and comorbidity adjustment subgroups. CMS is also finalizing and adopting the most recent Office of Management and Budget (OMB) Core-Based Statistical Area (CBSA) delineations for the home health wage index; an occupational therapy (OT) LUPA add-on factor and updated physical therapy (PT), speech-language pathology (SLP), and skilled nursing (SN) LUPA add-on factors; and an updated CY 2025 fixed-dollar loss ratio (FDL) for outlier payments.

The CY 2025 5 national, standardized 30-day period payment amount is \$2,057.35 and \$2,017.28 for HHAs that do not submit the quality data.

CMS finalized the CY 2025 home IVIG items and services payment rate of \$431.83. The final home IVIG items and services payment rate will be posted in the Billing and Rates section of the CMS' Home Infusion Therapy (HIT) webpage (found at <https://www.cms.gov/medicare/payment/fee-for-service-providers/home-infusion-therapy>).

### **Conditions of Participation (CoPs)**

CMS is finalizing updates to the HHA CoPs to reduce avoidable care delays by helping ensure that referring entities and prospective patients can select the most appropriate HHA based on their care needs. CMS is finalizing a new standard that requires HHAs to develop, implement, and maintain, through an annual review, a patient acceptance-to-service policy that is applied consistently to each prospective patient referred for home health care. The Admission to service policy must address, at a minimum, the following criteria related to the HHA's capacity to provide patient care: the anticipated needs of the referred prospective patient, the HHA's caseload and case mix, the HHA's staffing levels, and the skills and competencies of the HHA staff. This final rule does not prevent HHAs from maintaining their existing acceptance-to-service policies; rather, it is intended to complement them. CMS also finalized that home health agencies must make available to the public accurate information regarding the services offered by the HHA and any service limitation related to the types of specialty services and service duration or frequency. The HHA must review the information as frequently as the services at our change but no less often than annually.

### **Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)**

There will be a HHCAHPS annual self-training opportunity in January, 2025, where participants may train at their own pace. An exam on the training will be available in February 2025. An additional web-based training will be available January 30, 2025,

Participants were reminded that if they had not completed an exemption form for the calendar 2026 reporting, they may do so now, The form will be on the website until the end of March 2025.

Participants were also reminded that there are a number of resources available on the HHCAHPS web site such as the quarterly newsletter.

### **Home Health Quality Reporting Program (HHQRP)**

The October 2024 refresh is on care Compare. This quarterly refresh includes the annual refresh for the claims-based measures and the first refresh without Acute Care Hospitalization during the first 60 days and also without Emergency Department Use without hospitalization during the first 60 days. The refresh also contains an update to patient care star ratings for home health agencies.

HHAs received the health equity confidential feedback reports in mid- October. And, the January 2025 public reporting refresh will have the addition of the Transfer of Health Information TOH provider and patient measure as well as the Discharge Function measure.

A new OASIS frequently asked question is available on the QTSO website. Lastly, CMS announced that notifications for noncompliance with HH QRP are in HHA report folders.

### **Home Health Value Based Purchasing Program**

CMS had not proposed any changes to the model. However, the proposed rule included a request for information on future measure concepts for the expanded model. CMS provided summary of the comments in the final rule. CMS will take the information back to the HHVBP Technical Expert Panel scheduled to meet in early December.

In August, the preliminary Annual Performance Report (APR) was released and includes the annual total performance score for calendar year 2023 and the associated adjusted payment percentage that will be applied to Medicare fee-for-service claims for home health services in 2025.

The data on this report will also be publicly reported starting in January on the CMS provider data catalog.

CMS identified coding errors related to the calculation of the two claims-based measures used in the expanded HHVBP model. These will be fixed in the final APRs results in adjusted payment. although the correction was applied to all in the same manner and provides the actual APR for all HHA for the 2023 performance year, and would not impact the calculation of any one HHA, we are providing home health agencies that receive a final APR this week the opportunity to submit a recalculation request within 15 days.