

Summary of CMS Open Door Forum: Hospice

Source: NAHC, April 9, 2024

The Centers for Medicare & Medicaid Services (CMS) held its most recent Home Health, Hospice and DME Open Door Forum on Wednesday, April 3. Below is the NAHC summary of the hospice parts of the forum.

PROPOSED RULE

CMS reviewed the provisions of the FY2025 hospice proposed rule. Provisions include a proposed base payment rate update of 2.6%, revisions to the Core Based Statistical Area (CBSA) designations, implementation of the HOPE (Hospice Outcomes & Patient Evaluation) tool and other updates to the quality reporting program, some clarifying regulation text around which physicians are able to certify hospice services and the election statement and NOE.

There are also two RFI (Requests for Information). See NAHC Report for a detailed [summary](#).

NAHC is also hosting a [webinar](#) on April 9 where NAHC hospice experts Davis Baird and Katie Wehri will explain the provisions of the proposed rule and their short-term and long-term implication on hospice policy and operations.

HOSPICE CERTIFYING PHYSICIAN ENROLLMENT

Hospices were anxiously hoping to hear additional information from CMS on the new hospice certifying physician enrollment/valid opt-out condition of payment that goes into effect on May 1, 2024. Unfortunately, CMS did not provide any new information. The update recently made to the MLN education tool, Medicare Payment Systems–Hospice Payment System & Coverage, [Certification Requirements](#), was referenced as being available and CMS encouraged hospices to review this but no additional information was shared.

Based on the questions asked during the Open Q&A portion of the ODF, it was obvious that hospices still have a lot of questions about the new requirements. CMS indicated the most frequent question they receive is whether the physician who is currently enrolled/validly opted-out needs to do anything to update their PECOS record to reflect that they are able to certify hospice services. In these cases, the physicians do not need to do anything.

CMS has updated the Ordering and Referring Data File (ORDF) with the physician data from PECOS and the file was made available to hospices and the public

earlier this week. Another frequently asked question is related to the timeframe around the certification that the physician needs to be enrolled/validly opted-out.

CMS reiterated the answer that the hospice physician (Medical Director, designee, or hospice physician member of the interdisciplinary group) and the designated attending physician (if one) only have to be enrolled or opted out at the time of certification/recertification. NAHC conducted a webinar jointly with NHPCO on the new condition of payment requirement.

A recording of the webinar, which details the new requirement and explains some of the issues with the lack of specificity in the existing information from CMS, can be obtained [here](#).