

Eli's Hospice Insider

Regulations: Medicare Mulls Hospice Star Ratings

Plus: Why aren't you submitting Notices of Election electronically?

Your CAHPS data may become more important, if Medicare proceeds with a change it's considering.

The **Centers for Medicare & Medicaid Services** is just beginning to contemplate introducing star ratings for CAHPS data on Hospice Compare, a CMS official revealed in the May 15 Open Door Forum for home health and hospice providers.

But the idea appears to be just in the beginning states. There is "no timeline" for the project, so "stay tuned," the source told forum attendees.

Other hospice topics addressed in the forum include:

HEART. Don't expect the OASIS-like hospice assessment tool, which is in the process of renaming, to go away. CMS is hard at work on the tool, a CMS official said in the forum.

For example: CMS held a special ODF about the tool on June 12. And the agency plans to convene another Technical Expert Panel in the fall, the CMS source disclosed.

PUFs. Hospice Compare boasts new demographic data gleaned from Public Use Files, as well as updated zip code information that should help users locate a hospice more accurately. The new PUF info includes average daily census, levels of hospice care provided, medical conditions treated, and locations care is provided.

What you don't see: As CMS told **Eli** in April, the three-day Hospice Visits when Death is Imminent measure won't display until the August refresh. And the seven-day measure is still on indefinite hold while CMS works on it (see related story, front page). The agency is looking to "respecify" the measure, the official said.

Electronic NOEs. Since Medicare has made electronic Notice of Election filing available, only 6 percent of NOEs have been submitted via electronic data exchange (EDI), a CMS staffer reported in the forum. CMS added electronic NOE filing at the industry's request, and hospices should take advantage of the option to minimize human error via data entry, among other benefits, she urged.

A hospice caller responded in the question-and-answer session that the low usage might be due to the system's history of problems, and the difficulty hospices have had - and continue to face - in correcting claims successfully when the system is to blame for NOE tardiness.