

CY 2024 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Program Requirements Have Been Finalized

To: NHPCO Provider and State Members
From: NHPCO Regulatory & Quality Teams
Date: November 1, 2023

Summary at a Glance

Today at 4:15 p.m. ET, the calendar year (CY) 2024 [Home Health Prospective Payment System Rate Update and Quality Reporting Program Requirements](#) final rule was posted for public inspection at the Federal Register. This rule includes several hospice provisions, including the hospice special focus program, informal dispute resolution, and provider and supplier enrollment changes. The Centers for Medicare & Medicaid Services (CMS) has released a [fact sheet](#) accompanying the final rule.

Key sections of the final rule include:

- **Special Focus Program.** CMS is finalizing the implementation of the hospice special focus program (SFP) for 2024, including an algorithm for admission to the SFP, survey requirements, the process for graduating from the SFP, and termination from the Medicare program as proposed.
- **Hospice Informal Dispute Resolution (IDR).** CMS is finalizing its proposals without modification to permit hospices with condition-level deficiencies to have an informal opportunity to resolve disputes related to survey findings. CMS stated the agency will publish timeline guidance for the IDR.
- **Provider Enrollment.** CMS is finalizing Medicare provider and supplier enrollment changes as proposed, including:
 - Highest level of screening for newly enrolling hospice providers
 - Fingerprinting requirements for all five percent or greater owners
 - Deactivation for six months of Medicare non-billing
- **Ownership Requirements.** CMS is finalizing hospice change in ownership proposals as proposed:
 - Adds hospices to change in majority ownership regulations currently in effect for home health agencies (HHAs).
 - Adds hospice to the HHA “36 month” rule, which means if a change in ownership occurs within 36 months after the effective date of the HHA’s or hospice’s initial enrollment in Medicare or within 36 months after the effective date of the HHA’s or hospice’s most recent change in majority ownership, the provider agreement and Medicare billing privileges do not convey to the new owner, subject to certain exceptions.

NHPCO has begun a review of the final rule and will release a detailed analysis in the coming days. NHPCO will also be hosting a [webinar](#) on these provisions and other end of year regulatory updates on **November 9 from 2:00 – 3:15 p.m. ET**. Any questions can be directed to regulatory@nhpco.org with ‘CY 2024 Home Health final rule’ in the subject line.