HUSCH BLACKWELL

Hospice Insights: The Law and Beyond

Episode 29: Hospice Survey Overhaul: An Unwelcome Surprise in COVID Relief Bill

January 27, 2021

Speaker	Statement
Meg Pekarske	Hello! Welcome to "Hospice Insights: The Law and Beyond," where we connect you to what matters in the ever-changing world of hospice and palliative care. "Hospice Survey Overhaul: An Unwelcome Surprise in COVID Relief Bill" The latest COVID relief and funding law passed in December 2020 brings dramatic changes to the hospice survey process. While CMS will need to engage in future rulemaking to implement this new framework, Congress created a clear outline that includes significant financial remedies and makes all survey results publicly available. In this episode, Meg Pekarske breaks down key components of the legislation with hospice, audit and survey team members Bryan Nowicki, Emily Park and Liz LaFoe. The team offers practical insights on how hospices can change their approach to survey defense in this altered landscape. Hope you enjoy the conversation! Welcome, Liz, Emily and Bryan. I really appreciate you taking the time to be here for this important and maybe a not-so-happily greeted podcast, but important nonetheless. So, thanks for being here.
Bryan Nowicki	You're welcome, Meg. Change is afoot and we've got to let people know about it.
Meg Pekarske	Yeah, exactly. And so just as I kick it off here, you know, the current landscape for hospice surveys is much different and a theme throughout today's conversation is sort of comparing hospices to nursing home survey

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	process and one might say, well, why are we doing that? Because I think hospices would always say, you know, that the industry is 10 years behind nursing homes and so that is now sort of catching up. And so, one of the themes that will become readily apparent is I think this is moving more towards looking like a nursing home survey process than what it currently looks like right now. So, you know, currently we had some changes where surveys are now happening every – at least every three years. But, you know, we don't have – other than the nuclear remedy of termination if you don't correct a condition level citation, there aren't other remedies, at least from a federal perspective. So, states obviously could have fines of their own, but from a federal perspective, it's fairly rare I would say that a survey results in termination of a provider. And so, currently, that's really the only remedy. And, in fact, what you're appealing in that situation is the termination itself, not necessarily the survey findings and how they worded things and whatnot. And so, another thing – and this is going to pop out, too, as we break down how things are going to look different in the future is many, many hospices, unlike nursing homes, are accredited. And so, they get there and they have gained status and so their surveys are mostly done by accrediting bodies and currently those surveys are not publicly available. And there's a different sort of dispute process for those surveys. And so, after the OIG raised concerns about that in a recent report, this law is going to be changing that. So, there's going to be more information publicly available for folks. I'd imagine it's going to play a role in – I don't know the right word, if it's "CMS Compare" still. They keep rebranding that website. But I think it is going to play into, you know, how data is reported out and how we're compared to others. So, I wanted to give that as sort of a current state of surveys. So, with that backdrop, I wanted to start with you, Bryan, to talk about this new law from a broad brush before we get into details about it. So, what did this do, what's the timing of this, is this going to happen tomorrow? What do people need to be worried about here?
Bryan Nowicki	Sure. This law and the regulations that are going to come out of this law as the agencies get a hold of it, it's been in the works for some time. And it got stuck into that COVID relief bill that came out in December. That's like a 6,000-page document if you call it up online. The hospice stuff is, you know, maybe 10 to 20 pages of that. So, it's kind of buried within that. But for those who had been following this law, like we have been, these aren't surprising provisions but, you know, now it's law. And I think their

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	enactment at this – in this particular bill was maybe somewhat of a surprise, but we've been anticipating some of this change for some time. The law, I think, covers a number of areas all relating to surveys. One of the potentially good aspects of this law is that it promotes consistency and competency among the surveyors. So, there are provisions in there about how the states must try to avoid inconsistent survey results, which we see quite frequently, where a certain situation at one hospice gets a deficiency or a condition-level deficiency, but the same thing at another hospice might not be treated so severely, because so much is subjective with the surveyor. So, there is an effort to bring some consistency to that part of it.
Meg Pekarske	And to jump in there, I think the other thing – and I know this will come out more later – but I think in doing that, in providing further education and consistency, it will help to have more predictability for hospices. Because right now, whether or not someone gets cited with a condition-level citation versus a standard – like how many standards, you know, equals a condition, or whatever. It's a little loosey goosey, to be very technical. And so perhaps they'll be more guidance about when people can cite a condition-level, because it's somewhat scant now.
Bryan Nowicki	Yeah, and the changes, it's from state to state. And even within a state, it's surveyor to surveyor and it's an area of frustration with, you know, the clients that we've worked with on surveys. Just hard to get that predictability. So yeah, Meg, hopefully this will help with the predictability of it, which helps in preparation and overall as really a laudable goal of the government to improve consistency. But also, competency. I think they're going to have a registered nurse make sure that that is part of a survey team that goes out. Which I think would be helpful. So, you have that additional competency. It would be great if they had to have hospice experience. That might be a little too much to ask for at this point. A lot of time we see home health people – home health – surveyors with home health experience also surveying hospices. And there is some confusion of standards in that. So, this bill doesn't directly address that ongoing problem, but it's a step in the right direction. So, there are those good nuggets in there. The other goals of the act really are more focused on the hospices. And this is where the unwelcome part of it comes in. One of them is transparency. They're not necessarily talking about transparency of the survey process and how they survey and how they arrive at decisions. It's really transparency in survey results. So, we're going to see that these survey results are eventually going to be made public so that people can compare them to whatever databases or resources they make available. So that you can have potential patients, beneficiaries or families look into your survey history, see your

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	plan of correction and see what deficiencies you've received and how you addressed them. So that's all going to come up there. And the other area is accountability. Not accountability of the surveyors, but accountability of the hospices. And the way they spell that out here is a broader range of potential consequences for survey deficiencies. Where under current law it's really all or nothing – you're either going to be terminated or you need to continue to make corrections. With the new regime, there's going to be a host of other remedies, from civil monetary penalties, which is the government's way of saying a fine, a daily fine for violations. Payment suspension. They're allowed to replace the management of the hospice in certain situations. They can put you under a six-month – every six-month – survey protocol, as opposed to the three years that the law says is required. So we'll get into more details with those as Emily and Liz join the conversation. But in terms of timing, you know, the timing has some logic to it. The competency and consistency part of it is supposed to be implemented and ready to roll by October 1st of this year, 2021. The transparency and accountability rules and processes and procedures are going to come into line a year later, October 1, 2022. So the idea is you get better surveys done for a year and then after they have this round of better surveys, you know, they increase competency and consistency, then they're ready to really turn the screws on the hospice and impose penalties and other remedies. So that's the overview of what this law gets us. Some good stuff, but a lot of new areas of vulnerability and exposure for hospices.
Meg Pekarske	And this feels like back to the future for me because when I was a younger version of myself 20 years ago or more, I started out doing nursing home survey defense. I mean, I've always done hospice work, but you know, I worked with nursing homes a lot. So this was like bread and butter work. And Liz and Emily, who are on our hospice team, they too have a lot of survey experience and so, you know, they're like yeah, I know all this stuff and this looks much more like what we deal with on the nursing home side. Which also does give me this cringe factor because we know all of the panics that come with nursing home surveys, and I think ultimately are much more legal process than, I think, what hospices are used to. Because there is going to be appeal rights in a way that we don't have right now if you're getting different types of remedies. But, you know, I think nonetheless this – I was not happy, Bryan, when it came up. And so, the things in particular that I was unhappy about and I think are going to concern hospices, because, you know, we used to always say, well, you know, hospices have these audits, these overpayment audits, these UPIC

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	audits but, you know, they don't get dinged as much from a survey perspective and we don't have remedies on that. Like nursing homes get a lot of fines for surveys. Well, now we're going to have, you know, the worst of both worlds because we're going to, you know, continue to have program integrity audits and recouping based on conditions of payment and now we're going to also probably get slammed with some potentially significant remedies. And Emily, I wanted to talk to you about those remedies. So, we have civil monetary penalties (CMPs). We have what's called special focus facilities or organizations. And then payment suspension which is the thing that gives me a lot of heartburn given our patient population and how many new admissions we make in a particular month. So, let's break that down starting with CMPs. What are you expecting here is going to – that's going to look like?
Emily Park	Well, the CMPs are the most popular remedy that CMS imposes on skilled nursing facilities. So, I would expect to see a lot more CMPs at first on hospices when they have a deficiency cited. I know in the hospice world, we call them standards and conditions. On the nursing facility side, we call them deficiencies. And the CMPs have a range and there's two different types. There's per day and per instance. You would hope for a – even though the per instance is higher, it's usually lower in total because a per day CMP can run for a very long time, depending on when the surveyors find that the deficiency started. And I want to talk really quickly about the scope and severity element of a skilled nursing facility survey, because we think, most likely, the framework that's going to be developed is likely to abandon the standards and conditions and track more closely to what's used in the nursing facility world, and that's the scope and severity grid. It's an assignment to a violation using letters from A through L. And as are violations that are almost no violation at all. They don't result in any plan of correction requirement. L is when you have a violation that is actually causing harm or has a potential to cause significant harm and it's widespread. So that means that it affects many patients that are being cared for by a skilled nursing facility. Those are usually called immediate jeopardy which we know that hospice is already familiar with that to some extent. When you get up into the higher levels of sufficiencies, your penalties, your CMP becomes exponential and I would expect to see that in hospice. Usually coupled with the CMP is the Denial of Payment for New Admissions, the DPNA is the acronym that you'll hear for that with respect to nursing facilities. For nursing facilities it's not necessarily a big deal because not many of their residents are covered by Medicare. Medicare reimbursement for skilled

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	nursing facilities is quite primitive but we know for hospices all of the patients are usually covered by Medicare. So, if they lost the ability to receive reimbursement for those residents, it would be a pretty significant loss. It's usually like I said a couple with CMP so the financial penalties could be quite worse than what we see in the nursing facility world.
Meg Pekarske	Exactly and I think that denial of payment for new admissions, it's with nursing homes, they're not admitting new patients every single day. Especially if you said not Medicare patients. But for hospices, the length of stay what it is, we're doing depending on the size of your program, a lot of new Medicare admissions. So, if that remedy is in play for a month, that is more than any CMP probably would get. So, I think that it is people have different viewpoints on which poison is better. But obviously they can obviously do both as you point out in the nursing homes as there is both CMPs and Denial of Payment for New Admissions. So, and obviously we're reading the tea leaves a little bit about how this will actually be operationalized but I think your point about the scope and severity grid whether or not it's exactly like that. I agree that it's probably going to be more complicated than a condition gets this and a standard gets this. It's going to be as you said, focused on what's the harm and pulling on a word that brings chills is potential for "harm." How do you define that, this potential and Bryan could have a field day with that in terms of I remember really getting into a lot of discussion about when there's no actual harm and potential and when that potential is significant and all that stuff? So, I think that that's really important. So, we have daily fines, perhaps instance fines, combined with or I guess only denial of payment for new admissions and then perhaps we'd be getting a new language around; it's not just going to be just condition and standard, it's going to have a different scheme.
Bryan Nowicki	One of the things that I thought was concerning about the payment suspensions in particular, is that the payment suspension seems to be the default for these. That there will be a payment suspension unless certain things happen. So, the starting point is suspension and it's only if the state decides that it's more appropriate not to do suspension and there's an agreement that the provider, the hospice has to agree to repay money if it ultimately finds out it has some exposure there; and you have to submit a plan of correction. So, the fact that they're starting out with thinking that suspension should ordinarily be in place unless certain circumstances are met in the hospice context is very troubling for the reasons Emily described about the patient mix.
Meg Pekarske:	Liz, did you want to say something?

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Liz LaFoe	Sure, I was just going to add, so in the nursing facility, the denial of payment or the payment suspensions that does tend to be the go-to remedy. However, usually there is an opportunity of several weeks of up to a month to remedy the situation and to have a plan of correction that's accepted. If a facility really works hard and has a strong compliance culture, a lot of times that denial of payment can be avoided even if it is threatened. So, I would expect the same to be true for hospices and I think we'll talk a little bit more about compliance and survey readiness later on in our talk. But that is going to have a big impact on your denial of payment for new admission and whether that goes into effect and also your CMPs. Those CMPS can be up to $10,000 a day in the nursing facility world. I think the same is going to be true for hospices so if you're non-compliant, you may be at jeopardy level which is when we see those higher fines. It can really add up. We've seen fines in hundreds of thousands to millions of dollars and Emily has too.
Emily Park	More good news for me.
Meg Pekarske	Exactly and it brings back memories. I can still remember sitting on my couch some weekend dealing with like this million-dollar CMP and working on this plan of correction. I mean it was just an absolute nightmare and of course the SOD is hundreds of pages of law. I mean it just, blah. Anyway, so I hope that we don't, I don't return to those days but let's talk about the flipside of this. When you do get remedies, you have due process. Due process is the fancy word we lawyers use for I can dispute this. So again compare, contrast. Right now, I think hospices write their plan of correction. A lot of hospices do not dispute any of the survey findings in their plan of correction. Right? And it varies state to state how much you can dispute. You conclude X and we think really Y before it's going to get rejected and all that stuff. But these things are going to be public now and perhaps have different uses by litigants which we'll talk about. But there is in addition to just peppering your plan of correction with maybe ways you might be disputing the conclusions, to the extent you get a remedy, you are going to be able to actually have appeal rights. It's sort of up in the air whether or not there's going to be an informal dispute resolution process. But let's talk about what that appeal process may look like because it is probably going to be what nursing homes have and then what's up in the air is this is IDR process that maybe you can share some thoughts on. So, let's start with role survey appeals. What does that look like?
Liz LaFoe	When you have a remedy imposed against you, you can file an appeal with the departmental appeals board, civil remedies division. And you can test that the survey results and you argue that you were in substantial compliance with all of the conditions of participation. And CMS then once

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	you file that has to respond usually through a prehearing exchange. So, they file a prehearing brief and it's their burden to show that you were not in substantial compliance but that bar is very low. They really only have to put in the statement of deficiencies to meet that burden. Then it's the provider's job to show that they did meet those requirements, that the survey findings were incorrect. That process you can go to a hearing but the hearings usually take two to three years to be held and then it's even longer to actually get the decision. So, the decision is similar to a Medicare overpayment appeal. You have an ALJ and it sometimes depends what ALJ you have whether you're going to get a favorable decision. Now in the nursing facility world, we will know immediately based on the assignment of an ALJ if we're going to win or if we have a chance of winning or if we're going to lose. It's a very difficult, uphill battle to win these cases. So, once you are in the appeal stage even though that's great that you have that available to you, the changes of success are quite low and you really don't see much success on those appeals until you reach a district court, which many providers don't pursue that. What a lot of providers do is accept a discount on their CMPs and forfeiting their appeal right because right now CMS will give you a 35 percent discount if you do not appeal. A lot of providers want that but also a lot of providers, at least in the nursing facility world, take their five-star rating on nursing home compare which I know there is also a hospice compare. They take that very seriously and you have five-star facilities that drop down as a result of one survey to a three-star or a two-star and it can really negatively affect their marketability. So, they want to appeal the results of that survey for that reason and not really any reason related to the fine.
Meg Pekarske	No, I think that's an excellent point and I think when we have discussions with clients around these issues, it is starting with the question is what is winning to you because it might not just be about money. It could be about something else. It could be about principle. I've had a lot of clients that it's about the principle of things. But as we wrap up in a little bit and talk about okay what do I do with this now. I think knowing who is your audience for surveys is who might use this and it could go into your compare ratings, how as we get to carved into Medicare Advantage. My payor contracts, are they going to look at my survey results. I mean there can be a number of different audiences, private litigants if we're getting sued; might someone want to use this and so being on the record that I don't believe that what was said in here is correct recitation of what occurred. But do you have something to add Emily?

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Emily Park	Yes, I'll just say that it is common for payors, other payors outside of Medicare to look at the survey results and to deny a contract based on those survey results.
Meg Pekarske	And so, I think that from a takeaway perspective as we start moving towards accepting that we going to get carved into Medicare Advantage in the next while is what are Medicare Advantage plans going to look like in terms of who's going to get picked to have a contract because it's probably not going to be every single hospice in the marketplace and what are those criteria going to be. So, we have a whole new podcast series where we're going to talk about how people are coming together to deal with the changing landscape of Medicare Advantage. But I think it's going to be a common theme when we talk about a lot of these things. Who's our audience, it's going to be payors in a way that they weren't before because of the role of managed care in the future. So, I think that's a really, really good point. So, in terms of that appeal process, it seems long with is similar to overpayment audits. But it's not a five-step process, it's a more truncated version but you do get before an administrative law judge. So, Liz let's turn it over to you to talk about something that nursing homes have and we think that perhaps hospices may have this. I think it's something we should definitely as an industry push for is something called and I keep, there's going to be a whole new realm of acronyms for this but we call it IDR which stands for Informal Dispute Resolution process. Why don't you talk about what that looks like and is that useful, does it result in success?
Liz LaFoe	Sure, so I've been the IDR girl. I'm affectionately called at the firm in the nursing facility world for going on five years now. So, I have quite a bit of experience with these. In the nursing facility world there is both a federal independent informal dispute resolution process and in the state-run one, which is just a regular IDR. It's uncertain in the hospice world if the federal one will be offered, the state one, or both of them. It's not clear right now but this is a quicker, more informal process compared to the federal appeal to the Department of Appeals Board. Typically, you have 10 days to gather your arguments and your evidence together and then usually and it varies by state, but in most states you can either have an in-person meeting or a telephone conference or just submit your documents and your arguments for a desk review. Some of our nursing facility clients handle this internally. Others have a lawyer involved. Some states allow attorneys. Other states don't. Ultimately the chances of success in the nursing facility world with an IDR are a little better than the federal appeals process. Emily did a great job covering the federal appeals process. In my world I usually am helping clients with IDR that chose not to go that route. We typically only see about a 5 percent chance of success with those

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	DAB appeals which is very different from the hospice overpayment Medicare appeals world where our success chances are much higher. As Emily said it's also a very long process and the legal fees can easily get over $80,000 whereas an IDR even if you have a lawyer involved every step of the way, it tends to be more in the $10,000 or less range for real help. It is a lot quicker. A lot of times the IDR process will be totally concluded in two to three months. I have had a lot of success with the IDR process in getting lower level deficiencies deleted and also in getting inaccuracies in statement of deficiencies changed. Like we see in the audit work that we do in the hospice world, a lot of times the government workers, I think they do their best, but that things get misunderstood or misinterpreted and just are flat out wrong in the statement of deficiencies. And the informal IDR is a good way to get that statement of deficiencies revised quickly. Sometimes even before it becomes public. For the higher-level deficiencies, those are equally hard to overturn in the IDR world I would say as the federal appeal. But sometimes if the surveyor is just wrong about something and you can put compelling evidence forth, the IDR presents a good opportunity to have some success. So, I hope that is an option. Like I said I've helped a lot of nursing facility clients with that process and it tends to be a really good process and it's so much quicker than the federal appeals one; and even if nothing is changed in the statement of deficiencies which sometimes happens; and the deficiencies are kept. Usually just going through that process is very educational for the nursing facility and a lot of positive changes happen just as a result of trying to marshal evidence and put arguments together and look at what went wrong in the survey. It also can be a very good relationship-building exercise with the surveyors and the survey agencies. Usually the surveyor from your hospice's survey would be at the IDR and then typically the moderator of these is a surveyor or a former surveyor. In some places they're run by a panel and it will include industry experts as well as a surveyor or a former surveyor. But it's a good process. Like I said it's a lot quicker. It's a lot less expensive even if you have legal help in the federal appeals process. Another thing that sometimes will happen is IDR will be used as sort of a testing ground to see whether it's worth filing a federal appeal. Typically, nursing facilities have longer to file a federal appeal than IDR. You have 60 days to file your federal appeal whereas a lot of times IDR has to be turned around in 10 to 15. So sometimes you'll get your IDR results and that will kind of tell you whether or not you have a shot at a federal appeal. So that can be helpful too.

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	It's really a strategy call and it kind of comes down to what winning is for you, like Meg was saying. Whether you pursue IDR or a federal appeal or sometimes we have folks that will file a federal appeal and pursue IDR but ultimately their goal is to settle. I have had some luck getting even an IJ settled. Generally, if it's a really good case, it does not require going all the way through the federal appeals process to get a better result. In the nursing facility world, the survey landscape is a bit of a challenge. I use the word challenge because we can all rise to a challenge. But the problem is that the bar is so low for the government to prove their case that there just aren't very many slam-dunk cases. Whenever we do get a slam-dunk case, it usually does not require five years of appeals to get the situation resolved.
Meg Pekarske	I think that's really helpful and I think that I wanted to move to so what do we do with this now? I think the last thing is that results are going to be publicly available. So, when we move to our practical insights here, who is your audience for this? It could be Medicare Advantage plans. It could be private litigants. It could be future patients through Nursing Home Compare, families, future families we'd care for, your competitors. So, I think we need to think about different audiences. What is winning to you? I think because we haven't had remedies, I don't think that hospices have been as strategic as maybe they need to be in the future about how they approach these and even proactive management of the survey process. So, let's talk about what are some things that people need to do in terms of upping their survey game because I really think that this is going to require different skills, different resources and I think it is unquestionably going to be more of a legal process than it was before. Even if you don't do a federal appeal, I think the ramifications of this are probably worthy of talking to a lawyer in terms of what makes sense here and going through what's winning to you and the likelihood and what's not. So how do we need to up our survey game, Bryan, in your vantage point here?
Bryan Nowicki	I think something to keep in mind is that transparency and I think about my own work. When I write an email to somebody it's one thing but when somebody says well this is going to go to a client or the world is going to see this email. Then I take a little more care and more attention to it. We proofread the documents and all that sort of stuff. So, keeping in mind that the world is going to see this would require I think for most hospices to devote much more attention to addressing statement of deficiencies in your plan of correction and be more careful and considered about that. Even before that having some processes in place to improve how you react to surveys in the first place so you don't get as many statements of deficiency or deficiencies in the SOD. Be more hands-on with respect to survey preparation and training. How to gear up for those and then the next step:

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	preparing your plan of correction that the world is going to see. We review plans of correction from time to time. A lot of times hospice clients just do that on their own. With this transparency, I think it's going to be more important to be very careful in how you word those. You want to coordinate the wording of your plan of correction with a potential IDR or appeal. Make sure you're being consistent across all the things you're trying to do to turn back a statement of deficiencies. And during the survey and resurvey process, one of the things, one of the pitfalls that we've encountered throughout those processes is communication breakdowns. Where the surveyor doesn't understand hospice exactly because they have a home health background and the hospice may not be putting their best communicators in a position to interact with that surveyor. So, there's misstatements or things are taken out of context. It seems every survey that I've taken a look at where the surveyor is saying well I talked with employee A and this is what they said. I hear from the client well no I'm employee A and I never said that. I know we can't really prevent a surveyor from putting down inaccurate information but I think in terms of preparing for a survey, preparing for people to communicate with surveys better so that these statements of deficiencies are more accurate or we're doing a better job of telling these surveyors what our hospice is about, how we're compliant. All of those things are going to be part of the new manual for surveys for hospices in the coming years.
Meg Pekarske	I think that the role of onsite survey management and I think hospices do this to a certain extent now. But I think they probably need to up their game because obviously when the surveyors come in unannounced now. If you have accreditation surveys, it's still, I mean you know when you're in your window but I think trying to manage issues because how many citations can actually be averted. If you see what they're seeing at the time they're seeing it and then can sort of address that. So, I think it's just going to be we have some of these skills in our wheelhouse. But I think we just have to build it out more and being more thoughtful and strategic on plans of correction. Because as you mentioned Emily, when you have per day finds you want to get that corrected as soon as possible. What do I need to do to do that? The whole overpromising is a huge problem. I'm going to say I'm going to do 800 things and it's great, do those 800 things. But to correct this you only need to do 2 things. So, promise that because these verification visits and revisits, you can get in that cycle of not passing that and then the CMPs don't stop. So, I think that we need to build some new skills, be more strategic than we may have been in the past. I think that just because there's been the success on the nursing home side on survey stuff, I don't think that means like oh there's no hope in any of this for us. I think it's going to be

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	important for the industry to develop their own experience on these things as well. But I think importantly and I don't want to leave this conversation without saying this. There is a lot that we as individuals can do here because Congress laid out a very broad framework and there is opportunity through the comment process through rulemaking that we can actually say here's what we think is important. So, I think the role of associations is going to be incredibly important here as we try to figure out what these rules are going to be. We're reading tea leaves here from a very broad law.
Bryan Nowicki	Right Meg, so I mentioned that this law, it's a 6,000-page bill with about 10 pages of hospice stuff and I think we've covered pretty much every part of it in this podcast. But that just shows you how general the law is. There will be these regulations that CMS is going to propose through their process which will probably be scores or hundreds of pages about okay what is this scope and severity chart that Emily was talking about. What does that look like? What are the IDR processes and procedures that Liz was talking about? What's the appeal steps and all of that sort of stuff? And CMS by law needs to publish what it's proposing to enact and then the public has an opportunity to comment. Oftentimes it's industries and other insiders who look into those proposed rules and provide comments. But I think everybody can be attuned should be attuned to that and see what they're proposing because you do have a chance to be heard and affect the outcome. But that's a great point that we can do over the next 18 months here as these proposed rules are going to be coming out.
Meg Pekarske	Absolutely and I think it's for our listeners are used to this process, right? We get the wage index comes out every year and that's where most of our rulemaking happens. We can see that there is insolence that happens that. CMS does listen and there can be modifications made. The election addendum didn't get kicked but some of the elements in the model form got revised and there's other changes. So, I think that there's a lot to do in terms of tightening this up and really forming it into something. So, I think it's an issue to stay engaged on and I think it is very clear from this podcast that we are ready and able to help folks as this process moves forward. I need to brush up right? It will keep me stay youthful because it'll bring out the olden days when I was, it'll make me feel like I'm 25 again so--
Bryan Nowicki	You'll get questions for young Meg from time to time now.
Meg Pekarske	So anyway, this does bring back a lot of very vivid memories and as Bryan knows I have a great memory. So, I can jump right back in and do this. So, I think this was a great podcast. I really appreciate you all devoting your

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	expertise and insights to this because I think it's really helpful for the listeners to not create heartburn but just we got some time here. Let's use this time to get used to these new waters but also get engaged with your associations to influence what the rulemaking is going to look like here. So, thanks for your time and great conversation. Thank you.
Bryan Nowicki	Thanks Meg.
Emily Park	Thank you.
Meg Pekarske	Well that is it for today's episode of "Hospice Insights: The Law and Beyond. Thank you for joining the conversation. To subscribe to our podcast, visit our website at huschblackwell.com or sign up wherever you get your podcasts. Until next time may the wind be at your back.