MedPAC Shares Detail on Potential Unified Payment Model, Questions Functional Data

In its June 2019 report, the Medicare Payment Advisory Commission (MedPAC) provided additional detail on what a unified post-acute care payment model might look like.

MedPAC has presented the idea of a unified payment model for all post-acute care providers in the past. Such a system would include home health agencies, skilled nursing facilities, in-patient rehabilitation facilities and long-term care hospitals.

The June report outlines a recommendation for a stay-based model that would involve a 5% Medicare payment reduction for home health agencies.

MedPAC also questions the accuracy of functional assessment data in post-acute care.

Analysis showed instances of beneficiaries discharged from one post-acute care setting then admitted to a different post-acute setting demonstrating "substantially different" functional scores, according to the report.

There were also disagreements between items used for payment when compared to separate assessment items used for quality reporting.

“Our analyses and past experience with [post-acute care] providers responding to payment incentives raise questions about whether this information should be relied on for establishing payments. Even if the data appeared consistent, we question whether Medicare should base payments on a factor of care that is firmly in a provider’s control,” the report states.

Related link: View the June 2019 MedPAC report here.
Important news regarding the Quality Reporting Program (QRP)

Updated Section GG Web-based Training Course

The Centers for Medicare & Medicaid Services (CMS) is offering a web-based training course on how to properly code Section GG. This 45-minute course is intended for providers in the following care settings: Skilled Nursing Facilities (SNFs), Long-Term Care Hospitals (LTCHs), Inpatient Rehabilitation Facilities (IRFs), and Home Health Agencies (HHAs); and is designed to be used on demand anywhere you can access a browser. The course is divided into the following four lessons and includes interactive exercises that allow you to test your knowledge in real life scenarios:

- Lesson 1: Importance of Section GG for Post-Acute Care
- Lesson 2: Section GG Assessment and Coding Principles
- Lesson 3: Coding GG0130. Self-Care Items
- Lesson 4: Coding GG0170. Mobility Items

Click here to access the training.

Delay in Posting: Preview Reports and Star Rating Preview Reports for the October 2019 Refresh

Preview Reports and Star Rating Preview Reports for the October 2019 Home Health Compare Refresh will be delayed until early July 2019. This delay is the result of efforts to align the display of two Home Health Quality Reporting Program measures with the display in the compare sites for other post acute care settings. As of October 2019, the measures Discharge to Community and Potentially Preventable Readmissions will include point estimates and confidence intervals, in addition to categorical data. CMS will keep the home health agency community informed with updates on the timeline for the release of the review reports.

Nearly 1 in 4 Home Care Aides Faces Verbal Abuse

By: Serena Gordon
HealthDay Reporter

WEDNESDAY, June 12, 2019 (HealthDay News) -- Being yelled at or insulted is never easy. But it’s a situation faced by about one-quarter of U.S. home health care workers, a new study finds.

Certain environments, such as caring for someone with dementia or working in a very cramped space, were linked to a higher risk of verbal abuse from patients or their kin.

"Our study found that aides frequently experience verbal abuse from the clients and their families," said the study’s senior author, Margaret Quinn. She’s director of the Safe Home Care Project at the University of Massachusetts, Lowell.

"There is increasing scientific evidence that verbal abuse, as well as physical abuse, can have harmful, long-term impacts on employees' health, such as depression and burnout, and on the stability of the workforce, such as high turnover, which is costly for employers and..."
hard on those receiving care when an aide they've developed a relationship with does not return," she said.

**HOSPICE**

**Commenters on Proposed Hospice Payment Rule Concerned Over Addendum, RHC Rates**

*Source: HHL*

CMS proposals to modify the election statement and require an election statement addendum will add significant burden for hospices, according to several public comments submitted to CMS during the comment period that ended June 18.

Commenters also expressed concerns about proposals to rebase payments, among other things. CMS received at least 180 comments on the proposals.

If finalized as proposed, hospices would be required to provide upon request an election statement addendum to beneficiaries or representatives, other providers treating the conditions and Medicare contractors, according CMS' proposed hospice payment rule posted April 19 on the Federal Register (HHL 5/6/19).

**Report: 60% of Patients Needing Palliative Care Do Not Receive It**

*By: Jim Parker | July 3, 2019*

Close to 60% of patients who would benefit from palliative care do not receive those services, despite the availability of community-based palliative care as well as hospital-based palliative care, according to a new report from the New England Journal of Medicine Catalyst Insights Council.

NEJM Catalyst is a think tank composed of health care executives, clinical leaders and frontline clinicians who develop innovations and practice applications to enhance the value of health care delivery and address the industry's challenges. NEJM Catalyst's Insights Council members participate in monthly surveys with specific health care topics.

**A Deeper Dive into Primary Care First, Where Hospice Fits**

*By: Jim Parker | June 28, 2019*

Though new payment models under the auspices of Medicare's new Primary Care First initiative are designed for primary care providers, hospice and palliative care providers have a role to play.

The U.S. Centers for Medicare & Medicaid Services (CMS) in April announced that they would implement Primary Care First in phases beginning in Jan. 2020, initially in 26 regions throughout the United States. Hospices and palliative care organizations are eligible.
to participate in the payment models provided they meet the program’s criteria. The program is designed to control costs, reduce avoidable hospitalizations and improve care coordination.

QUESTIONS? CONCERNS? COMMENTS?
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