HOME HEALTH

CMS Revises Requirements Regarding Aide Training and Use of Pseudo Patients

Source: NAHC

A recent final rule released by the Centers for Medicare & Medicaid Services (CMS) relating to burden reduction is receiving applause especially from the home health community. The final rule, Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction: Fire Safety Requirements for Certain Dialysis Facilities; Hospital and Critical Access Hospital (CAH) Changes to Promote Innovation, Flexibility, and Improvement in Patient Care, allows home health agencies to assess aide competency by observing an aide performing the skill with either a patient or a pseudo-patient as part of a simulation. CMS is also revising the requirement at § 484.80(h) related to completing a full competency evaluation when an aide is found to be deficient in one or more skills. Instead of completing a full competency evaluation, an aide would only be required to complete retraining and a competency evaluation directly related to the deficient skills. These are two areas NAHC has been advocating for since these changes were originally made to the home health conditions of participation and interpretive guidelines.

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CMS Open Door Forum Discusses PDGM, Authority to Sanction Providers, and more

Source: NAHC

The Home Health, Hospice & Durable Medical Equipment Open Door Forum held by the Centers for Medicare and Medicaid Services (CMS) on September 18 covered a variety of issues pertaining to the home health and hospice industry, but what follows are the key issues that were presented related to home health. An article covering hospice issues discussed during the call is to follow.
Provider Enrollment

CMS officials described the new authorities to control fraud and abuse in the Medicare and Medicaid programs provided in the final rule for "Program Integrity Enhancement to the Provider Enrollment Process."

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Department of Labor Rule Extends Overtime to Over a Million Workers

Source: NAHC

The United States Department of Labor announced earlier this week a final rule to make 1.3 million American workers eligible for overtime pay under the Fair Labor Standards Act (FLSA). This final rule will be effective on January 1, 2020.

This final rule updates the earning thresholds necessary to exempt executive, administrative, or professional employees form the FLSA's minimum wage and overtime pay requirements, and allows employers to count a portion of certain bonuses and/or commissions towards meeting the salary level. The new thresholds account for growth in employee earnings since the current thresholds were set in 2004.

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Top PDGM Therapy Myths Busted

By: Joyce Famakinwa | September 23, 2019

With the implementation of the Patient-Driven Groupings Model (PDGM) just months away, therapy-heavy providers are still trying to determine what the payment overhaul will mean for them.

With the uncertainty comes misconceptions, which can end up hurting a provider's bottom line if taken to heart.

One of the biggest myths associated with PDGM is that scaling back the number of times a therapist is sent into the home will be beneficial when it comes to reimbursement.

As such, some providers have made plans to lower therapy utilization. In fact, about 25% of providers that participated in a recent National Association for Home Care & Hospice (NAHC) survey said they plan to reduce therapy utilization by more than 10% in 2020.

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CMS Announces New Hospital, Home Health Discharge Planning Requirements

By: Joyce Famakinwa | September 26, 2019

The Centers for Medicare & Medicaid Services (CMS) released a final rule Thursday that makes changes to discharge planning requirements for home health providers. Broadly, the changes are part of CMS’s efforts to make patients a more active part of their care transitions out of the hospital and into other settings.
"This delivers on President Trump's executive order on promoting health care choice and competition," CMS Administrator Seema Verma said during a Thursday press call. "It represents a step forward in interoperability and the MyHealthEData Initiative."

Home health providers have long called for policymakers to clarify the ins and outs of discharge planning, and some in the industry had expected CMS to update guidelines last year.

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**Capitalize on opportunity for home health agencies under Medicare Advantage**

*Source: HHL*

Medicare Advantage (MA) is on the rise, and with that, so is the opportunity for home health agencies if they can get creative about how to demonstrate their value.

Industry experts say agencies need to get on the Medicare Advantage train if they haven't already.

"They don't really have much of a choice" says Anne Tumlinson, Washington, D.C.-based consultant and CEO of Anne Tumlinson Innovations, LLC.

Agencies are contracting with MA plans, "because 36% of Medicare beneficiaries on average are now in MA," Tumlinson says. In some places that percentage is even higher. Agencies that are not part of MA networks may lose referrals they can't afford to lose and that could lead to diminished patient volume.

"They're really stuck between a rock and a hard place because they don't have much leverage, but they need the referrals," Tumlinson says.

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**HOSPICE**

**Hospice Updates from the Recent CMS Open Door Forum**

*Source: NAHC*

The hospice portion of the Open Door Forum consisted primarily of updates and reminders connected to the Hospice Quality Reporting Program (HQRP), which are provided below.

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**Medicare Provider Utilization and Payment Data: Post-Acute Care and Hospice**

The Post-Acute Care and Hospice Provider Utilization and Payment Public Use Files (herein referred to as "PAC PUF") present information on services provided to Medicare beneficiaries by home health agencies, hospices, skilled nursing facilities (SNFs), inpatient rehabilitation facilities (IRFs), and long-term care hospitals (LTCHs). The PAC PUF contains information on demographic and clinical characteristics of beneficiaries served, professional and paraprofessional service utilization, submitted charges, and payments at the provider, state, and national levels. Additionally, the PUF includes information at the payment system level for
The 2017 PAC PUF can be downloaded at the following links:

Post-Acute Care and Hospice PUF 2017

The legacy Home Health, Hospice, and SNF Utilization & Payment PUFs can be downloaded at the following links:

Legacy Home Health
Legacy Hospice
Legacy Skilled Nursing Facility

America's Care of Serious Illness

2019 STATE-BY-STATE REPORT CARD ON ACCESS TO PALLIATIVE CARE IN OUR NATION'S HOSPITALS

America's health care delivery system does not currently meet the needs of patients and families living with a serious illness. Our nation's focus on disease-specific treatments, rather than on the needs of the whole person and their family, has resulted in unnecessary suffering, fragmented, burdensome-often futile-and costly interventions, untreated pain and symptoms, lengthy and repeated hospitalizations and emergency department visits, overwhelmed family caregivers, and clinician burnout. This is an unsustainable system in terms of both poor quality and high cost. Sweeping changes in standards of care for the most seriously ill are required if we are to provide appropriate and effective, value-driven care.

Palliative care is a solution. Also known as palliative medicine, palliative care is specialized medical care for people living with a serious illness. It is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness.

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Hospice Outreach to Minorities Could Save Medicare $270 Million

By: Jim Parker | September 27, 2019

Addressing long-standing racial disparities in hospice care could save Medicare as much as $270 million annually, new research has found. Outreach to underserved communities can ensure more patients receive quality care at the end-of-life as well as open untapped markets to hospice providers.

"We all know the quality of life benefits but seeing the economic potential can be helpful," researcher Courtney Hughes, associate professor at Northern Illinois University, told Hospice News. "We looked at the Medicare population and found that if we close that gap between white individuals who elect hospice and racial ethnic minorities it would result in an additional $270 million in savings in a year."

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