The Connecticut Association for Healthcare at Home supports its members in the provision of exceptional quality and accessible services through collaboration, leadership, provision of information, advocacy and education.

VISIT OUR WEBSITE

HOME HEALTH

Please Take this Short, but Important Survey on PDGM and Therapy Services
Source: NAHC

NAHC is initiating an evaluation of the potential impact of the new Medicare home health Patient Driven Groupings Model (PDGM) on the provision of therapy services. While PDGM is based on 2017 data that reflects the volume of therapy services provided during that year, the payment rate for therapy-oriented patient episodes will be lower than the current rate for the same patients as a result of CMS using different visit cost data. Concerns have been raised that the lower payment rates may affect the level of care provided to therapy-oriented patients under PDGM.

As part of the evaluation, NAHC is conducting a nationwide survey focused on expected actions by home health agencies. It is recognized that the survey seeks information regarding potential actions and that actual patterns of care when PDGM is in operation may be different. However, such information is very helpful, as NAHC plans for the upcoming 2020 payment rule that will fully finalize the PDGM standards.

Take the Survey!

Please complete and submit this very short survey as soon as possible. This will only take a few moments of your time, but the results will be valuable.

MedPAC Examines Payment Based on Value and Patients' Functional Status
Source: NAHC

A meeting of the Medicare Payment Advisory Council (MedPAC) earlier this month evaluated the application of patient functional status in payment adjustment, provider performance, and the establishment of plans of care. This presentation by MedPAC evaluated the quality of the data submitted by providers and was a follow-up to a past session on patient assessment
In Advance of PDGM, Now Is a Good Time to Set Up or Reexamine Lines of Credit

Source: HHL

Set up a financial cushion for your agency so it can withstand financial rough patches that may occur during the first several months of the Patient-Driven Groupings Model (PDGM).

Any time there's an anticipated interruption of revenue - as we saw with the switch to ICD-10 in 2015 - agencies should have a cash cushion and a line of credit secured with a bank that they can tap when the going gets rough.

Cash on hand and a line of credit established with your bank or other financial institution should help carry you through a brief period of financial difficulty, contends BlueSky Wealth Advisors founder and CEO David Blain, CFA.

Yet many agencies don't currently have a financial plan in mind for PDGM, which launches on or after Jan. 1, 2020.

HOSPICE

Positive Death Movement Leader Added to May 9th Hospice & Palliative Care Summit

We are excited to announce that Kimberly Paul, a cross-country trailblazer leading her own "Live Well, Die Well" tour will be making a stop in Connecticut to speak at this year's Hospice and Palliative Care Summit on May 9th. Since 2016, Kimberly has been travelling across country in her personalized RV toting only her trusted companion, a German Shepherd named Haven. Both will be joining us at this year's Summit.

If you haven't heard of Kimberly, here's a short TedTalk to give you an idea of her passion and her mission to encourage open conversations about death and dying.

Don't miss Kimberly Paul along with our other innovative speakers, Dr. Makowski (Palliative Care physician) and Steven Koppel from Expressive Digital Imagery (EDI) Institute as we explore ways to improve serious illness care while supporting our expert caregivers at our
NHPCO Shares New Branding, Releases Professional Resources, and Galvanizes Hospice Advocates at National Conference in Washington

Source: NHPCO | April 15, 2019

(Alexandria, Va) - Today, the National Hospice and Palliative Care Organization welcomes 1,400 hospice and palliative care leaders, managers, and advocates to its 2019 Leadership and Advocacy Conference (April 15 - 17) at the Marriott Wardman Park in Washington, DC. During the opening plenary session, President and CEO Edo Banach unveiled the organization's new branding that has been under development for the past year. Branding efforts have been designed to reinforce three key organizational messages as outlined below.

OUR POSITION: Founded in 1978, NHPCO is the nation's largest membership organization for providers and professionals who care for people affected by serious and life-limiting illness. NHPCO serves its field with a purposeful agenda and unified voice to advance an integrated, person-centered healthcare model.

OUR PURPOSE: NHPCO gives ongoing inspiration, practical guidance, regulatory support, and legislative representation to hospice and palliative care providers so they can enrich experiences for patients and ease caregiving responsibilities and emotional stress for families. NHPCO provides its members with the essential tools they need to stay current with leading practices, understand policy changes, and improve their quality of care.

OUR PROMISE: As an essential resource for hospice and palliative care providers, NHPCO works to expand access to a proven person-centered model for health care - one that provides patients and their loved ones with comfort, peace, and dignity during life's most intimate and vulnerable experiences.

"The new branding is not an entirely new concept," Banach said at the opening plenary. "It builds on our successful 40-year history as an organization and the legacy of those who came before us and are still working with us side-by-side. The fresh design is really an evolution of NHPCO."

The conference marks the release of the key messaging and new logos and organizational graphics. A redesigned website will launch in the weeks ahead.

Notes from CMS VBID Webinar

Source: NHPCO

The CMS Center for Medicare and Medicaid Innovation hosted a webinar on April 9 to support stakeholder engagement efforts in preparation for the test adding the Medicare hospice benefit into Medicare Advantage. CMMI has announced that the Value-Based Insurance Design model would add the hospice benefit in 2021. The VBID model is voluntary and is open to any MA plan who wishes to submit an application. The application process for VBIDs will likely be finalized in the fall of 2019 with an application period opening prior to the end of 2019. Decisions about accepted VBID applicants will be made in June of 2020 for a start in January 2021.

CMS is planning a second webinar with more details of how the Medicare hospice benefit will be structured in the VBID, but assured listeners that the Medicare hospice benefit would
move into the VBID model intact. During the Question and Answer period, CMS was asked whether MA plans would access all hospices or a small network determined by the MA plan; CMS responded that there would continue to be a choice of hospices and MA plans that offer a PPO may be able to access all. Another question addressed beneficiary protections and access to care. CMMI responded that CMMI and CMS more generally will monitor this model; a part of the approval process for the MA plan will be a participation agreement between CMMI and the MA plan. NHPCO staff has been in ongoing dialogue and discussions with the VBID team at CMMI, as well as ongoing discussions and preparation with MA plans. The MA VBID model will be a focus area for the upcoming NHPCO Leadership and Advocacy Conference in Washington next week as well.

CMS Revised Hospice Payment System Booklet Available

A revised booklet, Hospice Payment System, from the Medicare Learning Network is available. Learn about: Coverage and certification requirements; election periods and statements; and caps on payments.

QUESTIONS? CONCERNS? COMMENTS?
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