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.

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HOME HEALTH

Statement of NAHC President William A. Dombi Regarding the Medicare Home Health Rule Issued October 31, 2019
Source: NAHC

(October 31, 2019) CMS late today issued the Final Rule for the 2020 payment model, PDGM, including rates of payment that would start January 1, 2020. The new payment model had been finalized in its design in the 2019 rule-making cycle. The Final Rule offers some minor tweaks in the payment model and sets out 2020 payment rates. The rule also includes unrelated adjustments in other rules affecting home health, including the 2021 home infusion therapy benefit, quality measures, and the Home Health Value Based Purchasing Demonstration program.

NAHC is greatly heartened by CMS's modification of the 2020 payment rates to reflect a much more realistic view that any behavior changes in coding or service utilization would not occur instantaneously and in full starting January 1, 2020. In reducing the 2020 adjustment from 8.39% to 4.36%, CMS has given the home health community a chance to safely transition to the dramatically new payment model. NAHC extends its thanks and appreciation the CMS for its thoughtful consideration of the community's comments in the rulemaking process.

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Final OASIS D-1 Data Submission Specifications Now Available
Source: NAHC

Final OASIS D-1 data submission specifications are available in the Downloads section of the OASIS Data Specifications webpage at here. The new version, V2.31.0, is effective for OASIS assessments with an M0090 Date Assessment Completed of January 1, 2020 or later.
Changes in this version of the specifications are required to support the transition to the Patient-Driven Groupings Model (PDGM) and consist of the addition of two existing items to the Follow-Up assessment instrument (with corresponding revisions to the All Items instrument) and changes from required to optional data collection at certain time points for 23 items.

**OHS' Medication Reconciliation and Polypharmacy Work Group Submits Recommendations to Ensure Patient Safety**

*Source: CT Office of Healthcare Strategy (OHS)*

An accurate list of current prescriptions, medication history, and allergies to certain prescriptions are necessary to ensuring the safety of prescription use, especially when a patient is taking multiple medications. That's why the Connecticut General Assembly passed [Special Act 18-6](#), requiring OHS' Health Information Technology Officer to establish a working group to evaluate issues concerning polypharmacy (the concurrent use of multiple medications by a patient) and medication reconciliation (the process of creating the most accurate list possible of all medications).

The Medication Reconciliation and Polypharmacy Work Group (or MRP Work Group) brought together a diverse group of stakeholders to develop concrete and meaningful recommendations that address medication reconciliation and the challenges associated with polypharmacy in Connecticut. Representing the Association and the Home Health industry on this work group is Board member Diane Mager, DNP, RN-BC, associate nursing professor at Fairfield University.

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**12% of Medicare Advantage Plans Will Offer Expanded Supplemental Benefits in 2020**

*By: Robert Holly*

Ever since the Centers for Medicare & Medicaid Services (CMS) first expanded the scope of Medicare Advantage (MA) supplemental benefits in April 2018, at-home care providers have been trying to figure out they fit into a potentially new reimbursement puzzle.

At least initially, it appeared that fit was a relatively minor one, as only [3% of MA plans](#) offered in-home support services such as personal care and housekeeping in 2019, according to AARP statistics. But a new independent study by actuarial consulting firm Milliman now confirms there will be a substantial expansion in 2020.

Overall, at least 364 plans will take advantage of CMS's more flexible MA policies in 2020, according to the Milliman study, which was commissioned by the Washington, D.C.-based Better Medicare Alliance. That's nearly 12% of the 3,148 plans that will be available to Medicare beneficiaries next year.

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**CMS Provides Critical Updates on Home Health in Latest Open Door Forum**

*Source: NAHC*

On November 6, 2019 the Centers for Medicare & Medicaid Services (CMS) held an Open
Door Forum (ODF) for home health, hospice, and durable medical equipment (DME) providers. During the ODF, CMS provided the following updates for home health and hospice. Key topics include Review Choice Demonstration, PDGM billing, Transition to IQUIES, the CY2020 Home Health Final Rule, quality reporting for both home health and hospice, and more.

REVIEW CHOICE DEMONSTRATION

As NAHC previously reported, the implementation of the Review Choice Demonstration (RCD) in Texas, North Carolina and Florida has been delayed to allow home health agencies to transition to PDGM which goes into effect on January 1, 2020. The RCD was originally scheduled to begin in Texas in December 2019 and has been delayed to March 2, 2020. The demonstration is expected to begin in North Carolina and Florida in May 2020.

HOSPICE

Legislation to Address OIG Hospice Survey Concerns Introduced in Senate

On November 7, 2019, Senators Rob Portman (R-OH) and Ben Cardin (D-MD) introduced the "Hospice Care Improvement Act of 2019", which is designed to refine the hospice survey process, improve compliance, and increase transparency. The bill is a legislative response to the findings of two reports from the Health and Human Services' Office of the Inspector General (OIG), which found evidence of deficiencies in hospice and recommended new reforms to address the problems.

One report, Hospice Deficiencies Pose Risks to Medicare Beneficiaries, provides broad findings on frequencies of deficiencies and recommends greater public access to survey findings as well as increased CMS-sponsored education for hospice providers. The second report, Safeguards Must Be Strengthened to Protect Medicare Hospice Beneficiaries From Harm, describes 12 cases that represent significant harm to hospice patients and provides recommendations for increasing hospice responsibility related to reports of abuse.

NHPCO Applauds House Passage of PCHETA, Asks Senate to Act

(Alexandria, Va) - The National Hospice and Palliative Care Organization (NHPCO) today applauded the passage of the Palliative Care and Hospice Education and Training Act (H.R. 647), which received overwhelming bipartisan support in the House of Representatives.

"We're grateful for the House's vote to support federal policies that improve and expand training to meet the growing demand for hospice and palliative care," said NHPCO President and CEO Edo Banach. "Increasing the number of professionals in these vital person-centered care fields will mean that even more Americans and families can benefit from this care that supports physical, emotional, psychological and spiritual health."

The bill, introduced by Congressmen Eliot Engel (D-NY), Tom Reed (R-NY), Yvette Clarke (D-NY), Buddy Carter (R-GA), Frank Pallone (D-NJ) and Greg Walden (R-OR), represents a
significant first step towards expanding palliative care access for all Americans.

Without the support and resources this bill provides, recent projections indicate that by 2030, there will only be one palliative care physician for every 26,000 seriously ill patients. NHPCO is now asking the Senate to act quickly on this legislation, where a similar measure, S.2080, is currently being sponsored by Senators Tammy Baldwin (D-WI) and Shelley Moore Capito (R-WV).

“This predicted shortage of care providers would gravely impact access to quality hospice and palliative care services for individuals facing serious, advanced or life-limiting illness. Congress must therefore act swiftly and decisively to meet this growing challenge,” Banach concluded.

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*Source: NAHC*

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**HOSPICE QUALITY REPORTING PROGRAM**

CMS reminded hospices of the quality reporting program requirements

- 90% of all HIS records must be submitted and accepted within the 30-day submission timeline.
- CAHPS Hospice Survey data must be submitted and accepted by the hospice's survey vendor before each quarter's deadline, and the hospice must supply its vendor with monthly survey data.

Hospices not meeting these requirements receive a 2% annual payment update penalty. A list of all hospices meeting the requirements can be found [here](#). Any hospices not on this list is subject to the 2% penalty.

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**Hospice Providers Tout Bottom-Line Impact from Home-Based Primary Care Programs**

*By Jim Parker*

Home health providers aren't the only ones trying to push complex care further into the home.

As hospices seek new ways to engage patients further *upstream*, a rising number are *diversifying their services* to include home-based primary care, along with palliative care and other models. Evidence indicates that these primary care programs carry substantial benefits for patients and families - and can even have a significant positive impact on a hospice's bottom line.

Broadly, home-based primary care programs have been shown trim cost, reduce unwanted high-acuity care at the end of life and enable patients to enter hospice earlier in the course of their illness.
their terminal illness.

When it comes to length of stay in hospice, providers’ missions dovetail with their financial interests.

As of 2017, nearly 28% of hospice patients died within seven days of admission, according to the U.S. Centers for Medicare & Medicaid Services (CMS). Nearly 13% expired during their second week of hospice care. More than half of hospice patients are enrolled for fewer than 30 days.

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