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

Home Health Quality Reporting Update and Quarterly OASIS Q&As
Source: NAHC

NAHC would like to make home health providers aware of the following relative to the OASIS Q&As and quality reporting:

OASIS Q&As

The updated quarterly OASIS Q&As are available here.

QUALITY REPORTING NON-COMPLIANCE NOTIFICATION AND RECONSIDERATIONS

Providers not meeting the Home Health Quality Reporting Program (HH QRP) requirements impacting their CY 2020 Annual Payment Update (APU) should have or will soon be receiving a letter of notification from their Medicare Administrative Contractor (MAC) - Palmetto, CGS, or NGS. The notification letters can also be found in the agency's CASPER folders. These agencies are subject to a 2% APU penalty.

Home Health Agencies that receive a letter of non-compliance may submit a request for reconsideration to CMS via email no later than 11:59 local time, November 1, 2019. If you receive a notice of non-compliance and would like to request a reconsideration, see the instructions in your notification and on the Home Health Quality Reporting Reconsiderations and Exception & Extension page.

Continue Reading

Consider Best Practice for Aide Competency Evaluations Following CoP Updates
Source: HHL
Agencies should take a close look at how they conduct competency evaluations to ensure compliance now that CMS has released changes to existing regulations. Failure to comply with the revised Home Health Conditions of Participation (CoPs) could result in compliance issues and survey deficiencies.

In a rule designed to reduce burden in the Medicare and Medicaid programs, CMS finalized revisions to §484.80(c)(1) to clarify that skill competency for aides can be done by observing an aide performing the skill with either a live patient or a pseudo-patient as part of a simulation. The change will take effect Nov. 29, 2019.

Since the revised CoPs took effect in January 2018, many agencies struggled to comply with the original regulation because it required using an actual patient. Interpretive guidelines made clear "tasks must not be simulated in any manner, for example, the use of a mannequin is not an acceptable."

**Continue Reading**

**NAHC's Dombi: We're Not Going To Be Bullied By Congress, CMS**

*By: Robert Holly*

There's a flood of changes surging toward the U.S. home health care industry.

But thanks to widespread recognition, improved quality and staunch advocacy efforts, providers have never been standing on higher ground.

That was the key message delivered by the National Association for Home Care & Hospice (NAHC) leadership Sunday during the Washington, D.C.-based nonprofit advocacy organization's annual conference.

"Too often, we hear people thinking, 'We're just overwhelmed. We're just pushed into the background. We're just not where we should be,'" NAHC President Bill Dombi said to hundreds of conference attendees at the Washington State Convention Center in Seattle. "I whole-heartedly disagree with that."

**Continue Reading**

**Trump Impeachment Investigation Stealing Spotlight From Home Health Industry's PDGM Efforts**

*By: Robert Holly*

At first glance, it might be hard to spot a connection between the impeachment activity swirling around President Donald Trump and the home health industry. A deep dive into the current Washington, D.C.-landscape and national priorities, however, suggests the two are inevitably linked.

With all eyes and ears tuned into impeachment talks on Capitol Hill, key legislation targeting the Patient-Driven Groupings Model (PDGM) and its widely opposed, assumption-based behavioral adjustments has fallen somewhat to the wayside. That's according to National Association for Home Care & Hospice (NAHC) President William A. Dombi, who gave Home Health Care News his annual policy update last week at the organization's leadership conference in Seattle.
The PDGM legislation making its way through Congress - via two companion bills, H.R. 2573 and S. 433 - is formally known as the Home Health Payment Innovation Act. Among its goals, the legislation requires the Centers for Medicare & Medicaid Services (CMS) to use hard evidence and observed data when making payment adjustments to the Medicare home health benefit.

Continue Reading

HOSPICE

MedPAC Meeting Includes Presentation on Changes to Hospice Cap
Source: NHPCO

The Medicare Payment Advisory Committee (MedPAC) presented policy options to modify the hospice aggregate cap. The aggregate cap was originally intended to ensure that hospice payments would not exceed Medicare expenditures in a conventional setting. The aggregate cap calculation is the total Medicare payments received for the year by the hospice divided by the number of Medicare hospice patients served in the year. If more than one hospice serves the patient, the cap amount is shared among all hospices providing services.

Continue Reading

Hospice Quality Update
Source: NAHC

The annual list of hospices that have successfully met the quality reporting requirements has been posted and can be found here. Hospices are placed on the list if they've submitted 90% of HIS records within 30 days of the qualifying event (admission or discharge) AND the hospice's third party vendor submitted CAHPS hospice survey data quarterly. The Centers for Medicare & Medicaid Services (CMS) will apply a 2% payment penalty for FY2020 to hospices not meeting these reporting criteria for the calendar year 2018 reporting period.

The Hospice Quality Reporting Program (HQRP) Quarterly Update is also available. Effective October 1, 2019, the CMS policy for HIS patient record submission will be changed to 24 months from the target date. The policy change applies to new, modified, and inactivated records. However, the date by which providers modify or inactivate HIS records affects what data is reported on Hospice Compare. Providers can become familiar with the key dates for public reporting available here.

There are a few updates regarding the CAHPS Hospice Survey as well, as follows:

- The CAHPS Hospice Survey Technical Corrections and Clarifications to the CAHPS Hospice Survey Quality Assurance Guidelines V6.0 document has been posted. The Spanish telephone script instructions have been revised. The document can be found here.
- CAHPS Hospice Survey vendors approved to administer the CAHPS Hospice Survey are required to submit samples of their CAHPS Hospice Survey materials, in English, that will be used beginning with survey administration in January 2020, for review. CAHPS Hospice Survey mailing materials (e.g., questionnaires, cover letters and outgoing envelopes) and/or telephone script and interviewer CATI screenshots (including skip pattern logic) must be submitted to the CAHPS Hospice Survey Project.
Team via email to hospicecahpssurvey@hsag.com or via the SAFE application by November 2, 2019.

- CAHPS Hospice Survey vendors approved to administer the CAHPS Hospice Survey must submit an updated CAHPS Hospice Survey Attestation Statement. Please click here to view and print the CAHPS Hospice Survey Attestation Statement form. The executed form must be submitted to the CAHPS Hospice Survey Project Team via email at hospicecahpssurvey@hsag.com by December 13, 2019.

Register for the Hospice Webinar: Success with the HQRP: Putting the Pieces Together to Meet Compliance -- Resources Included

Title: Success with the HQRP: Putting the Pieces Together to Meet Compliance -- Resources Included

Date: Thursday, November 14, 2019

Time: 2:00-3:00 p.m. ET

Description: The Centers for Medicare & Medicaid Services (CMS) will be hosting a webinar for Medicare-certified hospice providers to provide an overview on Hospital Quality Reporting Program (HQRP) requirements.

During this webinar, CMS subject matter experts will provide information on the following topics:

- Hospice Item Set (HIS) reporting requirements;
- HQRP compliance cycle;
- How to achieve hospice compliance;
- CAHPS survey requirements; and
- How to switch CAHPS survey research vendors.

CMS will answer questions at the end of the webinar as time permits.

Please register here.

Regulatory Relief Final Rule: Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction

Source: NHPCO

Summary at a Glance

On September 30, CMS published a final rule on regulatory burden (PDF) relief which:

1. Defers hospice aide training and competencies to state licensure requirements. If there are no state requirements, hospices will still be required to ensure that their hospice aides meet Federal standards for hospice aide training.
2. Removes requirements to have a person on the hospice staff that has specialty knowledge of hospice medications.
3. Follows the statutory requirement in the SUPPORT Act that the hospice must share the written policies and procedures for drug disposal in the home with patients, families and caregivers. However, CMS encourages hospices to develop easily understood materials that explain safe storage, use, and disposal of controlled drugs to patients, their families, and caregivers in addition to meeting the statutory requirement.
4. Removes requirements for hospices to explicitly coordinate with SNF/NF and ICF/IID staff for orientation of facility staff.

5. Changes in emergency preparedness requirements for hospice inpatient facilities and home-based hospice care.

Link to full report here.

---

**OIG Updates Work Plan to Include Review of Hospice Inpatient and Aggregate Cap Calculations**

*Source: NAHC*

On October 4, 2019, the Medicare Payment Advisory Commission (MedPAC) began discussions around potential reform of the hospice Aggregate Cap (Cap). MedPAC is considering a recommendation under which the Aggregate Cap would be wage adjusted for the first time in history but may also consider a reduction in the Aggregate Cap amount: at the October meeting staff presented the findings of a simulation under which the Aggregate Cap would be wage adjusted but also reduced by 20 percent. Potential reform of the Aggregate Cap is an issue that has received attention at various times in recent years, including in work conducted by Abt Associates for the Centers for Medicare & Medicaid Services (CMS) during hospice payment reform.

Continue Reading

---

**Recommended Hospice Survey Process Reforms**

*Source: NAHC Response to Recent OIG Reports*

Over the years the Department of Health & Human Services Office of the Inspector General (OIG) has issued numerous reports focusing on various elements of the hospice program. In July 2019 the OIG Office of Evaluations and Inspections issued a two-part series examining the overall quality of care provided to hospice beneficiaries and the deficiencies found by surveyors (Hospice Deficiencies Pose Risks to Medicare Beneficiaries), as well as specific instances of harm and vulnerabilities relative to preventing and addressing potential harm to hospice patients (Safeguards Must Be Strengthened To Protect Medicare Hospice Beneficiaries From Harm).

The hospice community has a longstanding commitment to excellence that places the highest priority on the provision of high-quality care to some of the nation's most vulnerable individuals and to compliance with important health and safety standards. The OIG's findings have made a valuable contribution to the knowledge base surrounding hospice quality of care and have fostered important discussion within the hospice community around the need for stronger tools to address and correct the failings of providers that perform poorly, and to eliminate inconsistencies and other weaknesses in the survey process.

Continue Reading

---

QUESTIONS? CONCERNS? COMMENTS?

Connecticut Association for Healthcare at Home

Tracy Wodatch

VP of Clinical & Regulatory Services

wodatch@cthealthcareathome.org