How Telehealth Can Solve Home Health Agencies' PDGM Therapy Problems

By: Bailey Bryant | March 31, 2019

One of the most anxiously awaited aspects of the Patient-Driven Groupings Model (PDGM) is the elimination of therapy visit volume as a determining factor in calculating reimbursements.

Despite reassurance from industry leaders that PDGM isn't a 'death knell' for therapy services, therapy-heavy agencies will have to become more cost effective to ensure they don't take a hit when the new payment model takes effect.

One currently underutilized solution agencies can explore is supplementing therapy services with telehealth and telemonitoring when appropriate, Ellen Strunk - president of Rehab Resources and Consulting Inc., which provides consulting, training and audit services to post-acute care providers - told Home Health Care News.

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CMS Made $3.2 Billion in Improper Home Health Payments in 2018

By: Robert Holly | March 31, 2019

Despite increased oversight efforts, improper payments under Medicare and Medicaid are costing the federal government billions of dollars, a new report from the watchdog arm of Congress has found.

And home health providers appear to be the root of the problem.

In fiscal year 2018, improper Medicare fee-for-service (FFS) payments totaled $31.6 billion for all services provided, according to the Government Accountability Office (GAO), which audits, evaluates and investigates government programs on behalf of Congress to ensure
appropriate use of taxpayer money. Of that amount, at least $3.2 billion was tied to home health improper payments.

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Infection control issues remain a common challenge for agencies, hospices
Source: HHL

It's not enough to discuss proper handwashing techniques within a detailed infection control policy. It's crucial to fully train clinicians and aides on the policy and on proper techniques.

And it's vital to ensure that clinicians follow that policy in the field.

CMS data show that in 2018, infection prevention was the second-most common standard-level deficiency for home health agencies and the seventh-most common standard-level deficiency for hospices. (See benchmark.)

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Home Health Quality Reporting Program Update
Source: NAHC

Updated OASIS-D Q&A Document

An updated question and answer (Q&A) document containing responses to questions from CMS OASIS-D trainings is now available. The Q&A document was originally posted on December 4, 2018 but did not contain answers to questions that required additional research. Those answers have now been updated. The questions were posed during the following OASIS-D trainings:

- The Introduction to the OASIS-D Webinar that occurred on August 28, 2018;
- The Section GG: Functional Abilities and Goals Webinar that took place on September 5, 2018; and
- The November 2018 Home Health Quality Reporting Program Provider Training that occurred on November 6 and 7, 2018, in Baltimore, MD

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HOSPICE

Aid-In-Dying Fails To Get A Vote
By: Jack Kramer

HARTFORD, CT- Connecticut will not be one of the state’s to adopt aid-in-dying legislation as its chief proponent threw in the towel Monday, not allowing the bill to come up for vote in front of the Public Health Committee.

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Branford-based Connecticut Hospice Undergoing Reorganization
Source: Luther Turmelle
BRANFORD - The Connecticut Hospice is in the midst of an organizational shake-up designed to streamline the way the nonprofit operates as well as reduce its operating costs. Anthony DaRos, chairman of the Hospice board, said the nonprofit has been running an operating deficit of roughly $4 million over the past several years. To help right its financial ship, DaRos said the board brought in Barbara Pearce, president and chief executive officer North Haven-based Pearce Real Estate, to serve as Hospice's interim chief executive officer.

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Six Ways to Improve the Patient Experience in Hospice
Source: Optima Healthcare Solutions

Hospice care is deeply rewarding and meaningful work that many in the field consider a personal calling. However, hospices also have to contend with a host of administrative, regulatory, staffing and cost issues that come with operating a business. It's not easy to balance the needs of patient care with running a hospice, but it's more important than ever to make sure that your staff stay focused on delivering an exceptional patient experience.

Hospices are not only being watched by regulators, they're feeling the pressure from consumers. In 2019, the Centers for Medicare and Medicaid Services (CMS) added CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey data to the Hospice Compare website. This means that people can now find and compare hospices in their area based on both quality scores and feedback from patients and families.

What can you do to make sure the patient care experience at your hospice is second to none? Consider these six tips!

How to Make Hospice IDG Prep a Breeze-and Save Time!
Source: Optima Healthcare Solutions

Interdisciplinary group or team (IDG) meetings are a necessary part of staying compliant and providing patient care. But let's face it, they can be incredibly time-consuming. Preparation often entails a long list of "to dos"-patient notes need to be distributed, orders gathered, calls made to the pharmacy, and sign-in sheets and other forms filled out by team members about their interactions with each patient.

In a recent survey of hospice professionals, 35% of respondents said that it took between 2-5 hours to prepare and 15% said it took even longer. Nearly half of all respondents indicated they got frustrated in meetings. IDG meetings should be a quick touch-base to review patients and ensure their needs are being met. But these meetings can drag on for hours, with paper-shuffling, people coming and going, side conversations or clicking through endless screens to review patients and get orders signed by the physician.

The good news is that there are steps your hospice can take to prepare for and run an efficient IDG meeting. Here are the five most common IDG "time wasters" and tips for eliminating them once and for all.

Learn more

NHPCO Hosts Congressional Briefing on the Value of the Medicare Hospice
Benefit to Beneficiaries, Families and the Medicare Program
Source: NHPCO

Hospice leaders discuss policy reforms to strengthen the delivery of hospice and palliative care

(Alexandria, VA) - The National Hospice and Palliative Care Organization (NHPCO) today held a briefing on Capitol Hill to educate lawmakers about the value of the Medicare Hospice Benefit, address concerns with the current design of the Medicare Hospice Benefit and discuss NHPCO's vision for future policy reforms.

The briefing featured three panelists who provided attendees with key insights into hospice, the origins of this philosophy of care and its impact on millions of Americans each year. The Medicare Hospice Benefit, which provides holistic and comprehensive care to patients at the end of life, now faces a growing list of opportunities and challenges stemming from demographic transitions and a shifting healthcare landscape.

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QUESTIONS? CONCERNS? COMMENTS?
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