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.

HOME HEALTH

A CT DPH IDENTIFIES WOUND CARE ISSUES

Loan Nguyen (Supervising Nurse Consultant for Home Care and Hospice at the CT DPH) notified Tracy Wodatch at the CT Association for Healthcare at Home regarding a recent trend in negative outcomes related to wound care and agency follow up. Please read below examples and share with your staff.

The DPH has received numerous complaints about worsening wounds not addressed by visiting nurses in several agencies.

One patient arrived to the hospital with maggots crawling under the right toe nail bed, the visiting nurse claimed the toe was fine just the day before. There was no documentation of RLE assessment in the nursing notes.

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Latest Home Health Compare update reveals quality improvement follows the money

Source: HHL, Jul 21, 2016

In the latest Home Health Compare ratings released July 13, agencies continued to take steps forward on several measures including dyspnea, ambulation and management of oral medications.
Not coincidentally, many of the measures where agencies nationwide made the biggest strides are also included within 5-star quality ratings and value-based purchasing.

Though the measures have been publicly reported on Home Health Compare for years, they became significantly more important once 5-star ratings were released last summer, notes Diane Link, senior consultant with Conshohocken, Pa.-based BlackTree Healthcare Consulting.

**Breakdown of star ratings involving quality of care  *(National and Connecticut)*

*Source: CMS, July 21, 2016*

There are 317 agencies nationwide that earned five stars in the ratings system involving quality of care, according to ratings released July 13. Meanwhile, 834 agencies received 4.5 stars. *(See story - must be logged in)*

<table>
<thead>
<tr>
<th>Quality of care star rating</th>
<th># agencies, July 2016</th>
<th># agencies, April 2016</th>
<th># agencies, January 2016</th>
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<tr>
<td>No rating</td>
<td>2,820</td>
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<td>2,970</td>
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<tr>
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<td>14</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>1.5 stars</td>
<td>273</td>
<td>233</td>
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<tr>
<td>2 stars</td>
<td>884</td>
<td>883</td>
<td>859</td>
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<tr>
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<tr>
<td>4.5 stars</td>
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<tr>
<td>5 stars</td>
<td>317</td>
<td>293</td>
<td>286</td>
</tr>
</tbody>
</table>

*Source: CMS and Seattle-based OCS HomeCare, now a part of ABILITY Network Inc.*

**Connecticut Ratings:** CT’s rankings remained somewhat stable. Our state average for quality outcomes remains at 3 stars. We have only one 5 star agency (Infinity Home Care, LLC-a small, non-member). As for Patient Experience ratings, our state average is nearly 3.5 with 6 agencies earning 5 stars.

**New rule strips down review process at ALJ, Appeals Council level**

*Source: HHL, Jul 25, 2016*

A new proposed rule from HHS attempts to clear some deadwood from the third and fourth level of Medicare appeals and reduce the massive backlog at those levels.
The rule published July 5 mainly but not entirely deals with appeals at the administrative law judge (ALJ) level, generally the choice when the first and second redetermination and reconciliation levels of appeal have been exhausted, and at the next level, the Medicare Appeals Council. These levels are administered by HHS' Office of Medicare Hearings and Appeals (OMHA).

**HOSPICE**

**OIG Advisory Opinion - Hospice Payment to Nursing Homes**

*Source: NAHC July 29, 2016*

The Office of Inspector General (OIG) for the U.S. Department of Health and Human Services recently released Advisory Opinion 16-08 pertaining to hospice payments to nursing homes. As with all OIG Advisory Opinions, the opinion is specific to the facts presented in the case. In this particular case, the question concerned an arrangement in which a hospice would make a supplemental payment to the nursing facilities in which the hospice's dually eligible patients reside when the nursing facilities—instead of the hospice—receive payment for their patients' room and board expenses. Specifically, the Requestor (the entity requesting the advisory opinion) wanted to know if this arrangement would constitute grounds for the imposition of sanctions under the exclusion authority at section 1128(b)(7) of the Social Security Act (the "Act"), or the civil monetary penalty provision at section 1128A(a)(7) of the Act, as those sections relate to the commission of acts described in section 1128B(b) of the Act, the Federal anti-kickback statute.

**CMS Responds to CT DPH Question Addressing Hospice Training in Inpatient Facility (Hospital, SNF, Hospice Inpt Facility)**

In a recent communication with CMS Region 1, Loan Nguyen (Supervising Nurse Consultant at CT DPH) asked CMS to interpret hospice tags L 715 and L 716.

- **L 715 = 418.108 (c) (5)** discusses the hospice responsibility for making sure the personnel providing care to the hospice patient in the inpatient facility received training on hospice philosophy of care.
- **L 716 = 418.108 (c) (6)** prompts the surveyor to ask the hospice how the hospice assures that all staff caring for hospice patients in the inpatient facility, have been trained in the hospice philosophy and are able to provide patient care in accordance with the hospice plan of care.
CMS Clarifies Reasons for Not Cancelling a Notice of Election
Source: NHPCO Regulatory, July 20, 2016

In March, 2016, NHPCO sent a letter to CMS detailing the issues hospice providers are still facing when they submit the required Notice of Election (NOE) and it is not accepted by the MAC. CMS provided a written answer to NHPCO in May 2016 with details on situations where the NOE is NOT required to be cancelled, and corrections can be made on a subsequent claim. The two instances where this applies are:

1. Errors in the ICD-10 diagnosis code (provided that the diagnosis code entered on the NOE is a valid ICD-10 code), or
2. Errors in the certifying physician.

In these situations, CMS states that "Since there is no editing in Medicare systems that ensures the diagnosis codes on hospice claims match the NOE, hospices can correct diagnosis coding errors on subsequent claims, without canceling the NOE."

Continue Reading

Survey for Social Workers
The Social Work Hospice and Palliative Care Network (SWHPN) is conducting a survey to gage interest in specialty certification. SWPHN is considering the development of an evidence-based certification program and will use the survey results in determining how to move forward. Go online for more information and to participate in the survey.

Participate in Survey

QUESTIONS? CONCERNS? COMMENTS?
Connecticut Association for Healthcare at Home
Tracy Wodatch
VP of Clinical & Regulatory Services
wodatch@cthealthcareathome.org

Website Association Members Calendar Legislative Regulatory Contact

CT Healthcare at Home, 110 Barnes Road, Wallingford, CT 06492

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