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

CMS Proposes A Mandatory Cardiac Bundled Care Initiative

Source: NAHC, September 2, 2016

On August 2, 2016, the Centers for Medicare & Medicaid Services (CMS) issued the proposed rule: Advancing Care Coordination Through Episode Payment Models (EPMs); Cardiac Rehabilitation Incentive Payment Model; and Changes to the Comprehensive Care for Joint Replacement Model (CJR). The proposed rule outlines the structure for a bundled payment project for acute myocardial infarctions (AMI), coronary artery bypass graphs (CABG), and adds surgical hip/femur fracture treatments (SHFFT) to the CJR bundled initiative that went into effect April 1, 2016.

The EPMs under the proposed rule have the following key elements, many of which are similar to the CJR bundled project.

- A five year project to begin July 1, 2017-December 31, 2021;
- Hospitals bear the financial risk;
- The episode begins with a hospital admission and ends 90 days after discharge from the hospital;
- Includes the cost for all Medicare Part A and Part B items and services related to the respective condition for the episode;
- Hospitals may have collaborative arrangement with other providers to share in the risk that includes home health agencies;
- Requires mandatory participation for hospitals and beneficiaries in selected Metropolitan Statistical Areas (MSAs);
- Sets a target price for each episode of care;
- Includes reconciliation payments to hospitals that stay under the target price for a performance year and requires hospitals to repay Medicare for costs that exceed the target price for the performance year;
- Includes quality performance metrics for reconciliation payments;
CDC Resources on Zika

What we know

- Zika is spread mostly by the bite of an infected Aedes species mosquito (*Ae. aegypti* and *Ae. albopictus*). These mosquitoes are aggressive daytime biters. They can also bite at night.
- Zika can be passed from a pregnant woman to her fetus. Infection during pregnancy can cause certain birth defects.
- There is no vaccine or medicine for Zika.
- The Florida Department of Health has identified an area in one neighborhood of Miami where Zika is being spread by mosquitoes. Learn more.

What we need to know

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Nestlé Health Science Launches MyTubeFeedingKid.com to Support Pediatric Tube-Feeding Journey

*Comprehensive Online Resource Provides Educational and Emotional Support for Patients and Caregivers*

Florham Park, N.J., August 25, 2016 - Nestlé Health Science today announced the launch of MyTubeFeedingKid.com, a comprehensive online resource dedicated to children with a feeding tube and other unique nutrition needs. MyTubeFeedingKid.com features kid-friendly educational content, including interactive games and puzzles aimed at making the tube feeding experience easier for kids, parents and caregivers.

"Nestlé Health Science is committed to advancing the role of nutrition in the management of health," said Carol Siegel, RD, Head of Medical Affairs for Nestlé Health Science’s Medical Nutrition business in the United States. "Providing education and tools for kids with specific nutrition needs is integral to this mission. We developed MyTubeFeedingKid.com to give parents and caregivers a convenient, trusted resource to help them learn how nutrition can make a positive difference in their child's life."

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Take the following steps before launching your agency's first-ever QAPI program
Determine the focus for your Quality Assessment Performance Improvement (QAPI) program so you can set your agency up for success in current quality initiatives and prepare for CMS' proposed Conditions of Participation (CoPs).

Maintaining a QAPI program is one of the four major new categories in CMS' proposed CoPs, released in October 2014. Note: The final CoPs are currently at the Office of Management and Budget and are expected to be released this fall. Agencies that start working on this requirement will position themselves for compliance when the CoPs are finalized and will position themselves for success with CMS' existing quality initiatives, such as focusing on reducing rehospitalization rates and 5-star ratings success.

For the many agencies that don't have a QAPI program already, starting one can be overwhelming - and it might be unclear exactly where to begin.

**HOSPICE**

**CMS Issues FY2017 Medicaid Hospice Payment Rates**

*Source: NAHC September 9, 2016*

In a Memorandum to Associate Regional Administrators in the Division of Medicaid dated September 1, 2016, the Center for Medicaid and CHIP Services Financial Management Group has issued notice of the minimum Medicaid Hospice payment rates that will be effective for Fiscal Year (FY) 2017. By law Medicaid fee-for-service hospice payments are calculated using Medicare rates for the applicable time period, although there are minor differences in the payment rates. States have the flexibility to pay hospice programs higher rates than these minimums set by CMS.

As under Medicare, Medicaid hospices will be paid at one of two Routine Home Care (RHC) rates depending on where the day of care falls in the patient's episode of care (days 1 - 60 and day 61 or later); regulation also directs Medicaid to provide payment for the Service Intensity Add-on (SIA) for up to four hours in each of the final seven days of life at the Continuous Home Care (CHC) hourly rate of $40.21 if the required conditions are met. Please note that Medicaid hospice providers are subject to the Hospice Quality Reporting Program (HQRP) requirements, so failure to submit the applicable quality data will result in a 2 percentage point reduction in the hospice's market basket update.

**CMS discusses a change request that involves a new condition code for hospices**

*Source: HHL, September 5, 2016*
During CMS’ home health, hospice and durable medical equipment (DME) open door forum Aug. 23, the federal Medicare agency provided details for hospices about a recently released change request.

Change Request 9590 involves a new condition code to use when an occurrence span code (OSC) 77 period is caused by a late recertification of the terminal illness. Hospices use OSC 77 to report provider liable non-covered days when the recertification was not received timely.

An issue arose as a result of changes in October 2014 requiring notices of election (NOEs) to be filed within five calendar days after the hospice admission date.

Claims had been rejected in error when occurrence code 27 (the hospice certification date) falls within the OSC 77 dates and the OSC 77 was used to report an untimely NOE.

When a hospice reports new condition code 85, "Delayed recertification of hospice terminal illness," CMS will ensure the OSC 27 date doesn't fall within the OSC 77 dates. The change request is effective for claims received on or after Jan. 1, 2017. Read CR 9590 at http://go.cms.gov/2bMwqKQ.

A 'good death' by going gentle into that good night

Source: CNN, August 16, 2016

How do you want to die?

It's a question that inspires some to grab a sand shovel, dig a hole and stick their heads in it -- which, less metaphorically, is a possible answer to the question. But the more we ask this simple yet deeply complicated and personal question, the more its answer will probably determine the difference between a life that ends peacefully or regretfully.

Death may come unexpectedly for some, which for those who have lived a full life is perhaps as much of a blessing as seeing it coming. Others may die from a neurodegenerative disease such as Alzheimer's, or in extreme pain, which cruelly robs them of a swift end, as well as the opportunities of a slow one.

Pet Peace of Mind Helps Hospice and Palliative Care Patients Keep Their Pets

NHPCO working to help promote important program for the hospice community

(Alexandria, VA) - People have come to bond with their pets in much the same way they bond with people. Pets are treated and loved like family members and they comfort their owners much like a close friend or relative. It is no wonder then that during one of the most important and challenging life stages - the end-of-life journey - pets can play a critical role.
For these pet families, the human-pet bond takes on deeper meaning and value. Pets may serve as their sole source of companionship, comfort and love and give them hope and a reason to get up every day. As their illness progresses, most patients will need help with pet care issues.

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