Connecticut Association for Healthcare at Home
Clinical & Regulatory Update

2016-02
February 5, 2016

In This Issue
McLean receives 5-Stars in Quality & Satisfaction
Patient experience tips to increase Star rating
CDC recommendation to address elder abuse
CMS releases OASIS Q&As
VNAA Comments on revised F2F Template
Notes from 1-27-16 CMS Open Door Forum
Some Hospices receiving SIA payments incorrectly
Unique ways to spread Hospice awareness
Are you ready to calculate and report your Aggregate Cap?
Contact Us

HOME HEALTH

McLean Receives 5 Star Rating in both Quality and Patient Satisfaction

A special congratulations to McLean Home Care and Hospice-the only agency in Connecticut to receive both a 5 star rating in the Quality Measures and in Patient Satisfaction! In addition, congratulations to 19 of our CT agencies who received 5 stars in Patient Satisfaction. For the breakdown nationally and within CT, please see the below table. About 37% of the 5,743 agencies nationwide to receive an HHCAHPS Star rating received five stars, according to data from Seattle-based OCS HomeCare, now a part of the ABILITY Network. Connecticut’s breakdown is listed below. Of the 68 agencies to receive star ratings, 29% received five stars. See the additional article below on steps to improve your patient satisfaction star rating.

Visit us online at www.cthealthcareathome.org
<table>
<thead>
<tr>
<th>HHCAHPS Star rating</th>
<th>Number of agencies nationwide</th>
<th>Number of CT agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>51</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>2</td>
<td>389</td>
<td>4 (6%)</td>
</tr>
<tr>
<td>3</td>
<td>1,067</td>
<td>21 (31%)</td>
</tr>
<tr>
<td>4</td>
<td>2,084</td>
<td>21 (31%)</td>
</tr>
<tr>
<td>5</td>
<td>2,152</td>
<td>20 (29%)</td>
</tr>
<tr>
<td>Not available</td>
<td>6,458</td>
<td>39</td>
</tr>
</tbody>
</table>

Source: OCS HomeCare, now a part of the ABILITY Network

**Take steps to improve patients' care experiences and increase your Star Rating**

*Source: HHL*

Achieving a high level of customer service is even more important now that HHCAHPS Survey star ratings have been publicly released for the first time. The ratings system, which CMS released Jan. 28, is designed to report home health patients’ experiences of care. These ratings are different than the 5-star ratings system involving quality of care.

Simply asking patients how everything is going and talking about the quality of care each discipline is providing can help your agency increase trust, identify potential care issues and ultimately improve your agency's HHCAHPS Survey star rating, says Sue Ciagliia, vice president of clinical operations for Dearborn, Mich.-based Custom Home Health, Inc.

See more [here...](#)

**CDC Uniform Definitions and Recommended Data Elements to Address Elder Abuse released**

*Source: NAHC*

The Centers for Disease Control and Prevent (CDC) has released "Elder Abuse Surveillance: Uniform Definitions and Recommended Core Data Elements," which contains proposed uniform definitions and core data elements to allow for better collaboration between experts in addressing elder abuse. A problematic issue in the effort to address elder abuse has been the lack of consistency in the definitions and data elements used across the nation.

"Longstanding divergences in the definitions and data elements used to collect information on Elder Abuse (EA) make it difficult to measure EA nationally, compare the problem across states, counties, and cities, and establish trends and patterns in the occurrence and experience of EA," CDC stated.

Read the complete report [here...](#)

**CMS releases OASIS Q&As: Remind clinicians about pressure ulcer guidelines**
When answering M1306 (Unhealed pressure ulcer at Stage 2 or higher), note that pressure ulcers are not caused by friction - say in the case of what appears to be a serum-filled traumatic blister at the heel of the foot - but by pressure and shearing forces.

The 2009 International NPUAP-EPUAP Pressure Ulcer Prevention and Treatment Clinical Practice Guideline eliminated friction as a factor in pressure ulcer development, CMS says in its response to question No. 4 of the six latest OASIS Q&As released Jan. 20.

See the full story [here...](#)

**VNAA Submits Comments on Revised Face-to-Face Clinical Template**

**Source:** VNAA

In response to an open comment period from the Office of Management and Budget (OMB), VNAA submitted comments on the revised face-to-face clinical template. The revised template very closely mirrors the version published by CMS and on which VNAA previously submitted comments.

VNAA's comments recommend that the template be revised to limit the information collection to the criteria for home health services; and to allow home health providers to provide information that supports eligibility for home health services. In addition, VNAA calls on CMS to conduct extensive education for providers and home health agencies about the face-to-face requirement.

Read the comments [here...](#)

**HOSPICE**

**Notes from CMS Home Health, Hospice & DME Open Door Forum 01-27-16**

Per NHPCO, Information reported by CMS related to hospice are as follows:

- Hospice QIES System Downtime from March 16-21, 2016: All Quality Improvement and Evaluation System (QIES) systems will be unavailable from Wednesday, March 16 after 8:00 pm ET through Monday, March 21, 2016. The national database, Certification and Survey Provider Enhanced Reporting (CASPER) reports, and quick reference (QW) will not be available during this time. In addition, the Hospice Item Set systems will be unavailable. Affected providers should make contingency plans to accommodate for this downtime.

- Casper Reports for Hospice: CASPER reports should available for hospices by the end of January 2016. This report allows a hospice provider to track status of HIS submissions and submission errors. The CASPER application is required to access the
Some Hospices Receiving SIA Payments Incorrectly

*Source: NAHC*

Effective January 1, 2016, the Centers for Medicare & Medicaid Services (CMS) implemented a new payment system under which hospices receive one of two per diem rates (high or low) for Routine Home Care (RHC) and may be eligible for Service Intensity Add-on (SIA) payments when Registered Nurse and Social Work service visits are provided during the last seven days of a patient's life and the patient is cared for at the RHC level.

Hospice providers are just beginning to submit claims for services provided during January 2016. The National Association for Home Care & Hospice (NAHC) has received notice from one of the Home Health/Hospice Medicare Administrative Contractors (MACs) that some hospice providers are receiving incorrect SIA payment adjustments related to services provided at the Continuous Home Care (CHC) level of care. As a result, these hospice providers may be receiving overpayments for some of the care days they have billed.

Read the full article [here...](#)

NHPCO Utilizing Unique Ways to Spread Hospice Awareness to Underserved Populations

*Source: PR Newswire*

The National Hospice and Palliative Care Organization and hospice community acknowledge that hospice utilization within African American communities continues to be disproportionately low. Of all patients utilizing hospice care in 2014, an estimated 7.6 percent were identified as black or African American, which reflects a slight drop from the previous year. In 2016, NHPCO will partner with Morgan State University to provide education to caregivers so they can make informed decisions about end-of-life care.

The following series of non-credit courses beginning in March will be facilitated discussions led by hospice and palliative care experts:

- Spirituality and Hope at the End of Life
- What is Hospice and Palliative Care?
- How to Plan and Communicate Your Future Healthcare Wishes
- Loss, Grief and Bereavement

See the full story [here...](#)
Hospice Reminder! Are You Ready to Calculate and Report Your Aggregate Cap? --Submission Deadline is March 31

Source: NAHC

Beginning with the 2014 Cap year, hospices are required to annually calculate and report their estimated aggregate Cap to their Medicare Administrative Contractor (MAC) no earlier than three months after and no later than five months following the end of the hospice Cap year (the 2015 year closed on October 31, 2015). The latest a hospice may file its self-calculated aggregate Cap calculation for the 2015 Cap year is March 31, 2016. Failure to file the Cap calculation on a timely basis and address any Cap-related liability will result in payment suspension.

NAHC provides analysis and resources here...

Questions? Comments? Concerns?

Contact Tracy Wodatch
Connecticut Association for Healthcare at Home
Vice President of Clinical & Regulatory Services
wodatch@cthealthcareathome.org