New HHCompare data show fewer than 300 home health agencies nationwide earned 5 stars

Source: HHL, Apr 22, 2016

The 5-star quality of care ratings released April 20 proved to be relatively stable.

Of the 9,363 agencies nationwide to receive star ratings in quality of care, a mere 293 nationwide earned 5 stars. In the prior quarter, 286 agencies earned 5 stars, CMS data show.

Florida has the most 5-star agencies (61), followed by California (57), according to data posted on the Home Health Compare website.

Only 18 agencies nationwide earned 1 star, the lowest possible score.

For Connecticut, we had no 5-star quality of care rated agencies and six 5-star patient survey agencies-congratulations to the following CT 5-star patient survey agencies: Ledyard Regional VNA, Lighthouse Home Health Care, Masters in Home Care, Orange VNA, Stratford VNA and VNA of Southeastern CT.

Related link: View a list of the 5-star agencies at http://bit.ly/1QnHGYb.
Latest OASIS Q&As Updated: "Treat as one surgical wound if there is an area of intact tissue in between"

Source: HHL, Apr 26, 2016

When answering OASIS items M1340 (surgical wound) or M1342 (status of most problematic surgical wound), note that if a surgical wound is open at opposite ends with an area of intact tissue in between, it is still addressed on the OASIS assessment as one surgical wound.

The open areas on either side of the wound should be treated as one wound when applying the percentages to determine healing status, says Ann Rambusch, owner of Rambusch3 Consulting, Georgetown, Texas.

That was one of 10 questions CMS answered in the April quarterly Q&As.

With Question No. 7, clinicians should consider the portion of the wound bed that is healing by secondary intention when applying the WOCN criteria related to the percentage of wound bed covered with granulation tissue or the percentage of wound bed covered with avascular tissue, CMS says.

It's important that clinicians answer this correctly as the item M1342 is worth clinical domain points. The status of the most problematic surgical wound, reportable in M1342, can be worth up to 13 clinical domain points for a response 2 in a later episode with high therapy.

More key points from the Q&As and Relocated Links

NPUAP changes definitions, stages for pressure ulcers

Source: Decision Health

Be aware of changes, effective immediately, to wound definitions and stages. The changes were announced April 8 and 9 by the National Pressure Ulcer Advisory Panel (NPUAP). Among the changes, the term "pressure injury" will replace "pressure ulcer" and Arabic numbers will now be used in the names of the stages instead of Roman numerals. That's in line with changes made in OASIS-C2.

Also, the term "suspected" has been removed from the Deep Tissue Injury diagnostic label and the panel agreed upon additional pressure injury definitions including those related to Medical Device Related Pressure Injury and Mucosal Membrane Pressure Injury.

These changes were presented at a Chicago meeting of over 400 professionals, according to an April 13 NPUAP release. CMS is still reviewing the changes and is expected to announce any day whether it will adopt these definitions as the standard guidance to be used when completing OASIS.

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CMS takes one step closer to finalizing OASIS-C2 form

CMS has opened the comment period for the OASIS-C2 data set. All comments are due by May 31, 2016.

The OASIS document has been updated to comply with requirements for the Improving Medicare
Post-Acute Care Transformation Act of 2014 (the IMPACT Act), and all changes will take effect January 1, 2017, CMS states.

The federal Medicare agency announced its request for approval by the Office of Management and Budget on Friday.

Read summary of changes and related links

HOSPICE

Proposed FY 2017 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements

On April 21, 2016, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule (CMS-1652-P) that would update fiscal year (FY) 2017 Medicare payment rates and the wage index for hospices serving Medicare beneficiaries. Comments on the proposed rule are due no later than June 20, 2016.

Summary at a Glance

The FY2017 proposed hospice wage index rule includes:

- Analysis of data trends in hospice utilization* A projected 2% hospital market basket increase (subject to adjustment in the final rule)
- A projected cap amount of $28,377.17 (subject to adjustment in the final rule)
- A change in the cap year to October 1, 2016 through September 30, 2017
- 2 new quality measures; data collection to start April 1, 2017
- Development of a data collection instrument which would serve as a comprehensive patient assessment instrument, rather than the current chart abstraction.

Read Regulatory Alert

Update on Use of Advance Care Planning CPT Codes

Source: NHPCO

In November 2015, NHPCO reported on the release of two new Current Procedural Terminology (CPT) codes for advance care planning, effective for use for services provided on or after January 1, 2016. After discussions at Palmetto GBA, NHPCO asked CMS to verify the use of these two codes in hospice. Yesterday, CMS released the following additional clarification:

There is nothing that restricts a Part A hospice claim from including line items and being reimbursed for ACP services performed by attending physicians that work for, or under arrangement with, the hospice (CPT codes 99497, 99498).

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volunteers, to come alongside these willing individuals with the passion and commitment they deserve.

Think about the gift! Hospice volunteers have said - either to themselves or to us - that they are willing to walk with others on their end-of-life journey. They are friendly visitors, holding the hand of a patient in a skilled nursing facility. They are envelope stuffers, assuring that those who are grieving receive valuable resources and support. They are errand runners, picking up groceries for family members who just don't have time to get away. They are support group assistants, sharing their own walk of grief with others in a healthy way which helps them to navigate their own journey. They are phone connections, assuring families that needed services and supplies are available exactly when and how needed. They are fundraisers, championing your organization to have funds available to meet benevolent needs of patients and families. They are vigil keepers, believing that no one should die alone and being there, day or night, simply to be a presence. They are Veterans, committed to honoring those at end of life who have served our country and protected our freedoms. They are teenagers. They are retired. They are working people with very busy lives. They are all of this and more. They are givers - of time, of passion, of self.

To those of us who are leaders of volunteers - may we enjoy each and every day of our work, and recognize our work as the valued profession that it is. Let us take time every day to thank a volunteer, to encourage them in their work. There is great joy in the successful leadership of volunteers. There is great joy in paving the way for others to be able to give from their hearts to those who are at end of life. I am blessed... we are blessed!

By Leanne Porterfield, CVA
Coordinator of Volunteers, Homeland Hospice

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

CT Assoc for Homecare and Hospice, 110 Barnes Road, Wallingford, CT 06492
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