Connecticut Association for Healthcare at Home
Clinical & Regulatory Update

2016-09

June 29, 2016

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HOME HEALTH

CMS releases 10 most common standard-level deficiencies

Source: CMS, Jun 23, 2016

G0158 (Written plan of care established and periodically reviewed) remained the most common standard-level deficiency in 2015, followed by G0159 (Plan of care covers diagnoses, required services, visits, etc.), data CMS provided HHL show.

There were 4,763 surveys conducted in 2015, including recertifications, re-visits and complaints. (See story.) There were 5,455 surveys conducted in 2014.

<table>
<thead>
<tr>
<th>Tag #</th>
<th>Tag Description</th>
<th>Citations in 2015</th>
<th>Citations in 2014</th>
<th>Citations in 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0158</td>
<td>Written plan of care established and periodically reviewed</td>
<td>875</td>
<td>988</td>
<td>960</td>
</tr>
</tbody>
</table>

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.

Visit us online at www.cthealthcareathome.org
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>WYSIWYG</th>
<th>PDF</th>
<th>HTML</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0159</td>
<td>Plan of care covers diagnoses, required services, visits, etc.</td>
<td>680</td>
<td>756</td>
<td>658</td>
</tr>
<tr>
<td>G0337</td>
<td>Assessment includes review of all medications</td>
<td>549</td>
<td>641</td>
<td>614</td>
</tr>
<tr>
<td>G0236</td>
<td>Record with past/current findings maintained for all patients</td>
<td>485</td>
<td>552</td>
<td>525</td>
</tr>
<tr>
<td>G0121</td>
<td>Compliance with accepted professional standards/principles</td>
<td>402</td>
<td>485</td>
<td>464</td>
</tr>
<tr>
<td>G0170</td>
<td>Skilled nursing services furnished in accordance with plan of care</td>
<td>380</td>
<td>411</td>
<td>386</td>
</tr>
<tr>
<td>G0176</td>
<td>RN prepares notes, coordinates, informs MD, other staff of changes</td>
<td>341</td>
<td>344</td>
<td>299</td>
</tr>
<tr>
<td>G0143</td>
<td>Coordination of patient services</td>
<td>325</td>
<td>414</td>
<td>397</td>
</tr>
<tr>
<td>G0229</td>
<td>Supervisory visits if skilled care no less than once every two weeks</td>
<td>306</td>
<td>371</td>
<td>350</td>
</tr>
<tr>
<td>G0164</td>
<td>Alert physician to changes that suggest need to alter plan</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### New Pressure Injury Staging Illustrations Now Available

*Source: NPUAP  April 15, 2016*

The National Pressure Ulcer Advisory Panel is pleased to announce that the new pressure injury staging illustrations are now available!

- Healthy skin - Lightly Pigmented
- Healthy skin - Darkly Pigmented
- Stage 1 Pressure Injury - Lightly Pigmented
- Stage 1 Pressure Injury - Edema
- Stage 1 Pressure Injury - Darkly Pigmented
- Blanchable vs Non-Blanchable
- Stage 2 Pressure Injury
- Stage 3 Pressure Injury
- Stage 3 Pressure Injury with Epibole
- Stage 4 Pressure Injury
- Deep Tissue Pressure Injury
- Unstageable Pressure Injury - Dark Eschar
- Unstageable Pressure Injury - Slough & Eschar
- Mucous Membrane

Please visit [website](#) to view all images.

### GAO report says appeals continue to surpass capacity, show "no signs of abating"

*Source: HHL, Jun 23, 2016*

Medicare's attempts to reduce the massive backlog of appeals aren't working, a new report from the Government Accountability Office (GAO) indicates.

"This backlog shows no signs of abating" since the number of incoming appeals is still surpassing the adjudication capacity for the third and fourth levels of appeal, according to the report released June 9.

The GAO points out inefficiencies in the appeals process that it recommends the Department of...
Health and Human Services (HHS) improve.

**Prepare for Oct. 1 - ICD-10-CM addendum provides details for new, current diagnosis codes**

*Source: Decision Health*

More than 3,000 changes and impactful revisions in tabular instruction are coming to ICD-10 when the FY2017 code set takes effect on Oct. 1. CMS posted the final full addenda list along with an updated tabular, alphabetic index, neoplasm table, table of drugs and chemicals and index of external causes on June 22.

This first major update marks the end of a five-year code freeze in place since 2011, and reflects the long list of changes that were presented at twice-yearly ICD-10 Coordination and Maintenance Committee meetings held throughout the freeze.

The Oct. 1 changes will include 1,974 new codes, 311 deleted codes and 425 revised codes - these numbers are very similar to the proposed code changes released back in March. Areas of the code set that were particularly impacted include Chapter 4 (Endocrine, nutritional and metabolic diseases), Chapter 13 (Diseases of the musculoskeletal system and connective tissue) and Chapter 19 (Injury, poisoning and certain other consequences of external causes). However, the changes are more extensive than the proposed code changes - these final changes include thousands of changes to Tabular instructions.

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**HOSPICE**

**Notice to Hospices Failing Quality Reporting Requirements to be Mailed by June 29**

*Source: NAHC, June 22, 2016*

The Centers for Medicare & Medicaid Services (CMS) has announced that by June 29, 2016, it expects to have mailed notifications to hospices that are not in compliance with Hospice Quality Reporting requirements for calendar year 2015, which will impact payments during fiscal year 2017. For CY 2015 (FY 2017) and after, CMS considers both Hospice Item Set (HIS) and Hospice CAHPS® survey data from January 1 through December 31 to determine the Annual Payment Update (APU) compliance threshold. If you receive a notice of non-compliance, you have the opportunity to submit a request for reconsideration on quality data submissions affecting your FY 2017 APU. See the instructions in your notification letter and on the [Reconsideration Requests](#) webpage.

Hospices should also note that CMS plans to publish online a list of hospice providers that have met the quality reporting requirements. This publication will take place later this summer (after any reconsideration requests have been given full consideration). The National Association for Home Care & Hospice (NAHC) will keep hospice providers informed of further developments in this area via NAHC Report and the NAHC member listserv.

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**CMS to Survey for Compliance with 2012 Life Safety Code Starting November 1, 2016**

*Source: NAHC*
New Standards Applicable to Hospice Inpatient Facilities

As reported previously, the Centers for Medicare & Medicaid Services (CMS) has amended the fire safety standards applicable to specific Medicare and Medicaid-participating facilities (including hospice inpatient facilities) by adopting the 2012 edition of the Life Safety Code-NFPA 101 (LSC), eliminating references to earlier editions of the Life Safety Code, and adopting the 2012 edition of the Health Care Facilities Code-NFPA 99 (HCFC) with some exceptions.

On June 20, 2016, the CMS Survey and Certification Group sent a Memorandum (S&C: 16-29-LSC) alerting all State Survey Agency Directors that these changes have been adopted and that CMS will begin surveying for compliance with the new LSC and HCFC requirements effective November 1, 2016. CMS will offer an online transitional training course for existing LSC surveyors to provide an update on the new requirements; this course will be available beginning September 2, 2016, on the CMS Surveyor Training Website. Additionally, CMS plans to update the ASPEN survey tracking program and CMS Fire Safety Forms (2786) prior to the November 1, 2016, survey start date. Additional surveyor training materials will also be updated to reflect the changes.

Surveyors will continue to use current process, tags and forms until November 1, 2016. In instances where the survey process identifies deficiencies that would be compliant under the 2012 LSC, a facility may verify compliance with the 2012 LSC as an acceptable plan of correction and the deficiency should not be cited.

Additional NAHC Report coverage of these changes is available here and here.

CMS Updates to State Operations Manual

Source: NHPCO

CMS recently issued two transmittals which update the State Operations Manual (SOM):

- Transmittal 154 (PDF) - SOM - Chapter 2 I. This instruction revises the instructions to surveyors in Chapter 2 to clarify guidance to surveyors regarding the procedures for conducting the Exit Conference in the review of compliance with Medicare or Medicaid Conditions of Participation, Conditions for Coverage, and Requirements for Participation.
- Transmittal 155 (PDF) - SOM - Chapter 5 I. This instruction revises the instructions to surveyors in Chapter 5 to clarify guidance to surveyors regarding the procedures for conducting the exit conference in the review of compliance with Medicare or Medicaid Conditions of Participation, Conditions for Coverage, and Requirements for Participation.

New Fraud-Fighting Program Rolling Out for Medicare, Medicaid

Source: NHPCO

The federal government has identified new vendors to help uncover fraud in the Medicare and Medicaid programs. The Unified Program Integrity Contractor program will replace the existing Zone Program Integrity Contractors. AdvanceMed was awarded a $76 million contract in late May to cover the program’s Midwest area. NHPCO will update providers on additional contract awards as they occur.

Questions? Comments? Concerns?

Contact Tracy Wodatch
Connecticut Association for Healthcare at Home
Vice President of Clinical & Regulatory Services

https://ui.constantcontact.com/visualeditor/visual_editor_preview.jsp?agent.uid=1125151790447&format=html&print=true