



CLINICAL & REGULATORY UPDATE

2017-25 | December 5, 2017

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.

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HOME HEALTH

CMS Delays Penalties on CoPs, but Agencies Shouldn't Delay Preparations

Source: HHL

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CMS' recent decision to wait a year from Jan. 13 before imposing civil monetary penalties involving the revised Home Health Conditions of Participation (CoPs) should be met with considerable relief from agencies scrambling to prepare while awaiting further guidance on the new standards.

But it doesn't mean agencies should pause their preparations for the revised CoPs, says attorney Robert Markette of Indianapolis-based Hall, Render, Killian, Heath & Lyman.

The implementation date for the revised CoPs won't be delayed.

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Coders Report Completing 15 Charts Per Day Is The Average, But Is It?

Source: HHL

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Home health coders are completing more charts per day than they did a year ago, but the specific number of charts appears to vary depending on several factors, including - but not limited to - workload, time requirements, levels of review and individual coders' abilities.

Coders whose only responsibility is to assign codes report completing on average 15 charts per day, according to the results of DecisionHealth's 2017 Home Health Coders' Productivity Survey of 266 respondents.

This represents a minimal increase from the 14 per day average for coding only, as

reported in the 2016 productivity survey of 158 respondents.

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CMS Cancels Cardiac and Hip Bundled Payment Models

Source: NAHC

The Centers for Medicare & Medicaid Services (CMS) finalized the cancellation of the mandatory hip fracture and cardiac bundled payment models that were to be operated by the CMS Innovation Center and implemented changes to the Comprehensive Care for Joint Replacement (CJR) Mode.

The hip fracture and cardiac bundled payment and incentive payment models were scheduled to begin on January 1, 2018.

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HOSPICE

Hospice Quality Roundup

In recent days there have been a number of developments related to hospice quality. Announcements by the Centers for Medicare & Medicaid Services (CMS) detailed below relate to the following:

- The availability of preview reports for the Winter Hospice Compare Refresh (including hospice HIS and CAHPS scores)
- Placement of a notice on the Hospice Compare Website alerting users that the SEARCH function does not work properly
- Links to information on CAHPS Hospice Survey Top-Box Scores and Case-Mix Adjustment Methods for CAHPS Hospice Survey Measures
- Reminder regarding submission of the Hospice CAHPS Participation Exemption for Size Application for CY2017

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Why Medicare Patients Are More Likely to Have End-of-Life Talks With Their Doctors

Planning for care at the end of a patient's life is an uncomfortable yet necessary conversation. Without it, a doctor won't know if the person wants to be resuscitated, placed in hospice or subjected to advanced treatments to prolong his or her life. It can also avoid costly treatments and family fights that, in hindsight, were unnecessary.

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CMS Issues Proposed Rule for Medicare Parts C and D Contract Year 2019

Source: NHPCO

This [proposed rule \(CMS-4182-P\)](#) [PDF] contains guidance for Part D plan sponsors about opioid overutilization, outlined in §423.153(b)(2). CMS-4182-P 32 requires a Part D plan sponsor to have a reasonable and appropriate drug utilization management program that maintains policies and systems to assist in preventing overutilization of prescribed medications. Proposed regulations provide exemptions for beneficiaries enrolled in hospice

and residents of a long-term care facility for which frequently abused drugs are dispensed. The proposed regulations also include those individuals with cancer in the exempt category.

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QUESTIONS? CONCERNS? COMMENTS?

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