



## CLINICAL & REGULATORY UPDATE

2017-26 | December 19, 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

#### Pace of Home Health Spending Increase Slowed in 2016

Source: NAHC

While health care spending in the United States rose 4.3 percent in 2016, the pace of home health spending slowed compared to recent years, according to a new report from the Centers for Medicare & Medicaid Services (CMS).

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#### LUPA rates: 2018 vs. 2017

Source: 2018 PPS final rule; 2017 PPS final rule

The 2018 national per-visit amounts for low-utilization payment adjustment (LUPA) episodes will be slightly higher for all disciplines than the 2017 rates.

Home Health Discipline	2018	2017
Home Health Aide	\$64.94	\$64.23
Medical Social Worker	\$229.86	\$227.36
Occupational Therapist	\$157.83	\$156.11
Physical Therapist	\$156.76	\$155.05
Skilled Nursing	\$143.40	\$141.84
Speech-language Pathologist	\$170.38	\$168.52

Sources: 2018 PPS final rule; 2017 PPS final rule

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## Expert Answers Agencies' Questions about how to Prepare for the Revised CoPs

Source: NAHC

Surveyors in 2018 are likely to pay close attention to how agencies comply with the QAPI and patient rights requirements within the revised Home Health Conditions of Participation (CoPs), attorney Robert Markette said during a recent DecisionHealth webinar on the draft interpretive guidelines.

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## HOSPICE

### Gearing up for Hospice Aggregate Cap Reporting

Source: NAHC

Beginning with the 2014 Cap year, hospices are required to annually self report their aggregate Cap (and supply any calculated overpayment) to their assigned Medicare Administrative Contractor (MAC) within five months of the close of the Cap year.

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### CMS Issues "Cleanup" Revisions to Hospice Chapter of Claims Manual

Source: NAHC

Recently, the Centers for Medicare & Medicaid Services (CMS) issued Change Request 10361/Transmittal 3930, providing clarification related to specific data elements required on the institutional claim with regard to diagnosis code reporting and reporting of the hospice attending physician.

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### Latest Release of Hospice Compare Shows Agencies Stepped Up on Pain Assessments

Source: HHL

Hospices have taken a big step forward on pain assessment, the Hospice Item Set (HIS) measure that has caused them the biggest struggle.

In the Dec. 12 update of Hospice Compare, providers' scores have improved on all seven assessment-based quality measures from the HIS.

Hospices made slight improvements in six measures - between 0.1% and 0.3%. On pain assessment, meanwhile, providers scored 78.7%. That's an improvement of 1% from the website's Aug. 16 launch.

Hospice Compare includes scores from seven measures: treatment preferences; beliefs/values addressed (if desired by the patient); pain screening; pain assessment; dyspnea screening; dyspnea treatment; and patients treated with an opioid who are given a bowel regimen.

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