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 Releases Revised HHCOP Protocols
Source: NAHC

On January 17, 2018 the Centers for Medicare & Medicaid Services (CMS) issued revised home health Conditions of Participation (HHCoPs) survey protocols. The revised protocols incorporate the new standards and CoPs, assign new G tags to each of the standards, as well as reduce the pre-survey preparation time and the number of patient records required to be reviewed.

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CMS Issues Home Health Claims Processing Updates
Source: HHL

The Centers for Medicare & Medicaid Services (CMS) has issued Change Request 10372, which addresses three issues related to home health claims processing.

In response to hurricane and wildfire events in 2017, the Secretary of the Department of Health & Human Services declared that public health emergencies existed in various states and authorized waivers that modified the Outcome and Assessment Information Set (OASIS) transmission requirements for those Medicare approved Home Health Agencies (HHAs) serving patients in the affected areas. When submitting claims for episodes to which this waiver applies, HHAs use the DR condition code to indicate Medicare payment is conditioned on the presence of a "formal waiver".

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CMS Issues Policy Clarification and Updates to Covered Supplies
The Centers for Medicare & Medicaid Services (CMS) has issued new communications to its contractors that impact home health and hospice agencies. One directive is to the State Survey Agencies and another to the Medicare Administrative Contractors.

CMS has issued a Survey and Certification Memo titled Clarification of the Accrediting Organization’s (AO’s) Role when a Provider or Supplier's Deemed Status has been Temporarily Removed.

Medicare Beneficiaries Needing Outpatient Therapy Face Higher Costs in 2018

At the end of 2017, Congress failed to extend several Medicare health care provisions that have now expired. One critical provision that has expired - the therapy caps exceptions process - is already harming thousands of Medicare beneficiaries. The “therapy cap” limits the dollar amount Medicare will cover for outpatient therapy services. Without the "exceptions process", Medicare beneficiaries will have to pay the full cost of care - rather than only the 20 percent coinsurance - after they hit the cap, or forego care altogether.

HOSPICE

Systems Change Scheduled to Correct Processing of Hospice Routine Home Care Payments for Patients Following Transfer

Starting in January 2016, Medicare pays two different rates for hospice services delivered at the routine home care (RHC) level of care, with a higher rate for the first 60 days of service. These 60 days are counted on a beneficiary level across any hospice benefit periods that are not separated by a 60-day gap. Since implementation of the new payment system, a number of claims processing issues have emerged. Over time the Centers for Medicare & Medicaid Services (CMS) instituted multiple "fixes" to address these issues.

Fraud and Abuse in Home Care and Hospice: Understanding Risk Areas; Preparing for Review

Wednesday, February 21, 2018
2:00 - 3:30 pm ET
CE/CME Information

Jointly provided by the National Hospice and Palliative Care Organization (NHPCO) and the National Association for Home Care & Hospice (NAHC)

Audits by government auditors (Medicare Administrative Contractors (MACs); Medicaid Integrity Contractors (MICs); Recovery Audit Contractors (RACs) and Zone Program
Integrity Contractors (ZPICs), now renamed Unified Program Integrity Contractors (UPICs), are on the increase. For the home care industry, these audits have recently focused on physician certification requirement, eligibility for care, and reasonable and necessary services. For the hospice industry, the focus has been on eligibility, physician involvement and live discharges. As the focus shifts in the early part of 2018, this Webinar will provide you with up to the minute summaries of audit activity and identify new areas for scrutiny. Though home care and hospice each have distinct areas of concern, both are at high risk for the challenging scrutiny that audits bring.

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Registration Information

New Book Teaches People How to Choose a Good Death After a Long Life
January 9, 2018

Hospice agencies and physicians play a key role in educating patients and their families.

In his new book At Peace: Choosing a Good Death After a Long Life, Dr. Samuel Harrington advocates for empowering patients and their families so they can make better end-of-life decisions.

Believing there is a better way to die than what he calls the "medicalization of death" - being hooked up to tubes, bloated, and possibly unconscious in the hospital - Dr. Harrington explains the importance of having an exit strategy. The more patients know about their disease and its prognosis, advance directives, and hospice care, the better equipped they are to make these important decisions. They can ask themselves where and how they want to spend their last days; in a hospital or nursing home or at home surrounded by loved ones?

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QUESTIONS? CONCERNS? COMMENTS?  
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