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

Staggering Shortage of Home Health Aides Expected by 2025, New Report Shows
Source: HHL

While home health aide is one of the fastest growing occupations nationwide, a new report shows that growth will fall even shorter of meeting the increasing demand than some anticipated.

Home health aide jobs are expected to grow by 47% by the year 2026, according to the most recent projections from the U.S. Bureau of Labor and Statistics. But according to the report from health care staffing consultant Mercer, there still will be a projected shortage of 446,300 home health aides by 2025.

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CMS Provides Education on Electronic Medicare Cost Report Submission
Source: NAHC

-Portal for Submission Now Open for Business

NAHC Report has provided routine coverage of efforts by the Centers for Medicare & Medicaid Services (CMS) to streamline Medicare cost report submission requirements. In early May, CMS held a webcast to demonstrate use of the new Medicare Cost Report e-Filing System (MCREf), which became an option for electronically submitting the cost report package beginning at 4 p.m. On May 1, 2018. Effective July 2, 2018, MCREf will be the ONLY means by which providers may electronically submit their Medicare cost report, although providers retain the right to submit cost report packages via mail or hand delivery. This article will provide a general overview of information provided during the webcast.
NAHC Submits Comments on the OASIS-D Burden

Source: NAHC

On March 12, 2018, the Centers for Medicare & Medicaid Services (CMS) announced in the Federal Register a request for comment in accord with the Paperwork Reduction Act for the Outcome and Assessment Information Set (OASIS)-D. The OASIS-D was being modified to include changes pursuant to the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). The changes to the OASIS-D were announced in the 2018 Home Health Prospective Payment System Rate Update Rule.

FREE NHPCO Podcast: FY2019 Hospice Wage Index Proposed Rule

Episode 40: The Proposed Rule is something that impacts every provider who relies on Medicare reimbursement. It's not just about your rates. In the FY2019 Hospice Wage Index Proposed Rule, CMS is tipping us off on issues of importance and what may lie ahead. Jennifer covers the quality aspects of the rule, Judi focuses on compliance and Jon R. shares Dr. Mike’s top summer health tip.

In addition, click here to read NHPCO’s regulatory alert summarizing the rule.

Hospice Compare Quarterly Refresh Available

The May 2018 quarterly Hospice Compare refresh of quality data is now available. It is based on Hospice Item Set (HIS) quality measure results from data collected Q3 2016 - Q2 2017 and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey® results reported Q3 2015 - Q2 2017. We invite you to visit Hospice Compare to view the data.

For more information, view the CMS Hospice Quality Public Reporting webpage.

Home Health Care News Talks with NHPCO

Home Health Care News spoke with NHPCO leadership and published three articles recently that share thoughts from Edo Banach and Judi Lund Person. Read these articles online:

- "How the Hospice Benefit Could Be Redesigned," 05/02/18.
- "Opioids, Star Ratings Among Top Regulatory Issues in Hospice," 05/07/18.
Fewer Patients with Renal Disease Receiving Hospice

Source: NAHC

Many Medicare patients with end-stage renal disease (ESRD) are not receiving hospice care, according to a new study published in the Journal of the American Medical Association's Internal Medicine.

A study of over 770,000 Medicare beneficiaries, average age almost 75, over a 14-year time period, indicates only 20 percent of end-stage renal disease patients use the Medicare hospice benefit and 41.5 percent of those who did use it, used it too late - within three days of death - to get substantial benefit from it. By comparison, about half of all Medicare patients who die receive hospice care. The average length of stay for a Medicare hospice patient is 70 days.

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QUESTIONS? CONCERNS? COMMENTS?
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