The Centers for Medicare & Medicaid Services (CMS) issued its proposed home health rule on Monday, July 2, 2018. The rule contains the calendar year (CY) 2019 payment rate updates for home health agencies and a proposal for a revised payment model, Patient Directed Grouping Model, effective in CY 2020. In addition to payment updates, CMS has proposed several other policy changes that impact home health agencies. One key change is the proposed new Home Infusion Therapy benefit.

The 21st Century Cures Act (Act) included a provision that called for the development of new home infusion therapy benefit under Medicare Part B. The benefit would provide professional services for beneficiaries receiving home infusion therapy through a pump that is an item of Durable Medical equipment (DME). Medicare covers certain infusion drugs under Part B when the drug requires infusion by a pump. These drugs include chemotherapy, inotropic medications, certain pain medications, immunoglobulin therapy, and anti-fungal medications.

Hundreds of Agencies Have Commented Against CMS' Proposed Claim Choice Demo

More than 450 industry stakeholders have submitted comments about CMS' proposed review choice demonstration - and most are resoundingly opposed to the demo. The commenters contend, among other things, that the claim review demonstration will adversely impact compliant agencies and lead to administrative burdens that will negatively affect patients.

The home health industry is "once again asking CMS to work in a more sensible manner,"
Joy Cameron, vice president of policy and innovation at ElevatingHOME, tells HHL. "To try and equate documentation procedures with rooting out fraud is a mismatch. The improper payment rate - which includes overpayment, underpayment, missing or incomplete documentation and actual inappropriate care - is already dropping."

It also doesn’t make sense for CMS to remove clinicians from patients and add paperwork, Cameron adds.

The Number of 5-star Agencies in Quality Keeps Rising

Source: HHL

Home Health Compare's latest refresh marks the fourth straight quarter where there was a rise in the number of 5-star agencies in quality of care. In the July 25 refresh, there also were more 5-star agencies in quality of care than ever before. There were 494 5-star agencies in July 2018. In April 2018, there were 460 5-star agencies.

But it also should be noted that every quarter since the ratings system was released, the number of agencies to earn either one or 1.5 stars has risen. In July 2015, 201 agencies nationwide combined received one or 1.5 stars. In July 2018, it was 418.

Nearly 500 agencies nationwide earned five stars in the ratings system involving quality of care, according to ratings released July 25. CMS data showed 8,853 agencies earned star ratings in quality of care.

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<th>Number of agencies, January 2018</th>
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</table>

Source: Home Health Compare

Your Home Health Aide is NOT Your Maid, Landscaper or Party Organizer

Source: Washington Post

Donna Ivey didn't set out to be an entrepreneur. The 54-year-old businesswoman created her home health company to generate family income.
Twenty-five years on, Ivey's small-scale, family-owned company is in a growing industry of critical importance, as tens of millions of baby boomers live into their 70s and beyond. She is the founder and chief executive of Northern Virginia-based I-Care Home Health Care. Long-term care is something everyone will be touched by, whether it’s for yourself, a spouse, a parent or a close relative.

"We are all getting older," Ivey said. "People want to have viable lives."

Ivey has seen it all, from a 30-something mother who acquired early-onset dementia to elderly people suffering from Alzheimer’s, whose decline not only requires constant care but also can inflict a huge emotional and physical toll on family members. She has had one elderly couple both suffering from Alzheimer’s.

HOSPICE

NHPCO Responds to OIG Report

From: Edo Banach, President and CEO
Date: July 31, 2018

As many of you may be aware, the Office of the Inspector General has released a portfolio report, "Vulnerabilities in the Medicare Hospice Program Affect Quality Care and Program Integrity," focusing on concerns with the Medicare hospice benefit. NPR’s Morning Edition and Kaiser Health News (which concludes with some important quotes I offered before the report was released) both did pieces on the report that I’m sure some of you have read or heard this morning. Let me stress that many of the issues brought up in the new report have been discussed in previous OIG documents. NHPCO has addressed these issues in regulatory alerts and resources, on our Webinars, at our conferences, in staff presentations to the field, in our Regulatory Podcasts, and explored by our board committees. So, I hope the contents of the report do not come as a complete surprise and cause you to be too discouraged.

Let me offer some additional comments and context in response to this OIG report.

- NHPCO recognizes the value of some of the OIG recommendations and we welcome measures that will help hospices focus on value over volume and patients over paperwork.
- However, NHPCO continues to stress that outliers cited in the report do not adequately reflect the context of hospice care provision in the U.S.
- Importantly, CMS rejects over half of the OIG’s hospice recommendations, and we generally agree.

FY2019 Hospice Wage Index Final Rule

Source: NHPCO

On Wednesday, August 1, 2018, the Centers for Medicare and Medicaid Services (CMS) posted the FY2019 Hospice Wage Index Final Rule, public inspection copy. The final rule includes a summary of the trend analysis detailed in the proposed rule, adds regulatory text
to implement statutory changes adding physician assistants as hospice attending physicians, details the options for reporting of drugs on the claim form, publishes hospice rates and cap amount for FY2019, finalizes changes to the Hospice Quality Reporting Program (HQRP) and comments on a request for information on health information technology. The final rule will publish in the Federal Register on May 8. Provisions of the final rule are effective October 1, 2018, except for the physician assistant provision, which takes effect January 1, 2019.

FY2019 Final Payment Rates

NEW: NHPCO Hospice Compliance Certificate Program

NHPCO has launched its new Hospice Compliance Certificate Program—the first offering will be during Pre-Conference at the Interdisciplinary Team Conference in New Orleans (November 3rd-4th). See below for details and especially in light of the recent OIG report, consider sending a staff member to this all-important training.

Description

Successful programs today need to know the basics of healthcare compliance, including developing a compliance program, compliance risk assessment, compliance policies and procedures, and anonymous reporting. The importance of the Stark law, the Yates memo, anti-kickback statutes, and inducements for referrals and incentives for marketing will also be covered. It is critical to also look at hospice-specific topics to apply back home, including a detailed review of the federal hospice regulations including Conditions of Payment, conducting an internal audit, looking at organizational ethics related to compliance, and audit scrutiny. The two-day course promises to be just what those interested in hospice compliance are looking for - hospice specific compliance content, up to the minute compliance updates, and application back home.

Breakfast and lunch and are included both days.

Learning Objectives

- Identify the 27 risk areas for hospices identified by the OIG, along with tools to evaluate a hospice’s compliance
- Review components of organizational ethics related to compliance risk
- List components and structure of an internal compliance audit, complete with topics and identified staff
- Identify strategies for external auditors, including attorney-client privilege and how to prepare to respond
- List risks for inducement for referrals and incentives for marketing
- Identify strategies for attorney-client privilege and how to use it in investigations and audits

Continuing Education for the Hospice Compliance Certificate Program

14.5 hours of continuing education credit will be available for compliance officers, nurses, physicians and social workers who attend both full days of the program.

Hospice Compliance Certificate Program Agenda for 2018 Interdisciplinary Conference