

Home Health Regulatory Round-Up

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Care & Hospice**

Medicare Administrative Contractors

- Amended section 1816 of the Social Security Act
 - Replaces Medicare intermediary and carrier contracting authorities with new Medicare Administrative Contractors (MACs).
 - Removes the authority to nominate (appoint) their intermediary.
 - Requires all providers and suppliers to be generally be assigned to a MAC based on geographic location
 - Large chain providers, except home health and hospice, permitted to consolidate their billing activities under the MAC with jurisdiction over the chain's home office.

MAC Implementation Status

Jurisdiction/ Region	Announced Awardee	Implementation Status
6 / D NGS	Noridian	Stayed
11 / C Palmetto	Palmetto	Stayed
14 / A NGS	NHIC	In Progress
15 / B Cahaba	Highmark	Stayed

Helpful Resources

- Contracting Reform Web Pages:
<http://www.cms.hhs.gov/MedicareContractingReform/>
- 42 CFR 421.404:
<http://www.cms.hhs.gov/quarterlyproviderupdates/downloads/cms1506fc.pdf>
- Article on implementation of geographic assignment:
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5979.pdf>
- Article on the sequence of events that attend the transfer of an individual provider
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0837.pdf>

Medical Review

- Increased activity
- Denial basis:
 - Homebound
 - Medical necessity
- Focus: documentation to support every visit
- Use of regulations and statute in appeals
- Appeal, Appeal, Appeal

Recovery Audit Contractors

- RAC mission
 - Reduce Medicare improper payments
 - Detection and collection of overpayments
Identification of underpayments
 - Implementation of actions that will prevent future improper payments.
- CMS has not put a phase in strategy in place by provider type.
- All provider types are available for RAC review once provider outreach has occurred in the state.

Recovery Audit Contractor (RAC)

- 4 RACs in place
- Responsible for identifying overpayment and underpayments ¼ of the country.
- RAC jurisdictions match the DME MAC jurisdictions
- CMS RAC presentation: Session 814

What can providers do to get ready?

- Attend CMS RAC presentation: Program 814
- Know where previous improper payments have been found
- Know if you are submitting claims with improper payments
- Prepare to respond to RAC medical record requests
- Stay calm and stay informed

RAC Contact Information

- Region A: Diversified Collection Services
 - www.dcsrac.com info@dcsrac.com
 - 866 201-0580
- Region B: CGI
 - <http://racb.cgi.com> racb@cgi.com
 - 877 316-7222
- Region C: Connolly Consulting
 - www.connollyhealthcare.com/RAC
 - RACinfo@connollyhealthcare.com
 - 866 360-2507
- Region D: HealthDataInsights
 - <http://racinfo.healthdatainsights.com>
 - racinfo@emailhdi.com
 - Part A: 866 590-5598
 - Part B: 866 376-2319

Survey & Certification Future Considerations

- Revised Conditions of Participation under review in CMS
- Alternative Sanctions regulation under development
 - Provide for training of survey teams;
 - Directed Quality Improvement Plan;
 - Provide technical assistance on scheduling and procedural policies;
 - Require the State to undertake improvements specified in a plan of correction; and
 - Provide CMS directed scheduling.
- Additional guidance to surveyors on survey process

Post-Acute Care Demonstration

- Components
 - Uniform Assessment
 - Resource utilization data collection
- CARE Tool
 - Testing underway
 - Uses

Home Health Quality

- QIO 9th SOW
- Home Health Special Project Home Health Quality Improvement National Campaign
- Goal:
 - Work with home care organizations to reduce acute care hospitalization
 - Improve the management of oral medications
- Awardee:
 - WVMI & Quality Insights, the Quality Improvement Organization (QIO) for West Virginia, Pennsylvania and Delaware

CHAMP: Collaboration for Homecare Advances in Management and Practice

- *National initiative to advance home care excellence for older people: www.champ.org*
- *Program Benefits*
 - *Interaction with other home care professionals and experts*
 - *Access to downloadable tools, presentations and guidelines*
 - *Registration for educational programs to enhance frontline manager and staff skills*
 - *Best-practice information and recommendations*

Stop by the exposition hall to meet CHAMP Faculty and Staff at booth #1430.

Red Flag Rules (FTC)

- Identity Theft Prevention
- Application: creditors
 - Credit includes: deferred payment
- Establish a program
 - Policies and procedures to detect, prevent and mitigate identity theft
 - Identify “red flags”
 - Respond to identified red flags
 - Update program periodically

Medicare Home Health PPS Rule

- **Medicare home health rate rule**
 - Proposed Rule issued on July 30
 - Base rate: \$2317.47
 - Creep adjustment increased
 - Inflation rate update at 2.2%
 - Outlier eligibility completely revamped
 - Wage index changes typical
- **CAUTION: LEGISLATIVE ACTION COULD CHANGE ALL OF THIS**

Medicare Home Health Rule

- **Case Mix Creep Adjustment Proposal**
 - Additional 1.81% coding weight change in 2006-7
 - **CMS exploring 3 options**
 - 2.75% cut in 2010; 4.26% cut in 2011
 - 6.89% cut in 2010
 - 3.51% cuts in 2010 and 2011

Medicare Home Health Rule

- **Outlier Policy Change**
 - Reduce outlier budget from 5% to 2.5%
 - Redistribute 2.5% to base rates
 - Impose a 10% revenue cap on outliers
 - Shift FDL ratio to 0.67
 - Running total adjustment with end-of-year reconciliation

Medicare Home Health Rule

- **Proposed Coverage Standards**
 - Routine medical supplies
 - **Management and Evaluation of a Care Plan**
 - Incorporates guidelines in formal regulation
 - Requires direct order for M & E
 - Recovery and safety requires skilled management of unskilled services
 - Require physician narrative to support order
 - **Caregiver Education**
 - Incorporates existing guidelines
 - Trying and failing to train does not defeat claim

Medicare Home Health Rule

- **Provider Enrollment**
 - Allow Medicare to deny enrollment/billing privileges where shared practice location with another HHA or supplier
 - New and currently sharing
 - Require full survey and “new provider” enrollment on sale or transfer of HHA in operation less than 3 years
 - Require full survey with reactivation of billing privileges
 - Applies where 12 months of non-billing

Medicare Home Health Rule

- **Physician Certification and Recertification**
 - Concern regarding varying levels of physician involvement
 - Considering a requirement that physicians make phone calls to patients at various times during treatment including prior to recertification
 - Requesting input

Medicare Home Health Rule

- **OASIS Compliance**
 - Proposed condition of payment
 - HIPPS code consistency
- **OASIS-C**
 - January 1, 2010

Regulatory Home Health Rule

- **Consumer Assessment of Health Providers and Systems (CAHPS)**
 - Mode Experiment: Fall 2009
 - Vendor training and selection: Fall 2009
 - Voluntary implementation: January 2010
 - P4R data for 2011: reporting effective April 2009

CAHPS

- **What is CAHPS?**
 - **Consumer Assessment of Healthcare Providers and Systems**
- **Why this move by CMS?**
 - **Measure patient perception of care**
 - **Component of Home Health Quality Initiative**
 - **Place in public domain for beneficiary informed decision**
 - **Component of P4R in 2011**

CAHPS Principles

- Standard questionnaires
- Optional supplementary questions
- Standard protocols
 - Sampling
 - Survey administration
 - Data collection and preparation
- Standardized data analysis
 - Via vendor programs and instructions
- Standardized reporting guidelines and formats

Survey Components

- 36 questions
 - Patient experience questions
 - Patient characteristic questions
- 3 Modes
 - Phone
 - Mail
 - Mixed (mail and phone follow-up)

Measures for Public Reporting

- 3 Composites
 - Home Health Staff Communication (tell about plans, respond to calls, etc.)
 - Care of Patients (treat kindly, with courtesy, etc.)
 - Communication about Medicines, Pain, and Home Safety (check meds, tell about side effects, etc.)
- 2 Global Measures
 - Overall Rating of Home Health Care (0-10)
 - Would Recommend the Home Health Agency

Patient Characteristics: “About You”

- Health status
- Age
- Sex
- Living Situation
- Education
- Race
- Language
- Help completing the survey

Who Will be Surveyed?

- Monthly random sample of patients:
 - Current or discharged
 - At least 18
 - Two or more visits in 60 day look back
 - Served in last two months
 - Received skilled care (not maternity)
 - Not receiving hospice
 - All payers
 - Not recently surveyed (during 5 months prior)

How Will It Work?

- Agencies volunteer
 - Select vendor
 - Submit monthly data
 - Data aggregated
 - Quarterly basis for 12 months
 - Rolling 4-quarter data file created
 - No switching within a calendar quarter
- CMS
 - Clean and analyze data
 - Adjust based on patient characteristics, mode, non-response bias
 - Post on Home Health Compare
 - Rating and State and national comparisons

OASIS-C

- OASIS-C is here
- Final version: AUGUST 2009
- <http://www.cms.hhs.gov/HomeHealthQualityInits/Downloads/HHQIOASISCAITimePoint.pdf>
 - Crosswalk to OASIS B1
 - Guidance released
 - See NAHC web site www.nahc.org
 - Click on Regulatory and scroll down

New numbering system

Tracking Items	M0010 – M0150
Clinical Record Items	M0080 – M0110
Patient History and Diagnoses	M1000s
Living Arrangements	M1100
Sensory Status	M1200s
Integumentary Status	M1300s
Respiratory Status	M1400s
Cardiac Status	M1500s
Elimination Status	M1600s
Neuro/Emotional/Behavioral Status	M1700s
ADLs/IADLs	M1800s + M1900s
Medications	M2000s
Care Management	M2100s
Therapy Need and Plan of Care	M2200
Emergent Care	M2300
Data Collected at TF/DC	M2400s, M0903+M0906

OASIS-C Changes

Major areas:

- Elimination of existing items not used for payment, quality or risk adjustment
- Revisions to existing items (e.g., changes to scales, rewording for clarity)
- Addition of new items to support process measures

Addition of process items

- Addresses agency concerns that outcomes can be out of their influence
- Focus on areas that home care can influence
- Focus on high-risk, high-volume, problem-prone populations
- Potential for use in pay-for-performance

Process Items at Start of Care

Was a formal screening done? (e.g. pain, falls risk)

- Were interventions included in the physician-ordered plan of care?
- Were interventions related to medication reconciliation and education on high-risk drugs completed?

Process Items at Transfer or Discharge

Has the patient received needed immunizations?

- Were interventions that were included in the physician-ordered plan of care implemented?
- Were appropriate actions taken if medication problems or symptoms of heart failure detected?

Process item Domains

- Timely Care
- Immunizations
- Pain
- Pressure ulcers
- Diabetic foot care plan

Process Item Domains

- Heart failure
- Depression
- Falls risk
- Medication adverse events/reaction and follow up
- Education on high risk drugs

Deletions

- Deletion of items not used for pay or quality:
 - Medicaid identifier
 - Intractable pain
 - IADLs (e.g. laundry, shopping, transportation, housekeeping, caregiver management of equipment)
 - Unknown: option eliminated from function
 - !4-day prior status
 - Reality: added 4-part aggregate prior function question

Refinements of Existing Items

- Changes to current items
 - NPUAP recommended wording changes: stages, deep tissue injury, length, width, depth
 - Number of UNHEALED pressure ulcers
 - Transfer: now bed and chair only
 - Patient prognosis
 - Risk of hospitalization
 - Overall status
 - Measures of improvement in status
 - Ambulation: two hand device to cane
 - Bathing: independent at sink

Refinement of Existing Items

- Living arrangement/availability of care matrix
- Toileting hygiene
 - Now a separate item
- Emergency care:
 - Limited to ER
 - Reason for emergent care reflects hospitalization list:
 - Added: GI symptoms, other cardiac, other respiratory, uncontrolled pain, DVT, acute mental, URI, IV complications

Refinement of Existing Items

- Hearing/Understanding now two items
- Stasis ulcers
 - Combined with not observable
- Surgical wound
 - Combined with not observable
 - Number of surgical wounds eliminated
 - Added re-epithelialized option
- Skin lesion or Open wound: other than above, receiving intervention

Refinement of Existing Items

- Urinary incontinence: option “timed voiding defers incontinence added
- Occasional stress incontinence added
- Depressive feelings now depression screening
- Behaviors demonstrated re-titled
- Bathing
- Able unable to shower, able to participate at sink...
- Management of oral and injectable meds
 - Added independent with drug diary or chart

Operational Changes

- Plan of care is part of assessment
- Diagnosis specific items
 - Identification of diagnoses early
- Screening questions for some conditions (depressive symptoms, pressure ulcers, falls risk, pain)
- Dates for vaccine to your referral/intake form (all sites are asking so a referring hospital or physician may have the information)

Operational Changes

- Use skip patterns in Point of Care
- Use flow sheet or worksheet to identify specific elements
- All disciplines need additional support and training

Point of Care Changes

- **Skip patterns would be built in already**
- **e.g. only patients with diabetes as a diagnosis would have the foot care questions**

Next Steps

- **Vendor work**
 - Point of care
 - Paper
- **OASIS-C Manual**
 - Item-by-Item guidance (Chapter 3)
 - Guidance manual

CMS Training

- OASIS Education Coordinators Training
- OASIS-C Manual (Soon!)
 - Guidance manual
 - Item-by-Item guidance (Chapter 3)
- Open Door Forums (Three 2-hour programs)
 - October 22 2:30 ET
 - November 12, 1:30 ET
 - December 8, 1:30 ET
- Pending NAHC Annual Meeting
preconference video link

Delta OASIS-C Best Practices Project

- National effort to support and improve the accuracy of clinicians in using the OASIS-C data set.
- Includes
 - Recruitment of top clinicians from all 50 states for the national **Delta OASIS-C Best Practices Forum** in Chicago on November 10-11.
 - Collection of clinician's concerns at **National Input Stations** throughout the Los Angeles Convention Center to have their concerns addressed at the:
 - **Delta OASIS-C Best Practices Forum** i the NAHC Bookstore
 - Delta Health Technologies, booth #803
 - Fazzi Associates, booth #434
 - Catch the Moment Sandcastle, booth #1057
 - Collection of clinician's questions and issues the Best Practice Forum to consider by completing the **National OASIS-C Input Form** at www.DeltaOASISC.com.
- Results from the Forum will be shared with the homecare community this December.