

# **How to Overhaul your Internal Structure to be Prepared for the New Home Health CoPs**

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NAHC 2015 Annual Mtg. Spooner  
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## **Program Objectives**

Participants will be able to:

1. State at least two major changes in the 2014 Proposed Home Health (HH) CoPs
2. Identify one main focus of the HH CoPs, one main focus of the OIG Compliance Program and one focus in common
3. Learn at least two alternative approaches to structuring a HHA QAPI program

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## **Proposed Rule CoPs & Best Practices**

- ⌘ Proposed rule (October 9, 2014) to update Conditions of Participation (CoPs): Final Rule remains pending (October 2015)
- ⌘ These CoPs revise/overhaul current CoPs for Home Health Agencies to participate in the Medicare and Medicaid Programs: 1989, 1999
- ⌘ Proposed CoPs may suggest Best Practices that agencies can begin to implement if not already doing (with reservation)

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## **Centers for Medicare and Medicaid Overriding Goals for CoPs**

- ⌘ Patient Centered
- ⌘ Data Driven
- ⌘ Outcome-Oriented Process that promotes high quality care at all times for all patients



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## Proposed Fundamental Requirements

- ⌘ Encompass patient rights
- ⌘ Comprehensive Assessment, care-plan
- ⌘ Infection control
- ⌘ Patient care planning and coordination by an interdisciplinary team
- ⌘ Overarching Goal: a provider quality assessment and performance improvement program (QAPI)
  - ☑ Provider's QAPI program will be key to improved patient performance

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## Summary of Goals for Major Changes in CoPs

- ⌘ Focus on the care delivered to patients by HH agencies,
- ⌘ Reflect an interdisciplinary view of patient care,
- ⌘ Allow agencies flexibility in meeting quality care standards and,
- ⌘ Eliminate unnecessary procedural requirements.



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## **CoPs Retain Some Requirements**

### **⌘ Retain 484.55: Comprehensive Assessment (CA)**

- Patient focused Comprehensive Assessment based on OASIS (Rule change 1999)
- Add new standard: content of the CA expanded, drug regimen review, assessment of psychosocial and cognitive status
- Allow for physician-ordered resumption of care—rather than 48 hour requirement

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## **Modifications to CoPs**

- ⌘ Remove process requirement under current 484.12(c) HHA and staff compliance with accepted professional standards and principles; rather-reference will be made to current clinical practice guidelines and professional standards specific to home care**
- ⌘ The agency would identify its own performance problems through QAPI**

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## Modification to CoPs

- ⌘ Remove the requirements that the HHA send a summary of care to the attending physician at least once every 60 days; remove CoP that HHA have an advisory group and quarterly evaluation of its program through chart review
- ⌘ CMS believes that the HHA QAPI program will encompass the purpose of prior requirements

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## 1. Change: Patient Rights

- ⌘ Patient Rights additions will emphasize a HHA's responsibility to respect and promote the rights of each patient
  - ☑ Changes: 1) Notice, 2) Exercise of rights, 3) Rights of patient, 4) Transfer and discharge, 5) Investigation of complaints and 6) Accessibility
  - ☑ Patient must be informed of rights—not merely given a copy of a document containing the patient rights



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## A Provider's Perspective on the Patient's Rights

⌘ Discussion on past, current and future practices....



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- ⌘ Patient Rights we are waiting on approval to change
- ⌘ Verbal notice of patient's rights in primary language-looking at population we serve.
- ⌘ Hiring staff that are multi-lingual
- ⌘ Adding contracts with companies that provide interpreters.
- ⌘ Clinicians taking paraprofessionals with them

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## **2. Change: Care planning, Coordination of services...**

- ⌘ *Care planning, coordination of services and quality of care* will incorporate the interdisciplinary care team's approach to provide HH services focusing on these elements *and* POC must be provided to the patient
- ⌘ Reorganize current standards: 1) plan of care, 2) conformance with physician orders, 3) review/revise, 4) coordination of care and, 5) discharge/transfer

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## **A Provider's perspective on care planning, coordination of care, quality of care**

- ⌘ Discussion on past, current and future practices....



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- ⌘ Electronic Health Record-provide access to clinicians in the field
- ⌘ Clinicians writing the Plans of Care
- ⌘ Training clinicians to write POC based on the individual client

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### **3. Change: Quality Assessment Process Improvement**

- ⌘ Prior and Current CoPs: quality assurance approach had been directed at providers that furnish poor quality or fail to meet minimum standards resulting in terminations (too many resources...)
- ⌘ Past was problem-based and retroactive
- ⌘ New approach is to stimulate broad-based improvements in the quality of care to all patients

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## Quality Assessment and Performance Improvement

⌘ QAPI will charge each HHA with responsibility for carrying out an ongoing quality assessment, incorporating data-driven goals, and an evidence-based performance improvement program of its own design to affect continuing improvement in the quality of care furnished to its patients

- Program Scope
- Program Data
- Program Activities
- Performance Improvement
- Executive Responsibilities



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## A provider's perspective on Home Health Agency QAPI Programs

⌘ STAND BY FOR: Discussion on past, current and future practices....



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- ⌘ QAPI template-operation utilizes to create plan with their information
- ⌘ QAPI incorporates disaster and infection control plans
- ⌘ Safety inspections
- ⌘ Disaster Drills

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- ⌘ Best In Class Tool
- ⌘ Tools looks at both business and regulatory standards
- ⌘ Each operation is required to complete an Internal Best in Class quarterly and ensure that every office is done yearly
- ⌘ Scored and Reported

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- ⌘ Business
- ⌘ Personnel Records
- ⌘ Incident Management
- ⌘ In-service Training
- ⌘ Evaluations
- ⌘ Supervisor Training
- ⌘ Medication Errors
- ⌘ Emergency and Disaster Planning
- ⌘ Home Health
- ⌘ Record Review
- ⌘ Infection Control and Prevention
- ⌘ Quality Plan in place and updated
- ⌘ Services per Plan of Care

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## **4. Change: Infection Prevention and Control**

- ⌘ Infection prevention and control: CoPs will require HHAs to follow accepted standards of practice to prevent and control the transmission of infectious diseases and to educate staff, patients, and family members or other caregivers on these accepted standards.
- ⌘ Infection control should be incorporated into the agency's QAPI program

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## A Provider's Perspective on Infection Control

⌘ Discussion on past, current and future practices....



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## Compliance: Conditions of Participation (CoPs) & Office of Inspector General (OIG)

⌘ Compliance with CoPs *differs from, but overlaps with...OIG expectations*

⌘ OIG Compliance includes Compliance Guidance (1998), current OIG work plans and lessons from enforcement activity, including Corporate Integrity Agreements (CIA)



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## Background on Compliance Programs

- ⌘ Operation Restore Trust (mid-1990s) increased scrutiny by the government on home health, hospice, nursing facilities and other providers in the fight to combat fraud and abuse in Medicare/Medicaid programs
- ⌘ Large dollars recovered by the government
- ⌘ Government voluntary compliance guidance issued in 1998 (Home Health & 1999 Hospice)
- ⌘ Successful recoveries for fraud, waste and abuse continue...2014-over 3.3 billion



## Why put provider resources into a compliance program?



- ⌘ Large amounts of Medicare and Medicaid monies are spent every year on home health and hospice services
- ⌘ Government has confirmed many reports of fraud and abuse resulting in settlements for millions of dollars
- ⌘ OIG work plans, reports, fraud alerts and corporate integrity agreements (CIAs) provide roadmaps of successful government activity
- ⌘ ACA (2010) requires CMS to establish timeline for all providers to implement “core elements” of a program  
See section 6401(a)(7)

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## Why focus on Compliance?

- ⌘ Providers who have effective compliance programs decrease everyday risk and mitigate severity of settlements
- ⌘ Home Health & Hospice Compliance Requirements are increasing with new final rules.
  - ☒ New regulations: 2013, 2014, and 2015 (increased coding requirements, ICD-10 coding implementation, claims submission, diagnoses, eligibility, Medicare D & hospice, rebasing, clinical documentation, quality reporting, other)
  - ☒ Other regulatory issues: Face to Face, certifications, recertification, orders, home bound, medical necessity, other

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## Seven Core Elements of a Compliance Program

- ❖ 1. Provider standards/code of conduct and written policies and procedures on risk areas that may subject provider to fraud, waste and abuse (distinguish risk areas for home health vs. hospice)
- ❖ Anti-kickback, billing, claims processing, documentation, face-to-face, certifications, re-certifications, home health OASIS coding, hospice relationships with nursing facilities, new ICD-10 coding requirements for hospice 10/2014 and many others.



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## Core Elements of Compliance

- ❖ 2. Effective Oversight by provider compliance officer
  - ❖ Establish a Board Resolution
  - ❖ Appoint Company Compliance Officer
  - ❖ Establish effective Compliance Committee and meet regularly
  - ❖ Compliance Officer should report to CEO or other high level management
  - ❖ Compliance Officer should report to Governing Board on regular basis



## Elements of Compliance Program

- ⌘ 3. Effective communications for reporting allegations of violations
  - ❖ Establish company hotline for anonymous reporting
  - ❖ Other methods of reporting
  
- ⌘ 4. Effective training and education throughout the provider organization on hire and annually
  - Specialized training for high risk areas
    - Home health high risk areas
    - Hospice high risk areas



## Elements of Compliance Programs

### ⌘ 5. Monitoring and Auditing Activities to include internal and external monitoring activities.

- ☒ Conduct systematic self audits of clinical documentation, pre-bill reviews
- ☒ Conduct periodic external compliance reviews/clinic records/billing
- ☒ Review contracts
- ☒ Review OIG work plans, fraud alerts,
- ☒ Analyze CIAs to determine provider audit plan focus



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## Compliance Elements

- ❖ 6. Enforcement through disciplinary action
  - ❖ Implement formal written policies and procedures on progressive discipline
  - ❖ Outline progressive discipline in Code of Conduct
  - ❖ Provide education & training & consistency in enforcement
- ❖ 7. Responsive Corrective Action
  - ❖ Timely response to allegations
  - ❖ Conduct investigations
  - ❖ Notify legal counsel as appropriate;
  - ❖ Discuss and implement process for self disclosure in appropriate.

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## Government Enforcement: Home Health Compliance

### ❖ Home Health:

- Kickback Issues
  - Inappropriate referrals
  - Beneficiary Inducements
- Billing for services not rendered
- Falsification of plans of care
- Face to Face:
  - signatures/dates/narrative
- Therapy
  - Assessments

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## Government Oversight

### ⌘ 2013, 2014, 2015 OIG Work Plans for Home Health

- Face 2 Face Encounters
- Employment of home health aide (HHA) with criminal convictions
- OASIS
- MAC: Claims oversight
- Home Health PPS requirements
- State Survey and certification/quality
- Trends in expenses and revenues
- Other

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## A provider's perspective on Home Health Agency QAPI Programs

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⌘ Past, Present and Future----



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⌘ Compliance Department

⌘ Reports directly to CEO and Board of Directors

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## ResCare

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- ⌘ Compliance Department
- ⌘ Provides quarterly training to all clinical staff on abuse, fraud, waster, etc. quarterly
- ⌘ Yearly Mandatory Training

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- ⌘ Additionally Perform External BIC yearly for every operation
- ⌘ External BIC should be with in 5% of the internal BIC score
- ⌘ Compliance Audit yearly
- ⌘ All results are reported to Board of Directors
- ⌘ Action Plans are required

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## Coordinate QAPI Activities with OIG Compliance Auditing and Monitoring

⌘ New Proposed HHA CoPs will require a QAPI program (many Medicare providers, including Hospice CoPs (42 CFR 418.58) are already mandated to establish Quality Assessment and Performance Improvement Programs):

- Include member(s) of compliance committee on the QAPI team and vice versa;
- Consider QAPI program within the compliance department
- Measure QAPI plans through compliance auditing and monitoring activities
- Special considerations for companies with multiple provider numbers

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## Questions ???

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## **THANK YOU!**

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