Home Health Regulatory Review
July 2014
Presented by:
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Director of Regulatory Compliance

Webinar Agenda

• ICD-10 Update
• OASIS C-1
• 2015 PPS Proposed Rule/Payment Update
• HETS Eligibility Transition Update
• Billing/Payment Reminders
• Potential Changes on the Horizon
• Medicare Administrative Contractors

ICD-10 Implementation

ICD-10 New Implementation
Date is 10/1/2015
ICD-10 Implementation

- Tabular and index of ICD-10-CM
- Addenda
- Complete list of ICD-10-CM code titles – long and abbreviated
- General Equivalence Mappings
- Reimbursement Mappings
- Duplicate ICD-9-CM and ICD-10-CM codes


DON’T WAIT UNTIL IT’S TOO LATE
Start Preparing for ICD-10

http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html
http://cms.hhs.gov/Medicare/Coding/ICD10/index.html

ICD-10 Training and Preparedness

- Get to know your top 25 diagnoses in your agency.
- Learn the documentation requirements for these diagnoses first.
OASIS-C1 / ICD-9 Version

- Is now known as “OASIS-C1/ICD-9 Version”
- The new implementation date will be January 1, 2015
- All prior published changes remain except the ICD-10 coding questions


OASIS-C1 / ICD-9 Version
New Item at Discharge

- M1309 Worsening in Pressure Ulcer Status since SOC/ROC was added to collect information on worsening pressure ulcer status using wording harmonized with the MDS and CARE instruments.

Items Deleted at Discharge

- Item M1350 reports whether the patient has a skin lesion or open wound that is receiving intervention from the home health agency, other than a surgical wound, pressure or stasis ulcer.
- Item M1410 reports the types of respiratory treatments (oxygen, ventilator etc) the patient is receiving at home.
- Item M2110 reports how frequently the patient receives assistance with activities of daily living from caregivers other than the home health agency.

Items Deleted at All Timepoints

- Item M1012, Inpatient Procedures.
- Items M1310, M1312, and M1314, which report the length, width and depth of the pressure ulcer with the largest surface dimension.
- Item M2440 - Reason patient was admitted to a nursing facility. Collected at the time of transfer from home health to a skilled nursing facility.
OASIS Format/Submission Changes

• Effective January 1, 2015, OASIS data will be submitted to CMS via the national OASIS Assessment Submission and Processing (ASAP) system.

• In order to transition data from the state databases to ASAP, the OASIS submission system will shut down permanently at 6:00 pm ET on December 26, 2014.

• The OASIS ASAP system will be available at 12:00 a.m. ET on January 1, 2015.
  o From 6:00 p.m. (ET) on December 26, 2014 through 11:59 pm (ET) on December 31, 2014, no OASIS assessments will be accepted.
  o The OASIS ASAP system will become available at 12:00 am ET on January 1, 2015.

2015 HH PPS Proposed Rule

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealth-Prospective-Payment-System-Regulations-and-Notices Items/CMS-1611-P.html

2014 vs. 2015 Payment Rates

CMS projects that Medicare payments to home health agencies in CY 2015 will be reduced by 0.30%, or -$58 million based on the proposed policies.

<table>
<thead>
<tr>
<th>2014 Base Rate / Rural Base Rate</th>
<th>2015 Base Rate / Rural Base Rate (Proposed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,869.27/$2,955.35</td>
<td>$2,922.76/$3,010.44</td>
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</tbody>
</table>
### 2014 vs. 2015 Discipline Rates

<table>
<thead>
<tr>
<th>Discipline</th>
<th>2014 Non-Rural / Rural</th>
<th>2015 Non-Rural / Rural (Proposed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHA</td>
<td>$54.84 / $56.49</td>
<td>$57.88 / $59.62</td>
</tr>
<tr>
<td>MSS</td>
<td>$194.12 / $199.94</td>
<td>$204.87 / $211.02</td>
</tr>
<tr>
<td>OT</td>
<td>$133.30 / $137.30</td>
<td>$140.68 / $144.90</td>
</tr>
<tr>
<td>PT</td>
<td>$132.40 / $136.37</td>
<td>$139.73 / $143.92</td>
</tr>
<tr>
<td>SN</td>
<td>$121.10 / $124.73</td>
<td>$127.81 / $125.31</td>
</tr>
<tr>
<td>SLP</td>
<td>$143.88 / $148.20</td>
<td>$151.85 / $156.41</td>
</tr>
</tbody>
</table>

*note a 2% reduction to these rates when not submitting quality data

### 2014 vs. 2015 Supply Rates

<table>
<thead>
<tr>
<th>Severity Level</th>
<th>2014 Non-Rural / Rural</th>
<th>2015 Non-Rural / Rural (Proposed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$14.47 / $14.91</td>
<td>$14.37 / $14.81</td>
</tr>
<tr>
<td>2</td>
<td>$52.27 / $53.83</td>
<td>$51.91 / $53.46</td>
</tr>
<tr>
<td>3</td>
<td>$143.31 / $147.61</td>
<td>$142.32 / $146.60</td>
</tr>
<tr>
<td>4</td>
<td>$212.92 / $219.30</td>
<td>$211.45 / $217.80</td>
</tr>
<tr>
<td>5</td>
<td>$328.33 / $338.13</td>
<td>$326.06 / $335.85</td>
</tr>
<tr>
<td>6</td>
<td>$564.69 / $581.63</td>
<td>$560.79 / $577.63</td>
</tr>
</tbody>
</table>

*note a 2% reduction to these rates when not submitting quality data

### 2014 vs. 2015 LUPA Rates

<table>
<thead>
<tr>
<th>Discipline</th>
<th>LUPA Add-On Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>SN</td>
<td>1.8451</td>
</tr>
<tr>
<td>PT</td>
<td>1.6708</td>
</tr>
<tr>
<td>SLP</td>
<td>1.6266</td>
</tr>
</tbody>
</table>

*note a 2% reduction to these rates when not submitting quality data

F2F Changes

- Eliminate just the narrative requirement.
- Only consider medical records from the patient’s certifying physician or discharging facility in determining initial eligibility for the Medicare home health benefit.
- Claims for physician certification/re-certification for home health services be considered a non-covered service if the HHA claim was non-covered because the patient was ineligible for the home health benefit.

Therapy Changes

- Change from 13th/19th/30 day re-assesments to at least every 14 calendar days.
- Would still need to be completed by PT and not a PTA.
- Would apply to all episodes regardless of the number of therapy visits provided.
- Applies to each discipline.

Set Threshold for Quality Reporting Program

- Require HHA's to submit 70% of OASIS quality assessments beginning July 1, 2015.
- Increase the threshold each year by 10%, until a 90% threshold is received.

How are you tracking your OASIS Submissions?
Revise COPs for SLP

- Has a masters’ or doctoral degree in SLP, and is licensed as a SLP by the state where they furnish services

OR

- Has successfully completed 350 clock hours of supervised clinical practicum (or be in the process of completing), at least nine months of supervised full-time SLP experience, and has successfully completed a national examination approved by the Secretary.

Home Health Value-Based Purchasing Model

- Required as part of the Affordable Care Act
- CMS is proposing a model in which participation by all HHAs in 5-8 selected states would be mandatory.
- Two bills currently introduced for relief:
  - Medicare Home Health Rebasing Relief and Reassessment Act (H.R. 4625)
  - Securing Access Via Excellence Medicare Home Health Act of 2014 (H.R.5110)

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/downloads/stage-2-NPRM.PDF

Technical Regulations Text Changes

- Make technical corrections to § 424.22(b)(1)
  - Specify that recertification is required at least every 60 days when there is a need for continuous home health care after an initial 60-day episode to coincide with the CoP requirements in § 484.55(d)(1).
  - Specify that recertification is required at least every 60 days unless there is a beneficiary elected transfer or a discharge with goals met and return to the same HHA during the 60 day episode.
Technical Regulations Text Changes

• Clarify § 424.22(b)(1)(ii)
  
  o If a beneficiary is discharged with goals met and/or no expectation of a return to home health care and returns to the same HHA during the 60-day episode a new start of care would be initiated (rather than an update to the comprehensive assessment) and thus the second episode would be considered a certification, not a recertification, and would be subject to § 424.22(a)(1).

Technical Regulations Text Changes

• Make a technical correction to § 484.250(a)(1)
  
  o Remove the “-C” after “OASIS” in § 484.250(a)(1), so that the regulation refers generically to the version of OASIS.

Submitting Comments

• When commenting, refer to file code CMS-1611-P for Medicare.

• To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on September 2nd, 2014.

• Two of the four ways to submit comments are:
  
  o Electronically at http://www.regulations.gov. Follow the instructions under the “More Search Options” tab.

  o By regular mail using the following address: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1611-P, P.O. Box 8010, Baltimore, MD 21244-8010.
Important Reminders

Reminder: Sequestration Still in Effect

- Does not apply to Medicaid.

Reminder: Additional HH Reporting

- Effective for claims with episodes that began on or after July 1
  - Report the NPI and name of the physician who certifies/re-certifies the patient’s eligibility for home health services, if this physician is different than the physician who signs the patient’s plan of care (“attending physician”)
  - Continue to report the NPI and name of the physician who signs the patient’s plan of care.

Regulatory Timeline Reminder

- MedPAC releases report to Congress
  o Reports are issued in March and June

MARCH ON WASHINGTON

- Recommendations of the HHS become the 2015 Proposed Rule
  o Hospice normally releases in April; Home Health in July
  o Allows for comment period
- Final Rule is normally published in August for Hospice and November for Home Health
  o Hospice Rates take effect October 1, 2014
  o Home Health takes effect January 1, 2015

HETS Transition

CMS Transitioning Eligibility Systems

CMS is in the process of terminating all Eligibility systems other than the HETS 270/271

- PPTN and VPIO
  o Multi Carrier System (MSC) – Discontinued April 2013
  o VPS Medicare System (VMS) - Discontinued April 2013
- FISS/DDE
  o HIQA/HIQH – Currently still active
  o ELGA/ELGA – Currently still active

Does HETS Return the Same Eligibility Info?

- Part A/B Enrollment info
- Home Health Certifications/Episode info
- Hospice Benefit Period Info
- MSP information
- Part D plan number info
- Medicare Advantage info
- Etc.

Other Items on the Horizon

- New Conditions of Participation
  - Proposal expected in the near future
  - First changes in 15 years
  - No information currently available on specific changes
Affordable Care Act Employer Mandate

- Was previously delayed until January 2015
- Bill proposed to change definition of full time employees “Forty Hours Is Full Time Act”
- Bill introduced to delay until January 2016 for Home Health and Hospices

Stay in Tune With Your MAC

Home Health & Hospice Jurisdictions

Medicare currently has four Jurisdictions assigned for Home Health and Hospice Administrative Contractors.

A map of the regions can be found at: http://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/HomeHealthHospice_JurisdictionMap_OCT2013.pdf

It is important for your agency to be up to date with the instructions from your contractor. So make sure you are signed up for their newsletters and alerts.

You can find links to each of the contractors at the HEALTHCAREfirst Regulatory Blog.
Palmetto GBA HIPPS Code Medical Reviews

- Service Specific HIPPS Codes 1BGP identified as a moderate risk for J11
- Service-specific targeted medical review edits in the Midwest, and Southeast, will be continued for an additional quarter.
- Service-specific targeted medical review edits in the Southwest and Gulf Coast will be discontinued.
Thank you!

For the latest Regulatory News & Updates, visit HEALTHCARE first’s Regulatory Blog at www.healthcarefirst.com

For more information about HEALTHCARE first, please visit our website or call 800.841.6095