

NAHC Update

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Shifts & Trends



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Regulatory Shifts

- Focus on
 - Quality of care
 - Consumer protection
 - Fraud, waste and abuse
- Oversight
 - More coordination
 - More discretion
 - Provider enrollment
- Technology
 - Oversight
 - Interoperability
- Workforce

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Industry Trends

- Emphasis on home care
- High tech/high touch
- Antiquated payment systems
- Focus on managed care
- Workforce challenges

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Industry Trends

- Consolidate or compete
 - Partner
- Pay-viders
- Providers must:
 - Provide value
 - Accept and manage risk
 - Be nimble

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Payment



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Home Health - Proposed

- Proposed rate update of ~~2.7%~~ 3.0%
 - ~~3%~~ 3.3% annual inflation update
 - 0.3% productivity adjustment
- Budget neutrality adjustment
 - ~~-5.653%~~ -2.890%
- Base payment rate: \$2038.13

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Patient Driven Groupings Model (PDGM)

- Fourth year
- Significant impact
 - Clinical services offered
 - Number of home health agencies
- Must be budget neutral
 - Budget Neutrality Adjustment (BNA)
 - 2023 it was **-3.925%**
 - **-5.653% proposed for 2024 with -2.890% finalized**
 - -3.925% permanent rate adjustment was already implemented in 2023.
- Total home health spending
 - 2021 - \$16.9B
 - 1997 - \$16.7B

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Actions

- Preserving Access to Home Health Act of 2023 (S.2137/H.R. 5159)
 - Stops CMS from imposing certain permanent and temporary payment cuts.
 - Instructs MedPAC to analyze the Medicare Home Health Program.
- Filed lawsuit against CMS and HHS
 - Invalid methodology
 - Violates Congress' order

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Disposable Negative Pressure Wound Therapy

- Consolidated Appropriations Act (CAA) 2023
- Effective: January 1, 2024
- Device and professional service will be billed separately on the home health claim type of bill (TOB) 32x rather than bundled on TOB 34x
- Nursing and therapy visits provided for dNPWT billed separately and included as HH visits
- HCPCS A9272 is defined as a wound suction, disposable, includes dressing, all accessories and components, any type, each.
- dNPWT priced using the Medicare PFS

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Home Health Quality Reporting Program



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HH QRP

- Two new measures
- Removing one existing measure
- Remove two OASIS items
- Begin public reporting of four measures
- Codify into regulation the 90 percent data submission threshold policy



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HH QRP

- Two new measures
 - Discharge (DC) functional score
 - COVID-19 vaccine
- Remove one existing measure
 - HH QRP “ Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function”
 - Replace with DC Functional score End reporting: April 2024
 - Self-Care Discharge Goals (GG0130, Column 2)
 - Mobility Discharge Goals (GG0170, Column 2)
- Data items removed from OASIS effective January 1, 2025
 - M0110 Episode Timing
 - M2200 Therapy Need

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HH QRP

Public Reporting

- January 2025 Care Compare refresh or as soon as feasible
 - Transfer of Health Information to the Patient Post-Acute Care
 - Transfer of Health Information to the Provider Post-Acute Care
 - DC Functional Score
- January 2026 Care Compare refresh or as soon as feasible
 - COVID-19 vaccination

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HH QRP

- Propose to codify requirement that HHAs must meet or exceed a data submission threshold set at 90 percent of all required OASIS and submit the data through the CMS designated data submission systems.
 - § 484.245 (2)(ii) Data completion thresholds.
 - (A) A home health agency must meet or exceed the data submission threshold set at 90 percent of all required OASIS or successor instrument records within 30-days of the beneficiary's admission or discharge and submitted through the CMS designated data submission systems

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Home Health Value Based Purchasing



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HH VBP

- Change the baseline year to CY 2023
- Changes to measures to align more closely with the HH QRP
- Appeals
 - Proposing to amend § 484.375(b)(5) to specify that an HHA may request Administrator review of a reconsideration decision within 7 days from CMS' notification to the HHA contact of the outcome of the reconsideration request.
 - Proposing that the CMS Administrator may decline to review the reconsideration decision, render a final determination, or choose to take no action on the request for administrative review. Reconsideration decisions are considered final if the CMS Administrator declines an HHA's request for review or if the CMS Administrator does not take any action on the HHA's request for review within 14 days.
- Focus is on improvement

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Other



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Intravenous Immune Globulin (IVIG)

- Demonstration project since 2014
- CAA, 2023 permanent program
- Effective 1/2024
- Coverage and payment of items and services related to administration of IVIG in a patient's home (bundled payment)
- Dx of primary immune deficiency disease (PID)
- Covered under DMEPOS benefit, not HIT benefit
- Standard copays and deductibles apply
- Patients under a Medicare home health POC not eligible

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Lymphedema Therapy Benefit

- New Part B benefit category- CAA, 2023
- Effective 1/2024
- Covers standard and custom fitted gradient compression garments and other approved items (bundled)
- Enrolled DMEPOS supplier
 - DMEPOS Quality standards apply
 - Subject to competitive bidding competitive
- Billed to DME MAC
- Gradient compression stockings/wraps as surgical supplies for statis venous ulcers
 - New HCPCS codes for gradient compression stockings/wrap to reflect surgical dressings (current: A6531, A6532, and A6545)
 - New HCPC codes and pricing for lymphedema items

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RFI – Home Health Aide

- Decline in utilization despite persistent need
 - Especially effects those with chronic, long-term conditions
- Comments
 - Workforce challenges
 - Payment barriers and disincentives
 - Changes to plan of care
- Response
 - Payment structure issues best addressed to Congress
 - Condition of participation 484.60



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Provider Enrollment

- § 424.527 Provisional period of oversight. Codifies who is subject to a provisional period of oversight and the effective date.
- § 424.530 Denial of enrollment in the Medicare program. reapplication bar changed to 10 years from 3 years. A provider or supplier that is currently subject to a reapplication bar may not order, refer, certify, or prescribe Medicare-covered services, items, or drugs, and Medicare will not pay for services ordered.
- § 424.540(a)(1) change the 12-month time frame to 6 months for deactivations related to non-billing.
- § 424.542 Prohibition on ordering, certifying, referring, or prescribing based on felony conviction.



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Compliance Plans

HHS Office of the Inspector General

<https://oig.hhs.gov/documents/compliance-guidance/803/hospicx.pdf>

Updating guidance in 2024



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Update on Health Equity

- Update on health equity in HH QRP
 - Request for information in the CY 2023 rate update rule
 - Technical expert panel convened for development of health equity quality measure in HH & H
 - Anticipated future health equity activities
 - Pursue additional SDOH and continue with quality measure development

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