

CY 2020 HOME HEALTH PPS PROPOSED RULE

CHA COMMENTS

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Objectives

- Solicit CHA member feedback on proposed changes for CHA comments
 - The full text of the proposed rule and the CHA summary are available on the [CHA Regulatory Tracker](#)
 - All comments due on September 9, 2:00 pm (PT)
 - Comments submitted online at www.regulations.gov
- Overall current Current changes and proposals are consistent with changes seen in other PAC settings, and represent continued implementation of the IMPACT Act.



Overview

- Current changes and proposals are reflective of continued implementation of the IMPACT Act.
- Many of the same provisions were proposed - and finalized – for other PAC settings (LTCH, IRF, and SNF).



As implementation of PDGM proceeds, CHA encourages CMS to:

- provide comprehensive and timely training and guidance to providers
- monitor patient assessment data and reassess and case mix groups as indicated
- monitor possible impact on beneficiary access to HH services, and provision of therapy services.



Payment Provisions – Comments

- CMS proposes to apply significant “behavioral offsets” to PDPM rates
 - CHA: 1) provide additional information regarding assumptions, including impact on hospital/health system HHAs, and 2) modify proposed implementation.
- CMS proposes elimination of split payment percentage for all HHAs in CY 2020
 - CHA: review impact of PDPM on existing HHAs and cash flow, prior to final implementation.



Therapist Assistants & POC

- CMS proposal: allow therapist assistants, in addition to therapists, to provide maintenance therapy, standardized practice across settings.
 - CHA : Support, In response to CMS inquiry, CHA does not believe this would result in more frequent visits or reassessments by the supervising therapist.
- CMS: changes to HH plan of Care requirements, removes certain “overly prescriptive” items (e.g., description of readmission risk factors).
 - CHA: Support



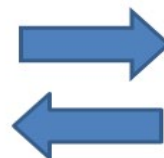
Infusion Therapy

- CMS; in 2019, finalized a payment system for a new home infusion therapy benefit. To meet requirements of the Cures Act, now proposes to require that the physician who establishes the care plan provide notification to the patient of the options available for accessing infusion therapy.
- CHA: recommend that CMS provide that a HH nurse may conduct and document the required discussion of infusion therapy options, under the supervision of the physician responsible for the plan of care.



HH Quality Reporting Program

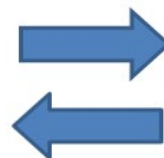
- CMS proposes 2 new measures for CY 2022 QRP, with data collection beginning in January 2020.
 - Transfer of health information to the provider
 - Transfer of health information to the patient
 - Based on the transfer of a current reconciled medication list
- CHA: Support





HH Quality Reporting Program

- CMS: proposes to update the specifications for the Discharge to Community PAC HH QRP measure to exclude baseline nursing facility residents.
 - CHA: Support
- CMS: proposes to eliminate certain Pain measures from the QRP and the HH CAHPS.
 - CHA: Support





SPADEs

- CMS previously proposed implementation of many SPADEs in CY 2018, but deferred most based on provider feedback
- CMS now proposes implementation of previously proposed SPADEs as well as several additional new SPADEs.
- Data collection to begin January 2021.
- These proposals were finalized, with minor changes, for LTCH, IRF, SNF.



Newly Proposed SPADEs

- High-Risk Drug Classes: Use and Indications
 - For six identified drug classes
- Pain Interference
 - Effect on Sleep
 - Interference with Therapy Activities
 - Interference with Day-to-Day Activities
- Social Determinants of Health
 - New category
 - 7 items



- Data collection via the OASIS would begin for admissions after January 1, 2021.
- A change table for the proposed OASIS is available on the CMS website at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures.html>

Proposed Standardized Patient Assessment Data Elements (SPADE) Reporting Beginning in CY 2022

(red – new item for HH)

Proposed SPADE Categories	Included in National Beta Test	IRF-PAI (IRF)	MDS 3.0 (SNF)	LCDS (LTCH)	Point of Data Collection	Data Collection for FFY 2022	
Cognitive Function & Mental Status							
Brief interview for mental status (BIMS)	x	x	x	x	Admission & Discharge	Patients admitted and discharged between Oct. 1-Dec. 31, 2020	
Signs and Symptoms of delirium (CAM)	x	x	x	x	Admission & Discharge		
PHQ-2 to 9	x	x	x	x	Admission & Discharge		
Medical Condition & Comorbidity							
Pain Interference	x	x	x	x	Admission & Discharge		
Impairments							
Hearing	x	x	x	x	Admission Only		
Vision	x	x	x	x	Admission Only		
Special Services, Treatments and Interventions (SSTI)							
Nutritional approaches: IV or feeding tube, diet, etc.	x	x	x	x	Admission & Discharge		
Services and Treatments: Cancer, respiratory, other (IV medications, transfusions, dialysis, etc.)	x	x	x	x	Admission & Discharge		
High-Risk Drug Classes (Use and Indication)	x	x	x	x	Admission & Discharge		
Social Determinants of Health (proposed creation of new category)							
Race		x	x	x	Admission Only		
Ethnicity		x	x	x	Admission Only		
Preferred Language		x	x	x	Admission & Discharge		
Interpreter Services		x	x	x	Admission & Discharge		
Health Literacy		x	x	x	Admission & Discharge		
Transportation (PROMISE)		x	x	x	Admission & Discharge		
Social Isolation (PROMISE)		x	x	x	Admission & Discharge		



SPADE – CHA Comments

- Modify speed and scope of SPADE implementation
- Create and make transparent a data use strategy and analysis plan
- Adopt a grace period for voluntary reporting, to allow for the development of operational and workflow changes needed.



THANK YOU!

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