



Home Health PPS 2017 Proposed Rule

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Objectives

- Review proposed changes to several key payment and quality provisions in the FFY 2017 HH PPS Proposed Rule
 - The full text of the proposed rule and the CHA summary are available at www.calhospital.org/regulatory-tracker
- Solicit CHA member feedback on proposed changes for CHA comments
 - All comments due on August 26 at 2 pm PT.
 - Comments submitted online at www.regulations.gov
 - Draft comments will be available approximately 1 week in advance via CHA news



Proposed HH PPS Rate Update

CMS Proposed Policy Changes	Impact on Payments
CMS Market Basket Update for FFY 2017	+ 2.8 %
ACA-Mandated Productivity Reduction	- 0.5 %
Final Net Update	+ 2.3 %



Proposed HH PPS Rate Update

Proposed Standard Episode Rates	Reporting Quality Data	Not Reporting Quality Data
60-day Episode Rate: Urban HHAs	\$2,936.38	\$2,879.27
60-day Episode Rate: Rural HHAs	\$3,024.78	\$2,965.65



Proposed HH PPS Rate Update

Proposed LUPA Per-Visit Rates	Reporting Quality Data	Not Reporting Quality Data
Home Health Aide	\$64.09	\$62.84
Medical Social Services	\$226.87	\$222.34
Occupational Therapy	\$155.77	\$152.73
Physical Therapy	\$154.72	\$151.69
Skilled Nursing	\$141.54	\$138.77
Speech/Language Pathology	\$168.16	\$164.87



Payment Provisions

CMS proposes the following:

- Update Case Mix Adjustment (CY 2015 data)
- Change calculation of outlier payments to a cost-per-unit (based on 15 minute units) from the current cost-per-visit.



Negative Pressure Wound Therapy (NPWT)

Recent legislation requires separate payment to an HHA for the use of a disposable device for NPWT.

- If NPWT is sole reason for visit, visit must be billed separately
- If NPWT is provided during a covered HHA visit, time spent for NPWT is excluded from the reported time for the visit, and billed separately.
- NPWT must be performed by RN, PT, or OT.



Case Mix Classification Research Update

CMS is researching the “home health groupings model” (HHGM), which would group patients by diagnosis, based on:

- Timing of episode
- Referral source
- Clinical grouping
- Functional/cognitive level
- Co-morbidities



HH VBP

Effective January 1, 2017, CMS will proceed with testing a HH value based purchasing model in nine states, not inclusive of California. The current proposed rule includes policies and procedures for this program.



HH Quality Reporting Program

Additional Proposed Measures for FFY 2018

Measure	Source	Comments
Total Medicare spending per beneficiary post-acute care HH	Medicare FFS Claims	Episode starts at HH admission and continues through 30-days post HH discharge
Discharge to community	Medicare FFS Claims	Rate of patients discharged to community and who remain alive and do not have unplanned readmission for 31 days.
Potentially preventable risk-adjusted readmissions within 30 days of HH discharge.	Medicare FFS Claims	Facility rate of unplanned and potentially preventable readmissions to GACH or LTCH within 30 days post-discharge.



HH Quality Reporting Program

Additional Proposed Measure for FY 2020

Measure	Source	Comments
Medication reconciliation; drug regimen review with follow-up for identified issues	OASIS	A cross-cutting measure to assess whether providers are responsive to potential or actual clinically significant medication issues. Measures percent of patients stays in which a drug regimen review was conducted at the time of admission and timely follow-up conducted when indicated.



HH Quality Reporting Program

CMS reviewed all 81 items in the HH Quality Initiative (HHQI) and the HH QRP

- Many measures were determined as having been topped out and/or of limited clinical benefit.
- 28 will be eliminated from the HHQI
- 6 will be eliminated from the HH QRP, effective for CY 2018 payment determination, but may remain in OASIS.



HH Quality Reporting Program

Future Measures Under Consideration

- Transfer of health information and care preferences
- Percent of residents experiencing one or more falls with major injury
- Percent of patients with an admission and discharge functional assessment and a care plan that addresses function.



HH Quality Reporting Program

Future Measures Under Consideration - continued

- Change in self-care score
- Change in mobility score
- Discharge self-care score
- Discharge mobility score
- Percent of residents/patients who were assessed and appropriately given the seasonal influenza vaccine



HH Quality Reporting Program

Data Submission Method

- Through OASIS or Medicare FFS Claims

Data submission timeline:

- Quarterly reporting, 4.5 month data collection and review period:
 - Example: data collection period: 1/1/17 – 3/31/17
submission deadline: 8/15/17

Data Completion Thresholds

- CMS continues with increases in threshold for OASIS data submission
 - 80 % for 7/1/16 – 6/30/17, 90% for 7/1/17 – 6/30/18



HH Quality Reporting Program

SNF QRP data will be publicly reported

- For assessment measures: HHAs will have a 30 day preview period, occurring after the 4.5 month correction period
- For claims measures, HHAs will receive a confidential preview report for 30 days, for feedback only. Data will be extracted 90 days after the end of the reporting period.

Additional information on previewing data will be provided on the HH QRP web page.



Questions comments





Thank You!

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