The CY 2024 home health proposed rule:

Understanding the impact on your agency & what you can do now

Cindy Campbell
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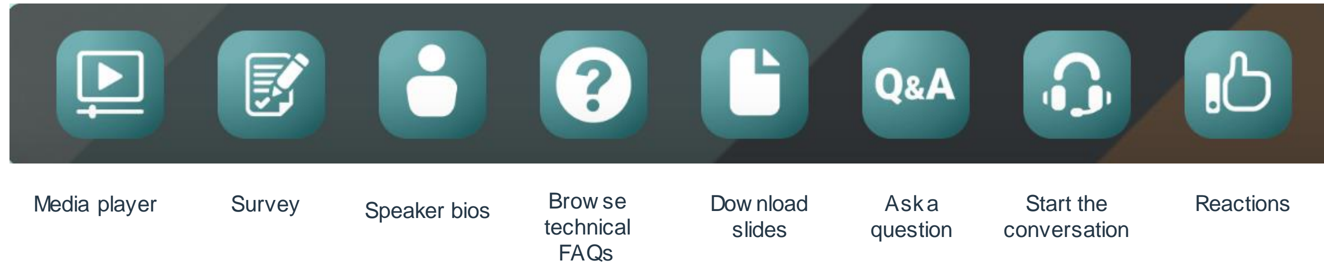

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About the presenter

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Medicare home health CY 24 proposed rule

The Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services (HHS) proposed rule, updating Home Health and Home Infusion payment rates:

Published in the Federal Register on June 30th, 2023
https://www.federalregister.gov/public-inspection/2023-14044/medicare-program-calendar-year-2024-home-health-prospective-payment-system-rate-update-home-health

Comments must be received no later than August 29, 2023

Summary of proposed rule updates

Reimbursement: - 2.2% Medicare Spending (375M) PDGM recalibrations	• Behavioral Adjustment and methodology • Utilization Trends • LUPA rates/thresholds • Case-Mix Weight Recalibration • Comorbidity Adjustments • Functional Impairment Levels
HHVBP	• Baseline Year update CY 2023 • Measure changes and reweighting
HHQRP	• Two Measures added • Measures removed • Public reporting of TOH measures (Jan 2025) • Update on Health Equity RFI - under consideration
Home IVIG, DME, NPWT	• Reimbursement and billing updates

Proposed market basket rebasing and revising to reflect a 2021 base year

Rebasing:

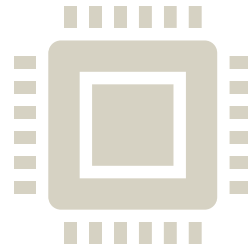
Moving the base year for the structure of costs of an input price index (example: propose to move the base year cost structure from 2016 to 2021), without making any other major changes to the methodology

Revising:

Changing data sources, cost categories, and price proxies used in the input price index.

Breaking down payment impact

+2.7% net inflation increase (+$460 million)



-5.653% reduction for permanent PDGM Budget Neutrality adjustment (-$870 million)

+0.2% increase for updated fixed dollar ratio (+$35 million)

Provider impact: Significant **cuts** now <u>**and**</u> in future

- Overall impact for CY 2024 is -2.2% estimated to be $375M anticipated reduction in payment under home health payments, reflecting:
  - 2.7% payment rate update (+ $460M)
  - **5.653%** permanent behavior adjustment rate cut (-$870M)
    - Actual adjustment 5.1% due to not applicable to LUPAs
  - 0.2% FDL increase (+$35M)

- Future negative economic impact –temporary behavioral adjustment
  - Potential **claw back** of CMS reported/proposed 'overpayment to industry', under PDGM, as it relates to the behavioral adjustment – estimated **$3.5B (2020-2023)**
    - Potential to recoup through 2026
  - Home Health industry voicing loud concern regarding the **scale and impact of proposed PDGM behavioral offset**

Proposed rule designed to achieve budget neutrality for PDGM on prospective basis

Background on the behavioral adjustment

Balanced Budget Act (BBA) requires that in calculating the standard prospective payment amount

The Secretary

- Must make assumptions about behavior changes that could occur as a result of the implementation of the 30-day and case mix adjustment factors established
- Must provide a description of behavior assumptions made in notice and HHS PPS final rule with comment period
- Must annually determine impact of differences between assumed behavior changes and actual behavior changes on estimated aggregate expenditures under HH PPS from 2020-2026
- Provide one or more temporary increases or decreases to the payment amount for a unit of HH services for applicable year

“Budget Neutrality” required (PPS to PDGM)

- CMS is required to annually assess differences between assumed and actual industry ‘behavior changes’ on estimated aggregate expenditures under PDGM from 2020-2026

	Assumed	Actual	Adjustments	
CY 2020			Permanent	Temporary
30-day base payment rate	$1,864.03	$1,742.52	-6.52%	
Aggregate Expenditures	$15,170,223,126	$14,297,150,005		-$873,073,121
CY 2021				
30-day base payment rate	$1,777.19	$1,751.90	-1.42%	
Aggregate Expenditures	$17,068,503,155	$15,857,500,202		$-1,211,002,953
CY 2022				
30-day base payment rate	$1,872.18	$1,841.55	-1.636%	
Aggregate Expenditures	$16,152,035,891	$14,796,827,236		-$1,355,208,655
TOTALS CY 2020, 2021, 2022			-9.36% *absent CY 23 adjustment	-$3,439,284,729

Source: CY 2024 Proposed Rule table B12, B13, B14, B15

“Budget Neutrality” required (PPS to PDGM)

	Permanent	Temporary
TOTALS CY 2020, 2021, 2022	-9.36% *absent CY 23 adjustment	-$3,439,284,729
CY 2023	-3.925% realized	?
CY 2024	Apply -5.653% (-5.1%)	Upward $3.5B

TABLE B34: CY 2024 NATIONAL, STANDARDIZED 30-DAY PERIOD PAYMENT AMOUNT

CY 2023 National Standardized 30-Day Period Payment	Permanent BA Adjustment Factor	Case-Mix Weights Recalibration Budget Neutrality Factor	Wage Index Budget Neutrality Factor	Labor-Related Share Budget Neutrality Factor	CY 2024 HH Payment Update Factor	CY 2024 National, Standardized 30-Day Period Payment
$2,010.69	0.94347	1.0121	1.0015	0.9998	1.027	$1,974.38

Lowest base rate since CY 2021

Industry experts continue to question CMS' budget neutrality methodology

- Continued distress for the home health community and to "direct and permanent" patient access to cost-effective care in the home
- Accuracy of accurate cost inflation +2.7% versus actual > 5.2%
- Erroneous nature of behavioral assumption at heart of industry issue:
  - Assumption provider behavior would change
    - Assumed avoidance of LUPA's
    - Assumed up-coding to highest paid group
    - Assumed therapy being withheld
  - Reduction in therapy visits were expected with model shift from PPS to PDGM to curb incentivized "overutilization"
    - Illogical to compare to spending under old model to PDGM
- NAHC calculates underpayment not overpayment under true neutrality analysis

Source: NAHC Report June 30, 2023: NAHC webinar 7.11.23

MedPac to CMS report March 2023

- Adequate access
- Medicare payments are substantially higher than cost of care provision

TABLE B4: ESTIMATED COSTS FOR 30-DAY PERIODS OF CARE IN CY 2022

Discipline	2021 Average Costs per visit with NRS	2022 Home Health Payment Update	2022 Average Number of Visits	2022 Estimated 30-Day Period Costs
Skilled Nursing	$159.31	1.026	4.14	$676.69
Physical Therapy	$165.31	1.026	2.96	$502.04
Occupational Therapy	$163.55	1.026	0.83	$139.28
Speech Pathology	$188.41	1.026	0.15	$29.00
Medical Social Services	$265.69	1.026	0.05	$13.63
Home Health Aides	$86.33	1.026	0.47	$41.63
Total				**$1,402.27**

Source: 2021 Medicare cost report data obtained on February 1, 2023. Home health visit information came from 30-day periods of care with a through date in CY 2022 (obtained from the CCW VRDC on March 17, 2023).

>30% profit margin calculated

Why?

Inaccurate cost reporting can be significantly misleading

The truth about access

- Prior to 2020, 3.5M Medicare beneficiaries received home health annually
    - PDGM began in 2020: Over 500,000 fewer patients have accessed care
- Agencies cannot withstand payment cuts **AND** continue to provide expected care to beneficiaries
    - Overall spending is down
    - Doors closing
    - Reduced service areas
    - Referrals being rejected
    - Decline in innovation to stay afloat
    - Decline in workforce – unable to pay wages aligned with inflation
- KNOWN cost efficiency associated with care in the home and policy shifts for extending home services contradictory to ongoing, significant, and potentially devastating cuts for services in the home

Making headlines: NAHC sues CMS and HHS

Fierce Health:

PROVIDERS

Home care industry group sues to block 2023, 2024 Medicare payment cuts it claims are unlawful

By **Dave Muoio** • Jul 6, 2023 03:30pm

NAHC Report:

The National Association for Home Care & Hospice Sues Medicare to Preserve the Home Health Service Benefit

Posted on July 6, 2023

FOR IMMEDIATE RELEASE

Media Contact: Thomas Threlkeld
Director of Communications, NAHC
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The National Association for Home Care & Hospice Sues Medicare to Preserve the Home Health Service Benefit

Home Health Care News

'No Other Option Left': NAHC Sues CMS, HHS Over Home Health Payment Cuts

By **Joyce Famakinwa** | July 6, 2023

Bill Dombi:

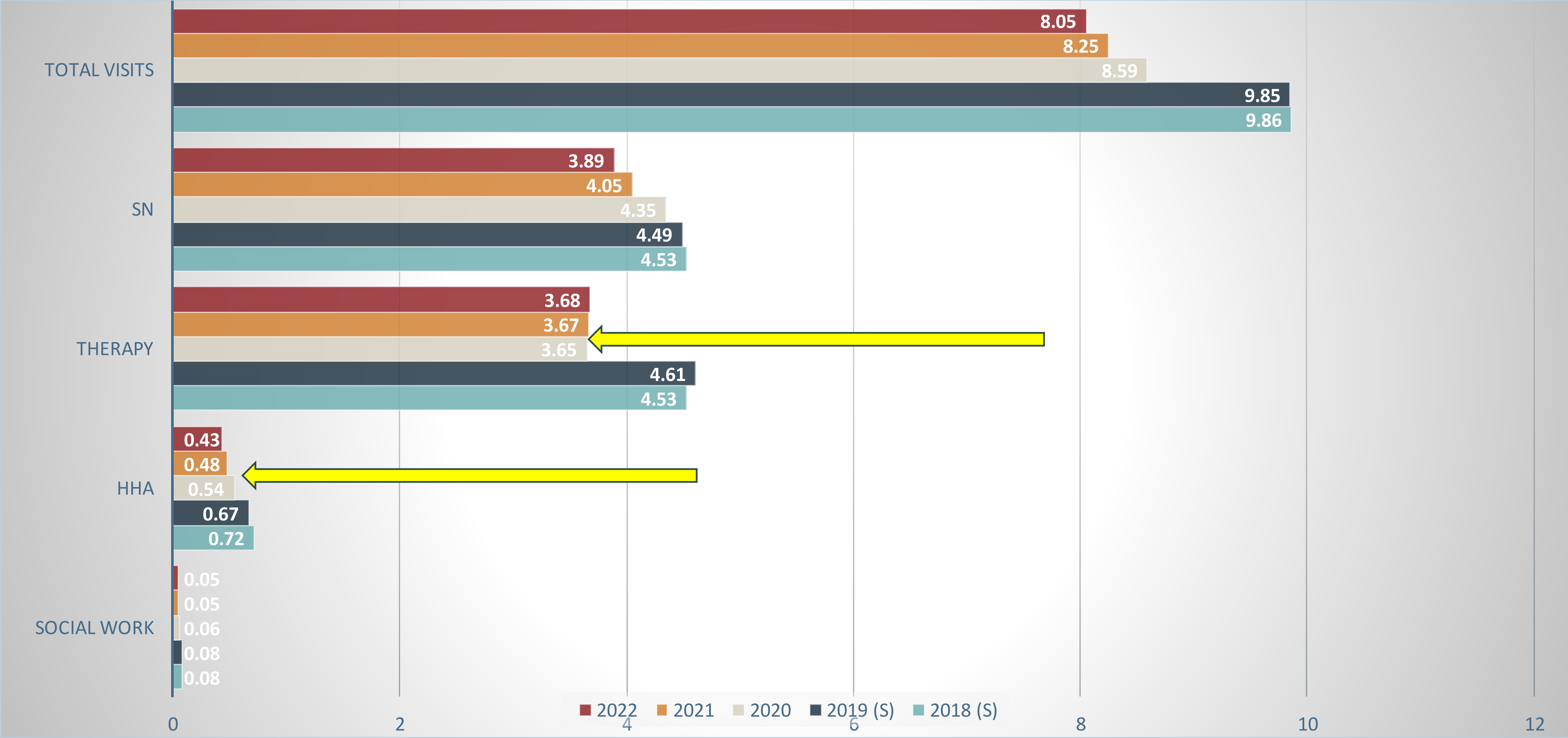
"We strongly believe the methodology does not comply with Medicare law."

American Hospital Association (AHA)

"Overall, AHA is concerned about how the net impact of these proposals may affect beneficiary access to care, as well as impede the ability of hospitals to discharge patients in need of HH care in a timely fashion."

Source: https://www.aha.org/news/headline/2023-06-30-cms-releases-cy-2024-home-health-pps-proposed-rule-forges-ahead-proposed-pdgm-behavioral-offsets

Utilization 2018—2022 (per 30-day episode)



LUPAs – "Low utilization payment adjustments"

TABLE B36: CY 2024 NATIONAL PER-VISIT PAYMENT AMOUNTS

HH Discipline	CY 2023 Per-Visit Payment Amount	Wage Index Budget Neutrality Factor	Labor-Related Share Budget Neutrality Factor	CY 2024 HH Payment Update Factor	CY 2024 Per-Visit Payment Amount
Home Health Aide	$73.93	1.0015	0.9999	1.0270	$76.03
Medical Social Services	$261.72	1.0015	0.9999	1.0270	$269.16
Occupational Therapy	$179.70	1.0015	0.9999	1.0270	$184.81
Physical Therapy	$178.47	1.0015	0.9999	1.0270	$183.55
Skilled Nursing	$163.29	1.0015	0.9999	1.0270	$167.93
Speech-Language Pathology	$194.00	1.0015	0.9999	1.0270	$199.52

- LUPA base rates increase by 2.8%
- CMS expects average LUPA rate for all episodes to be 8%
- Threshold adjustments per HIPPS code Table B22
  - LUPA= <10th % of visits within each payment group based on claims data
- LUPA add-on: no change

BLE B17: PROPOSED OASIS POINTS TABLE FOR CY 2024

	Responses	Points (2024)	Percent of Pe in 2022 with Response Cat
	0 or 1	0	2
	2 or 3	3	7
lity to Dress Upper Body	0 or 1	0	2
	2 or 3	5	7
lity to Dress Lower Body	0 or 1	0	1
	2	3	6
	3	11	2
	0 or 1	0	
	2	0	1
	3 or 4	7	5
	5 or 6	14	3
ferring	0 or 1	0	6
	2, 3 or 4	6	3
	0	0	
:	1	3	2
	2, 3, 4 or 5	6	7
Locomotion	0 or 1	0	
	2	6	1
	3	4	6
	4, 5 or 6	20	1
italization	Three or fewer items marked (Excluding responses 8, 9 or 10)	0	6
	Four or more items marked (Excluding responses 8, 9 or 10)	11	2

Table B17: Proposed OASIS points

- 99 possible points
  - Decrease from 2023 (109)
- Most changes – lower points except M1033
- CMW increase for low
- CMW decrease for medium and high

Proposed expanded Home Health Value Based Purchasing (HHVBP) Model: Effective CY 2025

- Propose codifying the HHVBP measure removal favors at 484.380
- Propose removing five and adding three quality measures to the applicable measure set
- Revise weights of individual measures within OASIS based category and within claims-based measure category, starting in CY 2025 performance year
- Proposing to update model baseline year from CY 2022 to CY 2023 starting in CY 2025 performance year – to enable CMS to measure competing HHAs performance on benchmarks and achievement thresholds that are more current for all applicable measures
- AND amending the appeals process such that reconsideration decisions may be reviewed by the Administrator to RFI, Future Approaches to Health Equity in the Expanded HHVBP Model, that was published in 2023 HH PPS rule
- Include update that reminds stakeholders about public reporting of HHVBP performance data on or after December 1, 2024

https://public-inspection.federalregister.gov/2023-14044.pdf

Utilization - Therapy

Down from PPS (simulated data 2018-2019) but has stabilized across PDGM

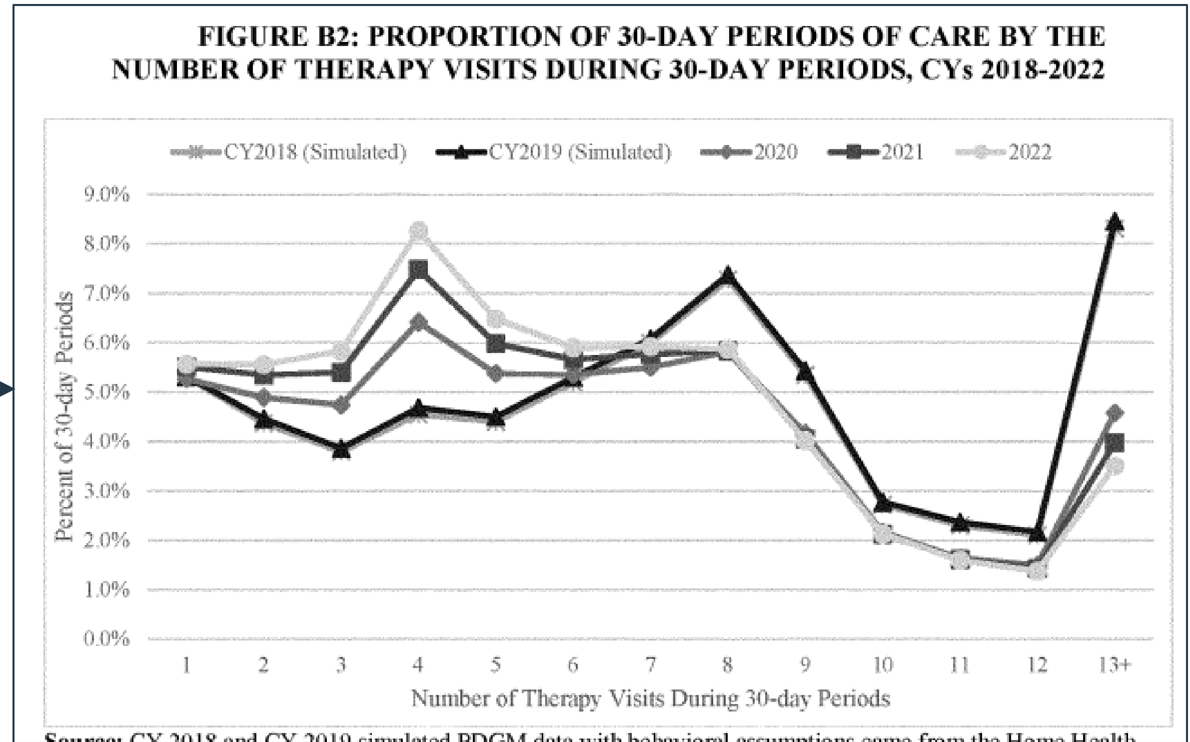


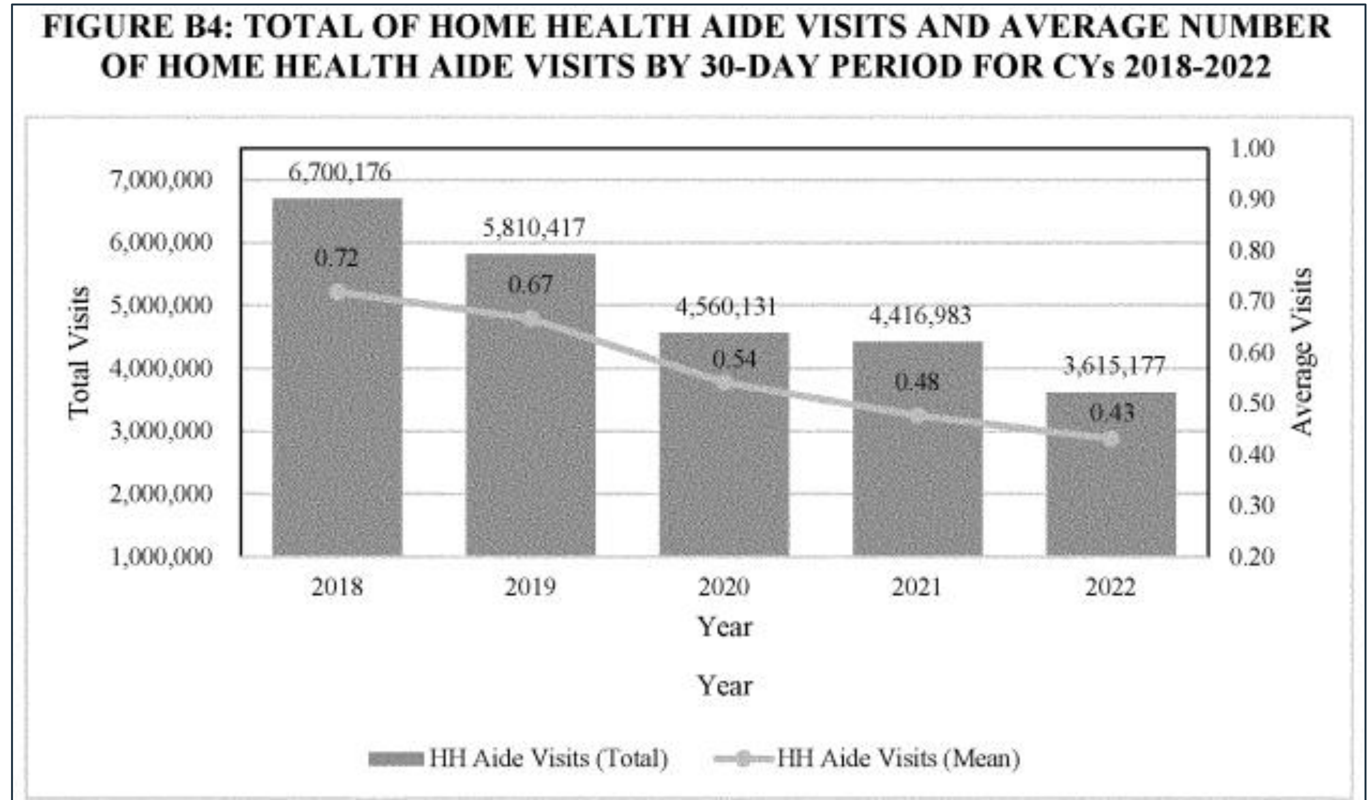
TABLE B9: PROPORTION OF 30-DAY PERIODS OF CARE WITH ONLY THERAPY, AT LEAST ONE THERAPY VISIT, AND NO THERAPY VISITS FOR CYs 2018-2022

30-day Period Visit Type	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020	CY 2021	CY 2022
Therapy Only	13.5%	14.4%	15.2%	17.8%	19.4%
Therapy + Non-therapy	48.2%	48.4%	42.2%	42.3%	42.7%
No Therapy	38.3%	37.2%	42.6%	39.9%	38.0%
Total 30-day periods	**9,336,898**	**8,744,171**	**8,423,688**	**8,962,690**	**8,386,706**

MORE therapy-only cases and stable therapy involvement in cases

Utilization – HHA: Request for Information (RFI)

- CMS has “heard” beneficiaries are having difficulty access Home Health Aide Services
- Aide visits have been decreasing
- CMS soliciting public comments to understand challenges



Comorbidity Adjustment

- Low comorbidity subgroup to 21
- High comorbidity subgroup to 101

TABLE B6: DISTRIBUTION OF 30-DAY PERIODS OF CARE BY COMORBIDITY ADJUSTMENT CATEGORY FOR 30-DAY PERIODS, CYs 2018-2022

Comorbidity Adjustment	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020	CY 2021	CY 2022
None	55.6%	52.0%	49.1%	49.6%	37.3%
Low	35.3%	38.0%	36.9%	36.9%	47.9%
High	9.2%	10.0%	14.0%	13.5%	14.9%

HHVBP Performance Measures proposed changes

Final CY 2023 Measures

Source	Quality Measure
OASIS-based	Dyspnea
	Discharged to Community
	Management of Oral Medications
	Total Normalized Composite Change in Mobility
	(M1840) Toilet Transferring
	(M1850) Bed Transferring
	(M1860) Ambulation-Locomotion
	Total Normalized Composite Change in Self-Care
	(M1800) Grooming
	(M1810) Upper Body Dressing
	(M1820) Lower Body Dressing
	(M1830) Bathing
	(M1845) Toilet Hygiene
	(M1870) Feeding/Eating
Claims-based	Acute Care Hospitalization
	Emergency Department Use without Hospitalization
HHCAHPS Survey-based	Professional Care
	Communication
	Team Discussion
	Overall Rating
	Willingness to Recommend

Removing
- TNCs
- OASIS-based DC to community
- ACH in first 60 days
- ED use without hospitalization in first 60 days

Proposed CY 2025 Measures

Source	Quality Measure
OASIS-based	Dyspnea
	Functional Discharge (GG Item Set)
	Management of Oral Medications
Claims-based	Potentially Preventable Hospitalization (PPH)
	Discharged to Community
HHCAHPS Survey-based	Professional Care
	Communication
	Team Discussion
	Overall Rating
	Willingness to Recommend

Adding
- OASIS based DC Function Score (GG items)
- Claims-based DC to Community Post Acute Care (DTC-PAC)
- Claims-based HH Within-Stay Potentially Preventable Hospitalization (PPH)

Table B18: Proposed Thresholds for functional levels by Clinical Group

Clinical Group	Level of Impairment	Points (2024)
MMTA - Other	Low	**0-28**
	Medium	**29-41**
	High	**42+**
Behavioral Health	Low	**0-28**
	Medium	**29-41**
	High	**42+**
Complex Nursing Interventions	Low	**0-28**
	Medium	**29-52**
	High	**53+**
Musculoskeletal Rehabilitation	Low	**0-28**
	Medium	**29-41**
	High	**42+**
Neuro Rehabilitation	Low	**0-34**
	Medium	**35-49**
	High	**50+**
Wound	Low	**0-28**
	Medium	**29-49**
	High	**50+**
MMTA - Surgical Aftercare	Low	**0-28**
	Medium	**29-39**
	High	**40+**
MMTA - Cardiac and Circulatory	Low	**0-28**
	Medium	**29-41**
	High	**42+**
MMTA - Endocrine	Low	**0-27**
	Medium	**28-39**
	High	**40+**
MMTA - Gastrointestinal tract and Genitourinary system	Low	**0-31**
	Medium	**32-46**
	High	**47+**
MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases	Low	**0-28**
	Medium	**29-43**
	High	**44+**
MMTA - Respiratory	Low	**0-29**
	Medium	**30-44**
	High	**45+**

- Thresholds decreased
- Continue goal of equal 1/3 in each

DC Function Score

- The final DC Function measure for a given HHA is the proportion of that HHA's episodes where a patient's observed discharge score meets or exceeds their expected discharge score.
- This methodology accounts for changes to the scores on individual OASIS items while also considering that not all patients are able to improve on all aspects of each composite measure.
- An expectation for discharge function score is built for each HHA episode by accounting for patient characteristics that impact their functional status.
  - Not determined by column 2 of GG0130/ GG0170 "goal"

Likely first step in utilizing GG for payment determination

Potentially Preventable Hospitalization (PPH)

- Risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stays (PPOBS) that occur within a home health (HH) stay for all eligible stays at each agency

- Identified most frequent diagnoses associated with admissions to develop PPH conditions - grouped based on clinical rationale:
  - Inadequate management of chronic conditions
  - Inadequate management of infections
  - Inadequate management of other unplanned events
  - Inadequate injury prevention

- Planned admissions are not part of the numerator

Source: Specifications for the Home Health Within - Stay Potentially Preventable Hospitalization Measure for the Home Health Quality Reporting Program January 2023

Home Health Quality Reporting Program (HHQRP) CY 25

- Proposed Measure removal
  - Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and Care Plan that Addresses function
    - No longer meaningful
- OASIS-E item removal
    - M0110- Episode Timing
    - M2200- Therapy Need

Home Health Quality Reporting Program (HHQRP) CY 25

- Proposed to add 2 new measures
  - Discharge Function Score (DC Function)
  - Covid-19 Vaccine: Percent of patients/residents who are up-to-date
    - Reported at Discharge
    - Increase vaccination rates: If a patient is not up to date with their COVID–19 vaccination per applicable CDC guidance at admission – educate and/or choose to administer

- Begin publicly reporting Transfer of Health (TOH) – Post Acute Care (PAC) measures January, 2025
  - TOH – Provider
  - TOH – Patient
  - Initial data April 1, 2023- March 31, 2024 (updated by rolling quarters)

  - Health Equity update - continued consideration for SDOH measure
  - Screening measure?
  - Aligning across setting

Reweighting/Redistribution

TABLE D3. CURRENT AND PROPOSED MEASURE CATEGORY WEIGHTS BY QUALITY MEASURE IN THE EXPANDED HHVBP MODEL

Measure	Measure Weights			
	Larger-Volume Cohort		Smaller-Volume Cohort	
	Current	Proposed	Current	Proposed
OASIS-based Measures				
Discharged to Community (OASIS-based)	X	-	X	-
Improvement in Dyspnea	X	X	X	X
Improvement in Management of Oral Medications	X	X	X	X
Total Normalized Composite (TNC) Change in Mobility	X	-	X	-
Total Normalized Composite (TNC) Change in Self-Care	X	-	X	-
DC Function	-	X	-	X
Sum of OASIS-based Measures	**35.000**	**35.000**	**50.000**	**50.000**
Claims-based Measures				
Acute Care Hospitalizations	X	-	X	-
Emergency Department Use Without Hospitalization	X	-	X	-
Potentially Preventable Hospitalization	-	X	-	X
Discharged to Community (Claims-based)	-	X	-	X
Sum of Claims-based Measures	**35.000**	**35.000**	**50.000**	**50.000**
HHCAHPS Survey-based Measures				
Care of Patients	X	X	-	-
Communications Between Providers and Patients	X	X	-	-
Specific Care Issues	X	X	-	-
Overall Rating of Home Health Care	X	X	-	-
Willingness to Recommend the Agency	X	X	-	-
Sum of HHCAHPS Survey-based Measures	**30.00**	**30.000**	**-**	**-**
Sum of All Measures	**100.000**	**100.000**	**100.000**	**100.000**

TABLE D4. PROPOSED MEASURE WEIGHT REDISTRIBUTIONS FOR HHAS IN THE LARGER-VOLUME AND SMALLER-VOLUME COHORT

	Proposed Redistributions			
	Current Measure Weights		Proposed Measure Weights	
Measure	Larger-Volume Cohort	Smaller-Volume Cohort	Larger-Volume Cohort	Smaller-Volume Cohort
OASIS-Based Measures				
Discharged to Community	5.833	8.333	-	-
Improvement in Dyspnea	5.833	8.333	6.000	8.571
Improvement in Management of Oral Medications	5.833	8.333	9.000	12.857
Total Normalized Composite (TNC) Change in Mobility	8.750	12.500	-	-
Total Normalized Composite (TNC) Change in Self-Care	8.750	12.500	-	-
DC Function	-	-	20.000	28.571
Sum of OASIS-based Measures	**35.000**	**50.000**	**35.000**	**50.000**
Claims-based Measures				
Acute-Care Hospitalizations (ACH)	26.250	37.500	-	-
Emergency Department Use Without Hospitalization (ED)	8.750	12.500	-	-
Potentially Preventable Hospitalization	-	-	26.000	37.143
Discharge to Community (DTC-PAC)	-	-	9.000	12.857
Sum of Claims-based Measures	**35.000**	**50.000**	**35.000**	**50.000**
HHCAHPS Survey-based Measures				
Care of Patients	6.000	0.000	6.000	0.000
Communications Between Providers and Patients	6.000	0.000	6.000	0.000
Specific Care Issues	6.000	0.000	6.000	0.000
Overall Rating of Home Health Care	6.000	0.000	6.000	0.000
Willingness to Recommend the Agency	6.000	0.000	6.000	0.000
Sum of HHCAHPS Survey-based Measures	**30.000**	**0.000**	**30.000**	0.000
Sum of All Measures	**100.000**	**100.000**	**100.000**	**100.000**

In addition…. Rate contributors

- Wage index – permanent 5% capped reduction from prior year effective CY 2023
  - Individual agency impact high dependency on Wage index value
  - https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center
- Labor Share 76.1% to 74.9%
  - Lowers significance slightly of Wage index
- Outliers - FDL reduced .35 to .31
  - More periods qualify but less reimbursement for those periods
  - Update expected with complete CY 2022 claims data

Wage adjustment

- Beginning in CY2023, CMS applies permanent 5% cap on any *decrease* to geographic area's wage index from its wage index in the prior year (regardless of whatever caused the decline)
- Ergo: a geographic area's wage index for 2024 would not be less than 95% of its final wage index for CY 2023, regardless of specific CBSA updates
- Wage index is a key factor for individual agencies to consider/determine local impact

- Rural CBSA's
  - Four states increase in rural wage index over 2.0%
  - North Dakota largest at 11.06%
- Nine states decrease rural wage index over 3%
- Three states capped at 5% decrease:
  - Hawaii, Washington, Arizona
- Urban CBSA's
  - 35 CBSA's increased over 4%:
    - Santa Fe, NM top increase – 26.64%
  - 64 CBSA's decreased over 4%
  - 45 CBSA's at cap

Disposable Negative Pressure Wound Therapy

- Known as dNPWT

Starting January 1, 2024:

- Device and professional service will be billed separately on home health claim type of bill (TOB) 32x rather than bundled on TOB 34x
- Nursing and therapy visits provided for the dNPWT billed separately and included as home health visits
- HCPCS A9272 defined as wound suction, disposable, including dressing, all accessories and components, any type, each

Intravenous Immune Globulin (IVIG)

- In demonstration project since 2014
- CAA, 2023 permanent program
- Effective January 2024
- Coverage and payment related to administration of IVIG in patients home as bundled payment
- Dx of primary immune deficiency disease (PIDD)
- Covered under DMEPOS benefit – with standard co-pays and deductibles applying
- Patients under Medicare home health POC not eligible

Lymphedema Therapy Benefit

- New Part B benefit category – CAA, 2023
- Effective January 2024
- Standard and custom fitted gradient compression garments and other approved items (bundled) are covered
- Enrolled DMEPOS supplier with quality standards applying – subject to competitive bidding
- Billed to DME MAC

- Gradient compression stockings/wraps as surgical supplies for venous stasis ulcers
  - New HCPCS codes for gradient compression stockings/wrap to reflect surgical dressings (currently A6531, A 6532, and A6545
  - New HCPC codes and pricing noted for lymphedema items

Note: CMS making other DMEPOS conforming changes required by the CAA 2023

Provider enrollment

- § 424.527(a) New provider defined for provisional period of enhanced oversight (PPEO)
  - A newly enrolling Medicare provider or supplier – A certified provider or certified supplier undergoing a change of ownership
  - A provider or supplier (including an HHA or hospice) undergoing a 100 percent change of ownership via a change of information.
- § 424.527(b) The effective date of the PPEO's commencement is the date on which the new provider or supplier submits its first claim rather than the date the first service was performed or the effective date of the ownership change

- Propose in new § 489.52(b)(4) that a provider may request a retroactive termination date, but only if no Medicare beneficiary received services from the facility on or after the requested termination date.
- Propose to revise § 424.540(a)(1) to change the 12-month time frame to 6 month for deactivations related to non-billing.
- Propose to add new § 424.518(c)(1)(viii) that would incorporate within the high-screening category revalidating DMEPOS suppliers, HHAs, OTPs, MDPPs, and SNFs for which CMS waived the FBCBC requirement when they initially enrolled in Medicare (e.g. PHE).

Now what?

Provider enrollment

- Proposed to extend the maximum length of a reapplication bar under § 424.530(f) to 10 years from 3 years – denials
- Propose that 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
- Propose that Medicare does not pay for any otherwise covered service, item, or drug that is ordered, referred, certified, or prescribed by a provider or supplier that is currently under a reapplication bar

Lean into innovation and understand change management

As care at home adapts to rising demand, constricting resources and continued change, anticipate the market to adapt and innovate to meet growth in real-patient need/overall demand for increased care at home

Expect to see:

- Continued demand driving risk-based, best-practice utilization management and clinical decision support
  - Normalized use of best practice performance and real-time predictive analytics in field and office
- Analytics applied to workforce support and capacity management solutions
- Normalized use of virtual care/communications and RPM integration into examples of specific patient cohort management: leveraged, today – advancing as we learn, tomorrow
- Effective leaders navigating the known turf of change, pro-actively and thoughtfully
- Competition will actively leverage innovation to adapt as we grow in service of demand

Manage into risk – integrate intelligent care management

Take a stand and use innovative tools to manage into risk and gain efficiency – can only help future performance!

Maximize HHVBP performance – promise of future revenue impact and immediate market positioning/competitive lift:

- Establish OASIS competence in assessment and data capture
- Achieve excellence in coding and review, targeted clinician micro-training based on patterns of documentation
- Integrate real-time, predictive analytics to:
  - ✓ Guide QAPI Performance Improvement Projects (PIPs)
  - ✓ Triage daily schedule to risk
  - ✓ Stack clinician skills in revised team conference
  - ✓ Leverage field use of analytics - "take five in the drive"
  - ✓ Benchmark to visits needed to achieve top results
- Integrate virtual telecommunications methodology and RPM to better connect with patients – aiding in reducing risk of ACH while building satisfaction

Manage into risk, gaining efficiency, and reducing cost

- Reduce avoidable staff turnover – utilize predictive workforce analytics

- Train leadership in functional/situational leadership theory and apply it, guided by data added to instinct

- Sniff out workarounds to operational problems left unsolved – gain efficiency through review of current operations and clinical modeling

    - Process engineer to LEAN and optimal use of EMR technology

    - Form follows function: do not inflate org structure based on inefficiencies

    - If concerned, consider operational/organizational review

Thank you for what you are doing to carry our care into the future

Tell Congress to **STOP** cuts to home health.

WellSky

Be a voice – your community needs you!

- ✓ Contact your state and national trade associations - ask how you can add to grassroots advocacy
- ✓ **Our voice will be louder** if everyone makes a call, sends a letter, and reaches out to their representatives
- ✓ Go to **www.nahc.org** to watch for legislative advocacy opportunities
- ✓ Comment to CMS – use data to support your comments if possible
- ✓ Collaborate regionally and nationally to amplify our message

NAHC has put together an official email template, where providers can advocate to stop cuts to home health. You can find it here.

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Questions?

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WellSky solutions overview:

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