HCA, DOH Discussions Reach Solution on Physician Order Requirement for CHHA EPS Billing

A collaborative effort between HCA and the Department of Health (DOH) has resulted in an important change in the Department’s July 1 Episodic Payment System (EPS) guidance related to physician orders and Interim Payments (IP).

During a presentation at HCA’s Corporate Compliance Symposium today in Albany, Lana Earle, Deputy Director of the Division of Health Care Financing for DOH, announced that the Department will revise an earlier interpretation to clarify that a signed written physician order is not required for an interim payment, only for a final claim.

A guidance document previously issued by DOH on July 1 in response to a provider inquiry had indicated that signed orders were required before providers could receive an interim payment. The
interpretation was based on state Medicaid regulations which require a signed medical order before a provider may submit a claim.

Responding to this guidance, HCA noted to DOH that the IP was established as a cash flow mechanism under EPS, not an actual final claim; thus, the final claim, rather than the IP, should be subject to the signed physician order requirement.

The Department then agreed to explore these concerns. HCA in turn worked with individual agency representatives to compile information that would support a revision of the guidance.

In our discussions with the Department on this issue, HCA and members highlighted the fact that EPS was based on the Medicare Prospective Payment System (PPS) for CHHAs, and that the imposition of a physician order requirement for the state’s IP was inconsistent with the federal system, given that the IP is similar to the Request for Anticipated Payment (RAP) under PPS. Under the Medicare model, a signed physician order is not required prior to submitting a RAP because the RAP is not considered a final claim for payment.

Similar to a RAP, interim claims under CHHA Medicaid EPS are merely designed to assist providers with cash flow during the episode of care until the actual (final) claim is submitted by the provider and then adjudicated and paid by the state.

After careful deliberation and extensive work internally, DOH announced today its intention to revise the guidance, indicating that a written clarification will be provided to agencies in the next several weeks.
Ms. Earle also stated that the new guidance and clarification will be retroactive to the implementation of EPS on May 1.

HCA extends great appreciation to the Department for working toward an interpretation of the regulation that is not only consistent with state and federal policy but will help ensure that patients receive timely, quality care, and avoid potential disruptions in provider cash flow.

HCA specifically thanks Elizabeth Misa, Deputy State Medicaid Director; Lana Earle; Mark Kissinger, Director of the Division of Long Term Care (LTC); and others in the Bureaus of LTC Reimbursement and Medicaid Eligibility whose assistance was pivotal in reaching a positive solution to this issue.

We also thank the HCA member agencies whose informational assistance supported our joint efforts with the Department to achieve this important change.

HCA will notify the membership as soon as DOH posts this new CHHA EPS guidance to the Department’s website.

For further information, contact Patrick Conole at (518) 810-0661 or at pconole@hcanys.org; or Al Cardillo at acardillo@hcanys.org.

In Memorium: Constance Laymon

HCA was very saddened to learn late last week about the sudden passing of HCA Member Constance Laymon, founder and CEO of Consumer Directed Choices, whose mission, under her leadership, was to promote advanced community-based supports to assist people with disabilities and their families.

In 1984, Ms. Laymon sustained a spinal cord injury – a life experience that drove her to become a strong leader committed to advocacy on behalf of people with disabilities.

After graduating from high school, Ms. Laymon received a bachelor of arts and master of arts in English, both from SUNY Albany. In recent years she was working towards her degree in doctoral studies in public policies and English.

Ms. Laymon was a passionate and tireless advocate who served on numerous state and local workgroups and councils, where she helped shape public policy, including the New York State Most Integrated Setting Coordinating Council; the DOH Long Term Care Restructuring Advisory Committee; DOH Money Follows the Person Waiver Demonstration Workgroup; state Office for the Aging New York Connects Nursing Home Diversion Subcommittee; DOH Home Care Reimbursement Workgroup; New York State Health Care Reform Advisory Committee; the Albany County Long Term Care Council; and the state Medicaid Redesign Team Subcommittee on Consumer Direction and Managed Care.

HCA joins the membership in remembrance of Ms. Laymon’s leadership, her unwavering advocacy, and her inspiration to us all. We send our condolences to the staff at Consumer Directed Choices and everyone else whose lives were touched by Ms. Laymon’s work.

Services will be held at 5 p.m. on Saturday, September 29, at New Comer Cannon Funeral Home, 343 New Karner Road, Colonie, near Albany. Calling hours will precede the service from 2 to 5 p.m. on Saturday. In lieu of flowers, memorial contributions may be made to Consumer Directed Choices, 7 Washington Square, Albany, NY 12205 or to Peppertree Rescue, P.O. Box 2396, Albany, NY 12205.
HCA Meets with Governor's Staff, DOH on Wage Parity and Other Vital Issues

This week, HCA and our government affairs representatives at DKC met with Governor Cuomo’s staff and the state Department of Health (DOH) to discuss the state Worker Wage Parity law and other important issues, in follow-up to an earlier February meeting on similar matters.

The meeting included Jim Introne, Deputy Secretary for Health; Lisa Ullman, Assistant Counsel to Governor Cuomo; and Mark Kissinger, Director of the Division of Long Term Care at DOH.

During the meeting, HCA reviewed the outstanding wage parity issues raised in a letter we had previously sent to Ms. Ullman, including: the lack of funding to meet the requirements; the interpretation of “total compensation,” and credits allowed to offset wages; the requirement that health insurance cost the employer at least $1.35 per hour; and the application of wage parity to Medicare services provided to dual eligibles.

On this latter point – the applicability of the wage parity law to Medicare home care services for dual-eligibles – Administration staff did offer to reexamine its policy based on our comments.

HCA stressed that the wage parity law will be even more detrimental as the mandated wage levels increase in future years and are applied to Long Island and Westchester (2013).

HCA also took the opportunity to discuss:

- The need for regulatory reform, specifically to address the many inconsistencies which exist between the procedures or requirements pertaining to managed care and the traditional fee-for-service system, even as most home care services will eventually be provided under managed care.
- Ways to assist providers in a transitioning health care system, while also saving money for the state, through provider investment under the state’s 1115 mega waiver (see p. 6 story) and in other areas.
- The need for Administration support of proposals to streamline contracting between managed care plans and home care agencies.

HCA will provide additional updates as information on these issues becomes available.

For more information, contact HCA Policy staff.

MLTC Enrollment Policy Update

HCA participated in two meetings this week that provided new information on the implementation of the mandatory managed long term care (MLTC) enrollment policy.

On the MLTC Implementation Workgroup conference call this week, DOH revealed that it had responded in writing to the U.S. Centers for Medicare and Medicaid Services (CMS) on its request for additional information about New York’s request to amend its Long Term Home Care Program (LTHHCP) 1915(c) waiver to require LTHHCP patients to enroll in MLTCs in counties that CMS has approved for mandatory MLTC enrollment.

Continued on next page
Some of the issues raised in the information request include New York assurances that individuals will be informed of any additional options they have and fiscal questions related to individuals under age 21 who remain in the LTHHCP.

New York indicated that it hopes to receive approval of its 1915(c) waiver amendment in time to allow for mandatory enrollment of current LTHHCP patients in New York City, Long Island and Westchester starting in January 2013.

On the call, an HCA member asked for confirmation that one of the state’s continuity-of-care policies – which requires MLTCs to pay the Human Resources Administration on personal care cases that transition to MLTCs – applies to personal care recipients who voluntarily enroll in MLTCs during this “mandatory enrollment” period. DOH plans to research the issue and make a determination.

HCA asked for information on MLTC organizations’ transition plans for non-personal care cases, including the LTHHCP, certified home health agencies, adult day, etc., and DOH officials said they plan to make a presentation on this issue at another meeting. Regarding mailings sent to personal care recipients in New York City, DOH confirmed that no “auto assignment” letters will be sent during October to counties outside of Manhattan.

At the CMS Medicaid and Medicaid Managed Care Advocates meeting, DOH reported that it has 30 days from CMS’s approval (August 31) to provide comments to CMS on the Special Terms and Conditions that are part of the mandatory MLTC approval. Some outstanding issues are the aid-continuing and fair-hearing procedures for patients receiving services who are enrolled into MLTCs.

Once DOH submits its response on the terms and conditions, CMS will review them and send any revisions back to DOH for its further review. Despite this ongoing communication, New York is allowed to proceed with mandatory enrollment.

The terms and conditions are at [http://www.health.ny.gov/health_care/medicaid/redesign/1115_waiver_amendment_for_managed_long_term_care.htm](http://www.health.ny.gov/health_care/medicaid/redesign/1115_waiver_amendment_for_managed_long_term_care.htm).

For more information, contact the HCA Policy staff.

**Recoupment Relief Bill Sent to Governor**

*HCA urges approval of A.9664-B/S.6493-B*

After ASAP went to press last week, HCA learned that an HCA-supported bill to mitigate the state’s practices for recouping retroactive Medicaid rate reductions (A.9664-B Brindisi/S.6493-B Hannon) was delivered to the Governor’s desk. The Governor has 10 days to either sign it into law or veto it.

HCA strongly supported this legislation, which passed both houses of the Legislature in June. It provides that, on and after April 1, 2009, any recoupments or reductions in payments for home care shall not be subject to interest or interest penalties.

This legislation seeks to address a major area of fiscal concern as home care providers have been besieged in recent years by a series of sometimes overlapping Medicaid payment and rate recoupment actions due entirely to the timing of government rate approvals.

The legislation began as an effort to provide some relief in the recoupment process. It also seeks equity in the state’s attempt to impose interest penalties on the retroactive recoupments. HCA has argued that these interest penalties...
For more information, contact the HCA Policy staff.

HCA Holds Hospice Forum

In an effort to engage HCA hospice members on reimbursement, regulatory, and clinical issues and needs, HCA this week held our first-ever Hospice Provider Member Forum in New York City, modeled after similar provider forums HCA has traditionally convened for our Long Term Home Health Care Program (LTHHCP) and Licensed Home Services Agency (LHCSA) members.

HCA sought this opportunity to convene members of the hospice provider community to learn more about how we can assist in advocacy efforts, information sharing, and technical assistance to the membership on hospice issues. The Forum also provides a venue for members to hear from thought-leaders with expertise in a particular area or discipline of health care.

For this week’s Hospice Forum, HCA invited nationally recognized hospice policy expert Theresa Forster, Vice President for Hospice Policy and Programs at the National Association for Home Care and Hospice (NAHC), who provided attendees with a broad overview of changes in hospice payment, regulations and clinical requirements stemming from the Affordable Care Act (ACA). Ms. Forster specifically discussed the impact of increasing federal oversight of hospice, payment issues and reform efforts, program integrity and the new hospice quality reporting program.

Following Ms. Forster’s presentation, HCA Policy Staff conducted an interactive discussion of new state initiatives that impact hospice and palliative care in an effort to solicit feedback from members aimed at enriching our advocacy strategy in these areas. Among the issues discussed were the impact of Medicaid Redesign Team (MRT) reforms in hospice, contracting issues, workforce shortages, improving referrals, patient length of stay and new state initiatives such as the Palliative Care Information and Access Acts.

HCA thanks Ms. Forster for briefing New York home care providers on important federal issues and our hospice members for participating in this effort. HCA will be collaborating with the Hospice and Palliative Care Association of New York State (HPCANYS) and our hospice membership in developing strategies to support HCA members whose systems include hospices and/or palliative care programs.

For more information, contact Lexi Silver at (518) 810-0658 or asilver@hcanys.org.

1115 Megawaiver to be Submitted in Mid-October

At this week’s U.S. Centers for Medicare and Medicaid Services (CMS) Medicaid and Medicaid Managed Care Advocates meeting, HCA learned that New York plans to submit its 1115 waiver amendment to CMS in mid-October.

This waiver, known as a “super” or “mega” waiver, requests permission for New York to reinvest $10 billion in federal Medicaid dollars that, officials say, are part of the $17.1 billion in anticipated federal savings from initiatives of the state’s Medicaid Redesign Team (MRT). Information on the waiver amendment is at http://www.health.ny.gov/health_care/medicaid/redesign/mrt_waiver.htm.

As reported in prior editions of ASAP, the waiver amendment contains no direct investment in home care apart from provisions seeking investment in “vital access” provider services. HCA has pressed for inclusion of specific
home care investment areas, as outlined in our July 20 letter to State Medicaid Director Jason Helgerson. The letter can be found in the Policy Positions page of our website at http://www.hca-nys.org/polpos.cfm.

For more information, contact HCA Policy staff.

**DOH to Conduct Medicaid Global Cap Webinar**

On Monday, October 1 from 1 to 2 p.m., the state Department of Health (DOH) and Division of Budget (DOB) will be conducting a Medicaid global cap webinar that will discuss the following:

- 2011-12 Medicaid global cap results
- Components of the $600 million (4 percent) annual growth factored into the cap schedule
- Elements of the 2012-13 global cap model
- Spending results through July 2012
- Accounts Receivable Balance
- Enrollment trends
- Challenges in managing the Medicaid program within the 4 percent growth trajectory

Registration for the webinar is at: https://www1.gotomeeting.com/register/565177856.

Participants will receive a confirmation e-mail that includes additional information about joining the webinar after they register.

As reported in last week’s ASAP, the Department issued its July Medicaid Global Spending Cap report which found that Medicaid expenditures were $63 million or 1 percent below projections. Home health and home nursing were $50 million below projections, which the state attributed in part to delays in billing patterns as a result of the transition to an Episodic Pricing System (EPS) for Certified Home Health Agencies. Meanwhile, personal care spending was reported at $50 million above the cap. This trend were attributable to a new claims auditing procedure resulting in the roll-over of some claims from the prior fiscal year, according to the report.

HCA will be participating in Monday’s webinar and will provide an update for the membership in next week’s ASAP.

Additional information on the global cap can be found at: http://www.health.ny.gov/health_care/medicaid/regulations/global_cap/index.htm

For further information, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.

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**Next CMS Home Health and Hospice Open Door Forum: October 3**

The U.S. Centers for Medicare and Medicaid Services (CMS) has scheduled its next Home Health, Hospice and DME Open Door Forum for October 3 from 2 to 3 p.m.

Confirmed agenda items include: Medicare open enrollment announcement; home health and hospice quality update; the Home Health Care Consumer Assessment of Healthcare Providers and Systems (CAHPS) and an OASIS training update.

To participate in the Forum, dial 1-800-837-1935 and use conference ID 76245818.

Participants are advised to call in early.

Additional information can be found at:


For further information, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.
Upcoming HCA Programs and Events

Registration for these and other events is available at http://www.hca-nys.org/events.cfm

In-Person Education Throughout the State

Blueprint for OASIS Accuracy and COS-C Exam
East Elmhurst — October 15 and 16 (COS-C Exam October 17)

Webinars and Teleconferences

OASIS Focus Spots—Multi-part Webinar Series
October 18: Part 2
November 8: Part 3
December 13: Part 4
January 17: Part 5
February 21: Part 6
March 21: Part 7
April 18: Part 8

Failure to Thrive in the Hospice Patient
Teleconference — October 2

Coding, OASIS and the POC - The Missing Link to Effective Care
A three-part webinar series
October 4 - Part 1
November 1 - Part 2
December 11 - Part 3

The Aide’s Role in Post Traumatic Stress Disorder
Teleconference — October 11

The Aide’s Role in Working with Patients with Assistive Devices
Teleconference — November 8

Home Health PPS Updates: Prepare Now to Succeed in 2013
Webinar—December 11

Is Humor Okay in the Hospice Setting?
Teleconference—December 11

The Aide’s Role in Working with Patients with HIV/AIDS
Teleconference — December 13

Rehab Happenings — A Monthly Forum for Home Health Rehab Professionals
13 Webinars through July 31, 2013
DOH Releases Data on MRT Recommendations

This week, the state Department of Health released data related to recent Medicaid Redesign Team (MRT) recommendations.

The materials include an update on the status of the adopted MRT proposals, as well as a timetable and costs related to transitioning most Medicaid recipients into some form of care management program by April 2016.

The data is at the following links:

http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-09-25_care_manage_for_all_transition.xls

http://www.health.ny.gov/health_care/medicaid/redesign/docs/care_manage_for_all.pdf

http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-09-25_phase1_open_projects.xls

http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-09-22_project_mgmt_phase2.xls

HCA will be analyzing the materials and report any new or important information to members.

For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcanys.org.

Hospice Training Recording Available

Next training is on October 4

Hospice providers can find an online archive of a September 13 training session that provides information on an important new quality assurance data report called PEPPER, or Program for Evaluating Payment Patterns Electronic Report.

The archived training session is available at: http://pepperresources.org/TrainingResources/Hospice.aspx

An additional hospice PEPPER question and answer session will be available on October 4, from 2 to 3 p.m. The call-in number is 877-718-9108, passcode 4303581. Registration is not required.

PEPPER is a report that summarizes a hospice’s Medicare claims data in areas that may be at risk for abuse or improper payment. PEPPER compares a hospice’s claims data statistics with aggregate statistics for other hospices in the state, fiscal intermediary jurisdiction and nationally.

Hospices with high billing patterns (at or above the national 80th percentile) are identified as at risk for improper Medicare payments and are prompted to take steps that ensure compliance with Medicare payment policy. However, PEPPER cannot identify the presence of improper payments. Only a review of the medical record can determine whether services are medically necessary and appropriately billed.

For more information, contact Lexi Silver at asilver@hcanys.org or (518) 810-0658.
DOH Posts New CHHA EPS Billing Update

The state Department of Health (DOH) this week posted a new Episodic Payment System (EPS) billing update to remind Certified Home Health Agencies (CHHAs) that the revenue codes used for reporting services on EPS claims are subject to the same limitations (units billed per day) as the corresponding rate codes utilized under fee-for-service (FFS) or pre-episodic billing.

The daily limits for the 10 Revenue Codes which were previously listed in the “Billing Guidelines” for episodic billing are as follows:

<table>
<thead>
<tr>
<th>Rev. Code</th>
<th>Description</th>
<th>Max. Units Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0551</td>
<td>Nursing - Visit</td>
<td>3</td>
</tr>
<tr>
<td>0421</td>
<td>Physical Therapy - Visit</td>
<td>3</td>
</tr>
<tr>
<td>0441</td>
<td>Speech Pathology - Visit</td>
<td>3</td>
</tr>
<tr>
<td>0431</td>
<td>Occupational Therapy - Visit</td>
<td>3</td>
</tr>
<tr>
<td>0572</td>
<td>Home Health Aide - Hour</td>
<td>24</td>
</tr>
<tr>
<td>0579</td>
<td>Shared Aide - Quarter Hour</td>
<td>96</td>
</tr>
<tr>
<td>0559</td>
<td>AIDS Nursing - Visit</td>
<td>3</td>
</tr>
<tr>
<td>0780</td>
<td>Telehealth Services - Day</td>
<td>1</td>
</tr>
<tr>
<td>0590</td>
<td>Telehealth - Installation</td>
<td>1</td>
</tr>
<tr>
<td>0581</td>
<td>MOMS Health Supportive Services - Visit</td>
<td>1</td>
</tr>
</tbody>
</table>

The Department has also instructed Computer Sciences Corporation (CSC), which is the Administrator of the eMedNY Medicaid billing system, to implement new claim edits which will result in the denial of claims when reported units exceed the limits shown above.

DOH’s billing guidance also notes the following:

- CHHAs should utilize Revenue Codes 0572 or 0579 to report home health aide services for episodic claims. Revenue Code 0571 should not be used.
- Each date of service requires a separate line on the claim. Providers should not combine hours, visits, or other units from multiple dates on a single line.

The Department has posted the new CHHA EPS Billing Update on the “CHHA Rate Sheets” application in the Health Commerce System (HCS) as well as the CHHA reimbursement section of DOH’s website at: http://www.health.ny.gov/facilities/long_term_care/reimbursement/chha/

Specific questions on this guidance can be sent to the Department at blcr-ch@health.state.ny.us.

For further information, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.
CDPAP Transition Delayed to November

New managed care transition timetable released

The state Department of Health (DOH) has announced that the transition of the Consumer Directed Personal Assistance Program (CDPAP) into mainstream Medicaid managed care and managed long term care plans has been delayed from October 1 to November 1, 2012. In early October, DOH plans to send notices to current CDPAP recipients to inform them about their services being part of their managed care benefit.

HCA has participated in a Workgroup to address a multitude of issues associated with the transition and, last week, we submitted comments to DOH on draft guidance. The guidance items included an outline of contracting requirements for managed care organizations; an administrative agreement for fiscal intermediaries; and a list of responsibilities for health plans and consumers.


HCA participated in the Workgroup’s meeting this week at which these documents were finalized. DOH plans to hold a meeting soon with health plans and fiscal intermediaries to discuss the final documents and procedures.

Meanwhile, DOH has released an updated chart of the transition of certain populations who are Medicaid only and particular benefits for Medicaid only recipients into mainstream Medicaid managed care.

The list is on HCA's Managed Care/Mandatory Enrollment Resources web page at http://www.hca-nys.org/MandatoryEnrollmentResources.cfm.

Some highlights of the list include the following populations being enrolled into Medicaid managed care and/or services being included in the managed care benefit for the following populations on the dates specified:

- **September 1, 2012** – Individuals with characteristics and needs similar to those receiving services through home and community-based services (HCBS) waiver programs, including Traumatic Brain Injury (TBI), Care At Home, Long Term Home Health Care Nominations Sought for Home Care Month Honors

In conjunction with National Home Care Month and National Home Health Aide Week in November, HCA again offers members two opportunities to nominate and honor outstanding members of your staff for their dedication, hard work and professionalism. These include HCA’s Home Health Aide of the Year award and our Telehealth Champion award, for a nurse who has been instrumental in implementing clinical technology with proven results.

Selected nominees will be recognized for their outstanding work during an awards luncheon at HCA's 2012 Quality and Technology Conference on November 7 in Tarrytown, NY.

HCA will post profiles of the awardees and other home care month information on our home care month website: www.nationalhomecaremonth.com. This is a great opportunity to recognize your staff and to tell their stories.

The nomination deadline is **October 15**. A nomination form is available on the home page of HCA’s website at www.hcanys.org.

HCA will keep the membership apprised of other opportunities to participate in National Home Care Month as November draws closer – stay tuned!

For further information, contact Laura Constable at (518) 810-0660 or lconstable@hcanys.org.
Program (LTHHCP), Nursing Home Transition and Diversion (NHTD) and Intermediate Care Facilities for the developmentally disabled program (ICF/DD).

- **January 1, 2013** – Pending approval from the U.S. Centers for Medicare and Medicaid Services, individuals enrolled in the LTHHCP
- **April 1, 2013** – Adult Day Health Care, AIDS Adult Day Health Care
- **October 1, 2013** – Nursing home residents, nursing home and hospice benefits
- **January 1, 2014** – HIV COBRA Case Management
- **April 1, 2014** – HCBS Waiver/Office of Mental Health
- **January 1, 2015** – Assisted Living Program (ALP) residents and ALP benefits for persons currently enrolled in Medicaid managed care
- **September 1, 2015** – NHTD and TBI recipients
- **January 1, 2016** – Care At Home waivers 1, 2, 3, 4 and 6
- **April 1, 2016** – Individuals receiving hospice upon application, Medicaid spend-down recipients, and others

For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcany.org.

**Reminder: NGS to Hold Medicare Conference in East Elmhurst on Nov. 14**

National Government Services (NGS), New York’s regional Medicare home health intermediary, is holding a Medicare Conference at the LaGuardia Marriot in East Elmhurst on November 14.

The conference applies to all Medicare Part A providers including home health, hospice, skilled nursing facilities, and federally qualified health center providers served by NGS as the Medicare fiscal intermediary and/or administrative contractor.

Thirty-two courses are offered for Medicare billing, clinical, administrative, compliance and office management staff in home health agencies and hospices. A complete listing of all sessions is at: http://www.ngsmedicareconvention.com/wps/portal/ngsconvention/courses?ConferenceIDs=EELMNYJune%202012

Registration for the $185 conference (which includes breakfast and lunch) is at: http://www.ngsmedicareconvention.com/wps/portal/ngsconvention/registration?ConferenceIDs=EELMNYJune%202012

NGS has received approval for six American Academy of Professional Coders (AAPC) continuing education units for this conference. Six Medicare University Credits (MUC) will also be made available to anyone attending the conference.

For questions, contact provideroutreachandeducation@wellpoint.com or (315) 442-4723.
HHCAHPS Preview Reports Available

Preview reports for the Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) survey results are now available on the HHCAHPS website. These results will be publicly reported on Home Health Compare in early October.

To access your agency’s Preview Report, log into the HHCAHPS website and select the “Preview Reports” link under the “For HHAs” tab. The system will then display the HHCAHPS survey results. If you have forgotten your username or password, click the login link, then click “Forgot Password.” The HHCAHPS Coordination Team will send your username and password to you via e-mail.

The public report of HHCAHPS will be “refreshed” or updated on Home Health Compare (http://www.medicare.gov/homehealthcompare/) on or about October 10.

For more information about the preview reports, please refer to the announcement posted here:

https://homehealthcahps.org/GeneralInformation/Announcements/tabid/269/EntryId/142/HHCAHPS-Preview-Reports.aspx

Specific questions about the previews may be directed to the HHCAHPS Survey Coordination Team via e-mail at hhcahps@rti.org, or call toll-free at (866) 354-0985.

For more information, contact Lexi Silver at (518) 810-0658 or asilver@hcanys.org.

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Hiring: Nurses

VIP Certified Health Services

VIP Certified Health Services is looking for Nurses for the following positions:

Clinical Services Supervisor

Community Health Nurses-Queens or Nassau County
Seeking Nurses to perform skilled visits to acute patients. Experience with Mckesson software a plus. Require excellent assessment and communication skills.

Home care experience required. Rush resumes to:

Barbara Regan, Human Resources
VIP Certified Health Services
Fax: 718-697-7624
reganb@vipchs.com
NYS Health Launches 2012 Special Projects Fund Request for Proposals

The New York State Health Foundation (NYSHealth) 2013 Special Projects Fund Request for Proposals (RFP) is now available. Applicants, who must be existing non-profit or for-profit organizations with a significant presence in New York State, must submit an online inquiry form to determine whether a proposed project fits the funding criteria.

Funding requests can range from $50,000 to $500,000. Special Projects Fund grants are typically in the $200,000 range. Funds requested must be in line with the work proposed.

There are two deadlines for the online inquiry form: October 22, 2012 and April 19, 2013. Selected organizations will be invited to submit full applications, which will be reviewed on a rolling basis with two deadlines: December 11, 2012, and June 7, 2013.

More information about these one-time, non-renewable funding opportunities is available at http://nyshealthfoundation.org/grant-seekers/rfps/2013-special-projects-fund1 or by contacting Lexi Silver at (518) 810-0658 or asilver@hcanys.org.

Guidance Issued on Private Duty Nursing

The state Department of Health (DOH) has issued two Frequently Asked Questions (FAQs) documents that relate to the provision of private duty nursing (PDN) services. The FAQs, both dated September 19, are at https://www.emedny.org/ProviderManuals/NursingServices/communications.aspx.

The documents include the following information:

- Prior Approval (PA) requests and Prior Approval Change Requests (CR) are reviewed in the order received by DOH.

- While DOH will take into consideration the recommendation for PDN from Certified Home Health Agencies (CHHAs), case managers, or the local Department of Social Services (DSS), it is ultimately the responsibility of the ordering physician to medically justify the PDN hours being requested.

- All increases in services – temporary or permanent – require PA from DOH.

- Most renewals require the provider to send updated physician orders/plans of treatment and an updated CHHA nursing assessment.

- The next PA request should be submitted a minimum of four weeks and a maximum of eight weeks prior to the expiration date of the current PA.

For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcanys.org.
CMS to Conduct Conference Call on Revalidation, PECOS

On Wednesday, October 10, from 1 to 2:30 p.m., the U.S. Centers for Medicare and Medicaid Services (CMS) will host a national conference call to provide updates on CMS’s Medicare enrollment/revalidation efforts, billing for ordered/referred services, and various enhancements to the Provider Enrollment, Chain and Ownership System (PECOS).

For nearly a year, CMS has been revalidating the enrollment of providers and suppliers enrolled in Medicare prior to March 25, 2011 as required by the Affordable Care Act (ACA). This phased-in revalidation process is scheduled for completion by 2015. Soon CMS will turn on the automated edits that will deny claims which do not meet PECOS enrollment requirements.

During the call, participants will learn: the latest information about the revalidation effort, recent changes to PECOS, what to expect and how to prepare for this process, and the requirements for billing services that were ordered or referred by a physician or other eligible professional.

This call will also provide a question and answer session.

Registration is available at CMS’s Upcoming National Provider Call website at http://www.eventsvc.com/blhtechnologies. Registration will close at 12 p.m. on the day of the call or when available space has been filled.

CMS’s presentation will be posted prior to the call at http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html and a link to the slide presentation will be e-mailed to all registrants on the day of the call.

For further information, contact the HCA Policy staff.

Summary of Health Plan Benefits Now Required

As of September 23, health insurance issuers and group health plans are required to provide an easy-to-understand summary of a health plan’s benefits and coverage.

The new forms include a Summary of Benefits and Coverage (SBC) and a uniform glossary of terms commonly used in health insurance coverage, such as “deductible” and “copayment.” Individuals have the right to receive the SBC when shopping for or enrolling in coverage from the insurance issuer or group health plan, and at renewal.

These provisions apply to all health plans, whether obtained through an employer or purchased individually.

For more information, including a sample SBC and glossary, visit http://www.healthcare.gov/law/features/rights/sbc/index.html.

Final Rule on Occupational Therapy Adopted

This week, the State Education Department (SED) published in the State Register a notice that it was adopting changes to the practice of occupational therapy. These changes were made by chapter 460 of the laws of 2011.

The final rule covers the definition of occupational therapy assistant practice, use of the title of occupational therapy assistant, supervision of occupational therapist assistants, requirements for authorization as an
occupational therapy assistant, student exemptions for an occupational therapy assistant, and supervision of holders of “limited permits.”


For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcany.org.

Health Care Resources

Publications

- “Report to Congress: Aging Services Technology Study,” by the U.S. Department of Health and Human Services Office of Disability, Aging and Long-Term Care Policy

  http://aspe.hhs.gov/daltcp/reports/2012/astsrptcong.shtml#execsum

- “Medicare Private Health Plans, Selected Current Issues,” by the Government Accountability Office


- “Part D and Medicare Advantage plan landscape info for 2013,” by the Evelyn Frank Legal Resources Program

  http://wnylc.com/health/entry/177/

For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcany.org.