Home Care Renews Advocacy on CMS Case-Mix, Rebasing Cuts

HCA is involved in a renewed national advocacy campaign to reduce the impact of Medicare home health rebasing on home care agencies, now that the U.S. Centers for Medicare and Medicaid Services (CMS) is considering a final version of its proposed 2016 Home Health Prospective Payment System (HHPPS) rule.

A draft letter on the issue is circulating in Congress. HCA is pushing for New York representation on this initiative next week as HCA President Joanne Cunningham meets with the offices of New York’s Congressional Delegation in Washington urging their sign-on to the letter, among other advocacy requests related to Medicare HHPPS.

See REBASING p. 3

New Speakers, and Your Last Chance to Register for Next Week’s Finance Conference

HCA’s Senior & Financial Manager’s Retreat is next week, on September 17 and 18. There's still time for you to join us and learn about all of the burning home care payment and finance issues affecting you.

See REGISTER p. 2

Gov. Cuomo Joined by VP Biden in NY Push for $15 Minimum Wage

Wage campaign comes at a time when home care labor issues remain entangled in the courts

Minimum wage and labor issues dominated several headlines this week, at a time when a raft of court rulings hinge on interpretations of New York’s wage laws for home care as well as U.S. Department of Labor regulations to change the “companionship exemption” under the Fair Labor Standards Act (FLSA).

This week’s news centered on New York, where Vice President Biden joined the Governor yesterday in

See WAGE p. 4

Helping New Yorkers Feel Right At Home
Our latest brochure and online registration are posted at the top of HCA’s Education page at http://hca-nys.org/events-education/upcoming-events.

For this conference, we’ve brought together all of the key players in home care finance that your CFOs and leadership teams would be itching to meet.

To entice you, we’ve got some new speakers on deck, including, on September 18, Kathy Preston from the Health Plan Association (HPA) who will present “Perspectives and Insights from the Health Plans.”

On September 17, we’ll have a panel of top experts with experience and perspectives on innovative payment and service delivery arrangements between your agency, plans, physicians and hospitals.

Rounding out the day on September 17, Carla Williams, of O’Connell and Aronowitz, will help you explore growth opportunities in new business lines to diversify your portfolio.

These great speakers are in addition to:

- Bill Dombi, from the National Association for Home Care and Hospice, discussing the Medicare payment and regulatory space;
- OMIG and its TPL contractors providing a forecast of third-party appeals and audit activities;
- DOH reimbursement officials covering all of the Medicaid issues affecting your agency, including, most prominently, the new CHHA rebasing process; and
- Medicare benchmarking experts.

As always, HCA’s expert policy team will be on hand to fill in other pieces of the home care payment puzzle.
The bipartisan letter addressed to CMS is being prepared by Reps. Greg Walden, Tom Price, Earl Blumenauer and James P. McGovern. It specifically requests that CMS “reconsider its proposed case mix cut until it evaluates the specific causes of case mix changes from 2012 to 2014,” among other recommendations related to CMS’s 2016 HHPPS proposal.

HCA members can join in this request by completing the advocacy action item on the National Association for Home Care and Hospice (NAHC) website urging Members of Congress to join the letter. Please take action today at http://p2a.co/QdIXuzD.

Last week, HCA shared with members our comments to CMS on its proposed rule where we raise concerns that CMS is proposing to cut approximately $300 million more out of Medicare home health funding via a new two-year case-mix weight cut on top of 3.5 percent rebasing cuts.

This across-the-board case-mix reduction would not only put further strain on home health agencies across the state, but it appears to be a maneuver by which CMS is exceeding the limit of cuts allowed by the Affordable Care Act. The case-mix cut also fails to adequately distinguish between actual and nominal drivers of case-mix, by using a faulty, outdated data analysis that has otherwise blighted CMS’s rebasing initiative broadly.

HCA, NAHC, the Visiting Nurse Associations of America (VNAA) and other national organizations are pressing the case with new data showing that 48 percent of providers nationally will suffer a loss under the latest iteration of the HHPPS rule by 2017, according to an analysis by Avalere Health. For New York, that number is 72 percent. The analysis further shows that 112 New York Medicare-certified agencies will be operating in the red on Medicare margins, employing 22,000 staff.


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CHHA Supervisors

Home care continues to grow as an essential part of the overall continuum of care, and North Shore-LIJ Home Care Network is leading the way. We’re expanding our service area and providing exciting new opportunities for Nursing Professionals ready to take their career in a new direction!

We are currently seeking CHHA Supervisors in New Hyde Park and Westbury, NY.

Responsibilities include coordinating community nursing services; supervising, instructing, and guiding nursing personnel toward high quality care; interpreting and implementing the agency’s policies and objectives; coordinating and evaluating nursing care and providing information and guidance to other disciplines.

To qualify, you must have a Bachelor’s Degree in Nursing, a current license to practice as a Registered Professional Nurse in New York State, a current Driver’s License and minimum of 2 years’ experience as a Registered Nurse in a community health setting. Must have own transportation available to provide on-site supervision. Master’s Degree is preferred. CHHA setting and CHHA supervisory experience are also preferred.

Apply online at NSLIJCareers.com and search by keyword 000BVO or 000CZZ.
announcing a Cuomo administration push to increase the state’s minimum wage to $15 per hour for all workers.

The Governor’s call for a $15 wage came on the same day that New York’s Department of Labor (DOL) signed an executive order designating a $15 per hour statewide minimum wage specifically for fast food workers.

This order stems from a State Wage Board decision, previously reported in ASAP, under which New York State can set wage levels “in a specific industry or job classification if it finds that wages are insufficient to provide for the life and health of workers within that industry or classification.”

New York’s biggest home care labor union, 1199SEIU, was among several organizations quoted in the Governor’s press release announcing his bid for a broader, statewide $15 minimum wage for all employers.

“Our home care members, who struggle to support their families while caring for our state’s most vulnerable citizens, and all of New York’s healthcare workers are very grateful to the Governor for championing their cause,” the union’s president said.

In the face of several labor and wage-related policies affecting home care – like the state’s Home Care Worker Wage Parity Law, which already increases the minimum wage for workers in certain areas of the state – HCA has repeatedly called for Medicaid reimbursement policies that meet the need to support wages for a qualified home care workforce. Yet home care providers have been besieged by reimbursement cuts in recent years, as well as inconsistent and inadequate policies for circulating quality incentive pools and other funding streams otherwise intended to help meet wage parity. These funding issues are further exacerbated by payment challenges, increased costs for worker benefits and other unfunded costs due to duplicative requirements for assessment, supervision, medical orders and other activities under managed care.

A $15 minimum wage level would be higher than the amount currently required for home health aide wages in New York City, Westchester and Long Island under the State Home Care Worker Wage Parity Law. It is also well above the $9 rate that will be required statewide under a broader minimum wage hike already set to go into effect on December 31.

Governor Cuomo’s latest proposal would require Legislative action where it faces potential speed-bumps in the GOP-controlled Senate.

State Senate Majority Leader John Flanagan said in a statement yesterday that: “Raising the wage floor in New York that far that fast could lead to unintended consequences such as severe job losses and negatively impact many businesses who are already struggling just to keep their heads above water.”

Still, he kept the door open to discussions, adding that the state must “proceed cautiously and deliberatively” in considering a wage hike.

Meanwhile, several court rulings have taken up the matter of wage requirements for live-in and overnight home care cases, as well as a separate legal challenge over whether the “companionship exemption” under the FLSA applies to home care providers.

As extensively reported to the membership, the U.S. Department of Labor has issued regulations barring third-party employers from electing the FLSA exemption, affecting the wage and overtime requirements for most home care agencies nationwide.

Questions about the FLSA rule were recently taken up by a federal Appeals Court. The National Association for Home Care and Hospice (NAHC), which filed a suit against the rule, intends to press the issue further with a request for the U.S. Supreme Court to weigh in. (See last week’s ASAP for the latest

Continued on next page
Continued from p. 4

developments and implications of the FLSA court decision.)

Federal enforcement of the FLSA rule for home care remains on hold, and HCA will keep the membership apprised of new developments. Yet, while the feds have suspended enforcement action on the FLSA rule, we caution that the matter could still be a subject of private litigation in cases of home care provider non-compliance.

In the separate Andreyeva case, a court has ruled that home attendants must be paid for each hour of a 24-hour sleep-in shift, and count all 24 hours toward overtime, regardless of how many hours the aide was afforded for sleep and meals, contrary to state DOL opinions.

HCA has worked with partners to soon file an amicus brief challenging this judicial ruling on multiple grounds in an effort to prevent the serious adverse effects of this ruling on patients and providers.

Given these important developments, HCA members are urged to attend our upcoming series of provider forums, specifically our Downstate LHCSA Forum on November 23 and our Home Care Council (HCC) of HCA Forums on September 21 and November 16 where these and other issues will be addressed. (See related p. 8 story.)

HCA Fall Education Line-Up Features Supervision/Plus with Fazzi

Dr. Robert Fazzi is a nationally recognized speaker, author, futurist and change expert. He is widely published in trade journals and is the author of a number of books including Management Plus which was selected by Fortune Magazine’s Book of the Month Club.

Supervision/Plus is a program designed specifically for supervisors, managers and directors in home care and hospice agencies, and it is coming to Albany on October 20. Event and registration details are available at http://tinyurl.com/o9rp4o.

The program starts with a full-day skill development, how-to-do-it training. Supervisors and managers not only learn the most effective strategies for supervising and motivating staff, they also learn the newest supervisory approaches for increasing the morale, team commitment and retention of valuable employees.

Changes Made to OASIS Data Set

Late last week, the state Department of Health (DOH) posted a Dear Administrator Letter (DAL) to notify CHHAs and LTHHCPs of upcoming changes to the Outcome and Assessment Information Set (OASIS) data set, and the availability of OASIS resources and training.

The OASIS-C1/ICD-10 item set is replacing the current version (OASIS-C 1/ICD-9) effective October 1, 2015 (see separate p. 11 story on new ICD-10 chart developed by HCA). The OASIS-C1/ICD-10 item set is required for all assessments completed on or after October 1, 2015.

The OASIS-C1/ICD-10 incorporates diagnoses items consistent with ICD-10-CM and replaces the ICD-9 items (M1010, M1016, M1020, M1022, M1024) with the corresponding ICD-10 items (M1011, M1017, M1021, M1023, M1025).

The complete set of OASIS-C1/ICD-10 data items, as well as the subsets of the OASIS-C1/ICD-10 that are collected at each time point (Start of Care, Recertification, Discharge, etc.), can be found at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-C1-DataSets.html.

The DAL is on the Health Commerce System (HCS).
HCA Intervention Programs Afoot During Sepsis Awareness Month in September

September is Sepsis Awareness Month, and HCA is continuing our efforts to raise awareness of the grave risks posed by sepsis, as well as the opportunities for program interventions to combat sepsis through quality protocols in home care.

Sepsis is the number one cause of Medicare hospital readmissions in New York State and it is a focus of state and federal policy development, with HCA taking a lead on the home care opportunities to address risks. In fact, the U.S. Centers for Disease Control and Prevention (CDC) has taken note of HCA's efforts and, this week, published a related guest blog article from HCA Executive Vice President Al Cardillo.

Mr. Cardillo notes that: “at-risk patients most often enter the hospital care system through emergency rooms, arriving with unrecognized symptoms and unaware of the actual or looming severity of their condition. Not only do they arrive to the ER with symptoms which they’re not aware are potentially deadly, but this crisis is compounded by their decision to go to the ER almost too late.’

Prompted by discussions with the Sepsis Alliance, HCA, through the leadership of our Quality Committee and Board, has undertaken a deep dive into the sepsis problem and the possible key role that home health professionals and agencies could play in prevention and management. A Sepsis workgroup of the Quality Committee has been working on a sepsis action plan that includes:

• Development of a sepsis screening tool for home care – currently drafted and in beta test (if you are interested in participating in this effort, contact HCA’s Billi Hoen at bhoen@hcany.org);
• Development of a clinical protocol to guide practitioner response;
• Education and training of home care providers for systematic incorporation of the tool and protocol; and
• Collaboration with hospitals, physicians and other critical partners for coordinated sepsis response.

“It is our hope that our model of harnessing New York's home care system in sepsis prevention will be a critical contributor toward combating this serious and tragic health care problem,” Mr. Cardillo says, acknowledging thanks for the leadership and committed work of the HCA Sepsis workgroup and provider participants in this effort.

Members can read the HCA blog article at http://blogs.cdc.gov/safehealthcare/2015/09/10/harnessing-home-care-in-early-sepsis-recognition/.

Plan of Correction Required for Statement of Deficiency

The state Department of Health (DOH) reminds home care agencies that they must submit a Plan of Correction (POC) in response to any Statement of Deficiency (SOD).

CHHAs that fail to submit a POC are not compliant with federal requirements, exposing them to possible termination from the Medicare program. The federal guidance is at www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107c02.pdf.

Since May, DOH has established an Electronic Plan of Correction (ePOC) to automate the distribution of SODs to home care providers and the receipt of POCs from providers. The ePOC application is available through the Health Commerce System (HCS).

An April 9, 2015 Dear Administrator Letter (DAL) explains which staff can access the SODs, who can submit POCs, and lists training resources on ePOC.

SEPTEMBER EDUCATION UPDATE

August 26, Sept. 9, Sept. 23: PHARMACOLOGY FOR THERAPISTS & OTHER INTERESTED CLINICIANS (Webinar Series). This series will review the profile of the typical rehabilitation patient, the common adverse drug reactions observed, the impact of side effects of treatment outcomes, and the problems of polypharmacy. Audio recording available click here to view brochure.

Sept. 9: FUTURE OF HOME HEALTH NORTHEAST REGIONAL SYMPOSIUM – “PREPARING FOR THE FUTURE OF HOME AND COMMUNITY-BASED CARE” (NYC). This program is sponsored by the Alliance for Home Health Quality and Innovation along with nine state home care associations, including HCA. The symposium will feature panelists and speakers on alternative models of care delivery, achieving the 'Triple Aim', shifting care into the home and community, and research and policy priorities. Click here to register online.

Sept. 17-18: HCA’S SENIOR & FINANCIAL MANAGER’S RETREAT (New Paltz). HCA will help you check items off your home care finance ‘worry list’ by providing the information you need from health care’s top officials and industry experts. Agenda Update: For this conference, we’ve added a new topic that is replacing a previous session on value-based payment. The new session will provide “Perspectives and Insights from the Health Plans,” featuring Kathy Preston of the Health Plan Association. Learn more by clicking the full brochure here. Also, the online registration deadline has been extended until Sept. 11.

Sept. 30: ICD-10-CM & OASIS CODING BACK TO BASICS & BEYOND (Nanuet)
Oct. 1: OPTIONAL CODING EXAM (Nanuet)
Ensure success with your CHHA’s ICD-10-CM transition. On September 30, presenter Patricia Tulloch will help sharpen your clinician and coder skill sets to enhance documentation that supports ICD-10-CM diagnoses precision and verifies the consistency of the OASIS assessment. The 2015 Home Care Coding Specialist Exam (HCS-D) will be offered at this same location on October 1. Click to view brochure.

Oct. 8: HCA’S CORPORATE COMPLIANCE SYMPOSIUM (Albany). New York is making epic changes to its health care system. These changes have spawned regulatory compliance and legal questions that are equally big. HCA will help you manage some of these huge questions, and others, so you can develop the right protocols and practices at your agency. Click to view brochure.

Oct. 13: HOME CARE SURVIVAL BOOTCAMP – STAYING AHEAD OF CHANGES IN LABOR LAW (NYC). This session of our popular Bootcamp Series tackles the new changes in overtime for executive, administrative and professional staff and provides an update on the paid sick leave law for NYC. Registration form.

Oct. 20: SUPERVISION PLUS (Albany). Presented by Dr. Robert Fazzi, Supervision Plus is a full-day skill development, how-to-do-it training designed specifically for supervisors, managers and directors in home care and hospice agencies. Supervisors and managers not only learn the most effective strategies for supervising and motivating staff, they also learn the newest supervisory approaches for increasing the morale, team commitment and retention of valuable employees. Click to view brochure.

Sever Several Dates through June 2016: TELECONFERENCES FOR HOME HEALTH AND HOSPICE AIDS (Teleconference). An investment in staff education is an investment in quality customer service and quality care. Topics covered include the Aide’s Role in: Disaster Preparedness; Legal Aspects of Documentation; Transferring Clients Safely; and Communication. Click to view brochure.

SAVE THE DATE: Nov. 17-18, 2015- HCA’s Quality Symposium (Troy)
Mark Your Calendars for HCA Member Forums in the Fall

As announced in an *E-alert* earlier this week, HCA is continuing our series of Member Forums for specific segments of the HCA membership throughout the fall.

These Forums provide a custom-tailored focus on issues affecting LHCSAs, LTHHCPs, MLTCs, as well as the subgroup of LHCSAs identified with the Home Care Council (HCC) of New York City.

We’ve designed these forums recognizing that each subset of our membership has a unique scope of issue and advocacy needs that demand attention.

Please save the dates for these important Member Forums. A full list of dates is at [http://tinyurl.com/o3ycd4o](http://tinyurl.com/o3ycd4o).

These Member Forums are distinct from a series of regional Meet-Ups that HCA will be announcing very soon as well. During the Meet-Ups, specific attention will be paid to your experiences with Delivery System Reform Incentive Payment (DSRIP) program regional health networks and other local payment issues, as well as home care service concerns otherwise specific to your region.

Please stay tuned for dates and registration information.

FIDA, QIVAPP, Hospice Coverage All Taken Up at DOH Meetings this Week

The state Department of Health (DOH) provided an update on the Fully Integrated Duals Advantage (FIDA) program, the Quality Incentive/Vital Access Provider Pool (QIVAPP), and a change in hospice coverage at this week’s Managed Care Policy and Planning Meeting.

**FIDA and MLTC**

As of September 1, 2015, approximately 7,280 individuals are enrolled in FIDA, while 57,375 have opted out (but they still must be enrolled in an MLTC plan). This FIDA enrollment includes 1,020 individuals who were “passively” enrolled in September.

Statewide, 147,588 individuals have been enrolled into all types of MLTC plans as of August.

About 3,731 individuals will be passively enrolled into FIDA on October 1. These people were sent ‘60-day’ letters during July 30 to August 4 and ‘30-day’ letters were sent the last week of August. There may be additional passive enrollments sometime in 2016.

All 2016 FIDA marketing materials have been released. FIDA plans have submitted their 2016 marketing plans for review on August 31, 2015.

DOH also said it has notified the U.S. Centers for Medicare and Medicaid Services (CMS) that the state may extend the FIDA project another two years. The notification came in the form of a “placeholder letter” which was submitted before the September 1 deadline for New York to seek the option of extending FIDA.

Continued on next page
Meanwhile, DOH and CMS will host two FIDA provider education programs on September 17 and September 30. There is no call-in option for the meeting. To register for the events, providers and plans must:


DOH will be hosting a Long Term Care Forum on September 29, 2015, from 10 a.m. to 1 p.m., at the New York Academy of Medicine in Manhattan. The program will discuss the future of FIDA and MLTC, including any necessary changes to programs.

Registration information will be forthcoming.

**QIVAPP**

DOH reported that IPRO is examining the eligibility of certain plans and providers for QIVAPP monies. Once they complete this work, DOH will reconcile the funding awards and send proposed plan rates that incorporate QIVAPP monies to CMS. Agencies will not receive any funding until CMS approves the rates.

**Hospice Coverage**

DOH has posted a new MLTC Policy Guidance (13.18-a) on hospice coverage. Prior guidance (13.8) indicated that any MLTC enrollee who requires hospice benefits may elect the benefit without disenrolling from an MLTC, but individuals currently receiving hospice are excluded from enrolling in MLTC. Guidance 13.18-a clarifies that MLTC enrollees receiving hospice will have the option to transfer to another MLTC plan and retain access to hospice on a fee-for-service basis. Such enrollment will no longer be prohibited.

For example, if an MLTC enrollee is admitted to an out-of-network nursing home for rehabilitation and subsequently elects hospice and requires permanent placement, the enrollee may transfer to an MLTC plan that contracts with that nursing home.

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

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**Go Online For ASAP Web Exclusives**

In an effort to keep ASAP concise, HCA is posting some of our stories as online exclusives to our website.

We have created a new page called “General News” where you can find the following articles:

- DOH Releases June 2015 Global Cap Report
- NGS: Avoid Claim Denials by Updating Provider Info for SMRC Reviews
- CMS Releases Plan to Address Health Equity in Medicare
- Transmittal Issued on Medicare Care Choices Model
- Certificate of Need Application Update

Get these important updates by visiting the HCA website at: http://hca-nys.org/category/general-news.
OMIG Resumes Semiannual TPL Case Requests Using Traditional Appeals

The state Office of the Medicaid Inspector General (OMIG) is resuming its semi-annual demand billing process for claims for the first half of federal fiscal year (FFY) 2015.

Details are outlined in a letter that some Medicare-certified home care providers (CHHAs or LTHHCPs) should have received from OMIG and its Third Party Liability (TPL) contractor, the University of Massachusetts Medical School (UMMS).

The letter identifies which cases have been selected to undergo appeals (through demand billing) for cases that occurred in the first and second quarter of FFY 2015 only (October 1, 2014 through March 31, 2015).

If your agency is selected for future quarterly initiatives, a separate notification letter and “Case Selection Report” will be sent at that time.

HCA members interested in knowing whether they should have received a letter from OMIG can e-mail HCA at info@hcanys.org.

For specific questions about the letters, contact UMMS’s Laurie Burns at (866) 626-7594.

Get the latest on TPL at Finance Retreat

UMMS representatives will be presenting at next week’s HCA Senior and Financial Manager’s Retreat (September 17 and 18) where you can gain the latest updates on the future of TPL billing. (Please see related p. 1 story.)

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

DSRIP Regulatory Waiver Process Remains Open

The state Department of Health (DOH) announced last week that regulatory waiver requests for the Delivery System Reform Incentive Payment (DSRIP) program will be open and processed on a quarterly basis throughout the course of the DSRIP demonstration.

These request windows will be grouped quarterly during the year to ensure all relevant waiver requests are accommodated as soon as possible.

The deadline for additional regulatory waiver requests for this quarter is September 15, and DOH’s responses will be sent to the Performing Provider System (PPS) leads by November 1, 2015. Future quarterly deadlines and response dates will be published. Any time-sensitive waivers may be submitted outside of this current quarterly review period, DOH says.

Waiver requests may be submitted to dsrcip@health.ny.gov with the subject line “Additional Regulatory Waiver Request.” The message must include: the PPS name, DSRIP project, specific regulation to be waived, justification,
impact on patient safety and other information as required in the original application. More information is available at https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/regulatory_flexibility_guidance.htm.

Prior requests by home health providers regarding CHHA establishment and expansion, LHCSA expansion, and allowing other medical professionals to sign physician orders have not been acted on yet.

Additional questions regarding regulatory flexibility may also be sent to dsrip@health.ny.gov.

Timeline changes

The Year 1 DSRIP timeline has changed again. The changes include an extension in the remediation period for PPSs to act on implementation plans, as well as a new due date for quarterly reports.

PPS First Quarterly Reports are now due September 24, 2015. In addition, DSRIP Notice and Opt-Out letters will be mailed to Medicaid members beginning in November 2015.

The timeline is at https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/timelines/year_1_timeline.htm.

The state Department of Health (DOH) has also developed a PPS Quarterly Reporting and Payment Schedule for PPSs and others to use as a reference at https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/quarterly_rpt_and_pmt_schedule.htm.

Questions related to the timeline and schedule should be sent to DSRIP@health.ny.gov.

HCA Creates New ICD-10 Resource for Providers Billing under MLTC

This week, HCA circulated a chart we developed that outlines the activities being taken by some MLTC plans to transition from ICD-9 to ICD-10 diagnosis codes – all information needed by home care providers to ensure payment for claims on and after October 1.


We remind members that claims for services provided on or after October 1 must include the new ICD-10 codes or they will not be paid.

HCA held an education program for members in July where certain MLTC plans spoke to home care providers about the steps they should take to prepare for the ICD-10 transition. This program prompted the recommendation that HCA develop a resource which delineates the transition activities of various MLTC plans.

HCA is still making efforts to reach as many MLTCs as possible for inclusion of their ICD-10 transition activities in the chart. We’ve posted this information in the “Member Alerts” section of our website for future reference at http://hca-nys.org/category/member-alerts. If you are an MLTC plan and are not included in this chart, please contact Andrew Koski at akoski@hcany.org to have your plan added. Please also let us know of any information that may need updating.

Meanwhile, HCA encourages providers to reach out to their vendors and managed care plans, including those not listed on the chart, to facilitate a smooth transition. We also encourage you to confirm information on this
chart as you make decisions related to your own ICD-10 readiness activities with MLTC plans. eMedNY has lots of resources at https://www.emedny.org/icd/index.aspx; the U.S. Centers for Medicare and Medicaid Services (CMS) has information at https://www.cms.gov/Medicare/Coding/ICD10/Latest_News.html.

For more information about the chart, contact Andrew Koski at (518) 810-0662 or akoski@hcans.org.

**ICD-10 Flexibility Limited to Physicians**

Meanwhile, the National Association for Home Care and Hospice (NAHC) received clarification from CMS that home health and hospice agencies will not be provided the same ICD-10 coding flexibility as permitted for physicians.

Earlier, CMS had announced that it would provide relief to those who bill under the Medicare Part B physician fee schedule for the first 12 months after the October 1 ICD-10 transition deadline.

**Coverage Issues Pursued for In-Home Maternity, Child Health**

Coverage of cost-effective, preventive and vital in-home maternity and child health (MCH) services is moving onto the state policy stage from a few different entry points.

In-home MCH services are currently the subject of rising concern in terms of required support and sustainability, as the services struggle with gaps in reimbursement and coverage, funding cuts, and payor service authorizations providers feel are contrary to patient needs and appropriate clinical standards. At the same time, MHC services have emerged as a major focus area under the state’s developing Value Based Payment (VBP) system.

Over the past several weeks, HCA policy staff and member providers, local public health representatives, and staff of the New York State Association of County Health Officials (NYSACHO) have begun discussions to further isolate these gaps and to study and formulate possible remedies.

The state Department of Health Division of Home and Community Based Services facilitated the first discussion, and the group has since proceeded under its own format.

Based on the group’s planning this week, NYSACHO will institute and lead a formal survey and data collection process with county health providers to paint a more detailed picture of the situation facing these services.

Simultaneously, HCA sent correspondence to the state Department of Financial Services, the state Health Department’s Office of Health Insurance Programs and the State’s VBP project team at KPMG alerting them to the group’s discussions.

The coverage gaps affecting these services have emerged and been exacerbated from steady state health and budget cutbacks in Article 6 funding for local public health services, the transition of Medicaid payment to managed care, state policy conflicts, restrictive coverage and/or health plan authorization practices, and other factors.

HCA will provide the membership with updates on this process and, in the meantime, we invite input from any and all HCA providers on your present experiences, concerns and insights for improvement in the MCH area.

Please address any such comments to Al Cardillo at acardillo@hcans.org, Alexandra Blais at ablais@hcans.org or Andrew Koski at akoski@hcans.org.
CMS Issues 2016 Medicaid Hospice Payment Rates

The U.S. Centers for Medicare and Medicaid Services (CMS) has issued a September 1 memorandum with the minimum Medicaid Hospice payment rates that will be effective for Fiscal Year (FY) 2016 (October 1, 2015 to September 30, 2016).


By law, Medicaid hospice payments are calculated using Medicare rates for the applicable time period, although there are minor differences in the payment rates.

As under Medicare, Medicaid hospices will be paid a single rate ($162.10) for Routine Home Care (RHC) days from October 1 through December 31, 2015, after which RHC will be paid at one of two rates depending on where the day of care falls in the patient’s episode of care (days 1 to 60 and days 61 or later).

Beginning January 1, 2016, Medicaid hospice programs will also provide payment for the Service Intensity Add-on (SIA). In the memorandum, CMS notes that Medicaid hospice providers are subject to the Hospice Quality Reporting Program (HQRP) requirements. Failure to submit the applicable quality data will result in a 2 percentage point reduction in the hospice’s market basket update.

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

Hospice Transmittal Updates 2016 Medicare Rates, Caps

The U.S. Centers for Medicare and Medicaid Services (CMS) has recently issued Change Request 9301 directing new Medicare Hospice payment rates for fiscal year (FY) 2016.

These rates include a single Routine Home Care (RHC) rate for care provided October 1 through December 31, 2015; the two-tiered payment system for RHC; and Service Intensity Add-on (SIA) beginning January 1, 2016.


CMS also provides the aggregate cap value for 2015 ($27,382.63) and addresses the blended transitional wage index values to be used in 2016, including identification of core-based statistical areas (CBSAs) for which a special 50xxx code must be used in billing during the wage index transition year.


For more information, contact Patrick Conole at (518) 810-0661 or pconole@hcany.org.
Publications

- “2015-2016 Influenza (Flu) Resources for Health Care Professionals,” by the U.S. Centers for Medicare and Medicaid Services

- “Home Health Agencies (Change of Address to a Medical Administrative Contractor) within 90 Days,” State Operations Manual, Section 2185

- “Financial and Administrative Alignment Demonstrations for Dual Eligible Beneficiaries Compared: States with Memoranda of Understanding Approved by CMS,” by the Kaiser Family Foundation

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