HCA Advocacy Day Takes Two-Directional Approach

State officials came to HCA, and HCA met with Legislators in their Albany offices on need for reimbursement fixes, home care program support, and a stronger role under new models

HCA held our first formal advocacy day program of the year this week. HCA members visited with key Senate and Assembly offices in Albany on Tuesday afternoon. This followed a morning session where Legislators and Cuomo Administration officials also came to HCA, for formal discussions with HCA’s Board of Directors and other home care member leaders at the Legislative Office Building (LOB).

Participants at the morning meeting with the HCA Board and members included the Senate and Assembly’s Health Committee Chairs (Senator Kemp Hannon and Assemblyman Richard Gottfried) as well as both

See ADVOCACY p. 4

HCA, Partners Write Governor Cuomo Seeking Wage Funding, Stress “Unsustainable” Impact

HCA and three partner health provider associations wrote to Governor Cuomo yesterday on the “unsustainable” minimum wage increase affecting all providers in his budget proposal.

See WAGE p. 3

With So Much at Stake in Home Care Finance, Our Senior Financial Managers Summit is a Must-Attend

Finance managers and CFOs take note of can’t-miss March 9 program in Albany

As you can see just from this week’s ASAP, the financial outlook for home care is not only complex but an urgent area of concern.

A proposed minimum wage mandate; five new reimbursement notices (just in the past two weeks) related to the Fair Labor Standards Act; CHHA

See SUMMIT p.2
Medicaid and Medicare rebasing; and other ongoing reimbursement challenges remain in your midst.

And that’s just a few of the items you could name in one breath, if you can even take a breath!

Finance issues are no doubt a top concern of your organization. To support you in this big area, we are again offering our popular March program for CFOs and other finance leaders, but with a new name: **HCA’s Senior Financial Managers Summit.**

This program is open to members only, a benefit of your continued membership in HCA, with a small fee to cover expenses.

At this program, you’ll gain updates from HCA’s policy staff, Department of Health officials and expert consultants and analysts on such topics as:

- The State Budget
- Next Steps with the Quality Incentive Vital Access Provider Pool (QIVAPP)

- 2016 Medicare Home Health Prospective Payment System (HHPPS)
- The Medicaid Rate-setting Process and Adjustments for QIVAPP, Wage Parity and Overtime Costs
- Navigating Obstacles to Prompt Payment (at a time when providers report that less than half of Medicaid claims are paid within the prompt-pay timeframe)
- New Data on Medicare Post-Acute Payments

So take a breath, pack your tablet and be ready to join us as we help you budget and strategically plan. A registration form is at the back of this week’s ASAP. Send it in today!
The Governor has until next week to amend his Executive budget. HCA and partners are calling for an appropriation of at least $916 million in those 30-day budget amendments to fund the wage requirement as part of the next step in negotiations with the Legislature over a final budget.

Our letter to the Governor is a culmination of HCA's work with association partners over the past several months to calculate the numeric impact of a $15-per-hour minimum wage on health care. That unfunded cost is pegged at $2.9 billion across all health sectors, the largest impact being for home care providers at $1.7 billion over the course of implementation.

The associations recognize the wage proposal as a “laudable goal,” but reinforce the fact that “any increase in New York's wage floor must be fully funded by the state for healthcare providers,” given that this wage mandate would be an obligation borne by providers substantially funded by government sources. This is especially urgent for home care, which is minimally supported by commercial insurance coverage standards or private pay. While the higher wage would apply to all employers, health care providers are unable to pass this cost along to consumers, as other industries can.

The letter was signed by HCA President Joanne Cunningham and leaders of the Healthcare Association of New York State, LeadingAge NY, and the New York State Health Facilities Association.

The association leaders write: “This immense cost increase is unsustainable, cannot be passed onto consumers, could jeopardize access to key health care services, and will disrupt healthcare delivery system transformation,” under programs like the Delivery System Reform Incentive Payment (DSRIP) program.

The wage impact goes beyond Medicaid, affecting “patient care staff and other healthcare workers across all wage bands,” regardless of payor source, the letter says. It has been eight years since Medicaid rates were adjusted for inflation through a trend factor. But other reimbursement issues plague the system, with unique impacts for home care.

As HCA has separately reported, two-thirds of certified home care agencies are operating in the red; two-thirds of managed long term care plans had negative premium incomes in 2014 which leads to the plans not adequately covering the cost of care provided by network providers; and over one-half of home care providers have had to borrow money to stay afloat. These findings are presented in our recent financial condition report of the industry.

Meanwhile, home care has been subject to other increased unfunded labor costs, like the state's Wage Parity Law downstate and new federal overtime, travel and 24-hour care requirements. In each case, the state's attempts to fund those new costs have already been inadequate or unevenly distributed.

All of these points were highlighted during HCA's State Advocacy program earlier this week (see related p.1 story), where HCA's policy team, government-affairs staff, and members discussed the wage proposal with legislators and state officials, emphasizing that this new mandate adds to existing stresses on the industry, coupled with past under-investment in home care and unfunded mandates, which also need to be addressed through reimbursement fixes and support.

chambers’ Insurance Committee Chairs (Senator James Seward and Assemblyman Kevin Cahill). These interactions were vital, given that HCA’s advocacy platform depends on both committees in both chambers, and on the Executive. This platform seeks home care program support and reimbursement fixes in this year’s state budget, as well as for support to address payment challenges for managed care plans and their network providers at a time when state premiums for plans are not adequate to meet home care costs.

This support is also essential to HCA’s call for passage of a state budget with proportional investments to home care and community health partners, distinct from last year’s budget, which included $2 billion in new investment monies almost exclusively to institutions.

These payment concerns are all supported in the findings of HCA’s financial condition report, Risk Factors, previously shared with the membership. Given those stark financial findings, reimbursement fixes are clearly urgent. But HCA is also seeking support for other areas of discrete concern for the Health and Insurance committees.

This includes, for the Insurance Committees, HCA-proposed legislation to modernize the commercial insurance law as it relates to home care – so that coverage provisions better match the current role of home care in the system. The home care insurance provisions haven’t been updated for decades. They were developed when home care had a less central role in the health care system. Meanwhile, providers, since that time, have also struggled with the state’s underinvestment in home care. This is coupled with reimbursement cuts from the dominant government payors, which have caused severe financial strain within the industry.

Our morning meeting also drew participation from top Cuomo Administration officials, including Paul Francis, Deputy Secretary for Health and Human Services, and Dan Sheppard,
Deputy Commissioner at the Office of Primary Care and Health Systems Management for the state Department of Health.

It was important for these influential Administration officials to hear home care’s perspectives on all of these payment and program issues, as the Governor’s team negotiates with the Legislature on the state budget, due for completion by April 1. But our comments to the Cuomo Administration also specifically addressed regulatory challenges that can be alleviated through legislation or internal executive-level decisions within the Cuomo Administration.

These issues include: Article 36 requirements under the Delivery System Reform Incentive Payment (DSRIP) program; evidence that home care does not have the appropriate support or recognition under DSRIP; and the long-standing need for fast-tracking of regulatory relief under managed care and other integrated models.

HCA specifically thanked Mr. Sheppard for his work helping to advance HCA’s proposal for relief from the physician-order and Medicaid billing timetables, as reported in last week’s ASAP.

Our goal in meeting Mr. Francis and Mr. Sheppard is to help seed further vital progress on the regulatory end, as well as improvements for providers operating under DSRIP models. Under these models, the payment equation is very uncertain, and DSRIP network providers are reportedly attempting (without Article 36 status) to duplicate the long-established work of home care, whose role is not well understood by the Performing Provider System committees.

HCA and Board Members also continued to make a strong case for Health Information Technology investment in home care, which has been virtually absent in terms of either state or federal support, and is essential for home care participation in new care models, as the state intends.

Of course, an enormous new cost concern is the Governor’s proposal for a statewide $15-per-hour minimum wage, which permeated much of the discussion this week.

The Governor’s proposal, while laudable in its intent, would foist a huge new unfunded cost on home care – as high as $1.7 billion at full implementation – with no funding to support it.

Stressing the already financially precarious condition of home care, HCA and members reiterated to the Legislature and Cuomo Administration representatives that home care is predominately supported from government reimbursement. Providers cannot absorb this new cost under the current funding levels, which already pay below costs for two-thirds of certified home health providers now operating in the red, not to mention other billing, payment and service-authorization issues that are squeezing home care across the board.

In a related development, HCA has joined a coalition of health provider associations seeking funds in the Governor’s 30-day amendments to meet this currently unreimbursed cost, as...
outlined in a letter to Governor Cuomo this week. (See related p. 1 story.)

In addition to our morning roundtable discussion (which included the full HCA Board, our government affairs team at Hinman Straub, and several HCA member leaders) the group dispersed for a series of afternoon appointments with legislators to make a similar pitch.

The smaller group meetings included appointments with the offices of Senate Majority Leader John Flanagan, Senate Finance Committee Chair Catharine Young, Senate Independent Democratic Conference Leader Jeff Klein, Senate Committee on Aging Chair Susan Serino, Senate Vice Chairman for Health David Valesky, Senate Minority Leader Andrea Stewart-Cousins, the Counsel and Secretary of the Assembly Ways and Means Committee, and other meetings.

HCA thanks our members for participating this week. We also appreciate the constructive discussion with elected officials and administration staff.

We encourage members to conduct your own legislative visits at your legislators' district offices to address all of these home care vital issues. We especially encourage your engagement at the district level during the President’s Day week-long legislative recess, on February 15 to 19.

Please continue to use the HCA advocacy resource guides linked at right, and be ready for further follow-up advocacy instructions very soon.

For more information, please contact a member of HCA’s Policy staff.

HCA Budget and Advocacy Documents

HCA has shared with you several documents and resources related to the state budget and our advocacy. To help you keep track of these documents and how to use them, please see the links below:

HCA’s Priority Asks: Position Home Care to Meet the State’s Policy Goals

This document summarizes our principal requests of the Legislature and the Governor in this year’s budget.

HCA Resource Guide: Advocacy Day and Home Care’s “Asks” Made Simple

Similar to our “Priority Asks” piece, this document presents our “asks” in a simple format geared for providers, giving tips on what to tell legislators during Advocacy Day.

HCA’s 2016-17 State Budget Testimony

HCA President Joanne Cunningham’s budget testimony gives a summary of the issues facing home care.

“Risk Factors”: What You Need to Know about the Financial Condition of New York’s Home Care Community

Every year, HCA produces a financial condition report of the home care industry based on a data analysis and provider survey. Many of you responded to this survey, and now is your chance to read the results for the entire industry in New York.

HCA’s Memo on the State Budget

HCA has prepared a detailed policy memo telling you what’s in the proposed state budget as well as what’s not in it.
New Wage Parity Levels Coming on March 1

HCA reminds home care agencies providing aide services on Long Island and Westchester that the state Home Care Worker Wage Parity levels will increase starting March 1.

As of March 1 and continuing through February 28, 2017, the levels for Long Island and Westchester will increase to: a minimum rate of home care aide “total compensation” of $13.22 per hour, consisting of a “base wage” of at least $10 per hour and “supplemental (benefit) wages” of up to $3.22 per hour. Dear Administrator Letters (DAL) announcing these levels and the amounts for New York City (NYC) are at http://www.health.ny.gov/health_care/medicaid/redesign/mrt_61.htm. Total compensation, base wage and supplemental wages are defined in the DALs.

The levels for NYC as of March 1 will be the same as they are for the current March 1, 2015 through February 29, 2016 period. According to the DAL for NYC, the minimum rate of home care aide total compensation will remain at $14.09 per hour, consisting of a base wage of $10 per hour, “additional wages” of up to $1.69 per hour and supplemental (benefit) wages of up to $2.40 per hour.

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

DOH Announces Series of FFS and Managed Care Rate Adjustments for FLSA-related Home Care Costs

As reported in last week’s ASAP, the state Department of Health (DOH) made adjustments to the LTHHCP and personal care fee-for-service rates to account for new costs due to Fair Labor Standards Act (FLSA) changes.

In two e-mail alerts this week, we also reported to you that adjustments were made to CHHA episodic payment system (EPS) rates for the same reason, as well as similarly directed payment adjustments to managed care plans for pass-through to their contracted home care providers.

In yet another development, the state has also announced FLSA-related rate adjustments for CHHA non-EPS cases to cover pediatric services.

These five separate announcements all stem from a U.S. Department of Labor (DOL) rule, which took effect on October 13, 2015 following numerous court challenges. The rule requires payment of overtime based on time and-a-half of the aide’s regular rate of pay versus time and-a-half of the current state minimum wage. Additionally, employers must compensate employees for travel time during the workday. Finally, agencies are
now allowed to bill more than the previous 13-hour limit on live-in cases if the aide’s meal periods, sleep time, or other break times are interrupted by a patient’s needs.

DOH first outlined the adjustments on November 9, 2015, reporting a plan for adding about $0.34 per hour for aide services to Medicaid fee-for-service and managed care rates/payments.

These adjustments, finalized over the past two weeks, assume that 10 percent of all home care hours are associated with overtime, and takes into consideration the additional costs associated with the new compensation for employee travel and live-in changes.

The state’s informational notices also cite the previously announced FLSA survey that HCA and other provider associations have been collaborating on and which will be sent to home care agencies in an effort to evaluate the true impact of these changes on providers. (See p. 11 story.)

What’s more, the state has also posted initial 2016 LTHHCP, Personal Care & Pediatric CHHA Rates, covered in a separate p. 13 story. These rates include prospective adjustments related to the FLSA.

**LTHHCPs, Personal Care, and Non-EPS CHHAs**

HCA reported the FLSA rate adjustments for LTHHCPs and Personal Care providers last week. These adjustments are for services rendered between October 13, 2015 and December 31, 2015.

For LTHHCPs, HCA is following up with DOH for clarification on one item in its *Dear Administrator Letter* (DAL): While the DAL notes the $0.34 adjustment, several of the rate sheets show inconsistent adjustments below the $0.34 amount. This may have been an error, but HCA will offer further information once a response is provided.

The personal care rate factor, of $0.34, is also being added to the Medicaid fee-for-service personal care rates in New York City (NYC) and the rest of the state; the NYC Human Resources Administration (HRA) will be sending a rate notice to its vendors soon.

On Thursday, the state also notified providers of FLSA-related adjustments for pediatric CHHA services, beginning October 13, 2015. These cases fall outside the Episodic Payment System (EPS).

**CHHA EPS Rate Change**

On Monday, HCA announced the state’s implementation of FLSA rate adjustments for 60-day episodic payments to CHHAs. The retrospective adjustments apply to episodes beginning October 1, 2015 to coincide with the recent 2013 rebasing period.

A DAL announcing the CHHA EPS rate changes includes the following details:

- The percentage add-on is based on a total dollar value of the $0.34, multiplied by the latest statewide underlying home health aide hourly units in statewide EPS claims (the last six months of 2014 annualized). The result, an annual adjustment of $1,713,196, was divided by the estimated annual total statewide episodic payments for October 1, 2015 to September 30, 2016 (approximately $185.6 million). This yields a total adjustment of 0.9336 percent.

- The resulting adjustment cannot be retroactively applied to the Low Utilization Payment Adjustment (LUPA) or outlier payment components, so it was further modified to ensure that the full total annual adjustment amount is reimbursed through the EPS base price component only. The resulting final uniform statewide...
percentage adjustment of 0.95 percent has been applied to the rates.

**FLSA Funding to Managed Care for Contracted Home Care Providers**

On Thursday, DOH announced the release of **$22.8 million** in state-share funds to MLTC plans for FLSA-related pass-through to home care providers (CHHAs, LTHHCPs, LHCSAs and fiscal intermediaries). This funding will cover October 1 to March 31 and will be issued as “lump-sum amounts” to the plans.

The MLTC plans will be receiving these state payments in cycle number 2008 “which remits to providers” on **March 2, 2016**. DOH expects that funds issued to plans will be **passed directly to providers in entirety**. Plan-contracted home care providers are responsible for ensuring that such funds are “applied to the home care workers’ total per hour wage.” (HCA is seeking clarification on the meaning of this requirement.)

MLTC plans and home care providers will be required to sign and submit attestation forms. Plans are directed to distribute and obtain all signed attestations from their contracted providers and retain them for their records.


HCA is seeking clarification on a number of issues, including: DOH’s expectations for how plans will determine the amount of funds to give to each of their home care contractors, how funds for periods after March will be distributed, and when attestation forms must be completed and to whom they are sent. Once we obtain further information, we will notify our members.

Members with questions about the FLSA payments to MLTCs can contact DOH at FLSA@health.ny.us (please copy Andrew Koski at akoski@hcany.org).

**Check the HCS for Your Rates**

HCA encourages members to be on the lookout for any of these five notices that pertain to your organization. Your finance teams should log-on to the Health Commerce System (HCS) to review all of the corresponding DALs and accompanying rate sheets for further instructions.

For more information, contact the HCA Policy staff

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**HCA Bootcamp on Compliance Fast Approaching**

HCAs next bootcamp program, on compliance, is fast approaching on **February 23** in New York City. Make sure you register today for this next installment of our education efforts to assist you in this very important area of your operation.

For this program, we’ll have one of the most knowledgeable health system compliance experts at the state Office for the Medicaid Inspector General (OMIG) who will provide an in-depth look at the eight critical elements of a comprehensive compliance program.

Following OMIG, a home care compliance expert will outline ways for agencies to successfully conduct internal audits, incorporate OMIG audit protocols into your compliance activities, and gain insight on the OMIG auditing process.

Presenters include: Matthew Babcock, Assistant Medicaid Inspector General for Compliance at OMIG, and Rachel Hold-Weiss, Associate General Counsel at Personal Touch Home Care.

A registration form is at the back of this week’s ASAP and on our website at [http://hca-nys.org/events-education/upcoming-events](http://hca-nys.org/events-education/upcoming-events).
Title: Director of Performance Improvement and Staff Development at Winthrop University Hospital Home Health Agency

Winthrop seeks a Director of Performance Improvement and Staff Development for the CHHA, which services Nassau, Suffolk and Queens. The PI Director is responsible for the quality assessment/assurance program, compliance with DOH regulations and The Joint Commission standards as well as corporate compliance and the educational programs of the agency.

Minimum qualifications include: BSN, NYS RN license, two years professional nursing experience, two years supervisory experience in a CHHA or related program. Knowledge of Performance Improvement and Quality Assurance, as well as a working knowledge of Joint Commission standards and DOH regulations, are a must. Master’s degree preferred.

Send résumés to Anne Calvo via e-mail to a.calvo@winthrop.org.

Job Position: Director of Patient Services (Montefiore Home Health Agency)

The Director is responsible for directing, planning, coordinating and evaluating patient care services, providing supervision of professional staff, and recruiting/hiring an adequate number of professional staff to ensure quality. The Director will evaluate the performance of Patient Service Managers and support staff supervisors at stated intervals. The Director will participate in administration of the annual budget and personnel policies. The ideal candidate will manage all clinical functions.

Required Qualifications:
- Current NYS RN License and Registration;
- Master’s in Nursing or Health Related Field; five years of senior and direct management experience within a CHHA.

Additional Qualifications:
- Knowledge of clinical documentation protocols, home health regulations and standards; skill in training, working with building high performance teams; ability to develop and lead strategic plans; strong written and verbal communication skills.

Please send résumé & cover letter to chenley@montefiore.org with “Director of Patient Services” and your name in the subject line. Résumés without cover letters and applicants who do not meet requirements won’t be accepted. No phone calls, please.

MMC is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, color, religion, gender, sexual orientation, or national origin.

Regional Program Director (RPD) – Albany Area

Position Description:

The RPD is responsible for the regional delivery and supervision of care management services provided for enrollees within the Managed Long Term Care Program (MLTC) in the Capital Region, in accordance with agency policy and procedures, and under the direction of the Senior Director of Care Management. The RPD provides leadership and direction to the regional team ensuring that high quality, culturally sensitive and cost-effective services and benefits are provided.

Requirements:

- Bachelor’s degree from an approved school, acceptable to New York State Department of Health. Master’s in Health degree in health-related field preferred.
- Current New York State driver’s license and automobile insurance.
- Knowledge and/or experience in Long Term patient care and Chronic Disease Management.

Please send résumés to Mary Cavanagh, Human Resources Manager, VNA Homecare at mcavanagh@477home.org.

Reminder: Statistical Reports

FLSA Survey Efforts Continue

HCA, along with other home care and plan associations, met this week with the state Department of Health (DOH) to continue work on developing a survey to compile new costs due to the changes in the Fair Labor Standards Act (FLSA).

While DOH has begun issuing guidance on providing initial funds to meet these expenses (see related p. 7 story), this survey is intended to compare the actual costs faced by agencies to DOH’s initial determination that the new expenses necessitated rate increases of about $0.34 per hour.

At this week’s meeting, HCA and the other Associations provided feedback to the state’s Actuary, Mercer, specifically on survey sections related to overtime, live-in cases, travel expenses and additional costs.

Mercer will revise its draft survey and cover letter and send to the Associations for their further review.

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

Further Information on Medicaid F2F Requirement

Last week, HCA reported that the U.S. Centers for Medicare and Medicaid Services issued a final rule for a new physician face-to-face (F2F) documentation requirement under Medicaid.

The final rule is at https://www.gpo.gov/fdsys/pkg/FR-2016-02-02/pdf/2016-01585.pdf.

The rule is effective July 1, 2016; however, CMS is delaying compliance for up to one year in states like New York, and possibly two years for those states whose Legislature meets every two years.

HCA has already contacted the state Department of Health (DOH) to initiate discussions about ways to minimize any effect on New York’s home care providers.

A thorough review of the rule by HCA Policy staff has found the following important provisions:

- The rule does not require a F2F for managed care enrollees, but CMS is deferring to states to determine the application of the F2F requirement to managed care. HCA has already reached out to DOH about verifying that the Medicaid F2F requirement would not apply to MLTCs or Mainstream Medicaid managed care plan enrollees.

- The F2F encounter is required for the initial ordering of a home health service and for all episodes initiated with the completion of a Start-of-Care OASIS assessment.

- There is no recertification F2F requirement.

- If a Medicare-enrolled physician has completed the F2F requirement for a dually eligible individual, an additional F2F encounter would not be needed to be done by a Medicaid-
enrolled physician if the payment source changes to Medicaid services, as long as there is no new start of care, due to a plan of care change.

- Personal care services are not subject to the Medicaid F2F requirement. However, CMS states that the F2F requirement applies to home health aide services. HCA will seek clarification on whether the F2F encounter must be done when home health aides are providing personal care services.

- CMS affirms that Medicaid home health services may not be subject to a requirement that the individual be “homebound.”

- CMS is not prescribing a specific documentation format, but is deferring to the states to determine what constitutes appropriate documentation. CMS does not perceive any federal barriers to making the documentation requirements administratively simple; however, there is no prohibition on states agreeing to utilize a common form to facilitate standardization. Still, CMS states the documentation should describe how the health status of the beneficiary at the time of the F2F encounter is related to the primary reason the beneficiary requires home health services.

- While encounters may occur via an approved telehealth delivery service, HCA will seek clarification on CMS’s statement that “telehealth and telemedicine are service delivery models and do not replace the requirement that a physician or non-physician practitioner (NPP) must have a face-to-face encounter with a beneficiary. Rather the face-to-face encounter can be met through a telehealth delivery model that is recognized by the state as a physician or NPP encounter under its approved state plan.”

- A beneficiary cannot be prohibited from receiving home health services in “any setting in which normal life activities take place, other than a hospital, nursing facility; intermediate care facility for individuals with developmental disabilities; or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board.”

HCA will seek to provide additional clarifications and details on these and any other components of the new rule as our analysis and discussions continue.

For more information, contact the HCA Policy staff.

LHCSA Offsite Surveillance Pilot Project Starts

The state Department of Health (DOH) has informed HCA that it has started its LHCSA Offsite Surveillance Pilot Project.

Starting February 1, DOH sent e-mails to a group of approximately 20 LHCSAs statewide about being selected for its new Offsite Surveillance Pilot Project.

As detailed in the January 22 ASAP and covered by DOH’s Rebecca Fuller Gray on a member call (January 19), DOH will be conducting offsite surveillance surveys of 20 LHCSAs who were chosen based on: having received a re-licensure survey within the past 36 months; having been found in substantial compliance at its most recent survey; and not being a franchise entity.

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Under this Pilot, those targeted LHCSAs will be audited in one of the following four areas:

- Clinical records
- Emergency Preparedness and Health Commerce System (HCS)
- Personnel records
- Quality Assurance and Complaints Review

Depending on the audit area, agencies will have to provide certain information by 5 p.m. of the notification date and other information within 24 hours. The DOH communication will specify the time frames for submission of requested documents.

HCA members are advised to update their agency roles and e-mail contact information on the HCS to ensure that they receive all communications about this survey and other important notifications.

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

DOH Posts Initial 2016 LTHHCP, Personal Care Rates

The state Department of Health this week posted the initial 2016 Medicaid fee-for-service (FFS) rates for LTHHCPS and Personal Care programs. (CHHA rates should be completed soon.)

Though the mandatory enrollment of LTHHCP patients into MLTC is well underway throughout the state, there are still LTHHCP agencies currently operating under FFS and these programs should review their initial rates for accuracy.

The initial LTHHCP and Personal Care rates reflect a zero roll factor adjustment as

Two New Education Announcements on Bioethical Issues & OASIS Accuracy

HCA announces two new and exciting education programs coming up: one on bioethical issues in hospice and palliative care, and another on OASIS Accuracy to support your organization’s coding and billing teams.

Registration for both programs was posted this week to the education page of our website at http://hca-nys.org/events-education/upcoming-events.

Webinar: bioethical issues in hospice and palliative care

The focus of this March 16 webinar (11:30 a.m. to 1 p.m.) is to explore and analyze ethical challenges that nurses commonly face when caring for patients in hospice and palliative care settings and to help nurses respond effectively. Using case studies, the presenters will demonstrate approaches to prevent and address ethical dilemmas.

Blueprint for OASIS Accuracy

June 22 and 23 Workshop (8 a.m. to 4 p.m.), and June 24 COS-C Exam (9 to 11:30 a.m.)

Holiday Inn Express
860 Holt Road Webster, NY 14580

This two-day OASIS-C1 workshop on Data Collection Rules and Guidance is followed by an optional Certificate for OASIS Specialist-Clinical (COS-C) exam, both held at the same location. You can register for the workshop, the exam, or both!

Gain effective, up-to-the-minute education targeted for field data collectors, their supervisors and those preparing for the COS-C exam.
well as an overall zero trend factor for the rate period January 1, 2016 through December 31, 2016. Furthermore, the Governor’s final 2015-16 Executive Budget eliminated the possibility of any Medicaid trend factor through March 31, 2017.

LTHHCP rates also include the 3 percent adjustment for recruitment and retention of nonsupervisory home care services workers with direct patient care responsibilities, along with a 4.7 percent rate add-on adjustment for the newer Recruitment, Training and Retention (RT&R) initiative ($100 million statewide).

The Dear Administrator Letter (DAL) for LTHHCP rates includes additional information on the statewide aggregate Administrative and General (A&G) cap; regional guidelines or ceilings; worker recruitment and retention adjustments; the New York City Wage Parity adjustment; the rate hotline process; revisions to the 2014 annual cost report; and the rate appeals process.

The DAL for Personal Care rates provides additional information on the statewide aggregate A&G cap, which is limited to no more than 28 percent of total costs. The A&G cap specifically for consumer directed services continues to be 18 percent. The DAL also discusses aide and training ceilings; criminal history record check reimbursement; capital costs; profit/surplus percent; worker recruitment and retention adjustments; and the rate appeals process.

The DAL for all LTHHCP and Personal Care rates also includes a new section on a Fair Labor Standards Act (FLSA) uniform adjustment of $0.34 per hour. (See related p. 7 story about retrospective adjustments for this purpose.) The additional FLSA funding is provided under the recruitment training and retention (RT&R) methodology. Funds not utilized to meet overtime and travel requirements must be used for the purposes of RT&R of non-supervisory direct care workers only.

It is expected that the final 2016 LTHHCP, CHHA and Personal Care rates for January 1 through December 31, 2016 will be posted to the Medicaid Management Information System (MMIS) sometime during the second or third quarter of 2016.

For rate questions, LTHHCP members can contact DOH’s Russ Smith. CHHA members can contact DOH’s Tim Casey. Personal Care and Consumer Directed members can contact DOH’s Kathy Omecinsky. Each of the DOH representatives can be reached at (518) 473-4421.

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

HCA Data Webpage Now Includes 2016 CHHA, LTHHCP, LHCSA and Hospice Statewide Directories

This week, HCA staff posted to our HCA Data website the latest 2016 home care and hospice directories from the state Department of Health (DOH). It includes separate PDF documents of each of the operational CHHAs (including Special Needs CHHAs), LTHHCPs, LHCSAs and Hospice providers in the state as of February 1, 2016.

Important: HCA Data is a members-only page that provides data reports to assist home care and hospice providers and managed care plans in their benchmarking efforts. The page is not visible on our site unless you are logged in with an HCA member website account.

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Our log-in page is at http://hca-nys.org/login. Once you login, the HCA Data link will appear in the site menu at the top right. If you don't have an account, or can't remember your log-in, you can request one through the log-in page or simply e-mail HCAs Communications Director Roger Noyes at rnoyes@hcanys.org.

HCA will be submitting a freedom of information law (FOIL) request in the coming weeks for the 2014 Medicaid Cost Reports for all non-hospital based CHHAs and all LTHHCPs in the state. Upon receipt of this data, HCA will prepare a spreadsheet summarizing key CHHA & LTHHCP data, including such items as revenue by payor source; expenses; total operating margin; unduplicated census; visits by payor source and average costs by discipline. We already have this kind of data for past years on the data page.

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

HCA's MLTC Forum Engages with State Medical Society

Representatives of HCA's MLTC Forum addressed the Medical Society of the State of New York (MSSNY) last week on the all-important, mutual goal of strengthening physician collaboration with home care and MLTC.

The presentation was provided as part of MSSNY’s Long Term Care Committee meeting, and focused on issues, challenges and key opportunity areas for collaboration, particularly in the evolving health care system (i.e., under managed care, value based payment, Delivery System Reform Incentive Payment, and more).

The committee venue afforded an active exchange between HCA MLTC plans and providers, and MSSNY physicians and executive staff, on priority barriers, challenges and focal points for improvement.

The discussion set in motion joint HCA-MSSNY planning for concrete next steps, including exploration of possible joint program/legislative initiatives by HCA and MSSNY, a joint workgroup between us to further hone recommendations, and other partnership efforts to support collaboration goals.

The session was generated from HCA MLTC members' discussion at our last MLTC Forum meeting a couple of months ago, which has also led to other new key initiatives for MLTCs and home care providers that HCA is advancing. HCA's next MLTC Forum meeting is scheduled for February 18.

HCA extends thanks to MLTC/provider members Marianne Grady and Diana D'Amico from Empire BlueCross BlueShield HealthPlus; Amy Bowerman, Senior Network Health and Mohawk Valley Health System; and Kathy Seymour of Eddy Visiting Nurse Association/St. Peter’s Health Partners for their participation. They were joined by HCA Executive Vice President Al Cardillo.

For further information, please contact Al Cardillo at acardillo@hcanys.org.
DAL Reaffirms HCS Use Requirements

This week, the state Department of Health (DOH) issued a Dear Administrator Letter (DAL) that covers home care agency requirements related to the Health Commerce System (HCS). The DAL is at http://hca-nys.org/wp-content/uploads/2016/02/DAL_HCS_Requirements_020316.pdf.

The DAL points out that the HCS is used for a multitude of purposes, including targeting communications to providers during emergencies; providing access to applications such as the Criminal History Record Check, the Home Care Worker Registry, the Electronic Plan of Correction; collecting cost and statistical information from providers; and issuing guidance and communications.

Regulations require that all LHCSAs, CHHAs, LTHHCPs and hospice providers obtain accounts for each agency it operates, ensuring that sufficient and knowledgeable staff are available to maintain and keep their accounts current. Additionally, HCA urges members to update and regularly monitor their HCS accounts as this is the most efficient way for you to be reached and kept apprised of emergency situations when necessary. There are several examples of the critical role that HCS can play, including even last month when the blizzard hit New York City and Long Island.

DOH states that compliance with the requirements continues to be problematic and that providers are expected to maintain appropriate policies and procedures to maintain HCS accounts consistent with regulations.

It is vital that agencies check the HCS daily and keep their HCS Communications Directory current, reflecting changes as soon as they occur. As per the regulations, each licensed site must have an individual HCS account with sufficient and knowledgeable staff available to maintain and keep the account current.

Other requirements outlined in the DAL include:

- One or more appropriate staff members with an active HCS account must be assigned to each of the following roles: Administrator; Director, Home Care Patient Services or Patient Services; Emergency Response Coordinator; and HPN Coordinator.

- For agencies that employ home health or personal care aides, one or more appropriate staff members with an active HCS account must be assigned to each of the following roles: Criminal History Record Check Authorized Person (CHRC AP); Home Care Registry Agency Updater; and Home Care Registry Agency Viewer.

- For agencies that operate a Home Health Aide Training Program (HHATP), one or more appropriate staff members with an active HCS account must be assigned to each of the Home Care Registry roles: Home Care Registry Agency Updater; Home Care Registry Agency Viewer; Home Care Registry Certification Form Printer; Home Care Training Program Certificate Printer; Home Care Training Program Updater; and Home Care Training Program Viewer.

DOH plans to continually monitor these role assignments and may issue a Statement of Deficiency to agencies which do not meet all the requirements in the DAL, followed by enforcement action for findings of noncompliance.

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If you have any questions about these requirements or need assistance with assigning HCS roles, call (518) 408-1638 or send an e-mail to homecare@health.ny.gov. If you would like to speak with HCA staff about the HCS, its importance, or have questions, please e-mail Alex Blais at ablais@hcanys.org.

HHQI Campaign Promotes “American Heart Month”

The national Home Health Quality Improvement (HHQI) campaign, of which HCA is a partner, encourages home care agencies to give a special focus to cardiovascular health – including home care patient needs and benefits, and home care agency roles and capabilities – during February, “American Heart Month.”

HHQI, HCA and a number of home care agencies throughout the state have participated in the cardiovascular home health initiative. HCA has featured and promoted this initiative though our annual Quality Symposia, work of the HCA Quality Committee, ASAP communications, state legislative and budget proposals, and our partnership activity with IPRO, the Quality Improvement Organization/Quality Improvement Network covering the New York State region.

Cardiovascular health is one of the prime focal areas of the value based payment model discussions ongoing at the state level, and likewise closely aligned with Delivery System Reform Incentive Payment (DSRIP) program goals, managed care, advanced primary care and other integrated care models. Home care agencies’ roles in supporting cardiovascular health are critical to emphasize and for agencies to bring to both the clinical service and partnering “tables.” Home care’s demonstrated value in cardiovascular primary and secondary preventive services, including major impacts seen in improved patient outcomes, are strengths and assets to emphasize in American Heart Month outreach and public relations that home care agencies should put into motion.


Please let HCA know the results of your efforts particularly during your American Heart Month outreach and activities. Moreover, as the state budget negotiations ramp up, it is essential to raise home care’s visibility in this and related priority public health areas where home care’s value and contributions are too often little understood or appreciated.

For further information, please contact Al Cardillo at acardillo@hcanys.org. Also, for contact with IPRO and HHQI partners, the point-persons are Susan Hollander for IPRO, SHollander@ipro.org, and Misty Kevech for HHQI, mkevech@wvmi.org.

Downstate LHCSA Forum: March 29

Please join your LHCSA colleagues, HCA staff and Board Members for a valuable exchange of information, advocacy concerns and recommendations for action at our next downstate LHCSA Forum on March 29 in New York.

Some of the vital issues to be covered include:

- The State Budget
- Quality Incentive/Vital Access Provider Pool (QIVAPP)
- Fair Labor Standards Act (FLSA)
- Physician Order Change
- Developments in HIT, Technology and Quality
- DSRIP
- Additional Issues or Concerns

You can register at http://hca-nys.org/events-education/upcoming-events.
HCA “Essential Personnel Bill” Reintroduced

HCA’s home care and hospice “essential personnel” bill has been reintroduced in the State Legislature.

The bill, introduced today as S.6692 by Senator Andrew Lanza, has been referred to the Senate Committee on Homeland Security.

Like last year’s legislation, the bill:

- Provides that the preparation of local emergency plans be coordinated with the advice and assistance from home care and hospice providers, along with other “input” entities under current law.

- Establishes procedures for the deployment of personnel from CHHAs, LTHHCPs, LHCSAs or hospices, as well as physicians, nurses, medical professionals, or any other personnel deemed necessary, including procedures for deployment in areas where access has otherwise been restricted or subject to curfew in declared emergencies.

- Would clarify that during a local state of emergency, local orders may establish a curfew and prohibit and control pedestrian and vehicular traffic, except essential emergency vehicles and personnel, and except as consistent with local comprehensive emergency management.

HCA applauds Senator Lanza for his reintroduction of the bill, along with Assemblyman Michael Cusick who has stated his intent to also reintroduce and work for passage.

Versions of this unanimously passed, widely supported legislation have been twice vetoed by Governor Cuomo, on the basis of comments raised which HCA and sponsors believe reflect a misread of the bill. Both sponsors have expressed their plans to work with the Governor’s office on any source of objection to see the bill through to signature into law.

_for further information, please contact Al Cardillo at acardillo@hcanys.org or Alex Blais at ablais@ycanys.org._

CMS Makes Interim QAO Reports Available

The U.S. Centers for Medicare and Medicaid Services (CMS) this week has made available the interim Quality Assessment Only (QAO) performance reports via the CASPER reporting system.

These reports are based on OASIS sets completed during the period from October 01, 2014 to September 30, 2015 and submitted by October 30, 2015. These reports are for informational purposes only, and will not be used for determining pay-for-reporting compliance.

Going forward, CMS intends to release these informational reports quarterly. More information on the QAO performance score is available on the Home Health Quality Reporting Requirements website at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Requirements.html.

_for further information, contact the HCA Policy staff._
Medicare Hospice Updates Provided by NGS

National Government Services (NGS), New York’s Medicare Administrative Contractor (MAC), has recently posted two important Medicare hospice updates to its website. The following is a summary of each notice.

Hospice Cap: Self-Reporting Instructions

The 2015 Hospice Wage Index and Payment Rate Update final rule issued on August 22, 2014 requires hospice providers to self-report the 2014 and subsequent hospice cap determinations between January 31 and March 31 of each year. Any hospice that does not report its self-determined cap by March 31 will be subject to a payment suspension.

Hospices should first review the Instructions for Completing the Pro-Forma for Provider Self-Determination of Aggregate Cap Limitation tab of the pro-forma. Providers should download and use the pro-forma calculation form issued by the U.S. Centers for Medicare and Medicaid Services. The pro-forma and instructions can be found on NGS’s website (www.ngsmedicare.com) under “Provider Resources,” then click “Forms,” “Other” and select “Hospice Cap.”

The PS&R data used in filing the self-reported cap cannot be earlier than January 31, 2016. The statutory cap amount to be used for the 2015 self-reported hospice cap calculation is $27,382.63.

The pro-forma calculation, supporting documentation and a copy of submitted check (if applicable) should be sent to NGS no later than March 31 via e-mail, mail, fax or NGSConnex. These addresses are below.

- Email: selfreportedhospicecap@anthem.com
- U.S Mail: National Government Services, Inc., Reimbursement Department, 6775 W. Washington St., Milwaukee, WI 53214
- Fax: 414-459-5081; Attn: Mario Berkec

Some Hospice SIA Payments are Incorrectly Processing

NGS has notified hospice providers of a claims processing issue in which hospice providers are receiving an incorrect Service Intensity Add-on (SIA) payment for services that do not qualify for the payment. SIA payments should only be made for social worker and registered nursing visits when provided during routine home care in the last seven days of life. Hospice providers may be receiving SIA payments incorrectly, when the services are provided during continuous home care. This incorrect processing may be causing an overpayment to hospice providers, when the services do not qualify for the SIA payment.

This issue has been reported to the Fiscal Intermediary Standard System (FISS) Maintainer. NGS expects the issue to be corrected with a system fix scheduled to be implemented on February 22, 2016. No provider action is required.

For further information, please contact Patrick Conole at (518) 810-0661 or pconole@hcany.org.
MCO Annual Program Integrity Report Posted

The state Office of the Medicaid Inspector General (OMIG) has posted the MCO Annual Program Integrity Report form and Reporting Instructions.

The March 1, 2014 Managed Care Organization (MCO) Model Contract includes a new contractual obligation which requires MCOs to complete an annual assessment of their regulatory and contractual program integrity obligations and to report to OMIG on their assessment. The first report will need to be submitted to OMIG between December 1, 2016 and December 31, 2016.

The MCO Annual Program Integrity Report form is available on OMIG’s website at: https://omig.ny.gov/images/stories/mco-comprehensive-provider-report/MCO_Annual_Program_Integrity_Report_20151021.docx.


Informational presentations on the new MCO Annual Program Integrity Report obligation are being planned for the near future. OMIG will issue a listserv notice to announce upcoming presentations.

Home care providers should familiarize themselves with this report because MCOs will need to report some information related to their contractors. This includes whether they: have a methodology to ensure the completeness and accuracy of encounter data for contractors paid on a fee-for-service basis; withhold/suspend payments to providers pending investigations related to a credible allegation of fraud; and terminate provider agreements with participating providers who have been excluded or terminated by the state. In addition, the MCO has to provide a list of providers terminated by the MCO including allegations and findings; and a list of providers who did not have their contracts renewed, including reasons for the non-renewals.

If you have any questions or comments in connection to the MCO Annual Program Integrity Report form or the reporting instructions, please contact OMIG at mcopireport@omig.ny.gov or by phone at (518) 408-0401.

Publications


For more information, contact Andrew Koski at (518) 810-0662 or akoski@bcany.org.
SENIOR FINANCIAL MANAGERS
SUMMIT
(Formerly CFO Forum)
March 9, 2016
9:00am – 3:15pm
Albany Hilton
Albany, New York

2016-2017 State Budget
HCA Financial Condition Report Results
Updates on Home Care Rates and Managed Care Premiums
Minimum Wage Funding
And much more!
HCA's Senior Financial Managers Summit (formerly CFO Forum) is a must-attend program for home care financial managers, CFOs and other executive staff to hear from HCA policy staff, finance and reimbursement managers from the state Department of Health (DOH) and industry consultants on home care fiscal issues.

Kicking off the Forum, HCA staff will highlight key areas in the Governor’s proposed 2016-17 Executive Budget as well as many finance-related advocacy areas where we are working on your behalf – from the federal and state budget fronts to our work on the many rate packages and payment model implementation efforts occurring internally at the DOH and state Executive levels. DOH reimbursement officials will provide yet further details on all of these issues from the state’s perspective.

HCA has also invited a representative from the state Department of Financial Services (DFS) to review the requirements of the state’s Prompt Pay Law and how providers can file complaints with the state DFS concerning violations, and any other assistance provided by DFS. In addition, HCA has invited Ms. Margaret Willard from the state DOH to review the Department’s role in monitoring managed care plans, including the issuance of timely authorizations, re-authorizations and payments, and other issues.

Lastly, Ms. Audrey El-Gamil, from Dobson, DaVanzo & Associates, LLC. will provide highlights of an important study she conducted to identify the clinically appropriate and cost-effective placement of Medicare patients following discharge from the acute care hospital, and will offer suggestions on how home care can be utilized most effectively in the future. She has conducted extensive research on Medicare post-acute care payment policy and is a highly sought out expert.

Please do not miss out on this robust program which delves into several important areas relevant to your agency’s fiscal health.
March 9, 2016

9:00am – 9:30am  
HCA Registration & Continental Breakfast

9:30am – 10:30am  
HCA Update  
HCA staff will provide a state legislative update, which will focus on the Governor’s proposed 2016-17 Executive Budget and its impact on home care, along with an update on our advocacy efforts in Albany and in Washington. HCA staff will highlight our annual financial condition report as well as discuss the latest on Minimum Wage funding, DSRIP, Value Based Purchasing, QIVAPP and the 2016 Medicare Prospective Payment System (PPS).

10:30am – 11:30am  
Department of Health Update  
Tim Casey, Bureau of Long Term Care Reimbursement  
Daniel Carmody, Bureau of Managed Care Reimbursement  
Mr. Casey and Mr. Carmody will provide updates on the following: provisions in the 2016-17 Executive State Budget that impact home care, personal care and Medicaid managed long term care plans; the Medicaid Global Cap; CHHA Episodic Payment System (EPS) utilization data; premium rate adjustments to Managed Long Term Care (MLTC); QIVAPP funding, Wage Parity and Overtime adjustments to plans and home care providers; the CHHA, LTHHCP and Personal Care fee-for-service Medicaid rates; the 2015 Medicaid cost reports and other Medicaid reimbursement issues.

11:30am – 12:30pm  
Navigating Obstacles to Prompt Payment  
John Powell, Acting Deputy Superintendent for Health, New York State Department of Financial Services (Invited)  
Margaret Willard, Director, Bureau of Managed Long Term Care, NYS Dept. of Health (Invited)  
Mr. Powell or another representative from the state Department of Financial Services (DFS) will review the requirements of the state's Prompt Pay Law, how providers can file complaints with the state DFS concerning violations, and any other assistance provided by DFS. Ms. Willard will review the role of the state Department of Health (DOH) in monitoring managed care plans, including the issuance of timely authorizations, re-authorizations and payments, and other issues.

12:30pm – 12:45pm  
Lunch

1:30pm – 2:45pm  
Medicare Post-Acute Care Payment Prognosis  
Audrey El-Gamil, Senior Manager, Dobson, DaVanzo & Associates, LLC  
Ms. El-Gamil has significant experience in health policy analysis and health services research with the majority of her recent research on Medicare post-acute care payment policy. For the home health industry, Ms. El-Gamil was the project manager of a data-driven study that aimed to identify the clinically appropriate and cost-effective placement of Medicare patients following discharge from the acute care hospital. During the session, Ms. El-Gamil will provide highlights of this study which examined how the Medicare home health benefit is currently serving Medicare beneficiaries but also investigated how Medicare's use of home health could better meet beneficiary needs and improve the quality and efficiency of care.

2:45pm – 3:15pm  
HCA Closing Remarks & Adjourn
This is an HCA Members Only Program.

Registration

__________________________________________________________________
Name

__________________________________________________________________
Title

__________________________________________________________________
Agency

__________________________________________________________________
Address

City/State/Zip

Phone/Ext. Email (Required)

Payment of $99 per person

__________________________________________________________________

_______ VISA _________ MC _______ AM EX

Credit Card No.____________________________________

Expiration Date:_____________ Sec. Code:_____________

Card Billing Address:_______________________________

__________________________________________________________________

Name on Card:____________________________________

Signature:________________________________________

Or, make checks payable to: HCA and mail to
388 Broadway, 4th Floor, Albany, NY 12207

Cancellation Policy: Cancellations received by February 29th will receive a full refund, less 25% of total due as an administrative fee. Cancellations received on March 1st or later will forfeit their registration fee, as well as those who register and do not attend. Substitutions are permitted.

FAX TO: (518) 426-8788

Become an HCA Member

If you are not currently an HCA Member, but wish to become one so you can take advantage of this and other educational programming, please contact Laura Constable at (518) 810-0660 or at lconstable@hcanys.org.
Please join your LHCSA colleagues, HCA staff and Board Members for this exchange of valuable information, advocacy concerns and recommendations for action.

Some of the vital issues to be covered include:
• State Budget
• Fair Labor Standards Act (FLSA)
• Quality Incentive/Vital Access Provider Pool (QIVAPP)
• Physician Order Change
• Developments in HIT, Technology and Quality
• DSRIP
• Additional Issues or Concerns

This forum is for HCA Members Only.
If you are not currently a member of HCA, but would like to become one, please contact Laura Constable, Director of Membership at (518) 810-0660.

Registration
Name: ____________________________________________
Title: ____________________________________________
Organization: ______________________________________
Mailing Address: __________________________________
City/State/Zip: ____________________________________
Email: ___________________________________________
Phone: ____________________________________________
(Required for registration)

Payment of $40 per person

Please check method of payment:
______MasterCard     ____VISA     ____Am Exp     ____Check*
*Make checks payable to: HCA and mail to 388 Broadway, 4th Floor, Albany, NY 12207.
Checks must be received by March 22.

Card Number ____________________________  Expiration Date ____________________________
Billing Address of Card Holder
City, State, Zip ____________________________________________
Name on Card ____________________________________________
Authorized Signature ______________________________________

Cancellation Policy
Cancellations received by March 22 will receive a full refund less 25% of total due as an administrative fee. Cancellations received on March 23 or later will forfeit their registration fee along with those who register and do not attend. Substitutions are permitted. Please contact Teresa Brown at (518) 426-8764 or tbrown@hcanys.org to cancel.
February 23, 2016 - AGENDA

Noon
Registration

12:15 – 12:30pm
HCA Welcome

12:30 – 2:00pm
Matthew Babcock, Assistant Medicaid Inspector General for Compliance, Office of the Medicaid Inspector General

2:00 – 2:15pm
Break with light refreshments

2:15 – 3:45pm
Rachel Hold-Weiss, RPA-C, JD, Associate General Counsel, Personal Touch Home Care

Kick off the New Year by ensuring that your compliance activities meet federal and Office of Medicaid Inspector General’s (OMIG) requirements. One of the OMIG’s most knowledgeable health system compliance experts will provide an in-depth look at the 8 critical elements of a comprehensive compliance program.

Following the OMIG, a home care compliance expert will outline ways for agencies to successfully conduct internal audits, incorporate OMIG audit protocols into your compliance activities, and gain insight on the OMIG auditing process. Learn how to use the OMIG’s Compliance Guidance and Work Plan to guide your agency’s compliance program.

REGISTRATION - (Deadline February 16th)

Name: __________________________________________
Title: ___________________________________________
Agency: __________________________________________
Address: _________________________________________
City/State/Zip: ____________________________________
Phone: _________________________ Ext.______________
Email: ______________________________

REGISTRATION FEE

HCA Members $79 ________ Non-Members $139 ________

PAYMENT

___ MasterCard ___ VISA ___ American Express ________ Check*

*Make checks payable and mailed to: HCA Education and Research
388 Broadway, 4th Floor, Albany, NY 12207

Credit Card #: __________________________ Exp. Date:_______ Security Code: __________

Name and/or Company Name on Card

Billing Address of card (including City, State and Zip Code)

Authorized Signature

FAX TO: (518) 426-8788