HCA, Members Rally on Budget Advocacy: Keep Up the Pressure!

HCA, members and allied organizations have rallied hard on our advocacy in the waning days of state budget development as the Senate and Assembly are on the verge of finalizing their one-house budget plans.

Thanks to you and your colleagues, nearly 1,000 budget advocacy messages have been sent to legislators using HCA's Legislative Action Center. Please keep up your phone calls and e-mails on behalf of HCA's efforts for full and direct funding of any minimum wage hike affecting home care in the budget, as well as support for our

Vote Home Care! Register Now to Attend HCA’s Annual Conference

It's a wild election year, and HCA is seizing on the energy with our 2016 Annual Conference theme: Vote Home Care!

We hope you can register and come to the “polls” at Saratoga on May 4-6. Please see our preliminary conference brochure for logistical details, the overall conference timeline, and a preview of some highlight sessions at http://hca-nys.org/wp-content/uploads/2016/03/2016HCAAnnualConferencePreliminaryBrochure.pdf.

Plan to Join HCA for Big Federal Advocacy program in Washington on July 11-13: Mark Your Calendars

Working in partnership with thirteen other state home care associations along with the Council of State Home Care Associations, an independent national organization comprised of nearly all of the nation’s state home care organizations, HCA is hosting an HCA Federal Advocacy Program on July 11 to 13 in Washington, DC.

This is an optimal time to visit with Members of Congress, as this event coincides with the final days of Congressional session prior to the scheduled August recess.

Vote Home Care! Register Now to Attend HCA’s Annual Conference

See CONFERENC EP. 2

Plan to Join HCA for Big Federal Advocacy program in Washington on July 11-13: Mark Your Calendars

See FEDERAL p. 5
CONFERENCES from p. 1

We’ll announce more details in the coming weeks.

We have a lot of fun, informative sessions planned for this program, which is designed for home care CEOs, executive directors, clinical managers and other key leaders of your organization.

Hotel accommodations

The discounted rate for the hotel ends on April 3, so please make your plans soon. (Details are in the brochure.)

Awards nominations

We have one other request. A feature of the conference is our Annual Awards luncheon and we are still seeking nominations. The deadline is extended until March 14, and you can make your nominations using the form at http://hca-nys.org/wp-content/uploads/2016/02/Award-Nomination-Form-2016.pdf.

All information online

All information for our conference is on the conference website at www.hcaannualconference.com, including hotel information, our sponsors and exhibitors, the brochure and online registration.

Don’t miss out on this important program. Please register today.
**PRESSURE from p. 1**

Article VII language that would separately assure proper reimbursement for labor and other costs, as well as investments in home care infrastructure.

We need every one of your staff and stakeholders to get on record with legislators, either by sending an e-mail message or, preferably, by calling lawmakers directly at their Albany offices in this closing window of the budget, even throughout the weekend. To call your legislators, simply read the message points previously shared with the membership (and reprinted on page 3 of last week’s ASAP). Then, dial the Senate and Assembly switchboards at Senate (518-455-2800) and Assembly (518-455-4100) to be connected to your lawmaker. These calls should be a priority over the weekend and into next week, while your e-mail messages should be a given! You and your staff can send these e-mails with a quick push of the button at http://p2a.co/cEX2Twq.

The most recent report from HCA’s government-affairs team, Hinman Straub, is that the Assembly is expected to introduce its budget bill language before the end of the weekend and possibly as early as tonight. The Senate’s budget resolution is primed for release by Monday or Tuesday. We caution that these timetables are very fluid.

HCA’s proposed budget language and priorities remain under active consideration for inclusion in either house, with the Assembly reaching out to our government affairs team on Thursday night with inquiries about our asks.

Meanwhile, HCA continues to meet with legislators and stakeholders to push these priorities, including our joint effort with the coalition of community health provider representatives to reinforce the need for investment and proportionate funding of the community based sector, consistent with the state’s outlays to the facility sector in recent budget and funding cycles.

**Wage Issue**

As you’ve seen, HCA and allies have been pressing our case in the media as we push for full and direct funding of any wage mandate in the budget, along with our other budget asks for reimbursement fixes and program/investment support. Please share these media clips with relevant staff and stakeholders, along with HCA’s press release on the wage issue and budget (http://hca-nys.org/member-alerts/must-read-and-circulate-hca-press-release-on-wage-impact) to build as much momentum as possible for our budget asks.

Also, if your agency has a communications or public relations department, please encourage staff to share HCA’s press release and messaging with your organization’s local media contacts as the wage and budget issues continue to garner attention, focus and discussion.

This messaging is important, as several groups are making the case for wage funding, and home care’s interests must be heard. Importantly, our press release establishes important facts about the home care impact of the wage issue, supported by data from HCA’s financial condition report.

Some members have already been doing some great work in this area. HCA would like to specifically recognize Susan Koppenhaver, CEO of Always There Home Care, for being especially engaged on these issues, reporting back to HCA about her meetings with lawmakers, and bringing her agency’s story to the local press.

In a television news story this past week – with the headline “Officials: Wage Hike Could Cripple Home Care” – Ms. Koppenhaver invited the Hudson Valley News Network to see the great work her agency does for patients like Betty Galutch,
an Ulster County resident “who has heart and lung problems, has been in and out of hospitals and has come to rely on visits from the staff at Always There,” the news report states.

In the news segment, Ms. Koppenhaver explains the devastating impact of the Governor’s proposed wage increase (if unfunded) and her concerns for the future of her agency if the unfunded cost hike passes. “I asked our director of finance to project how much it would be if we were paying [aides] $15 an hour, and in one year, just for the aides – not the office staff – we would have to come up with an extra $615,000, and we do not have that kind of revenue,” Ms. Koppenhaver said. “We’re talking about the people across New York who don’t have fixed payroll increases and are struggling to meet their obligations and come up with a balanced budget. This is just going to blow that out of the water.”

HCA thanks Susan Koppenhaver for her advocacy and her work bringing this issue to the attention of the media. We encourage all of our members to follow suit.

In the meantime, here are some links to news stories from throughout the past few weeks on the wage and budget issues specifically.

**News Stories**

“Officials: Wage Hike Could Cripple Home Care” ([Hudson Valley News Network](http://hudsonvalleynewsnetwork.com/2016/03/08/officials-wage-hike-cripple-home-care/))

“Cuomo’s minimum-wage hike could sink home health care agencies” ([Crain’s New York Business](http://www.craainsnewyork.com/article/20160306/POLITICS/160309899/cuomos-minimum-wage-hike-could-sink-home-health-care-agencies))


“Home Care Needs Critical Funding” ([Times Union](http://hca-nys.org/wp-content/uploads/2016/03/JoanneTUOpEdWageIssue021116.pdf) op-ed by HCA President Joanne Cunningham)

“Guv’s office dismisses effect of $15 minimum wage on home care agencies” ([Crain’s Health Pulse](http://hca-nys.org/wp-content/uploads/2016/03/Guvdismisseseffectof15minimumwage.pdf))

“Assembly Speaker says minimum wage hike must be in budget” ([Examiner Gazette](http://examinergazette.com/2016/03/03/assembly-speaker-says-minimum-wage-hike-must-be-in-budget.html))


For more information about budget advocacy or media outreach, please contact HCA’s Communications Director Roger Noyes at rnoyes@hcanys.org.
The schedule will begin with an HCA-hosted dinner on the evening of July 11 with a special invited Member of the New York Congressional Delegation as a guest.

July 12 will bring a day-long program of presentations from policymakers at the U.S. Centers for Medicare and Medicaid Services, other Washington-based agencies that shape home care policy, and staff members from key Congressional committees.

The evening program will include a multi-state dinner with home care leaders from across the nation and a guest speaker. HCA members will hit Capitol Hill on July 13 and meet with Members of the New York Congressional Delegation. HCA’s DC-based contract lobbying representative, Brett Heimov, will schedule meetings for the HCA representatives and join us on our lobbying visits.

This important meeting is critical to ensure that HCA’s member organizations strongly advocate for New York’s home care community on federal home care policy issues including:

- The federal face-to-face regulation – our advocacy will build on HCA’s longstanding efforts to streamline and change this regulation to minimize its onerous and duplicative burden on providers;
- Opposition to any cuts or copays impacting the Medicare home care benefit;
- Support for legislation that would allow non-physician practitioners to order/certify home health services and document the required Medicare face-to-face encounter with patients. Such allowances are included in the “Home Health Care Planning Improvement Act” (S.578/H.R.1342), which has been long sought by HCA. Additional background and a campaign to advocate on this measure are posted to HCA’s Legislative Action Center, where you can send a message now to your Congressional representative supporting this bill at http://p2a.co/z6HUax7.
- Educating the New York Congressional Delegation on the fragile financial condition of New York’s home care community in the context of Medicare rebasing and payment impacts of the Home Health Prospective Payment System and other federal rules;

Stay tuned for additional details and a registration form that will be provided soon to the membership for this important federal advocacy day.

Leadership Essentials for LHCSAs in the Changing Health Care Environment
April 12, 2016 (9:30 a.m. to 12:30 p.m.): New York City

The U.S. Centers for Medicare and Medicaid Services (CMS) has initiated Medicare Value Based Reimbursement, and New York State is committed to value based payments for Medicaid. LHCSAs have a rich history of providing vital care, but fast-changing regulations and standards often challenge leaders to successfully navigate them.

This three-hour program, presented by Trish Tulloch of RBC Limited, is designed to identify, detail and refine the knowledge and skill set required for the clinical leadership of LHCSAs and to learn how your peers are adapting practices to meet this challenge. The program is targeted to agency clinical leadership, including directors of patient services; supervisors; quality managers; and educators that support clinical staff. Register at http://hca-nys.org/wp-content/uploads/2016/02/April12SurvivalBootcampLeadershipforLHCSAs.pdf.
The Council of State Home Care Associations in collaboration with the Home Care Association of NYS

Presents the First
Public Policy Summit
July 11 – 13, 2016
Marriott Marquis, Washington, DC

Council Members are invited to attend and encouraged to bring home care leaders from their state!

AGENDA

July 11
6:00pm – Individual State Dinners (HCA to host NY Dinner)

July 12
8:00am – 4:00pm
Advocacy and Policy Program
Featuring CMS and Capitol Hill Officials discussing regulatory and legislative policy issues facing the nation’s home care and hospice communities.

6:00pm
States’ Networking Dinner – Network with your peer leaders from across the nation at a States’ Reception and Dinner.

July 13
8:00am – 9:00am
Capitol Hill Breakfast

9:00am – 4:00pm
Capitol Hill Visits with your delegation members.

12:00 Noon – 1:00pm
Congressional Staff Briefing (Capitol Hill)

HOTEL INFORMATION
Marriott Marquis
901 Massachusetts Avenue NW
Washington, DC 20001
Phone: (202) 824-9200
Hotel Group Rate $229

Stay tuned for additional details to come.
DOH Posts Guidance on FLSA Funding; Issues Still Outstanding

Meeting with State Medicaid Director planned to further revise, improve provisions

Late Tuesday, the state Department of Health (DOH) posted its long-expected guidance on funding for home care costs related to worker overtime and other expenses under the Fair Labor Standards Act (FLSA) rule changes. Those rule changes, as you know, took effect in October.

Notwithstanding the posting, and some improvements made to this version, serious issues remain, including, as late as yesterday, varying interpretations on what key aspects of the guidelines permit or require.

The guidance and related attestations can be viewed at http://www.health.ny.gov/health_care/medicaid/redesign/fair_labor_standards_act.htm.

Upon confirmation of the posting, HCA immediately took follow-up steps with the Department and State Medicaid Director to further advocate our concerns, and press necessary revisions.

As noted, the now-posted guidance includes several significant improvements advanced by HCA over the initial DOH drafts; but critical concerns and inconsistencies

HIRING

CLINICAL MANAGER, BAYADA Home Health Care

RN Clinical Manager sought for our New York City Assistive Care office to visit clients, supervise staff, conduct client assessments and complete plans of care. We are looking for a flexible, enthusiastic team player who aspires to grow professionally and assume more responsibility as a leader with BAYADA. RN Clinical Managers at BAYADA Home Health Care learn to lead field staff in delivering exceptional client service and quality clinical care while ensuring adherence to policies and procedures. You’ll be responsible for internal case management and evaluation and development of field staff. You will provide clinical oversight of home health aides on a variety of non-skilled nursing cases in the boroughs of New York City.

QUALIFICATIONS: Current RN license in good standing; 1-2 years recent, verifiable clinical experience (home care and experience working with the senior population a plus); demonstrated successful track record of taking on increased or diverse responsibilities; strong organizational and interpersonal skills; ambition to grow and advance beyond current position; solid communication and PC skills; prior supervisory experience preferred; knowledge of NYC, all 5 boroughs.

To apply, please visit our website at www.bayada.com/careers and reference JOB ID 2015-11645.

BAYADA Home Health Care is an EOE.

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.
continue. Of particular concern, in public comments made yesterday by a DOH official at a meeting on managed care, it was (re)asserted that the FLSA funding is intended to be passed in its entirety directly from providers to the workers. This is a position that appears at odds with revisions made before the final guidance was posted and further affirmed as such in discussions with the administration. Those discussions and language ensured that the funds could be used flexibly as needed to meet providers’ FLSA cost obligations, including but not limited to worker wage obligations.

HCA’s comments on the initial DOH draft were shared with the membership in an article reported in last week’s ASAP. The final posting does reflect several improvements based on these comments, including: a clear intention that all of the funding to MLTCs be distributed and used for provider/worker costs; references that funds are to be used to cover the “provider’s obligations” associated with FLSA (however, now seemingly being reinterpreted by DOH, as noted above); and requirements that funds be provided to agencies within 30 days.

**Continuing Issues, Concerns**

While HCA acknowledges these improvements, serious issues and concerns remain for providers and MLTCs with the posted guidance. These outstanding issues include: need for affirmation that funds may be used by providers to meet the full array of provider cost obligations for the FLSA; need for a clear and efficient distribution methodology from MLTCs to providers; DOH’s intention that MLTCs and providers negotiate distribution; DOH’s assertion of no funding commitment beyond March 31; inconsistencies between language in the attestation and in the guidance on the use of FLSA dollars; and others. Many of these issues were raised in our initial comments, and will require further remedy with the Department.

While the state’s guidance does not affirm the continuation of funds past the start of the next fiscal year (April 1), a PowerPoint slide from the Division of Finance and Rate Setting, presented at Wednesday’s Senior Financial Managers Summit (see related p. 9 story), suggests a continuation of the rate adjustments, at least in the context of managed care-home care rate-setting, with draft rates expected to come on-line in April. Presumably, the continuation plan is predicated on allocations for MLTC premium/FLSA expenses in the 2016-17 state budget, still to be negotiated and adopted by the State Legislature and Governor. HCA will be further confirming these details in our follow-up advocacy.

**HCA Advocacy, Next Steps**

The guidance follows extensive advocacy by HCA with the Governor’s office, the State Medicaid Director and the Division of Long Term Care for full and adequate FLSA funding to agencies and managed care plans. HCA’s advocacy was informed by HCA provider and MLTC member input.

Among our core concerns and requests was the need for a clear, efficient and fully funded distribution methodology from the state to managed care plans, and from managed care plans to agencies. This includes the need for specific assurance that the funds be allowed to cover all agency related costs resulting from FLSA, such as worker overtime compensation, travel, new tracking and reporting requirements, recruitment/training, and other FLSA-triggered expenses.

HCA had also requested that DOH streamline its provider/managed care plan attestation requirements to mitigate burden and unnecessary complexity. We called for revisions to the attestations reflecting the use of FLSA funds to meet the full array of FLSA costs.

Prior to the posting of the guidance, HCA contacted State Medicaid Director Jason Helgerson and the Governor’s office further emphasizing the serious and continuing
concerns over the draft and the status of urgently needed revisions. Mr. Helgerson’s response offered opportunity for further discussion of these issues even as the Department was readying the guidance for posting, and HCA has since further communicated the urgency for revision with both Mr. Helgerson and other DOH health care finance and program officials.

HCA is working to confirm a time/day for an immediate follow-up meeting with Mr. Helgerson on the outstanding issues. HCA will keep the membership closely apprised of the status and outcome of these discussions and any other material developments with FLSA funding, guidance and implementation.

HCA Finance Summit Well Timed Amid Final Budget Negotiations, Big Rate Changes and Benchmarking Needs

HCA’s Senior Financial Managers Summit on Wednesday brought together home care CFOs and other executives to hear the latest updates on several big and complex finance issues affecting the industry at the very moment that the state budget is cresting toward completion.

HCA’s Policy staff took the opportunity to share with the finance managers our impact data on the Governor’s $15-per-hour minimum wage proposal (a $2.19 billion impact at full implementation), coupled with the findings of our home care financial condition report, and our state budget advocacy “asks” for home care investment – all previously shared with the membership.

As reported elsewhere in ASAP, these matters are a point of focus as the state budget negotiations reach a final pitch.

HCA also drilled into the status details of ongoing reimbursement issues, like the third-party liability audits, our advocacy on the Medicare face-to-face rule, and specific regulatory changes, including HCAs hard-fought win to gain flexibility in the physician order and billing deadlines for home care. On the Medicare face-to-face issue, in particular, HCA Vice President for Finance Patrick Conole provided details about the “probe-and-educate” audits being conducted by National

When Was the Last Time You Visited our Education Webpage?

In addition to our Annual Conference and other programs highlighted in this week’s ASAP, we wanted to give you a brief list of education topics (both webinar and in-person format) posted on our website.

Below are just the topic lists, but you can find dates, program summaries and registration options all on our education page at http://hca-nys.org/events-education/upcoming-events. Please bookmark this page as new programs are added routinely.

- Reach for the Aide Stars with Data Driven Recruitment: A New Webinar Series
- Bioethical Issues Encountered in Hospice and Palliative Care
- Downstate LHCSA Forum
- HCA Partners With Wound Care Institute on Clinical Training Courses
- ICD-10 Hospice Webinar Series
- Leadership Essentials for LHCSAs in the Changing Health Care Environment
- Vote Home Care! HCA’s Annual Conference
- Blueprint for OASIS Accuracy
- The Art of ICD-10-CM Coding for Home Health
- ICD-10 Coding Survival Kit
- Teleconferences for Home Health and Hospice Aides
Government Services, New York's Medicare Administrative Contractor (MAC), and stressed HCA's constant presence in Washington, through our legislative affairs representatives and HCA's senior staff meetings with the Congressional Delegation, on this burning regulatory issue. We are targeting this issue at upcoming meetings in July for HCA's Federal Advocacy program which we urge members to attend. (See related p. 1 story and p. 6 flyer.)

All of these items remain a target of HCA advocacy – from our meetings with New York's Congressional Delegation offices a week ago on Medicare reimbursement to our non-stop state budget connections with key legislative offices, the Ways and Means and Finance Committees of both houses, and the Division of Budget.

FLSA questions

Home care providers and managed care plan members at the Summit were especially engaged on eager questions related to the state's newly issued plan for distribution of Fair Labor Standards Act (FLSA) funds.

Just one day prior to the conference – late on Tuesday – state Department of Health (DOH) officials released a long-anticipated guidance document explaining how managed care plans and network providers are to sort out the state's $0.34 per hour rate add-on intended to cover the costs of overtime, recordkeeping, travel and other expenses shouldered by the home and community based system since October. That's when the federal government implemented changes to the FLSA rules. (See related p. 7 story.) HCA sent members an alert on this guidance on Wednesday following discussions, clarification, and follow-up requests with senior Department of Health officials.

While the state's guidance includes some welcome changes sought by HCA in our review of previous drafts, the Department appears to require different obligations under CHHA fee-for-service versus managed care for pass-through of funds to contractors. DOH's guidance also maintains the cumbersome attestation process and leaves the negotiation of payments up to managed care plans and their network providers, compounding the process and allowing for discrepancies across the continuum. Additional complications, reinterpretations and inconsistencies have arisen in the past several days. (Again, see related p. 7 story.)

The rate add-ons are due to providers within 30 days of receipt by managed care plans. While the state's guidance does not affirm the continuation of funds past the start of the next fiscal year (April 1), a PowerPoint slide from the Division of Finance and Rate Setting, presented at Wednesday's conference, suggests a continuation of the rate adjustments, at least in the context of managed care-home care rate-setting, with draft rates expected to come online in April.

HCA is separately working with the Department on a survey process to further account for the full costs borne by providers. The $0.34 estimate was advanced by the state to catch up on an already five-month-long unfunded cost obligation for FLSA-related expenses, and we will be further pressing for a fair, direct and fully paid methodology – a position that is additionally captured in our state budget language for consideration by the Legislature.

Meanwhile, for agencies subject to the Wage Parity Law in the downstate region, DOH officials reported on Wednesday that the final state and federal share of the Quality Incentive Vital Access Provider Pool (QIVAPP) funds are expected to be finalized in April, and those amounts will reflect both the reconciliation of state-share payments already made – following an audit of provider eligibility and hours by IPRO – along with the federal-share amounts.

State health department reimbursement officials also summarized key provisions of the Governor’s proposed budget, the fee-for-service rate-setting process, and the status of the global spending cap, which, for home care, is “consistent with projections” – though
officials warned that the FLSA add-ons are not accounted for in the latest cap prognosis, likely creating pressures on the cap identified in future reports.

HCA thanks Tim Casey of the Bureau of Long Term Care Reimbursement and Dan Carmody of the Bureau of Managed Care Reimbursement for providing these updates and fielding questions from the HCA membership.

Medicare/Medicaid Benchmarking

To help agencies compare finance and clinical productivity trends with peers, Rob Simione of Simione Consultants shared the latest benchmarks and averages from his company’s Financial Monitor, a national and state-level data collection tool. The benchmarks included: home care margin data, case-mix weights, direct service costs per visit by each discipline, average visits per episode by discipline, and other statistics for both Medicare and Medicaid. He also gave break-outs of the CHHA Medicaid Episodic Payment System (EPS) episode distributions (“full” versus “outlier” versus “Low Utilization Payment Adjustment” episodes) and tips for productivity amid tightening Medicare and Medicaid reimbursement.

HCA finance leaders interested in further benchmarking data should be sure to visit our HCA Data Page for a series of reports on similar data trends. Most recently added to the site are the latest home care agency directories from DOH which list all CHHAs, LTHHCPs and LHCSAs in the state. This information is especially important as consolidations and market forces change the makeup of the home care service infrastructure in your communities. You’ll need a user name and password to see the page. To request one, please contact HCA’s Communications Director Roger Noyes at rnoyes@hcany.org.

Alternative Medicare Payment Models

Audrey El-Gamil of Dobson Davanzo closed out the summit by providing participants with an extensive presentation on the Medicare Value Based Payment (VBP) movement, specifically outlining the federal government’s aggressive plan for moving Medicare payments toward VBP. Ms. El-Gamil outlined opportunities for home health providers in new VBP models including Accountable Care Organizations, bundling, and the soon-to-be implemented Comprehensive Care for Joint Replacement (CJR) bundling program beginning in April 2016. Ms. El-Gamil also presented important data that home health providers can use in their discussions with ACOs and other leaders of integrated models that demonstrate the value and cost-savings of utilizing home care versus other institutional sectors (i.e., long term care hospitals, rehabilitation hospitals and skilled nursing facilities). This session will be followed up by an entire daylong program that HCA will be announcing soon focused entirely on Value Based Payment initiatives and models. This program will be held on June 17 in Westchester. Details will be provided to the membership shortly.

DOH Guidance: TALs Implementation Required Starting June 1


These follow DOH webinars (two conducted today, and two in February) for home care and hospice providers on TALs’ purpose, background, intended benefits, and requirements.  

Continued on next page
Continued from previous page

HCA has discussed the TALs initiative extensively over the past several years. The DAL reinforces that statewide adoption of TALs is required. It is intended to standardize and streamline the evacuation process, particularly in a regional or statewide event involving external transportation resources.

TALs are not to be confused with the Home Health Agency Patient Classification Levels (Levels 1, 2, and 3, referenced in the Dear Administrator Letter issued on May 10, 2005). These are used to classify patient priority of care needs, but not to identify the transportation resources needed by each patient. TALs are intended for use during a planned evacuation and not intended for use during an emergent situation such as a fire.

Effective June 1, 2016, home care agencies and hospices will be required to incorporate the TALs status for each patient listed on the agency’s patient roster. (TALs requirements are already similarly in effect for health care facilities, implemented last fall.) DOH allocated more time to home care to allow further input directly from individual agencies.

DOH has offered to work with HCA on FAQs and additional guidance as we’ve raised some questions about the process, in particular the implications for software systems, triggering needed revisions to incorporate TALs.

HCA encourages agencies to provide HCA with your questions, concerns and suggestions, which we will compile and further discuss with the Department to aid implementation. Please submit these directly to Al Cardillo at acardillo@hcanys.org or Alex Blais at ablais@hcanys.org.

HCA Partners With Wound Care Institute on Clinical Training Courses

HCA members can use a code for free, on-demand webinars, as well as discounts for on-site training

The Wound Care Education Institute is offering an array of on-demand webinars, free of charge for HCA members using a special code.

It is also hosting a set of on-site courses, also co-sponsored by HCA, to help clinicians stay current with skin and wound care management.


The onsite courses, meanwhile, are provided in two sets of five-day and four-day course formats at various locations throughout New York State. Both courses are designed for the same audience of LPN/LVN, RNs, NPs, PAs and OTs who will benefit from wound care training and the opportunity to take a certification exam.

Members of HCA get a discount rate ($300 off standard rate) by using the code “HCANYS.” To learn more about the onsite courses, curricula, and locations, please download the flyers below.

- The flyer for the four-day program on April 4-16 is at http://hca-nys.org/wp-content/uploads/2016/02/hcanys-4-day-course-flyer-2-16.pdf.

- The flyer for the five-day program, on various five-day slots from April to October, is at http://hca-nys.org/wp-content/uploads/2016/02/hcanys-5-day-course-flyer-2-16.pdf.
Managed Care Policy and Planning Meetings Updates

At this week’s Managed Care Policy and Planning meeting, the state Department of Health (DOH) provided an update on managed care and related payment issues.

MLTC Quality Pool Distribution

There is a change in the MLTC Quality Pool Distribution for 2015. The Pool Awards for each quality score tier have been adjusted.

DOH said that this shift was an effort to place more emphasis on those who are scoring higher.

DOH provided the following details: For scores of 0, there is no change, and there will be no pool award. For the 2014 distribution, Tier 1 was returned to the full value of the reduction, Tier 2 and Tier 3 received the full value of the reduction plus the amount from the Tier 0 reduction. For the 2015 distribution, Tier 1 will receive a return of the partial value of the reduction, and Tier 2 and Tier 3 will receive a return of the full value of the reduction plus the amount from Tier 0 and Tier 1 reductions.

HCA is a participant on the DOH MLTC Quality Incentive Pool workgroup, which is meeting this coming Monday, when these changes will ostensibly be further discussed. HCA will provide the membership with additional information from the workgroup meeting.

FLSA

Fair Labor Standards Act (FLSA) distributions were discussed at the meeting (as reported elsewhere in this week’s ASAP), and several questions were asked to clarify the FAQs released earlier this week. For more information please see related p. 7 and 9 stories.

Managed Care

Some managed care highlights are:

- The total number of MLTC plans include 31 Partially Capitated; 17 Fully Integrated Duals Advantage (FIDA); 7 Medicaid Advantage Plus (MAP); and 8 Program of All-Inclusive Care for the Elderly (PACE).

- Total MLTC enrollment is 160,075 (March 2016), including 143,215 in partially capitated; 5,820 in FIDA; 5,573 in MAP; and 5,467 in PACE.

- A Request for Information (RFI) notice and questionnaire have been posted at http://health.ny.gov/health_care/medicaid/redesign/mrt90/2016-02-18_pace_model_expansion.htm requesting input on the PACE program model.

- March 1, 2016 marked the beginning of year three of the implementation of the Home Care Worker Wage Parity law in Nassau, Suffolk, Westchester counties, as previously reported in ASAP. (See related p. 9 story about the Quality Incentive/Vital Access Provider Pools (QIVAPP)
distribution and reconciliation process reported at this week’s HCA Senior Financial Managers Summit.)

- There have been three recent meetings of the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) Waiver transition workgroup. They have focused on drafting a Waiver Transition Plan that meets shared goals of stakeholders and DOH. A draft of this plan will be released for public comment around April 1, 2016.

**DSRIP**

In Quarter 2 of Demonstration Year 1, Performing Provider System (PPS) Networks are transitioning from planning to implementation.

The Opt-Out process is still in progress. This provides Medicaid Members the opportunity to opt out of data sharing in DSRIP. Phase II opt-out mailing is underway, with approximately 5 million letters to be sent out in total. All eligible full coverage Medicaid members as of February 2, 2016 will receive a letter. Members opting-in do not need to take any action, but those opting-out should call the Medicaid call center or return a signed opt-out form. Providers are encouraged to engage with patients about the purpose of data sharing.

DOH will hold two upcoming public comment opportunities regarding the state’s 1115 Waivers. This will allow for feedback and comments on the MRT waiver and DSRIP program, and the Project Approval and Oversight Panel will be present. The downstate session will take place in early May and the upstate session will be held in June. Additional information will be released soon. HCA encourages members to participate in these sessions and take the opportunity to share DSRIP experiences and perspectives.

For more information, contact Alex Blais at (518) 810-0658 or ablais@hcany.org.

**CMS Provides Claims Processing, Hospice and Quality Reporting Updates during Open Door Forum**

The U.S. Centers for Medicare and Medicaid Services (CMS) hosted a Home Health and Hospice Open Door Forum this week in which multiple important updates were provided. The following is a summary of some of the important issues addressed.

**Home Health Claims Processing Update**

Last month CMS issued Change Request (CR) 9474 which addresses the new condition codes for reporting on home health claims that no skilled service was delivered during the billing period. Medicare Administrative Contractors (MACs) are instructed to evaluate claims where skilled nursing visits are provided less than once every 60 days. Code 54 is a new code which indicates that there were no skilled home health visits in a billing period. Claims submitted without the code will be returned to provider (RTP’d). The provider will then have the option to: (1) Add any accidentally omitted skilled services to the claim; (2) Submit the claim as non-covered, if appropriate, or (3) Append the new condition code. CR 9474 can be found at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3457CP.pdf

**Hospice SIA Update**

CMS said the MACs are reporting that some hospices are receiving Service Intensity Add-on (SIA) payments for registered nurse (RN) and social work visits provided in the last seven days of
life when the patient is on levels of care other than routine home care (RHC). The SIA payment is being applied to visits that are not eligible for the SIA. CMS implemented the systems fix for this issue on February 22. CMS is currently developing instructions for MACs to adjust overpayments that resulted on claims because of this issue. The MACs will be instructed to reprocess the claims in error within 30 days of issuance of the instructions.

**Quality of Patient Care Star Ratings TEP – Home Health**

A Technical Expert Panel (TEP) is being developed by CMS’s contractor Abt Associates. The TEP will evaluate the methodology for the rating system, among other activities. The TEP will be convened in May for reviewing the first year of data on the performance of star ratings and gathering feedback on potential refinements. The TEP nomination period is from February 4, 2016 to March 18, 2016. HCA members interested in nominating a colleague or yourself can find additional information about the process on the CMS TEP webpage at: [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/TechnicalExpertPanels.html#29](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/TechnicalExpertPanels.html#29).

**Interim QAO Reports**

The next round of Quality Assessment Only (QAO) interim reports will be available in CASPER the second full week of April for the January 1 to December 31, 2015 assessments that were submitted by January 31, 2016. This data is for informational purposes only. The QAO reports are available quarterly.

For further information, contact the HCA Policy staff.

**Important Western New York Home Care, Hospice Provider Meetings on Emergency Preparedness**

*Meetings sponsored by HCA, HCP and DOH will extend to other counties/regions in the future: please register!*

Attention Western New York home care and hospice agencies: HCA and the New York State Association of Health Care Providers (HCP), in conjunction with the state’s Office of Health Emergency Preparedness (OHEP), request your participation in emergency preparedness-focused networking sessions for providers and emergency managers in your localities (specific locations and applicable counties are provided below, along with links to registration flyers).

The sessions will focus on the unique needs and challenges of home and hospice care providers and emergency management staff in emergency preparedness and response. The need for these regional sessions has been stressed by individual providers as well as local and state emergency management leaders.

This program will promote collaboration and relationship development between local home care agencies and hospices and Offices of Emergency Management (OEMs) and Local Health Departments (LHDs) that will be essential in any emergency situation. **The program is beginning in the Western New York region, and will be moving region by region to cover all areas of the state.**

These free-of-charge meetings for home care agencies, hospices and emergency managers are being further honed to the local level as follows:

- **April 5** – for entities serving Monroe, Genesee, Livingston, Ontario, Orleans and Wayne Counties: 9 to 11 a.m., at the Public Safety Training Center, 1190 Scottsville Road, Rochester, NY 14624. Download


Your attendance is vital in helping to further build working relationships and increase mutual understanding of home care, hospice and local emergency manager roles and needs in your counties as well as the needs of your patients during emergencies.

Download the flyers for more information, including individual agendas.

**HHS: Goal of Tying 30 Percent of Medicare Payments to Quality Has Been Reached**

The U.S. Department of Health and Human Services (HHS) recently announced that, due to initiatives in the Affordable Care Act (ACA), an estimated 30 percent of Medicare payments are now tied to alternative payment models that reward the quality of care over quantity of services provided to beneficiaries.

In January 2015, HHS announced clear goals and a timeline for shifting Medicare reimbursements from quantity to quality, setting a goal of 30 percent of Medicare payments through alternative payment models by the end of 2016. HHS also stated the following:

- With the January 2016 announcement of 121 new Accountable Care Organizations (ACOs), as well as greater provider participation in other models, HHS estimates that it has achieved that goal well ahead of schedule.

- As of January 2016, CMS estimates that roughly $117 billion out of a projected $380 billion in Medicare Fee-For-Service (FFS) payments are tied to alternative payment models.

Additional information on alternative payment models can be found at: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-03-03.html.

*For further information, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.*
NGS Education Programs; Spring Conference in Rochester Cancelled

National Government Services (NGS), New York's Medicare Administrative Contractor (MAC), has recently posted the following educational webinars.

- **Home Health Notices: ABN/HHCCN/NOMNC**: March 16, from 2 to 3 p.m. Registration is at: [https://attendee.gotowebinar.com/register/703274392497841522](https://attendee.gotowebinar.com/register/703274392497841522)

- **Home Health Certification and Recertification**: March 22 from 12 to 12:30 p.m. Registration is at: [https://attendee.gotowebinar.com/register/9211317363285871106](https://attendee.gotowebinar.com/register/9211317363285871106)

- **Ordering and Certifying Medicare Home Health Services**: March 25 from 3 to 4 p.m. Registration is at: [https://attendee.gotowebinar.com/register/2883512496181775874](https://attendee.gotowebinar.com/register/2883512496181775874)

- **Home Health Homebound Status and the Need for Skilled Services**: March 29 from 12 to 12:30 p.m. Registration is at: [https://attendee.gotowebinar.com/register/1200673666519200258](https://attendee.gotowebinar.com/register/1200673666519200258)

- **NGS Cancels March 29 Spring Conference in Rochester, NY** – NGS announced this week that it cancelled its Spring Conference in Rochester, New York on March 29, due to low registration.

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