COMING UP

Successfully Acting as a Fiscal Intermediary in CDPAP (9:30 a.m. to noon) & Upstate LHCSA Forum (Noon to 3 p.m.)
March 9, 2017
Mohawk Valley Health System Sogg’s Room (1650 Champlin Avenue)
Utica, NY

Senior Financial Managers Forum
March 15, 2017
Renaissance Albany Hotel
144 State Street
Albany, NY

Registration for these programs and other events are at http://hca-nys.org/events-education/upcoming-events.

HCA Presses Home Care, MLTC Measures in One-House Budget Measures
HCA, Members Testify at Assembly Hearing on Home Care Workforce, Elevating Core issues
Senators Collins, Cardin Intro Bill on NPP Referral and Authorization of Home Care

With One-House State Budget Bills on Horizon, HCA Presses Adoption of Priority Home Care, MLTC Measures

Look for grassroots advocacy action items soon

Each legislative chamber, the state Senate and Assembly, is expected to release its budget proposal later this week. This critical stage of the process follows joint legislative hearings last month which garnered input and testimony from stakeholders to inform each house’s plan in response to the Governor’s Executive State Budget proposal. In preparing their budget bills, the members and staffs from each chamber are sifting through the budget language of the Executive and the language they have received from stakeholders (like the

Senators Collins, Cardin Intro Bill on NPP Referral and Authorization of Home Care

Bill, long a priority, is among regulatory flexibility or relief measures gaining traction in synch with HCA’s advocacy agenda

U.S. Senators Susan Collins of Maine and Ben Cardin of Maryland have introduced a bill to provide flexibility in the ordering and referring of home care services.

See BUDGET p. 2

HCA, Members Testify at Highly Publicized Assembly Hearing on Home Care Workforce, Elevating Core issues

HCA Executive Vice President Al Cardillo and HCA members presented testimony at a highly publicized, daylong state Assembly hearing on home care workforce issues last week in Albany.

See HEARING p. 3

INSIDE

HCA Presses Home Care, MLTC Measures in One-House Budget Measures
HCA, Members Testify at Assembly Hearing on Home Care Workforce
Senators Collins, Cardin Intro Bill on NPP Referral and Authorization of Home Care
Nominate Your Staff, Colleagues for 2017 HCA Home Care Awards
HCA MLTC Forum Sets Action Plan for Priorities
Newly DOH-Posted 2017 Wage Parity Forms Required From Providers, Plans
Member Hiring Announcement
Register by April 5 for Comprehensive OASIS-C2 Training
HCA CDPAS Workgroup Meets

“Unpack the Home Health CoPs” with HCA on April 5
Safe Discharge Planning Requirement in Transition to Managed Care
Do You Know about HCA’s Committees and Workgroups?
Save The Date: 2nd Women in Healthcare Leadership Summit Coming in June
HCA Helps Craft Workable Community Paramedicine Concept
March 23 Bootcamp Focuses on Compliance Programs
Funds Available for Conference Participation
CMS Stops MACs from Posting New or Revised LCDs or LCAs
Board Strikes Regs on Payroll Debit Cards Set for 3/7 Implementation
NGS Provides Updates on New Features on Website
budget language and proposals provided by HCA), as well as formulating their own language edits and ideas.

HCA provided initial proposals to the Legislature, and we have since followed up with additional proposals in the wake of the Governor’s budget submission. HCA’s proposals seek support for home care agencies, managed long term care plans, waiver providers, hospices and health personnel for all community based programs.

Our positions were reinforced during HCA’s February 7 Advocacy Day meetings, and in testimony HCA delivered to representatives in both houses of the Legislature on the Health and Medicaid portions of the budget. On this occasion and others, we communicated our response to the Governor’s budget provisions and our requests for legislative adoption of vital home care and MLTC payment adequacy, infrastructure investment, regulatory relief, and a comprehensive commitment to addressing urgent home care workforce issues.

Home care workforce concerns have received additional, focused attention, during separate hearings over the past two weeks, including one last week (see related p. 1 story), where HCA presented data findings on workforce gaps, the implications for patient care, and our proposed solutions. Speakers at these hearings raised concerns that synchronize with HCA’s proposals on workforce issues; the hearings also raised critical reimbursement adequacy, wage support and infrastructure needs that similarly dovetail with our legislative agenda.

In addition to the legislative hearings and our February 7 State Advocacy Day meetings, HCA has been in continuous contact urging the Legislature’s adoption of state budget language as part of the one-house proposals – a critical next step in the advocacy process. The Senate’s and Assembly’s upcoming legislative proposals may come in the form of actual budget bills, a resolution outlining their agendas, or a combination of the two.

We will also need your grassroots support. Please be on the lookout for a legislative action item, sent to your inbox soon, with instructions on how to engage your legislative representatives,
This was the second such hearing, which followed one in New York City a week prior. It drew testimony from health care associations, providers, MLTC plans and representatives, consumers, labor representatives and advocates for seniors and persons with disabilities.

Speakers presented at times passionate testimony about regional coverage and workforce gaps, staff turnover and shortages, the patient care impact, reimbursement challenges for maintaining and supporting New York’s home care workforce, the implications of New York’s minimum wage and wage “compression” factors, among other issues.

“The public health system has been reconfigured to require and rely on ready access to timely, capable and person-centered home care,” Mr. Cardillo said in his written remarks. “Current governmental policies and reforms are rapidly and substantially deepening this reliance.”

“These service and personnel needs are significant in all geographic regions – rural, urban and suburban,” he added. “Additionally, each region creates a unique set of challenges to the delivery of services in home and community, and to the personnel responsible to deliver and manage them. In rural areas for example, there are large travel distances, low population density, limited community and health/social resources, and remote distributions of households. Urban and suburban areas likewise present geographic-specific, sometimes neighborhood-specific, needs and challenges.”

HCA’s testimony synchronized with the messages voiced by other presenters, as we shared data on workforce turnover and shortages, and the implications. Mr. Cardillo also summarized HCA’s legislative language, which was already presented to the Assembly and Senate, to deploy a home care workforce stakeholder and solution process. This process would examine long-standing regional resource and infrastructure gaps while identifying concrete policy responses. Such solutions could include possible new skills or scope-of-practice flexibility; technological innovations creating flexibility and streamlining; and incentives for direct-care workers’ employment in home care, such as support for transportation, peer support, family day care, career ladder opportunities, and education initiatives.

Get Reimbursement, Budget Updates at March 15 Forum for CFOs

HCA reminds provider and MLTC CEOs, CFOs and other finance staff to attend our members-only Senior Financial Managers Forum in Albany on March 15 to get all of the updates related to the budget, reimbursement issues, minimum wage and other labor-related funding, and federal Medicare financing and benchmarking issues. A registration form is at the back of this week’s issue of The Situation Report.
Similar measures have been introduced in past sessions of Congress, with strong bipartisan support, including lead sponsorship by New York’s U.S. Senator Charles Schumer, the Senate’s Minority leader.

HCA will be reaching out to Senator Schumer and the entire New York Congressional Delegation expressing our support for this latest bill, which is already a core ask in our federal advocacy campaign aimed at regulatory relief and flexibility.

The bill, known as the “Home Health Care Planning Improvement Act,” would allow non-physician practitioners (NPPs) – including physician assistants, nurse practitioners, clinical nurse specialists and certified nurse midwives – to order home health services, an authority currently granted only to physicians. HCA has reported on this measure in the past and engaged members in grassroots advocacy efforts to support it.

“Home health care is a crucial component to quality health care and should be more accessible to Medicare patients,” said Senator Collins. “I have learned of far too many cases of seniors who experienced unnecessary delays in accessing home health care. To avoid these needless delays, it is common sense that other medical professionals who are familiar with a patient’s case should be able to order these services.”

“Physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse midwives play an important role in managing and delivering health care,” said Senator Cardin. “This bipartisan legislation recognizes how critical these providers are to delivering home health services to Medicare beneficiaries and ensures seniors will have timely access to needed services.”

HCA’s federal agenda for regulatory relief and flexibility is outlined in a recent position paper called Home Care Advocacy Ask: Regulatory Relief for Home Care Providers. This piece targets five areas of regulation that demand change, consistent with our past advocacy efforts and support garnered from Members of New York’s Congressional Delegation.

In addition to NPP ordering and referring legislation, HCA also seeks repeal, flexibility or delays in: the Medicare face-to-face rule; the pre-claim review demonstration project; unfunded federal overtime mandates; and the compressed timetable for implementation of the new federal Conditions of Participation (CoPs). Despite past bipartisan support on many of these issues, officials at the U.S. Centers for Medicare and Medicaid Service (CMS) and other government agencies have resisted calls for change.

**HCA CoP Delay Legislation**

As reported in last week’s edition of The Situation Report, New York Rep. John Faso is preparing legislation to delay the effective date of the CoPs for one year, in response to HCA’s concern that more time is needed for providers and state surveyors to prepare for the biggest changes to the Medicare home health regulations in nearly 30 years. That draft measure is currently being circulated for co-sponsorship by Rep. Faso’s colleagues.

Meanwhile, Florida Senators Marco Rubio and Bill Nelson have written a letter to federal officials seeking a delay in the implementation of the pre-claim review demonstration in their state. The demo is already in effect in Illinois and is designed for eventual implementation in nine states altogether. Though New York is not one of those states, our position opposing the demo is proactive, given the possibility that such a demo could be extended to additional states or, even, nationwide.

HCA will report back to the membership on any important updates or grassroots advocacy efforts as the CoP-delay measure, the “Home Health Care Planning Improvement Act,” or other important federal initiatives reach important milestones in the deliberation process.
Nominate Your Staff, Colleagues for 2017 HCA Home Care Awards

HCA is now accepting nominations for our 2017 home care awards. Please make your nominations online here: https://www.surveymonkey.com/r/2017HCAAwards. A detailed description of each award category is provided at the link.

Award winners will be honored during a special reception at our 2017 Annual Conference in Saratoga on May 3-5. This year’s theme is Rediscover, Reimagine, Reinvent.

Look for more information about the conference coming soon at www.hcaannualconference.com. In the meantime, help make this year’s awards ceremony something truly special by submitting your nominations. The due date is March 20.

HCA MLTC Forum Sets Action Plan for Priorities

HCA’s MLTC and PACE Member Forum met in NYC for a planning and strategy session to fine tune and formulate action steps for HCA’s MLTC legislative and policy priorities.

The meeting, which included MLTC/PACE members from around the state, and several members of the HCA Board, took up major items of the state budget, HCA’s proposals and advocacy supporting plans and providers, and priority developments occurring at both the policy and operational levels.

The Forum discussed HCA’s MLTC and home care legislative and budget language initiatives including plan and providers’ premium/rate structures; essential funding for minimum wage, the Fair Labor Standards Act (FLSA), and key infrastructure costs like workforce development, recruitment, training and retention; regulatory relief; new model participation; and other critical areas.

The group also strategized action steps for a range of policy, program and field-level issues, involving: proposals and follow-up ideas generated in response to the Assembly’s public hearings on the home care workforce; (see p. 1 story); current status and next steps with the uniform billing codes; need for clear FLSA funding and guidance for plans and providers (with HCA providing input on soon-to-be released draft guidance); Community First Choice implementation in MLTC/PACE/CDPAP; implications of the new federal Conditions of Participation for home care and MLTCs; discussion of the new $245 million health workforce center of excellence program; and other MLTC concerns including Maximus enrollment/disenrollment and NAMI responsibility.

The Forum provided excellent input and important coordination with HCA’s advocacy for all of our community based sector members including the plans, home care and hospice. HCA’s MLTC Forum meets regularly and HCA and its MLTC Forum Chairs encourage all MLTC members to send representatives to these important meetings. To participate, contact Al Cardillo at acardillo@hcany.org.
Newly DOH-Posted 2017 Wage Parity Forms Required From Providers, Plans
Forms only apply to NYC, Long Island and Westchester

Though the forms were due March 1, the state Department of Health (DOH) posted updated 2017 State Wage Parity law certifications just before deadline, on February 28. DOH is requesting that providers and managed care plans use these just-recently posted 2017 certification forms, not amended versions of the 2016 forms that some HCA members may have already submitted with edits reflecting the current year (2017). If you have not yet submitted the 2017 form, please download and complete it at https://www.health.ny.gov/health_care/medicaid/redesign/2016/2016-02-17_wage_parity_alert.htm.

As previously communicated to HCA members, the state-required Home Care Worker Wage Parity Law certification forms were due March 1, for CHHAs, LTHHCPs, and Managed Care Organizations (MCOs) who provide or arrange for aide services in New York City, Long Island and Westchester.

CHHAs, LTHHCPs and MCOs must certify prospectively to DOH, on an annual basis, their compliance with the Wage Parity Law. These certification forms, due March 1, are for the March 1, 2017 to February 28, 2018 period; the forms are sent to HCWorkerParity@health.ny.gov.

Meanwhile, CHHAs, LTHHCPs and MCOs that contract with LHCSAs or other entities are required to obtain a written certification on a quarterly basis from the LHCSA or other entity which attests to the LHCSA’s compliance with the state’s Home Care Worker Wage Parity Law for defined certification periods and on a prospective basis.

This form, also due March 1, 2017, covers the period March 1, 2017 to May 31, 2017, and is sent to the CHHA, LTHHCP or MCO, not to DOH.

HCA advises members to indicate which period of time is covered by the certification form; for instance, CHHAs/LTHHCPs and MCOs should write March 1, 2017 to February 28, 2018 and LHCSAs should write March 1, 2017 to May 31, 2017.

The wage parity levels for New York City, Long Island and Westchester are at https://www.health.ny.gov/health_care/medicaid/redesign/mrt_61.htm.

For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcany.org.
Register by April 5 for Comprehensive OASIS-C2 Training

OASIS C-2 went into effect on January 1 with significant changes that your clinical team needs to master for ensuring high quality patient care and to attain critical performance measures that affect your agency.

HCA encourages clinicians to register by April 5 to get the most comprehensive education on these changes, as well as the opportunity for COS-C designation, through the acclaimed Blueprint for OASIS Accuracy program, coming to New York on April 19 to 20, with an optional COS-C exam at the same location on April 21.

Please be sure your staff takes advantage of this HCA-sponsored education by registering soon. Led by experts at OASIS Answers, the upcoming Blueprint program will be held in the Capital Region (Schenectady, NY), accessible for downstate and upstate members alike.

As we’ve reported to you, the OASIS C2 changes are in large part intended to standardize assessments across settings pursuant to the IMPACT Act, lengthening the look-back period, along with item number changes and new OASIS items. During the Blueprint program, clinicians will learn about all of the significant changes through application scenarios and the latest data-collection rules. As a dividend for your staff-training investment, attendees will not only master the OASIS changes, but they’ll also learn to confidently audit and teach the OASIS items back home at your agency, sharing the knowledge and internal compliance strategies.

To register for this important program, download the flyer at the link below or use the online registration option. Please also make sure your clinical teams are encouraged to participate and register for this one-of-a-kind program.


Register online at https://www.eventville.com/Catalog/EventRegistration1.asp?EventId=1012100.
HCA CDPAS Workgroup Meets

This week, a workgroup of HCA home care and managed long term care providers met to discuss issues related to consumer directed personal assistance services (CDPAS).

The workgroup derived from last November’s Downstate LHCSA Forum where participants raised various CDPAS issues and suggested that HCA develop a workgroup. This need was further reinforced at a New York City HCA Bootcamp education program that provided information on how to successfully act as a fiscal intermediary (FI) in the Consumer Directed Personal Assistance Program.

At this first meeting of the workgroup, some of the issues discussed included: the need for the FI to have additional liability insurance; consumer accountability for recording time of the personal assistant (PA) and FI to obtain records of time worked; consumer and FI responsibility for training of PAs; the need for PA fingerprinting and background checks; coverage for non-medical transportation; the need for FIs to determine if the consumer is self-directing or has a designated representative; and others.

The participants agreed that plans and FIs face similar issues with CDPAS and it would be very helpful for both sectors to work together. They suggested that HCA hold a meeting for plans and FIs to discuss ways they can jointly support consumers in this model of care.

HCA will be developing an action plan based on the workgroup’s deliberations and will keep members informed of future activities of the workgroup.

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

“Unpack the Home Health CoPs” with HCA on April 5

HCA provider and MLTC members: Join HCA for an in-person, comprehensive session that will be “Unpacking the New Home Health CoPs” in Albany on April 5.

This program is the second installment of HCA education to assist providers on the most significant federal regulatory changes in 30 years: the newly finalized revisions to the Home Health Conditions of Participation (CoPs).

We recently offered a webinar on this topic. Our April 5 session will take you deeper into the CoPs, offering implementation action items, operational and clinical practice refinements, and insights from peer agencies that have already begun moving quickly with their compliance and readiness activities for the July 13 effective date.

Barring an implementation delay, providers only have a few months to get ready for this sprawling new set of regulations affecting all aspects of your agency.

Don’t miss this opportunity for further insights and tools to set your agency on a path to success in CoP readiness, especially if you are a CEO, COO, Administrator, Clinical Supervisor, Director, Educator, Performance Improvement Manager or are responsible for the oversight and delivery of care and services.

This program is presented by Trish Tulloch, a seasoned clinician and home care operational management consultant who works with multiple health care organizations to meet regulatory and accrediting standards.

Unpacking the New Home Health CoPs
April 5, 2017
Albany Marriott (189 Wolf Road)
Safe Discharge Planning Requirement for Individuals Transitioning to Managed Care

The state Department of Health (DOH) reminds home care agencies that when an individual is transferring from Medicaid fee-for-service (FFS) to any managed care plan in the state, the existing agency provider is responsible for adhering to home care regulations regarding a safe discharge of services.

These requirements, in Title 10 Section 766.2 of the New York Codes, Rules and Regulations (10 NYCRR 766.2) state the governing authority shall ensure that for each health service provided:

(8) a discharge plan is initiated prior to agency discharge of the patient in order to assure a timely, safe and appropriate transition for the patient; and

(9) a patient is discharged by the agency after notification of the authorized practitioner, as defined in subdivision (b) of section 766.4 of this Part, and consultation with the patient and any other professional staff involved in coordinating the plan of care, no less than 48 hours prior to patient discharge.

DOH advises agencies that they cannot stop providing services

---

Do You Know about HCA’s Committees and Workgroups?

HCA Offers Member Opportunities to Engage in Committees, Workgroups Matched to your Interests and Expertise

Whether you’ve been a member of HCA for decades or have only just joined the association, you may not be aware that we have several very active committees and workgroups related to optimizing your practice as providers of home care services and managed long term care plans.

Comprised of HCA members and staff, community partners, state Department of Health (DOH) representatives, and others, these committees and workgroups meet in person and via conference call several times throughout the year to address critical issues. These groups are always busy with dynamic agendas as well as action plans aimed at: discussions with DOH, work on advancing legislation, strategizing about approaches to tackling regulatory obstacles, work on participation in new models of care delivery, troubleshooting common technical issues, or innovating on behalf of the industry. The following is a listing of active HCA Committees and Workgroups:

- Hospice & Palliative Care Committee
- Chief Financial Officer/Senior Financial Managers Committee
- Pediatric Care Workgroup
- Technology Committee
- Policy Council
- Quality Committee
  - Sepsis Subcommittee
- CDPAP/ Fiscal Intermediary Workgroup
- Government Relations Committee

Some of these committees have a small number of open seats to potentially be filled by interested new members. If you, or a designee from your agency, would be interested in engaging with HCA through one of our committees, please complete the following survey and we will be in touch!

https://www.surveymonkey.com/r/9LCQ67D

If you have any questions please contact Alex Fitz Blais at ablais@hcanys.org.

---

Continued on page 11
Women leaders in home care gathered for last year’s inaugural "Women in Healthcare Leadership Summit" in Saratoga.
during the transition from FFS Medicaid to a managed care plan. This policy applies to consumers enrolling in any of the state’s managed care programs, including but not limited to Managed Long Term Care Partial, Medicaid Advantage Plus, Fully Integrated Duals Advantage (FIDA) and the newly implemented Fully Integrated Duals Advantage for Individuals with Developmental Disabilities (FIDA-IDD) demonstration.


Community Paramedicine Proposed as Hospital-Homecare-Physicians-EMS Collaboratives

HCA and partners met on Friday to discuss an HCA-derived proposal to enable home care agencies, hospitals, physicians and EMS to design and implement collaborative models for community paramedicine (CP) in New York State.

Community paramedicine – in which EMS resources can be tapped for non-emergent support, as well as emergent care and transport – has been a topic of substantial attention (and debate) throughout the country.

In New York, legislative proposals for CP have been considered but held from full passage. These proposals have contained open-ended scope-of-practice provisions, and also have lacked key elements for coordination and compliance. These proposals have drawn strong opposition from HCA, the New York State Nurses Association, and other associations.

HCA went to work over the past year to create a possible alternative that could meet everyone’s needs and concerns, and advance the mutually desired public health goals that could be supported through a CP initiative. HCA has since been joined by hospital, EMS, and home care partners in this effort.

These discussions are well timed, as the Governor has included provisions for CP as part of his Regulatory Modernization Team proposal in the Executive budget, yet these provisions lack detail or form. HCA and partners feel that if CP is to advance, we should be proactive in crafting and presenting a mutually workable and effective proposal for consideration.

As drafted thus far by HCA and partners, the model under consideration would incorporate a CP option into the “Hospital-Homecare-Physician Collaboration Program” (HHCP) law that was passed by the Legislature and Governor in 2015. The HHPC law was written by HCA and the Iroquois regional hospital association to foster and assist collaborative models of care, such as care transitions, integrated care management, cross-training and use of personnel, telehealth/telemedicine, etc. Prior to its passage, some of HHCP’s elements were actually taken and incorporated by the state into its Delivery System Reform Incentive Payment (DSRIP) program design. Under the HCA and partner proposal, CP would be added as one of the collaborative options under HHCP, and would fit perfectly into the statutory intent, design and regulatory flexibility of this law.

Under the HHCP approach for CP, collaborative partners – consisting of hospitals, home care agencies, physicians and EMS – would develop a coordinated plan for CP into their mutual services. Behavioral health
partners would also be incorporated where behavioral health patients are included in the partners’ program. No Article 36 or 40 licensure or nursing scope of practice laws would be breached under this model.

The CP concept, as drafted by HCA and hospital partners, would synchronize in a tailor-made fashion with DSRIP, Value Based Payments and other integrated models of care, as it would create great potential for avoidance of preventable ER admission, medical transport, hospitalizations and other risk and morbidity. HCA has proposed that, if this CP model is included in the budget, projected savings should be reinvested for the collaborative partners for training and implementation.

The initiative could become a significant opportunity for home care and collaborative partners to implement innovative pathways to realize priority patient- and system-centric goals that are at the forefront of health care reform in New York.

March 23 Bootcamp Focuses on Highly Demanded Education on Compliance Program Development and Maintenance

March 23, 2017
New York City
9:30 to 10 a.m. (registration and continental breakfast)
10 a.m. to noon (program)

HCA reminds members to register for the next installment of our popular bootcamp series: a session on March 23 in New York City (from 9:30 a.m. to noon) to help providers establish and maintain an effective compliance program. This topic is all the more important during a time of heightened compliance scrutiny and multiple audits by state and federal agencies.

Compliance expert Rachel Hold-Weiss of the Arent Fox Health Care Group will convey why a compliance program is needed, state and federal requirements for compliance programs, the eight required elements of a compliance program, staff training, state and federal audit protocols, the disclosure process, compliance program testing, and more.


Funds Available for Conference Participation

The NYSHealth Foundation has announced that it will sponsor nonprofit and other low-resource organizations to attend or present at local, state, or national conferences related to empowering health care consumers.

NYSHealth will support organizations already engaged in this work as well as those new to this field that want to incorporate consumer empowerment into their work.

Continued on next page
Continued from previous page


Scholarships of up to $2,000 per person will be available for up to two attendees at each organization (a maximum of $4,000). Scholarship funding will be used to cover the costs of registration fees, travel and lodging, and incidentals for attendees while at the conference. Indirect costs will not be considered.

Applications will be accepted on a rolling basis.

**CMS Stops MACs from Posting New or Revised LCDs or LCAs**

The U.S. Centers for Medicare and Medicaid Services (CMS) has recently instructed all Medicare Administrative Contractors (MACs) to not post new or revised Local Coverage Determinations (LCDs) or Local Coverage Articles (LCAs) until further notice.

CMS’s notice was sent out to many Medicare Part A and B providers, though all providers should be aware of this change. HCA will be following this issue closely and will update the membership as more information becomes available.

*For further information, contact the HCA Policy Staff.*

**Board Strikes Down Regulations on Use of Payroll Debit Cards Set to Go Into Effect on March 7**

The state’s Industrial Board of Appeals (IBA) has struck down state Department of Labor (DOL) regulations, set to go into effect on March 7, restricting the use of payroll debit cards and adding disclosure requirements for direct deposit.

DOL has 60 days to respond to the February 16 IBA decision, which held the regulations “invalid” due, in part, to the fact that the state Legislature has considered several bills on payroll debit cards, none of which were enacted, suggesting that the “failure to amend the statute demonstrates [the Legislature’s] satisfaction with the current statutory language” or “its inability to reach consensus on the matter.” IBA’s statement mentions the payroll debit part of the regulations, not the new requirements regarding direct deposit, but the IBA nevertheless struck down the entire regulation (12 NYCRR Section 192).

The new regulations would have added requirements for employers paying wages through payroll debit cards or direct deposit, such as a detailed written notice to employees, obtaining voluntary consent prior to payment through these means, and additional restrictions such as: a seven-day waiting period before executing the initial payments using debit cards; a prohibition on certain fees or on passing along associated costs to employees; other notice requirements; and required union approval in the case of unionized employees.

Affected HCA members should consult their counsels about the ruling and HCA will follow-up with any information on DOL’s response.

*Information for this article was summarized from publications by Jackson Lewis, our counsel’s firm.*
NGS Provides Updates on New Features on Website

National Government Services (NGS), New York’s Medicare Administrative Contractor (MAC), has recently provided the following information regarding some new features to its website at: www.NGSMedicare.com.

- **NGSConnex** – with the new and improved NGSConnex launch coming March 6, NGSConnex users will have one central location to find all resources related to NGSConnex. The NGSConnex page is located under the Provider Resources tab and offers information from registration to navigation.

- **CERT Denial Reason Finder** – this tool was enhanced to offer providers more valuable information. The tool will indicate the status location and status date of the claim selected by the Comprehensive Error Rate Testing (CERT) for review. If CERT did not assess an error, the tool will indicate “No” in the Claim Error Field. The CERT Denial Reason Finder tool is located under the Provider Resources tab, then Calculators & Tools.

- **Reason Code Look up Tool for Top Claim Errors** – this self-service tool was developed for Part A, home health, hospice and other providers to search for common claim error reason codes including denials, rejections, and RTPs. The search results will provide a detailed description of the claim error, action needed to resolve the error, tips to avoid the error in the future and any related resources. The “Reason Code Look Up Tool for Top Claim Errors” is located under the Provider Resources tab, then Calculators & Tools.

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

**Resources**

- “Clarification of Payment Policy Changes for Negative Pressure Wound Therapy (NPWT) Using a Disposable Device and the Outlier Payment Methodology for Home Health Services,” by the U.S. Centers for Medicare and Medicaid Services

- “Electronic Health Records: HHS Needs to Improve Planning and Evaluation of Its Efforts to Increase Information Exchange in Post-Acute Care Settings,” by the Government Accountability Office

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

March 15, 2017
9:00am – 4:00pm
Renaissance Albany Hotel
Albany, New York

$99 Registration Fee

HCA Members Only
HCA’s popular Senior Financial Managers Forum, on March 15, comes at a time of intense activity related to reimbursement issues in home care.

State budget negotiations are now in full swing, with items that have a profound impact on home care and MLTC payment rates and more. With the state’s completion of first-quarter minimum wage rate adjustments, providers and plans need to forecast these continued new, major cost obligations for the second-quarter onward, when additional state budget allotments are expected to be finalized. Meanwhile, a new Trump Administration and Congress have begun considering fundamental Medicare and Medicaid policy and reimbursement changes that impact home care’s bottom line.

At this important Forum, HCA Policy staff will provide CEOs, CFOs, finance managers and other finance staff with the latest updates on wage and non-wage related reimbursements, including the Governor’s budget proposals, developments related to minimum wage and home care infrastructure. We’ve also invited state officials to drill deeper into these Medicaid reimbursement factors, along with insights from one of home care’s top consultants on highly sought-after Medicare Home Health Prospective Payment System (HHPPS) and CHHA Medicaid Episodic Payment System (EPS) benchmarking data.

The program also includes federal policy expertise and insights for what to expect from D.C. when it comes to regulatory mandates and reimbursement changes on the horizon. And, in a new area of focus, we’ve added a session on the financial implications of the new OASIS C2, which will give home care finance officers some important considerations to make in their oversight of cost factors related to clinician activities.
AGENDA

8:30am – 9:00am
HCA Registration & Continental Breakfast

9:00am – 9:45am
HCA Update

HCA’s Policy and Executive staff will provide a state legislative update, focusing on the Governor’s proposed 2017-18 Executive Budget and its impact on home care, along with an update on HCA’s advocacy efforts in Albany and in Washington related to: payment adequacy; regulatory relief; and infrastructure investment. Participants will hear findings from our annual financial condition report as well as the latest on minimum wage funding (including allotments being negotiated in the state budget), the Delivery System Reform Incentive Payment (DSRIP) program, Value Based Purchasing, and the 2017 Medicare HHPPS.

9:45am – 11:00am
Department of Health Update

John Ulberg, Jr., Medicaid Chief Financial Officer, Division of Finance and Rate Setting, Office of Health Insurance Programs, NYS Department of Health (Invited)

Mr. Ulberg, one of the state’s most influential reimbursement and program policymakers, will provide updates straight from the Governor’s office and Health Department on: provisions in the 2017-18 Executive State Budget that impact home care, personal care and Medicaid MLTC care plans; adjustments for minimum wage and Wage Parity funding; QIVAPP and funding for the Fair Labor Standards Act (FLSA) costs; the Medicaid Global Cap; CHHA EPS utilization data; premium rate adjustments to MLTC plans that influence payment for network providers; the 2016 Medicaid cost reports; and other Medicaid reimbursement issues that your team won’t want to miss.

11:00-11:15am Break

11:15pm – 12:30pm
Medicare PPS and CHHA Medicaid EPS Benchmarking Data
Robert Simione, CPA, Senior Manager, Simione Healthcare Consultants

In this session, Mr. Simione will share the latest aggregate benchmarking data for the Medicare HHPPS, Medicaid EPS and managed care using comparisons from clients of Simione’s Financial Monitor here in New York versus national averages, offering detailed data on case-mix comparisons, utilization by discipline, visits, outlier episodes and more.

12:30pm – 1:15pm – Lunch

1:15pm – 2:30pm
Washington DC Health Care Policy Update
Joy Cameron, Vice President, Policy and Innovation, VNAA

With a new Trump Administration and Congress, home care providers await: potentially sweeping changes in Medicare and Medicaid payment policy; other proposals that affect state Medicaid programs; the future of regulations, given the President’s executive orders and other directives on mandates; the implications of health reform repeal or replacement actions; and other matters that have a profound impact on home health agency forecasting. Joy Cameron and her colleagues at the VNAA are closely involved in monitoring and advocating on these issues, offering critical federal updates for New York providers.

2:30pm – 3:45pm
Financial Management Aspects of New OASIS C2
Melinda Gaboury, Chief Executive Officer, Healthcare Provider Solutions, Inc.

All health care finance managers know the important connection between clinician activities and budgeting. Now that the OASIS C2 is in effect, this parallel understanding of clinician assessment procedures and their cost impact will help drive top-to-bottom improvements in the function and efficiency of your organization. During this session, Ms. Gaboury will review how to calculate the HHRG, corresponding HHPPS code and determine case-mix weight, all of which are fundamental to a home care agency’s operation-wide understanding of the clinician’s role in patient care and financial outcomes. The session will also establish processes that agencies need to strengthen regarding OASIS-C2 completion and review, as well as the specific OASIS-C2 M items that have a direct impact on patient outcomes and costs.

3:45pm – 4:00pm 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 March 1st will receive a full refund, less 25% of total due as an administrative fee. Cancellations received on March 2nd or later will forfeit their registration fee, as will those who register and do not attend. Substitutions are permitted.

Special Accommodation: In accordance with the Americans with Disabilities Act or special meal needs, please let us know how we can accommodate you: __________________________

FAX TO: (518) 426-8788

HOTEL INFORMATION
Renaissance Albany Hotel
144 State Street, Albany, NY 12205
Phone: (888) 236-2427

HCA has reserved a limited block of rooms at the Renaissance Albany Hotel for the night of Tuesday, March 14 at a discounted rate of $209 per night. To receive this special rate, please call 1-888-236-2427 prior to Tuesday, February 14, and ask for the Home Care Association of NYS group rate.

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@hcany.org.