HCA Bills Pass in Final Week of Legislative Session

A series of HCA-authored bills, and legislation based on HCA’s original authorship, passed both houses of the Legislature in the final days of the state legislative session – as did several bills that address home care priorities or otherwise impact the home care industry in New York State.

These bills, which are now positioned for delivery to the Governor for his action, include the following HCA-authored measures approved in both houses:

- **Essential Personnel** – HCA’s ‘essential personnel’ legislation to facilitate home care and hospice access, operations and input in

  See SESSION p. 2

DOH Posts QIVAPP Application

The state Department of Health (DOH) has posted applications for the Quality Incentive Vital Access Provider Pool (QIVAPP) program for all Managed Long Term Care (MLTC) plans operating in the New York City area, where the wage parity law is in effect.

See QIVAPP p. 4

ASAP to be Published Every Other Week in July, August

As we did last year, HCA will be publishing ASAP every other week, starting after the July 4 holiday. And since July 4 falls on a Friday, we will be publishing that week’s issue on Thursday, July 3, instead of July 4.

Here’s the ASAP schedule for the remainder of the summer:

June 27
July 3
July 18
August 1
August 15
August 29

We will resume weekly publication of ASAP on August 29. As always, HCA will alert the membership of any breaking news that occurs between issues of our newsletter.

For more information, please contact HCA’s Communications Director Roger Noyes at rnoyes@hcanys.org.
SESSION continued from p. 1

local emergency management/response efforts (A.6530-B/S.4719-B) sponsored by Senator Andrew Lanza and Assemblyman Michael Cusick;

- Palliative Care – Legislation to advance palliative care education and training (S.7601-B/A.9966) sponsored by Senator Kemp Hannon and Assemblyman Richard Gottfried;

- Information Technology – Legislation to provide for home care representation on the state’s newly created Health Information Technology Infrastructure Workgroup (S.7592/A.9801) sponsored by Senator Hannon and Assemblyman Gottfried.

- Telehealth – Legislation providing insurance coverage for telemedicine and telehealth (S.7852/A.9129-A, sponsored by Senator Catharine Young and Assembly Member Addie Russell).

The first three bills were summarized in last week’s edition of ASAP (see p. 1) and in prior HCA communications. The telehealth measure is an amended version of legislation originally developed and submitted by HCA as part of our discussions with the Legislative Commission on Rural Resources. The bill would provide insurance coverage for services that are delivered via telemedicine if those services are otherwise covered under the insurance policy and meet federal rules and regulations for Medicare, as well as provide coverage for telehealth services that are consistent with the state home telehealth program.

A critical companion bill authored by HCA – the “Telehealth Continuity and Integration Act,” S.4956 (Young)/A.7440 (Morelle), which would otherwise support home telehealth continuity as well as telehealth incorporation into managed care – remains in each chamber’s health committee.

HCA thanks the legislative sponsors for their sponsorship and passage of these important home care bills.

Passage of the ‘essential personnel’ bill, which has been a major part of HCA’s emergency preparedness agenda, has quickly drawn feature coverage in a news article from the
Wage Theft Prevention Notice Repeal

In another important regulatory-relief development, both houses of the Legislature also passed an HCA-supported bill which would repeal the onerous annual notice requirement of the ‘Wage Theft Prevention Act’ (S.5885-B, Savino/A.8106-C, Heastie). As HCA has written in past memos of support on this legislation: “The annual notice requirement is another unfunded mandate that is taxing agencies’ staff and resources. Besides incurring education, training and recordkeeping expenses, many home care agencies have faced increased costs due to encountering difficulties in delivering annual notices to their aides. Most aides don’t come to the office and agencies have to mail the information. Obtaining the necessary documentation that the notice was received can require much resources.” HCA welcomes the passage of this bill and its delivery to the Governor for his action.

Other legislative developments

As reported in previous HCA communications, other home care bills, including HCA priorities, were advanced in the legislative process with varying outcomes at session’s end.

• Hospital-Home Care-Physician Collaboration Program: The Senate unanimously passed HCA’s legislation to support the development and operation of collaboration programs among hospitals, home care agencies and physicians (aka the “Hospital-Home Care-Physician Collaboration Program,” or S.5258/A.7899). This legislation was also reportedly slated for inclusion in the Governor and Legislature’s post-budget “clean-up” bill (addressing items “agreed-upon” in budget negotiations but not included at budget time due to either technical omission or time constraints with the filing of the original budget bills). HCA advocated passage of this legislation in both the standalone bill and as part of the budget clean-up.

Regrettably, the Assembly standalone version of this bill was not taken up in the Assembly prior to the close of session this week, and the budget clean-up bill remains undone as of adjournment.

• Managed Care-Home Care Regulatory Alignment and Streamlining: HCA also pushed hard with both the Legislature and Governor’s office for support of the HCA-LeadingAge NY legislation, S.7600 (Hannon), that would provide for desperately needed managed care-home care regulatory realignment, streamlining and clarification of duties. HCA appreciates Senator Hannon’s efforts in support of this initiative. The legislation, which is in the Senate Health Committee, will continue to serve as a vehicle for HCA advocacy in our post-session advocacy with the Governor’s office and in the state’s Home Care Regulatory Workgroup process (which was extended by this year’s State Budget).

• ‘Advanced Home Health Aide’ Bill: Earlier this month, Governor Cuomo submitted for consideration a program bill, similar in purpose to proposals advanced at various times over the past two years, which would establish and allow ‘advanced home health aides’ to perform certain additional tasks, under the direction of a nurse, through an exemption in the Nurse Practice Act (NPA). The bill, which remains controversial, was introduced and passed by the Assembly (A.10137), but was declined by the Senate.

As previously reported to the membership, a conceptually similar ‘advanced aide’ proposal was proposed in the 30-day amendments to the Governor’s 2013 state budget but rejected by both houses of the Legislature; various other NPA exemption proposals for home health aides have also been discussed as part of the Medicaid Redesign Team (MRT) deliberations, in the legislative process, and in other venues. Those proposals were ultimately excluded from any final budget or legislative agreement. In the past, HCA had fashioned
our own approach, working with the State Nurses Association and others. That proposal more closely followed the NPA and the manner in which it allows exemptions. This bill or a similar measure is likely to crop up again in the legislative process at some future date.

**Next steps**

Over the next several days, if not already in some cases, any bills approved by both houses of the Legislature will be sent to the Governor’s office for his signature or veto. HCA will be carefully monitoring these developments, especially related to our priority bills.

The final week of session involved a flurry of activity over high-profile policy issues such as a medical marijuana bill, which did pass both houses, and a budget ‘clean-up’ bill, which was considered but not advanced. It is possible that the Legislature could reconvene again later in the summer to address any unfinished business or priorities such as those under consideration in the ‘clean-up’ bill.

As more information becomes available post-session, HCA will keep the membership apprised of any new developments. We will also provide a detailed summary of all relevant session outcomes in an upcoming **Public Policy Memorandum.**

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

**QIVAPP from p. 1**

The application (available at [http://www.health.ny.gov/health_care/medicaid/redesign/2014-06-13_application_qi_vapp_participation.htm](http://www.health.ny.gov/health_care/medicaid/redesign/2014-06-13_application_qi_vapp_participation.htm)) is to be used by MLTC plans seeking consideration, on behalf of their network personal care and home health aide providers, to participate in the QIVAPP program.

The posting also contains important attachments. One of these is a guide specifying DOH’s expectations for minimum required benefits that network providers must offer their aides if the provider does not participate in a health benefit fund.

Participation in a health benefit fund was originally one of several union-related criteria for network home care providers seeking QIVAPP eligibility. When the program was initially announced (see the original April 23 Dear Administrator Letter at [http://www.hcanys.org/documents/DALQIVAP042414.pdf](http://www.hcanys.org/documents/DALQIVAP042414.pdf)), HCA had pressed for broader eligibility criteria, questioning the Department’s quality-improvement metrics which were based primarily on collective bargaining and union provisions. (These criteria remain largely in place despite some flexibility for providers who are not participants in a benefit fund.)

The DOH posting states that QIVAPP applications must be submitted via e-mail to HCWorkerParity@health.state.ny.us by **Friday, August 1, 2014.** Questions can be sent to this same e-mail address. If you do send questions or comments to this address, HCA asks that you forward these communications to HCA at info@hcanys.org, under the subject heading “QIVAPP Correspondence with DOH.”

HCA urges plans and providers to examine and take action in the application process to obtain crucial, additional funding through this process.

As previously reported, the QIVAPP program was established in the immediate aftermath of the state budget to provide an additional $70 million via payments, through MLTCs, to their contracting home care agencies who met specified eligibility criteria. The funding was ostensibly intended for unreimbursed agency costs from state-mandated wage parity levels.

HCA had advocated for more complete wage parity funding. We not only objected to the budget’s underfunding of these costs but we also objected to the subsequent design and terms associated with QIVAPP, particularly the linkage to providers’ participation in a
union and, moreover, the Department’s requirement that providers obtain union endorsement as a criterion for QIVAPP eligibility.

HCA and partner associations have since submitted a joint letter to DOH raising these and other questions, issues and concerns. Our letter can be viewed at: http://www.hca-nys.org/documents/FinalQIVAPP.pdf.

DOH has yet to respond to this letter, and the latest version of the QIVAPP application poses additional questions and concerns that HCA will be seeking to address.

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

In Call Next Week, Dombi to Discuss F2F, Companionship Exemption Lawsuits

HCA has scheduled a special member conference call next week featuring Bill Dombi of the National Association for Home Care and Hospice (NAHC), who will explain the legal arguments, background and implications of two recent NAHC lawsuits affecting home care regulations.

The lawsuits take aim at the Medicare face-to-face (F2F) requirement and a rule which makes changes to the ‘companionship exemption’ for home care under the Fair Labor Standards Act (FLSA).

This free members-only conference call is scheduled for June 23 from 1 to 2:30 p.m. To register, please complete the online form at the link below and dial-in information will be sent to you on Monday morning.

https://www.surveymonkey.com/s/BillDombi

HCA invited Mr. Dombi, who is NAHC’s Vice President for Law, to brief our members on these two important legal strategy developments advanced by NAHC. Both lawsuits were filed earlier this month. They claim violations of federal law in the government’s implementation of both the F2F mandate and the companionship exemption changes for home care.

As extensively reported in recent editions of ASAP, HCA has been working with NAHC, as well as the Forum of State Associations (which is chaired by HCA President Joanne Cunningham), to advance a legislative fix of the F2F mandate through the U.S. House Appropriations Committee process.

The face-to-face mandate requires physicians to produce a narrative – separate from the existing plan of care – documenting the occurrence of a face-to-face encounter with each Medicare patient needing home care services, as a condition of payment to home care providers for those services. NAHC’s lawsuit is yet another avenue to trigger changes in CMS’s implementation of the onerous rule, complementing the HCA-NAHC legislative approach.

NAHC has also filed a separate lawsuit challenging federal changes to the companionship exemption for home care. Effective January 1, 2015, the federal rule removes home care from the companionship exemption, increasing labor and overtime costs for paraprofessional services.

Since New York State has minimum wage requirements in effect for overtime that are separate from federal law, this federal rule does not have the same impact on wage levels in New York State as it does in some other states; but the rule will have an impact on overall wage costs related to overtime, by requiring overtime wages at time-and-a-half of the aide’s actual wage, instead of time-and-a-half of the minimum wage. This change can have an especially significant impact in regions of the state subject to wage mandates.

To learn more about the companionship exemption changes for home care, please see our Companionship Exemption Guidebook at: http://www.hca-nys.org/documents/CompanionshipExemptionGuidebookJanuary2014.pdf.

NAHC’s lawsuit makes clear the destabilizing effect of this rule on home care services nationwide by creating a greater incentive for institutionalization, the unintended consequence of a reduction in aide hours, and other adverse impacts on access to care.
DOH Posts 2013 Personal Care Cost Report Software

The state Department of Health (DOH) recently posted the 2012 personal care Medicaid cost report software on the Health Commerce System (HCS), along with a related Dear Administrator Letter (DAL). The report will be used by the Department to determine the 2015 personal care Medicaid rates.

To access the software, providers must enter their user ID and password, and select “Personal Care Cost Report” under “my applications.”

The Department has revised the following two instructions of the cost report to clarify the following:

- Schedule A – this includes allowable salary expenses for operator/owners in accordance with Title 18 Section 505.14(h)(7)(ii).
- Part I Statistics – The “Medicaid” column should only include Medicaid hours that are directly billed through a local district contract. All hours billed to a third party, including those billed to Managed Long Term Care plans, should be reported in the “Other” column.

The cost report must be electronically filed no later than September 15, 2014. The operator’s certificate and accountant’s opinion is also due September 15, 2014. Late cost reports/certifications could result in a two-percent rate reduction.

DOH will continue to use an electronic signature process for the CPA and operator certifications. Two applications for this process are available through the HCS portal under the personal care cost report page. Access to both applications is required in order to complete the report.

DOH also notes that the American Institute of Certified Public Accountants (AICPA) recently issued new guidance to clarify accountant opinions and reporting on financial statements. DOH worked with the AICPA and New York Society of CPAs to incorporate revised language, consistent with this guidance.

To certify the cost report electronically, the CPA and agency signatory must each have an HCS account. An application can be obtained from the agency’s HCS coordinator, and new agency signatories that do not have an account should begin this application process immediately.

For both the operator and CPA certifications, a current “Electronic Certification Access Request Form” must be on file with the Department. If a form was submitted for the 2012 Cost Report and the same individuals are providing the certifications in 2013, a new form is not required. If one or both of the certifiers have changed, a new form must be completed in its entirety and submitted to the Department (once both the agency and CPA accounts are established).

Once the cost report is filed and finalized, a Declaration Control Number (DCN) will appear on the computer screen and on each page of the printed report. When the report has been successfully uploaded and filed with the Department, the agency will receive an electronic confirmation.

For questions or problems associated with HCS, providers can contact the helpline at 1-866-529-1890. Specific questions regarding the personal care cost report should be directed to DOH’s Tim Casey at (518) 473-4421.

For further information, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.
HCA Engages in Emergency Preparedness Initiatives

During a week which saw the Legislature pass HCA’s ‘essential personnel’ bill (see related p. 1 story), HCA additionally engaged in several key emergency preparedness initiatives.

DOH Emergency Survey Update and Call for Comments

HCA contacted state Department of Health (DOH) representatives this week to discuss provider feedback and concerns from the Department’s field test of a new community based care survey tool for data reporting during emergencies.

DOH indicated that information continues to be compiled for analysis. Next steps could include modifications to the survey, and DOH invited HCA to further share any provider comments.

During the survey process, HCA had encouraged providers to submit comments to the Department and to us. If you haven't done so already, please send your comments to info@hcany.org so that we can coordinate and provide them to the Department for their consideration at this stage of the process.

Regulatory Waivers in Emergencies

DOH officials met with HCA and other associations this week to work through final changes on a guidance document related to regulatory flexibility and waivers during emergency conditions.

The document will be finalized over the next week and is targeted for distribution in July. It is formatted to provide clear, standard guidance and procedures to be followed for emergency waivers.

HCA and associations representing each health sector have been working together with providers and DOH on this project. The document is a joint deliverable assigned to two of the state’s hospital associations under an emergency management grant with the federal government. HCA and fellow associations participated to provide the necessary input as part of our deliverables under the federal grant as well.

HCA will circulate the document to the home care community when published next month.

HCA Meets with Long Island Regional HEPC

HCA participated in the Long Island sub-regional Health Emergency Preparedness Coalition (HEPC) meeting this week at Molloy College. Long Island is part of the overall major metropolitan area HEPC, which also includes New York City and the southern Hudson Valley.

There are four HEPCs across the state, and each HEPC is further divided into sub-regions. The HEPCs meet statewide, regionally and sub-regionally.

HCA has been working with each HEPC and the State Office of Health Emergency Preparedness (which oversees the HEPCs) to further incorporate home care into regional health emergency planning and response.

At this week’s meeting, HCA presented on the activities, challenges, issues and needs for home care in emergency preparedness and response. Other meeting topics included: the region’s Hazard Vulnerability Assessment, in
which HCA and members participated; lessons learned from local emergency incidents and drills mirroring various events; and key updates from hospitals, the Red Cross, the region’s emergency preparedness resource center, and others.

Increased work with the HEPCs will be a major part of HCA’s planned 2014-15 emergency preparedness activity and HCA will provide further information on all of these key developments as they occur.

For further information, please contact Al Cardillo at acardillo@hcanys.org.

Your Participation Requested on Two Surveys Supporting Home Care Research

HCA would like to share with members a set of surveys on home care direct-service personnel which will assist two separate research projects being conducted in New York State.

We encourage your agency’s participation in these research projects – one by the state Department of Health and another by a faculty member at the University of Rochester School of Nursing.

Both research teams requested our assistance in circulating these surveys directly to our home care members. Please see the summaries and links below for further information.

**URMC Survey: Factors that Influence Care Transitions of Heart Failure Patients**

This survey is being conducted by Susan Lowey, PhD, RN, CHPN, a home health nurse and researcher at the University of Rochester School of Nursing who is studying the processes and nurse decision-making associated with referral to home care. The survey has two parts: one for home care agency management and another for home care nurses, hospice nurses or home care discharge coordinators.

Dr. Lowey indicated that it is especially important to achieve a high response rate from nursing staff in home care as well as administration/management staff; therefore, it would be best for providers to circulate this information to your nursing staff and encourage their participation. Please be sure to have management staff complete the survey as well. (A big component of the survey is to link the nurse responses with that of the management staff.) It is important to have participation from both staff roles at your agency.

A link to the survey is here: [https://www.surveymonkey.com/s/Home_Care_Survey](https://www.surveymonkey.com/s/Home_Care_Survey).

Please also see the information sheet on this survey ([http://www.hcanys.org/documents/URMCSurveyInformation.pdf](http://www.hcanys.org/documents/URMCSurveyInformation.pdf)) which

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**In-Person Training Opportunity for Incident Command System (ICS)**

The Long Island regional emergency preparedness resource center has announced a July 2 opportunity for Incident Command System (ICS) training.

HCA has been discussing and urging ICS training for home care providers in its regional provider meetings and communications. The July 2 session will provide in-person training and the opportunity for certification under the Federal Emergency Management Agency.

The session is scheduled from 8:30 a.m. to 3:30 p.m. Course offerings will include ICS 100, 200, and 700. Instructors will be Connie Kraft and Kevin O’Hara. The location will be:

Stony Brook University – Health Sciences Center Level 3 Lecture Hall 6 Nichols Road Stony Brook NY 11794 Phone: 631-444-1594

To register, please go to [https://www.nylearnspht.com/Public/default.aspx](https://www.nylearnspht.com/Public/default.aspx), click on “Calendar” and scroll to the July 2 entry.
provides further details and instructions. This PDF can be circulated to nursing staff at your agency.

For questions on this survey, please contact Dr. Lowey at susan.lowey@urmc.rochester.edu.

**DOH Survey: Core Competencies for the Direct Care Workforce**

DOH is assisting with a research project sponsored by the U.S. Centers for Medicare and Medicaid Services (CMS) designed to validate the core skills that direct service workers need in order to perform their jobs well.

New York is one of four states that CMS has asked to assist with the validation study. Information about this study and the corresponding survey process was posted in two Dear Administrator Letters to the Health Commerce System (HCS) for Certified Home Health Agencies (CHHAs) and Licensed Home Care Services Agencies (LHCSAs). Those DALs are at the links below. Please refer any questions about the survey to the National Direct Service Workforce Resource Center at 1-877-822-2647 or by email at info@dswresourcecenter.org.


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**Last Call to Register for HCA’s Premier Technology Symposium**

HCA’s premier *Home Care Technology Symposium* is just a few days away, on June 24 in Tarrytown.

Have you registered yet? If not, **now’s your last chance to participate in this first-of-its-kind education program.** Please register online today at the links posted to HCA’s home page: [www.hca-nys.org](http://www.hca-nys.org).

Few would doubt that technology is the key to providing better care, achieving greater efficiencies, understanding clinical outcomes, and ensuring that your agency functions smoothly – all of which will be a focus of the expert presenters at our June 24 Symposium.

Our keynote speaker Tim Rowan, editor of *Home Care Technology Report*, is in a class of his own when it comes to knowledge about home care technology, and hearing from him about the home care technology landscape nationally is worth the price of admission alone.

Mr. Rowan’s publication recently interviewed Visiting Nurse Service of New York CIO Hugh Hale about VNSNY’s move to an outside IT service that offered systems interoperability with clinicians in the field. (See the interview here: [http://homecaretechreport.com/article.asp?id=1914](http://homecaretechreport.com/article.asp?id=1914).) VNSNY’s strategic thinking certainly caught Tim Rowan’s attention on a national level, and ours as well. As it happens Mr. Hale will also present at the Symposium, sharing his agency’s eReferral exchange, which provides improved efficiencies and compliance in the referral workflow.

Symposium participants will also hear from Jewish Home Lifecare about its developmental work with a telehealth vendor to transform patients’ TVs into clinical interfaces, while [Selfhelp Innovations](http://www.selfhelpinnovations.org) will share its Virtual Senior Center program.

In addition to Tim Rowan and our panel of forward-thinking home care providers, the Symposium will also include insights from Rob Simione, of Simione Consultants, about ways to use technology to enhance your margins. Thought leaders from the state Department of Health and one of New York’s Regional Health Information Organizations (HIXNY) will discuss state policy developments for technological integration.

All of this is packed into a low-cost one-day session. Please register today and get ready to raise your game when it comes to technology program development.
State’s Award to Xerox for Medicaid Claims Processing Draws Protest from Competitors

Various news media this week reported that two major information services companies are protesting the state’s award last month of a $550 million state contract to Xerox Corporation for setting up a Medicaid billing and claims processing system.

The actions were made by Hewlett Packard (HP), which bid on the contract, and Computer Sciences Corporation (CSC), which currently operates the Medicaid billing system for the state.

HP officials confirmed that the company filed a protest, as did CSC, who offered the following statement: “We continue to communicate our concerns regarding the risky implementation schedule to the New York State Department of Health and the New York Office of the State Comptroller; most recently, through the formal protest process, filed with the Office of the State Comptroller; on June 11, 2014.”

Details of the protests have not been made available. Representatives at the state Department of Health (DOH) have indicated that the contract with Xerox is not final.

HCA will update the membership as additional information becomes available regarding this matter, which has implications for the processing of claims across sectors of the Medicaid program, including home care.

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

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**LITTLE SISTERS OF THE ASSUMPTION FAMILY HEALTH SERVICE, INC**

Little Sisters of the Assumption Family Health Service of East Harlem seeks a **Director of Patient Services** to head its Home Nursing Program as administered through its Certified Home Health Agency. Since 1958, the Program has served the neediest families of East Harlem, a poor and immigrant community. Young pregnant/post-partum parents and their infants are a specialty focus of our work within general CHHA services. The Director provides oversight to the program, develops and manages service and managed care contracts, and ensures compliance with all relevant federal, state, local and third-party requirements; the Director animates, inspires and leads. She/he must be a creative innovator in the midst of a challenging time of health care change. She/he will work collaboratively with the Center’s staff and mutually with our families to innovate and support programming that upholds human dignity and fosters health. She/he will oversee and monitor service and operational performance metrics as well as ensuring accountability for the budget, billing practices and service information collection, faithful to the core values of commitment to the poor, support of family strengths, mutuality and empowerment. She/he must have knowledge of community health principles, practice and administration, sensitivity to people of diverse backgrounds, and analytical skills to understand and address complex service and funding-related issues. NYS nursing license and a Master’s degree in nursing, public health or related professions required. Spanish language facility is a plus.

“See, I am doing something new! Now it springs forth, do you not perceive it?”

Come join us!
If interested in applying, email or fax cover letter and resume to:

Email: CHHA@lsafhs.org  Fax: 212-348-8284
For a full description of all LSAFHS’s programs, see [www.littlesistersfamily.org](http://www.littlesistersfamily.org)
MedPAC Issues Report

The Medicare Payment Advisory Commission (MedPAC) has issued its June report which includes recommendations and issue areas that are likely to be considered by federal policymakers as they weigh changes to the Medicare payment, regulatory or benefit structures.

In its report, MedPAC discusses the following issues:

- Synchronizing Medicare policy across the payment system;
- Improving risk adjustment in the Medicare program models;
- Measuring quality of care in Medicare;
- Financial assistance for low-income beneficiaries;
- Paying for primary care using a per-beneficiary payment;
- Medicare payment differences across post-acute settings; and
- Measuring the effects of medication adherence on medical spending for the Medicare population.


Synchronizing Medicare policy across payment system

In 2012, a third payment model, the Accountable Care Organization (ACO), became available in addition to the traditional fee-for-service (FFS) and Medicare Advantage (MA) payment models. However, the result is that Medicare's payment rules and incentives are different and inconsistent across the three payment models, according to MedPAC.

To address that issue and start to synchronize Medicare policy across payment models, the Commission examined setting a common spending benchmark tied to local FFS spending for MA plans and ACOs.

Measuring quality of care in Medicare

According to MedPAC, current quality measures are overly process-oriented, too numerous, may not track well to health outcomes, and are a burden on providers. Also, they may not be appropriate for each of the payment models discussed in the report.

In the June report, the Commission examined which approaches to quality measures would be appropriate to each payment model. MedPAC has considered using population-based outcome measures (e.g., potentially avoidable admissions for the FFS population in an area) to evaluate and compare quality within a local area across Medicare's three payment models.

Continued on next page
Provider-specific quality measures may still be needed for FFS payment adjustments, MedPAC says.

**Medicare payment differences across post-acute settings**

MedPAC also finds that Medicare’s payment rates often vary for treating similar patients in different settings, such as inpatient rehabilitation facilities (IRFs) and skilled nursing facilities (SNFs). The Commission did not examine home care in its analysis of post-acute settings.

HCA will further examine these recommendations and consider the implications for home care providers, especially as any programmatic developments occur in response to these recommendations.

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

**Call for Submissions: Best Practices in Palliative Care**

The Palliative Care Program Committee of the Cancer Consortium of New York State is working on a project to compile “best practices in palliative care.” Kathy McMahon, President of the Hospice and Palliative Care Association of New York State and a member of the Committee, contacted HCA to invite submissions on palliative care best practices in home care, and we will coordinate submissions.

HCA invites any home care and hospice member submissions, which will in turn compile and share with the Cancer Consortium. HCA will also utilize your submissions in our own direct educational, program and policy work with the membership in advancing palliative care.

Members should provide their “best practice” submissions to HCA by the end of the day, **July 2**. Please e-mail

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**Online Registration Now Open for Senior & Financial Managers Retreat**

HCA’s annual *Senior & Financial Management Retreat* is a two-day comprehensive conference addressing current financial issues affecting the home care industry. Join us for the retreat, on **September 9 and 10** at the Mohonk Mountain House, a resort in the beautiful Catskill Mountains.


This educational event is geared for home care CEOs, CFOs and other administrators who want to advance their understanding of the latest reimbursement and revenue challenges and changes. More information on the retreat will be provided soon, including a brochure with the full agenda.

To get the HCA group rate, room reservations at Mohonk must be made by **August 9**. Please call 1-800-772-6646. After this date, prevailing rates will apply, if rooms are still available.

**OMIG Posts Updated Assessment Results to Online Compliance Library**

The state Office of the Medicaid Inspector General (OMIG) has revised the Compliance Library on OMIG’s website to update the OMIG Assessment Results area of the Library. Please see [http://www.omig.ny.gov/compliance](http://www.omig.ny.gov/compliance).

The Assessment Results as of December 31, 2013 are being replaced by Assessment Results as of **March 31, 2014**.

The Best Practices, Opportunities for Enhancement, and Identified Insufficiencies are updated to reflect observations by OMIG during compliance program reviews up through those finalized on or before March 31, 2014.

Questions can be sent to OMIG’s Bureau of Compliance at compliance@omig.ny.gov.
info@hcanys.org under the subject line “Palliative Care Best Practices.”

HCA’s Hospice and Palliative Care Forum has been especially active. In just the past year it has contributed to two HCA-developed, and now passed, pieces of legislation (see related p. 1 story) addressing various needs. The Forum met earlier this month in Tarrytown. Members not currently participating in this Forum can do so by communicating your interest to Billi Hoen at bhoen@hcanys.org.

For further information, please contact Al Cardillo at acardillo@hcanys.org.

NGS Updates

National Government Services (NGS), New York’s Medicare Administrative Contractor (MAC), posted the following updates to its website.

NGS Closed for July 4

NGS’s offices will be closed on Friday, July 4 for Independence Day. Electronic claim files transmitted after 5 p.m. on Thursday, July 3, will have a receipt date of Monday, July 7 and produce electronic front-end edit reports.

The Fiscal Intermediary Standard System (FISS)/Direct Data Entry (DDE) Provider Online System will be available on Friday, July 4 during regular hours. Providers will be also able to access NGS Connex External and use the Interactive Voice Response (IVR) system at (866) 275-3033.

July 2014 Common Working File (CWF) Release Limits Access to HIMR

The Common Working File (CWF) hosts will be performing a history conversion as it processes and installs the July 2014 Quarterly Release. This means that access to the Health Insurance Master Record (HIMR) will be limited in early July.

On July 2, the online HIMR inquiry will be available for all Medicare Administrative Contractors (MACs). In addition, CWF Hosts will process In-Sector Area (ISA) claims during the day on July 2 and deliver response files back to the claims administration contractors in the old format for July 2 processing. On July 3 and 5, however, there will be no access to the HIMR inquiry for MACs or providers.

Upcoming Education

NGS is also hosting the following education sessions which may be of interest to HCA members:

- **NGS Connex Webinars** – On July 9 and 16, from 11 a.m. to 12:30 p.m., NGS staff will host a webinar which provides detailed information on accessing NGS Connex and how the web-based application can help save providers time and money.

- **Overview of the FISS and DDE** – On June 26, from 10 a.m. to noon, NGS staff will host a webinar on the different menu options available to providers under the FISS DDE online system.

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- **Hospice Benefit: Eligibility and Election** – On July 7, from 2 to 3:30 p.m., NGS will provide an overview of the Medicare hospice benefit, focusing on the basic elements of hospice eligibility and election, certification timeframes, the levels of care, revocation, discharges, and transfers.

NGS requires providers to register for all education sessions through its website at [www.ngsmedicare.com](http://www.ngsmedicare.com). Click on the “J6 Home Health & Hospice Home Page” and look for the “Register for Training” link under the Quick Links section on the left-hand side of the Home Health & Hospice page.

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