Pennsylvania Homecare Association

2017 Home Health Payment Update
Final Rule Summary

Payment Update

- Overall, payments will decrease by just under 1%
- Final year of the 4-year phase-in of the rebasing adjustments
- Plus 0.97% reduction to the national, standardized 60-day episode payment rate to account for estimated case-mix growth unrelated to increases in patient acuity
- *See tables below for final payment rates*

Change in Calculation of Outlier Payments—Finalized

- Proposed calculating outliers using cost-per-unit (15-minute units) rather than cost-per-visit
  - PHA requested clarification on how to track and round provider time to report the 15-minute units
- *CMS Response*: Since we are not adding or changing reporting requirements, providers should not have an increase in burden due to this policy. Providers are already required to report visit length, in 15 minute increments, by discipline, on home health claims. [W]e do not have the statutory authority to require HHAs to report visit lengths in timeframes other than in 15-minute increments

TABLE 20: Definition of the 15-minute units

Unit	Time
1	<23 minutes
2	= 23 minutes to < 38 minutes
3	= 38 minutes to < 53 minutes
4	= 53 minutes to < 68 minutes
5	= 68 minutes to < 83 minutes
6	= 83 minutes to < 98 minutes
7	= 98 minutes to < 113 minutes
8	= 113 minutes to < 128 minutes
9	= 128 minutes to < 143 minutes
10	= 143 minutes to < 158 minutes

- Also included cap on time that can be counted in outlier calculation = 8 hours/32 units per discipline per day
  - CMS noted their data from 2015 shows only 0.3% of home health episodes reported instances where over 8 hours of care were provided in a single day

Separation of Payment for Negative Pressure Wound Therapy (NPWT)—Finalized

- Consolidated Appropriations Act of 2016 requires separate payment to an HHA for an applicable disposable device when furnished on or after January 1, 2017 under CPT Codes 97607 and 97608
  - HCPCS 97607 - Negative pressure wound therapy, (for example, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound

assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters.
    - HCPCS 97608 - Negative pressure wound therapy, (for example, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and MS-1648-F 100 instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters.
- HHA must bill separately for any patient visit conducted solely for NPWT and bill separately any time spent providing NPWT when visit is for multiple purposes
- CMS clarified this new billing procedure:
    - When a HHA "furnishes NPWT using a disposable device," the HHA is furnishing a new disposable NPWT device. This means the HHA provider is either initially applying an entirely new disposable NPWT device, or removing a disposable NPWT device and replacing it with an entirely new one. In both cases, all the services associated with NPWT—for example, conducting a wound assessment, changing dressings, and providing instructions for ongoing care—must be reported on TOB 34x with the corresponding CPT code (97607 or 97608); they may not be reported on the home health claim (TOB 32x).
    - Any follow-up visits for wound assessment, wound management, and dressing changes where a new disposable NPWT device is not applied must be included on the home health claim (TOB 32x).
- Also provided case examples—see PHA's separate handout on CMS NPWT Guidance

New HH QRP Measures—Finalized

1. Drug Regimen Review Conducted with Follow-Up for Identified Issues
    - Percentage of patient episodes in which a drug regimen review was conducted at the start of care or resumption of care and timely follow-up (by midnight of the next calendar day) with a physician occurred each time potential clinically significant medication issues were identified throughout that episode
    - Collected via three standardized items that would be added to the OASIS
    - Obtained at SOC/ROC and end of care
2. Total Estimated Medicare Spending per Beneficiary
    - Measures total Medicare spending beginning at the trigger (first day of the home health claim) and ending after 60 days
    - Medicare FFS Part A and Part B services counted
    - Compares episodes triggered by Partial Episode Payment (PEP) and Low-Utilization Payment Adjustment (LUPA) claims only with episodes of the same type
    - Certain episodes are excluded
3. Discharge to Community
    - Calculates the risk-adjusted estimate of the number of home health patients who are discharged to the community, who remain alive and do not have an unplanned readmission to an acute care hospital or LTCH in the 31-day post-discharge observation window
4. Potentially Preventable 30-Day Post-Discharge Readmission
    - Reflects readmission rates for patients who are readmitted to a short-stay acute-care hospital or an LTCH with a principal diagnosis considered to be unplanned and potentially preventable

- Looks at the 30 days AFTER home health discharge
- Stays ending in transfers to the same level of care or acute hospitals are excluded
- CMS developed list of potentially preventable diagnosis codes
    - PHA objected to codes for uncontrollable illnesses such as influenza

Removal of Measures from HHQI and HQRP

- 28 HHQI measures that were either "topped out" and/or determined to be of limited clinical and quality improvement value will be removed (*see table below*)
- Also removing 6 process measures from HH QRP, though the related OASIS items will not be removed
    - Pain Assessment Conducted;
    - Pain Interventions Implemented During All Episodes of Care;
    - Pressure Ulcer Risk Assessment Conducted;
    - Pressure Ulcer Prevention in Plan of Care;
    - Pressure Ulcer Prevention Implemented During All Episodes of Care; and
    - Heart Failure Symptoms Addressed During All Episodes of Care

Proposed CY 2017 60-Day National, Standardized 60-Day Episode Payment Amount

CY 2016 National, standardized 60-day episode payment	Wage index budget neutrality factor	Case-mix weights budget neutrality factor	Nominal case-mix growth adjustment (1-0.0097)	CY 2017 Rebasing adjustment	Final CY 2017 HH payment update	Final CY 2017 national, standardized 60-day episode payment
$2,965.12	× 0.9996	× 1.0214	× 0.9903	−$80.95	X 1.025	$2,989.97

Proposed CY 2017 National Per-Visit Payment Amounts for HHAs That DO Submit the Required Quality Data

HH Discipline type	CY 2016 per-visit payment	Wage index budget neutrality factor	CY 2017 Rebasing adjustment	Final CY 2017 HH payment update	Final CY 2017 per-visit payment
Home Health Aide	$60.87	× 1.0000	+ $1.79	× 1.025	64.23
Medical Social Services	215.47	× 1.0000	+ 6.34	× 1.025	227.36
Occupational Therapy	147.95	× 1.0000	+ 4.35	× 1.025	156.11
Physical Therapy	146.95	X 1.0000	+ 4.32	× 1.025	155.05

Proposed CY 2017 National Per-Visit Payment Amounts for HHAs That DO Submit the Required Quality Data

HH Discipline type	CY 2016 per-visit payment	Wage index budget neutrality factor	CY 2017 Rebasing adjustment	Final CY 2017 HH payment update	Final CY 2017 per-visit payment
Skilled Nursing	134.42	× 1.0000	+ 3.96	× 1.025	141.84
Speech Language Pathology	159.71	× 1.0000	+ 4.70	× 1.025	168.52

HHQI Measures No Longer Included on the HH Quality Measures Table

Measure Title
Depression Interventions in Plan of Care
Depression Interventions Implemented during All Episodes of Care
Falls Prevention Steps in Plan of Care
Falls Prevention Steps Implemented for All Episodes of Care
Pain Interventions In Plan of Care
Pressure Ulcer Treatment Based on Principles of Moist Wound Healing in Plan of Care
Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented during All Episodes of Care
Physician Notification Guidelines Established
Drug Education on High Risk Medications Provided to Patient/Caregiver at Start of Episode
Potential Medication Issues Identified and Timely Physician Contact at Start of Episode
Potential Medication Issues Identified and Timely Physician Contact during All Episodes of Care
Emergent Care for Injury Caused by Fall
Emergent Care for Wound Infections, Deteriorating Wound Status