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2022 Strategies for Home Health: CMS Final Rule, HHVBP, and COVID

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Learning Objectives

1. Analyze new regulation for home health agencies
2. Understand the impact of these changes on operations and reimbursement
3. Examine opportunities to improve OASIS accuracy, improve quality scores, and reduce readmissions to align with HHVBP payment incentives

Changes to CoPs: Aide Supervision

- Patient receiving skilled services
 - The 14-day supervisory visit **can** be conducted using “interactive” telecommunications
 - Minimum: audio AND video permitting two-way communication in real time
 - ONE allowed per patient per 60-day period
 - Use of telecommunication option is not mandatory
- **NOT NEW:** supervision can be provided by a nurse or therapist
 - Clinician is to be familiar with the aide plan of care and the patient

Agency Strategies

- Assess current use of telecommunication technology to determine if this will continue to be used for aide supervision going forward
- Determine who will be completing aide supervisory visits, and ensure training is consistent for current and newly added staff
- Confirm that technology option(s) and related policies and procedures are consistent and compliant

Changes to CoPs: Occupational Therapy

- Focus of the Final Rule is on the **regulations**
 - **NOT NEW:** if nursing is ordered, they must complete the admission/comprehensive assessment
 - **NEW:** occupational therapists can complete the home health admission/comprehensive assessment in “therapy only” cases
 - **NOT NEW:** occupational therapy is not considered a qualifying service to initiate home health alone, but OT can continue care alone
- Pandemic-related **waivers** are a separate issue and are tied to the public health emergency

Agency Strategies

- Assess proficiency of current staff in the following areas:
 - OASIS data collection
 - Comprehensive assessment
- Ensure orientation/onboarding of occupational therapists creates clear expectations and appropriate training in both areas
- Include occupational therapy in the organizational plan for OASIS E preparations in 2022

COVID Vaccination Requirements

- **Eligibility**
 - This regulation and the requirements within apply only to providers and suppliers regulated under the CMS Conditions of Participation
- **Basic requirements by December 5, 2021**
 - You must have a process or plan for vaccinating all eligible staff
 - First dose or one-dose vaccine by December 5, 2021
 - Received all shots for full vaccination by January 4, 2022
 - Vaccination is the only option. This regulation **does not include a testing option** for unvaccinated staff.
 - You must have a process or plan for providing exemptions and accommodations for those who are exempt
 - You must have a process or plan for tracking and documenting staff vaccinations
- **Enforcement**
 - State survey agencies
 - Recertification and complaint surveys
 - Accrediting organizations

Agency Strategies



- Review the Omnibus COVID-19 Health Care Staff Vaccination Regulation and the specific sections applicable to your facility
- Review the Frequently Asked Questions document specific to this regulation on the CMS Emergencies Page
- Begin developing your process or plan for vaccinating staff, providing exemptions and accommodations, and documenting and tracking staff vaccinations
- Note the two milestone dates by which compliance is expected
 - December 5, 2021
 - January 4, 2022

HHVBP: Final Rule (November 2, 2021)

- **HHVBP expanding to all Medicare-certified HHAs in the 50 states, territories, and DC starting January 1, 2022**
 - 2022 is a **preimplementation** year
 - 2023 is projected to be **first performance year**
 - 2025 is the **first payment year** (based on performance in 2023)
 - Maximum payment adjustment, upward or downward of 5%











Don't panic. Preparing for HHVBP is easier than you may think with the right tools and processes.

Why HHVBP? Findings From Fourth Annual Report Published May 2021

- **Medicare spending** 
 - \$604.8 million (1.3%) reduction in cumulative Medicare spending between 2016 and 2019
 - Driven by
 - \$381.4 million (2.4%) reduction in inpatient hospital stay spend
 - \$164.9 million (4.2%) reduction in SNF spend
 - No effect on MC spending for HH
 - *Impact was related to total cost of care for MC beneficiaries
- **Quality and utilization** 
 - Total Performance Scores were 8% higher in HHVBP states
 - Reduction in unplanned hospitalizations and ED visits
 - Improved function of beneficiaries in HHVBP states

Why HHVBP? Findings From Fourth Annual Report Published May 2021 (cont.)

Exhibit ES-1. Overview of Key Findings in the Fourth Annual Report

Total Performance Scores	 <ul style="list-style-type: none"> ▪ Overall agency performance continues to be higher in HHVBP states: 8% greater average scores than the comparison group in 2019 	
Spending During and after Home Health Care	 <ul style="list-style-type: none"> ▪ Total Medicare spending ▪ Medicare spending on inpatient services and skilled nursing facility visits 	 <ul style="list-style-type: none"> ▪ Medicare spending on emergency department visits and observation stays
Health Care Utilization	 <ul style="list-style-type: none"> ▪ Unplanned acute care hospitalizations ▪ Skilled nursing facility visits 	 <ul style="list-style-type: none"> ▪ Outpatient emergency department visits
Quality/Patient Experience	 <ul style="list-style-type: none"> ▪ Patients discharged to community ▪ Improvement in functioning 	 <ul style="list-style-type: none"> ▪ Agency communication with patients ▪ Discussion of care with patients
Agency Operations	 <ul style="list-style-type: none"> ▪ From interviews, agencies had more positive impressions of the model than in early years; the model prompted continued focus on quality improvement efforts already underway  <ul style="list-style-type: none"> ▪ No impact on use of home health services  <ul style="list-style-type: none"> ▪ Descriptive analyses also suggest no effects on agency entries or closures or on access to home health care 	

Home Health VBP: What's Included

“Focus on patient outcome and functional status, utilization, and patient experience.”

Domain	Quality measures	Source of data
OASIS-based (weighted 35%)	Improvement in dyspnea	M1400
	Discharged to community	M2420
	Improvement in management of oral meds	M2020
	Total Normalized Composite (TNC) change in mobility	M1840, M1850, M1860
	Total Normalized Composite (TNC) change in self-care	M1800, M1810, M1820, M1830, M1845, M1870
Claim-based (weighted 35%)	Acute care hospitalization during the first 60 days of home health use	NQF 0171
	Emergency department use without hospitalization during the first 60 days of home health	NQF 0173
HHCAHPS Survey-based (weighted 30%)	Professional care, communication, team discussion, overall rating, willingness to recommend	NQF 0517

Total Normalized Composite: What's Included

TNC Mobility (3)

- M1840: Toilet transferring
- M1850: Bed transferring
- M1860: Ambulation/locomotion

TNC Self-Care (6)

- M1800: Grooming
- M1810: Ability to dress **upper** body
- M1820: Ability to dress **lower** body
- M1830: Bathing
- M1845: Toileting hygiene
- M1870: Eating

Agency Strategies

- Determine if the measuring devices are accurate
 - OASIS data collection/review process
 - Claims data
 - HHCAHPS
- Ensure intentionality of care delivery
 - Improvement/stabilization/decline
 - Reducing risks for hospitalization and emergency room (and SNF) use
 - Integration of patient satisfaction focus areas

OASIS E

- Implementation date has been officially disconnected from the Public Health Emergency (PHE) delays that have been in play since 2020
- Start date is January 1, 2023
- Expecting to see the release (re-release?) of OASIS E in early 2022 for comment period
- 25+ new items
 - Wounds and functional assessments unchanged

Agency Strategies

- Lock down accurate OASIS data collection
 - Minimum: current items that carry over into OASIS E
- Evaluate the review process for efficiency and effectiveness
 - Address issues **before** OASIS E starts
- Establish educational plan for Q3 and Q4, 2022
- Prepare for organizational impact in Q1, 2023

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