

HOME HEALTH PROPOSED RULE 2020

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SUMMARY PREPARED BY AT HOME WITH AEGIS

PDGM Payment Model Updates

- Solidifies the structure; no changes to the groupings
- Groupings tool in the Home Health Agency (HHA) Center website has been updated
 - Link: <https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html>
- Episodes beginning before 1/1/20 and span into PDGM will receive the 2019 60-day episode rate ~\$3221.43
 - This covers periods up to 2/28/20
- LUPA per visit rates increase to 1.5% over the 2019 rates
- 30-day payment period rates ~\$1791.73
- Behavioral assumptions are still present in the proposed rule
 - The impact goes up to 8.01% instead of the 6.42% rate in 2019 Final Rule
- RAP changes
 - Newly established agencies in 2020 will have no RAP
 - Existing agencies in 2020 will have RAP reduced to 20% rather than the 60/40 or 50/50 to which they currently receive
 - All agencies will have RAP extinguished by 2021
- Notice of Admission
 - Proposed to be required by day 5 after SOC in the common working file
 - 1/30th payment reduction for each day late

Rural Add-On

- No change in the definition of geographic descriptions
 - Low population density: 3% add on in 2020
 - High utilization: .5% add on in 2020
 - All other: 2% add on in 2020

HHVBP Public Reporting Proposal

- CMS to include the Performance Year 5 (2020) Total Performance Score in public reporting
- Should expect to see outcome of the data collection beginning 2022

HHQRP Measure Changes

- Remove Improvement in Pain Interfering with Activity measures
 - Result of opioid crisis
 - Stop collection 1/1/2021

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- Two new measures added
 - Transfer of health information to Provider-PAC
 - Transfer of health information to Patient-PAC
- Medication list questions added for improved medication review
- Introduction to SPADE measures (Standardized Patient Assessment Data Elements)
 - CMS proposed these in the 2018 Proposed Rule but never finalized all the elements
 - Functional status
 - Fulfilled by the GG questions added in OASIS D in 2019
 - Cognitive function
 - Three cognition, depression and delirium screenings
 - Special services
 - Medical conditions and comorbidities
 - Impairments
 - Social determinants
 - New proposed category
- CMS requesting information from providers regarding the possible gathering of QRP data on all patients regardless of payer

Home Infusion Benefit Updates

- New benefit under Med B
- Agency must designate themselves as a Home Infusion provider
- Patient can be on a home care episode and receive home infusion; billed separately
- Goes into effect 2021

Therapy Assistants Performance of Skilled Maintenance Therapy

- PTA/COTA included
- Preamble summary only mentions Physical Therapy Assistants as being included in the proposal, but Occupational Therapy Assistants are mentioned in the body of the proposal

Reduced POC Requirements for Condition of Payment

- The CoPs state an agency must include information to establish the need for service in the POC
 - In 484.60(a) also includes, however, things like advance directives
- CMS contractors were denying claims based on the absence of the advanced directives on the POC
- CMS says this is handled at survey, not a denial of the claim

Questions about this information? Contact AskAtHome@AegisTherapies.com or visit our Resource Center for more information at [AegisTherapies.com/Resources](https://www.AegisTherapies.com/Resources).