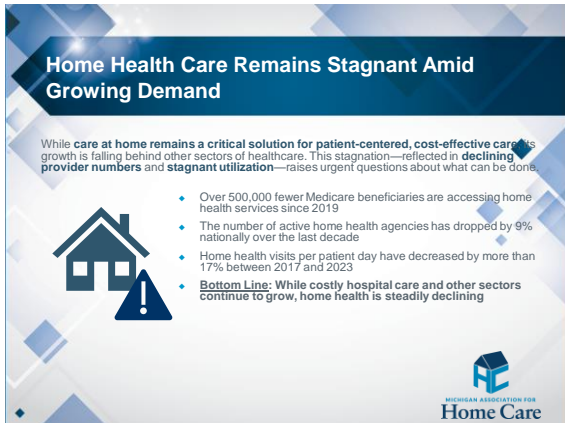
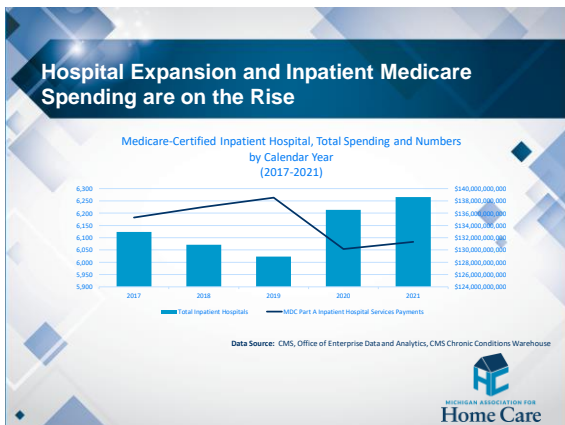




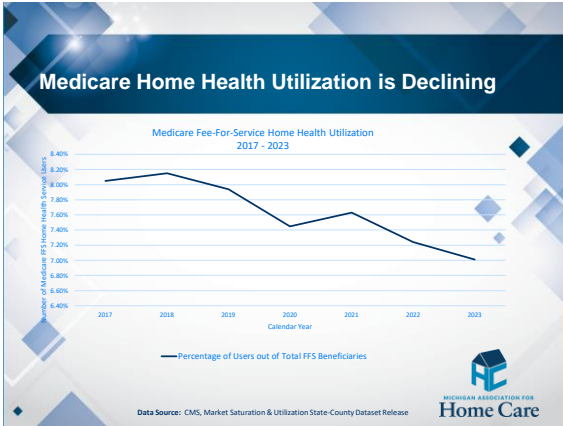
1



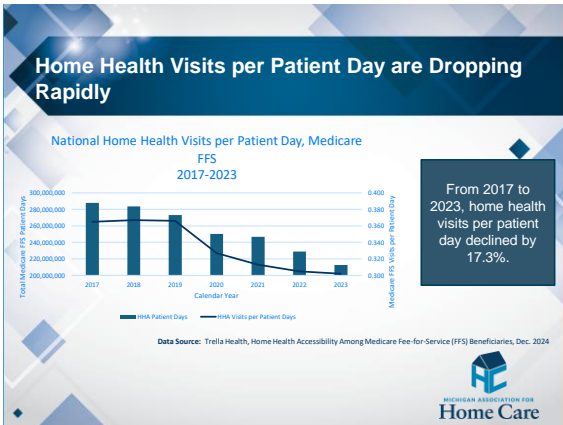
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3



4



5


Home Health Payment

- ◆ **CY2025 Prospective Payment Final Rule** ◆
- ◆ Rate update of 2.7%
 - ◆ 3.2% annual inflation update
 - ◆ 0.5% productivity adjustment
- ◆ Budget neutrality adjustment
 - ◆ -2.890%
- ◆ Base payment rate: \$2057.35

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Home Health Payment

- Home health benefit annual spend – \$16 billion
- ◆ Rate cuts under PDGM
 - ◆ Proposed for 2025 – 4.067% (2023 data); finalized 1.975%
 - ◆ Finalized in 2024 – 2.89 % (2022 data)
 - ◆ Finalized in 2023 – 3.925% (2020 and 2021 data)
- ◆ Cuts are reflected as permanent adjustments to the standardized base rate
- ◆ Additional temporary adjustments
 - ◆ 2025 **\$4,460,954,477** (2020-2023 data)
 - ◆ No payment adjustments are scheduled
 - ◆ Adjustments authorized through CY2026 data year




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Discipline	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020	CY 2021	CY 2022	CY 2023
Skilled Nursing	4.53	4.49	4.35	4.05	3.90	3.86
Physical Therapy	3.30	3.33	2.70	2.74	2.77	2.78
Occupational Therapy	1.02	1.07	0.79	0.78	0.77	0.76
Speech Therapy	0.21	0.21	0.16	0.15	0.14	0.14
Home Health Aide	0.72	0.67	0.54	0.48	0.43	0.41
Social Worker	0.08	0.08	0.06	0.05	0.05	0.05
Total (all disciplines)	9.86	9.85	8.59	8.25	8.06	8.00

Source: CY 2018 and CY 2019 simulated PDGM data with behavior assumptions came from the Home Health LDS. CY 2020 data was accessed from the Chronic Conditions Warehouse (CCW) Virtual Research Data Center (VRDC) on July 12, 2021. CY 2021 data was accessed from the CCW VRDC on July 14, 2022. CY 2022 data was accessed from the CCW VRDC on July 13, 2023. CY 2023 data was accessed from the CCW VRDC on March 19, 2024.

Note: All 30-day periods of care claims were included (for example LUPAs, PEPs, and outliers). There are approximately 540,000 60-day episodes that started in 2019 and ended in 2020 that are not included in the analysis.




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TABLE 5: ESTIMATED AVERAGE COSTS FOR 30-DAY PERIODS OF CARE IN CY 2023

Discipline	2022 Average Costs per visit with NRS	2023 Market Basket Update Factor	2023 Average Number of Visits	2023 Estimated 30- Day Period Costs
Skilled Nursing	\$176.50	1.04	4.08	\$748.92
Physical Therapy	\$176.71	1.04	2.95	\$542.15
Occupational Therapy	\$172.48	1.04	0.81	\$145.30
Speech Pathology	\$200.12	1.04	0.15	\$31.22
Medical Social Services	\$302.77	1.04	0.05	\$15.74
Home Health Aides	\$95.94	1.04	0.44	\$43.90
Total				\$1,527.23

Source: 2022 Medicare cost report data obtained on February 1, 2024. Home health visit information came from 30-day periods with a through date in CY2023 (Obtained from the CCW VRDC on March 19, 2024).




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Impact of Home Health Payment

- ◆ Access to care
 - ◆ Closures
 - ◆ Reductions
 - Service area
 - Services
 - ◆ Refusing referrals


"Why home health deserts are spreading across rural states"
Modern Healthcare, 2024



10

Action

- ◆ Estimated 48% of HHAs with < 0% overall margins projected for 2024
- ◆ Medicare FFS margins used to subsidize MA plans and Medicaid
- ◆ PDGM Action Plan



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Medical Review Activities



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Common Home Health Medical Review Denials

Home Health and Hospice MACs


- Information provided does not support medical necessity for skilled nursing services
- Initial certification missing, incomplete, or invalid
- Required face-to-face encounter missing, incomplete, or untimely
- No plan of care or certification
- Requested medical records not received timely
- Information provided does not support medical necessity for therapy services
- No physician's orders for services
- Visits, supplies, and DME billed not documented or documented as used
- Attending physician not PECOS enrolled as of claim date of service



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Targeted Probe and Educate (TPE) Overview

- ◆ Targets *providers*
 - ◆ High claim error rates, or
 - ◆ Unusual billing practices, and
 - ◆ Items and services with high national error rates and financial risk to Medicare
- ◆ Helps providers reduce claim denials and appeals through one-on-one help
- ◆ Can be MAC-specific



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NGS Home Health Reviews


Type	OPC Code	Common Denial	Resolution
Home Health Services - Medical Necessity/Clinical Indication	N/A	<p>0200- The information did not support the medical necessity for the requested service.</p> <p>0300- The certification was missing or invalid.</p> <p>0400- The physician's plan of care was not complete and/or did not support the requested services.</p>	<p>0200- Care plan updates (e.g., care plan, health plan) must be completed on the date of service.</p> <p>0300- Contact the MAC for assistance with the certification process.</p> <p>0400- The physician certification was not complete and/or did not support the requested services.</p>
Home Health Services - OPE	N/A	<p>0200- The information did not support the medical necessity for the requested service.</p> <p>0300- The initial certification was missing/incomplete/invalid and/or the certification was not updated.</p> <p>0400- The physician certification was not complete and/or did not support the requested services.</p>	<p>0200- Care plan updates (e.g., care plan, health plan) must be completed on the date of service.</p> <p>0300- Contact the MAC for assistance with the certification process.</p> <p>0400- The physician certification was not complete and/or did not support the requested services.</p>
Home Health Services - Provider Enrollment	N/A	<p>0200- The information did not support the medical necessity for the requested service.</p> <p>0300- The certification was missing or invalid.</p> <p>0400- The physician certification was missing/incomplete/invalid and/or the certification was not updated.</p>	<p>0200- Care plan updates (e.g., care plan, health plan) must be completed on the date of service.</p> <p>0300- Contact the MAC for assistance with the certification process.</p> <p>0400- The physician certification was not complete and/or did not support the requested services.</p>
Home Health Services - Length of Stay	N/A	<p>0200- The information did not support the medical necessity for the requested service.</p> <p>0300- The information did not support the medical necessity for the requested service.</p> <p>0400- The initial certification was missing/incomplete/invalid and/or the certification was not updated.</p>	<p>0200- Care plan updates (e.g., care plan, health plan) must be completed on the date of service.</p> <p>0300- Contact the MAC for assistance with the certification process.</p> <p>0400- The physician certification was not complete and/or did not support the requested services.</p>



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Home Health Common Problems

- ◆ F2F/Certification
 - ◆ Not signed / not signed by the correct physician or practitioner
 - ◆ Does not address all elements
 - ◆ Not within required timeframe
- ◆ Eligibility
 - ◆ Not homebound
 - ◆ No skilled need
- ◆ Plan of Care
 - ◆ Not easily identifiable in the record
 - ◆ Doesn't cover all dates under review
 - ◆ Not established or reviewed timely



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Clinical Documentation Considerations



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Every Patient, Every Claim


- ◆ F2F / Certification
- ◆ Notice of Admission
 - ◆ Timely submission and acceptance
- ◆ Eligibility
 - ◆ Homebound
 - ◆ Skilled care
- ◆ Plan of care
 - ◆ All components
 - ◆ Signature




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The Importance of Avoiding Vague Language


"Patient is doing well."



"Patient is improving with increased range of motion."




These images were generated using AI and are for illustrative purposes only



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Documentation Practices

- ◆ Implement regular staff training on documentation standards
- ◆ Conduct internal audits to identify documentation gaps
- ◆ Consider documentation compliance checklist
- ◆ Compare current state to prior timeframes – what has changed?
- ◆ Compare current state to goals – document progress
- ◆ Compare and contrast assessments
- ◆ Leverage LCDs as guidelines
- ◆ Be specific!



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QUALITY REPORTING



21

Home Health Quality Reporting Program

- ◆ Four new health related social needs items for the 2027 HHQRP
- ◆ Living situation
- ◆ Two items relate to food insecurity
- ◆ Utilities
- ◆ Revised transportation data item

<https://www.cms.gov/medicare/quality/home-health/oasisdata-sets>

Requires Updated OASIS



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HH QRP

- ◆ CMS sought input on four measure concepts for the HH QRP
- ◆ Composite of vaccinations – e.g. Adult Immunization Status measure in the Universal Foundation set
- ◆ Depression – e.g. Clinical Screening for Depression and Follow-up measure in the Universal Foundation set
- ◆ Pain management
- ◆ Substance use disorders, - e.g. Initiation and Engagement of Substance Use Disorder Treatment measure included in the Universal Foundations set


<https://www.cms.gov/medicare/quality/cms-national-qualitystrategy/aligning-quality-measures-across-cms-universalfoundation>



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OASIS – All Payers

- ◆ OASIS collection on all payers –Finalized 2023 HHPPS rate update rule
- ◆ Voluntary January 1, 2025-June 30, 2025
- ◆ Mandatory beginning July 1, 2025
- ◆ SOC assessments beginning July 1, 2025
- ◆ M0090 -- Date assessment completed




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HH Value Based Purchasing Program

- ◆ Request for information related to future measure concepts
- ◆ Family caregiver measure
- ◆ Falls with injury (claims-based)
- ◆ Medicare spending per Beneficiary
- ◆ Function measures to complement existing cross-setting Discharge (DC) Function measure

CMS is also interested in general comments on other future model concepts that may be considered for inclusion in the expanded HHVBP Model.

CMS considering integrating health equity concepts



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HH Value Based Purchasing Program

- ◆ 2025 first payment year - August 2024- Annual Performance Report (APR) preview for total point score(TPS) and annual payment percentage (APP)
- ◆ An individual HHA payment adjustment percentage to be applied to CY 2025.
- ◆ An explanation of when the adjustment will apply.
- ◆ How CMS determined the adjustment relative to the HHA's final TPS.
- ◆ Opportunity to request a recalculation and reconsideration
- ◆ December 2024 – final APR



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CONDITIONS OF PARTICIPATION



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Admission to Service Policy

- ◆ New standard at §484105(i) s to require HHA develop, implement and maintain an acceptance to service policy that is applied consistently to each prospective patient referred for home health care.
- ◆ Anticipated needs of the referred prospective patient.
- ◆ Case load and case mix of the HHA.
- ◆ Staffing levels of the HHA.
- ◆ Skills and competencies of the HHA staff.
- ◆ Make available to the public accurate information regarding the services offered by the HHA and any limitations related to types of specialty services, service duration, or service frequency.
- ◆ Reviewed at least annually.



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Requests for Information

Plan of Care Development and Scope of Services ◆

- ◆ Referral process, limitations on patients being able to obtain HHA service, and communication with patients and practitioners


Therapists Conducting Assessments

- ◆ Allow rehabilitative therapists to conduct the initial assessment and comprehensive assessment in all cases



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INFORMAL DISPUTE RESOLUTION AND SURVEY ENFORCEMENT



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Enforcement Remedies

On May 3, 2024, CMS released [Memorandum QSO-24-11-HHA & Hospice](#), Revisions to the State Operations Manual (SOM) Chapter 10 –Informal Dispute Resolution (IDR) and Enforcement Procedures for Home Health Agencies and Hospice Programs



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Enforcement Procedures for Programs


Includes guidance on recommending and imposing enforcement remedies

Decision to impose enforcement remedies based on CLDs or repeat deficiencies

State Agencies not required to recommend types of remedies, but encouraged to do so

Available enforcement remedies include

- Civil money penalties
- Suspension of payment for all new admissions
- Temporary management
- Directed plan of correction
- Directed in-service training




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2025 & BEYOND




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Telehealth Flexibilities




- ◆ Extended through **March 31, 2025**
- ◆ American Relief Act, 2025
- ◆ Allows telehealth for face-to-face encounter
- ◆ Hospice
 - ◆ Temporary change in the regulations at 42 CFR 418.22(a)(4)(ii)
- ◆ Home Health
 - ◆ Lifting geographic restrictions and maintaining the expanded list of originating sites including patients' homes.



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Proposed Rules

- ◆ OSHA – Heat Injury & Illness Prevention in Outdoor & Indoor Work Settings
 - ◆ Proposed rule - <https://www.govinfo.gov/content/pkg/FR-2024-08-30/pdf/2024-14824.pdf>
 - ◆ Comments submitted January 2025
- ◆ HIPAA Security Rule to Strengthen the Cybersecurity of Electronic Protected Health Information
 - ◆ Proposed rule - <https://www.govinfo.gov/content/pkg/FR-2025-01-06/pdf/2024-30983.pdf>
 - ◆ Comments due March 2025




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Compliance Plans

HHS Office of the Inspector General

<https://oig.hhs.gov/documents/compliance-guidance/803/hospicx.pdf>


Updating guidance in 2024-2025?



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PEPPER

- ◆ PEPPER – Program for Evaluating Payment Patterns Electronic Report
- ◆ Site went down end of 2023
- ◆ CMS paused PEPPER until “Fall 2024”
 - ◆ Spring 2025?





www.cbrpepper.org



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Thank You

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The End



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