Current information as of 11-20-19 Disclaimer

Billing clinical regulatory-State and Federal

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| --- | --- | --- | --- | --- |
| **Regulation** | **Effective Date** | **Short Description** | **Responsible** | **Resource Link** |
| **Billing** |  |  |  |  |
| PDGM | 1-1-20 | Reference final rule and MHCA PDGM site. | Vickie | Link to MHCA PDGM Resources page: <https://www.mnhomecare.org/page/PDGM>  Link to Final Rule (I’m not certain this is the best link … it’s to a PDF): <https://www.govinfo.gov/content/pkg/FR-2019-11-08/pdf/2019-24026.pdf> |
| Pended Authorization Request Response Time Changed |  |  | Vickie | <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/provider-news/#7> |
| MBI |  |  | Vickie | CMS newsletter on MBI: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18006.pdf> |
| Changes to authorization for MMIS RN/LPN (Medicaid management information system) |  | * 1-1-20 MA, Waivers, ACG * Authorizations/Service agreements will have to separate skilled nursing into RN and LPN codes- * Case manager involvement in determining how many LPN visits will be needed.   Impact patients who currently receive MMIS if their S/A will span into next year. | Vickie |  |
| Potential Payor Changes- Medicare Advantage |  | Reminder- Talk to patients about open enrollment and changes related to open enrollment- Have a plan for verifying  Reminder to watch for payor changes r/t open enrollment  Medicare Advantage – individual contracts will vary | Vickie |  |
| VA payor changes- Tri West |  |  | Karen |  |
| Changes with NGS – advanced directives as a condition of payment on POC |  |  | Karen | NGS: |
| **Clinical** |  |  |  |  |
| Discharge Planning | 11-29-19 |  | Margaret |  |
| Maintenance Therapy- changes to therapy assistant’s role | 1-1-20 | Per CMS’s Final Rule, therapy assistants in home care settings will now be allowed to perform maintenance therapy under the Medicare home health benefit. This change will allow for consistency with SNFs, where assistants are currently allowed to perform maintenance therapy. | Sara | [https://www.cms.gov/newsroom/fact-sheets/cms-finalizes-calendar-year-2020-payment-and-policy-changes-home-health-agencies-and-calendar-year](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.cms.gov_newsroom_fact-2Dsheets_cms-2Dfinalizes-2Dcalendar-2Dyear-2D2020-2Dpayment-2Dand-2Dpolicy-2Dchanges-2Dhome-2Dhealth-2Dagencies-2Dand-2Dcalendar-2Dyear&d=DwMGaQ&c=e0qWO0MXWFiQgGWE0UmXdQ&r=iJ6_dF3jBruIwonCj8bpSLe_20dGtY5W-uMyIpZ7wso&m=z6M8aU_Q0DCQ3eKvcy4w8r7ijlLPL_98KmYyyr1h7LM&s=kWTBOf_W09MEDFXSl5_wnY40EG6qVeaPaYa0lijxcys&e=) |
| OASIS D1 | 1-1-20 | Changes to the OASIS data set are being made 01/01/2020. The new data set is being referred to as OASIS-D1 and are effective for OASIS assessment with a M0090 date of 01/01/2020 or later.  At this time, there is no revised version of the OASIS D1 Guidance Manual posted. | Michelle | <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/OASIS-D1-Update-Memorandum_Revised_May-2019.pdf> |
| Infusion Therapy Benefit |  | The final HH PPS policies included in the rule would result in a 1.3 percent increase ($250 million) in payments to HHAs in CY 2020 and also sets forth routine updates to the home infusion therapy payment rates for CY 2020 and finalizes payment provisions for home infusion therapy services for CY 2021 and subsequent years. | Michelle | <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Home-Infusion-Therapy/Overview>  <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Home-Health-Prospective-Payment-System-Regulations-and-Notices-Items/CMS-1711-FC> |
| HH QRP Updates | 1-1-20 |  | Jen |  |
| HH Quality Reporting- part of final rule |  |  | Jen | <https://www.cms.gov/newsroom/fact-sheets/cms-finalizes-calendar-year-2020-payment-and-policy-changes-home-health-agencies-and-calendar-year> |
| **Regulatory** |  |  |  |  |
| BOR’s | 11-30-19 | * Until 11/30/2019: previous BOR + Amendment for all patients * Starting 12/1/2019: new BOR required. Surveyors will check for it starting 1/1/2020.   MHCA creating a consolidated version so HHAs only need 1 BOR for all patients – coming ASAP | Karen | <https://www.health.state.mn.us/facilities/regulation/billofrights/index.html> |
| Predatory Offender Reporting | Crimes committed on/after 8-1-19 | Home care provider to be notified of predatory offender status, if risk level assigned, fact sheet to be given to staff providing direct services to person – effective for crimes committed on/after 8/1/2019.  Recommend having policy on accepting and providing care for these patients. | Karen Vickie | Karen will get link to MHCA document |
| iQIES | 1-1-20  \*\*Obtain access to iQIES prior to 12/23/2019 in order to prevent delay in OASIS submission 1/1/2020 | The Quality Improvement and Evaluation System is changing to an internet-based system, known as iQIES. While the way data is submitted will not change, the site used is new. Certified Home Health Agencies will start using the new site 01/01/2020. To prepare, every agency needs to select one or two employees to register as the Provider Security Official(s), so the onboarding process can begin. Tips: PSOs should be prepared to provide personal information; it is recommended that you request the form be emailed to you for easier completion (using the online process can result in timing out and having to restart) | Karen | <https://qtso.cms.gov/news-and-updates/register-iqies-account-action-required> |
| “Efficiency” Final Rule |  | 1. We are removing the requirements for verbal (meaning spoken) notification of all patient   rights at § 484.50(a)(3), and replacing it with a requirement that verbal notice must be provided  for those rights related to payments made by Medicare, Medicaid, and other federally funded  programs, and potential patient financial liabilities as specified in the Social Security Act.   1. We are revising § 484.80(c)(1) to clarify that skill competencies may be assessed by   observing an aide performing the skill with either a patient or a pseudo-patient as part of a  simulation. We are defining the terms “pseudo-patient” and “simulation” in § 484.2.  We are revising the requirement at § 484.80(h) related to completing a full competency  evaluation when an aide is found to be deficient in one or more skills. Instead of completing a  full competency evaluation, an aide would only be required to complete retraining and a  competency evaluation directly related to the deficient skills.  Finalized Emergency Preparedness provisions  Move annual review and training of programs to every 2 years  Move to only 1 emergency test per year with alternating size of test   1. Inpatient hospice facilities are still required to conduct two tests per year | Jen (and Kay) | <https://s3.amazonaws.com/public-inspection.federalregister.gov/2019-20736.pdf> |
| Electronic Visit Verification (EVV) | 1-1-23 |  | Jen |  |