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Bulletin Board Newsletter Michigan Home Health Association



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Board of Directors

Jill Roby-Snyder

◆ On behalf of your MHHA Board of Directors, we wish all of our members, your families, and patients, happy holidays! Please find time this Holiday Season to express appreciation to the people who are important in our life as well as those less fortunate. ◆ Thank you to everyone who participated in the Virtual Lobby Days this week by placing phone calls to Senator Stabenow, Levin and your local Congressperson to oppose further cuts to Medicare, Medicare Co-pays and the HME/CMS Competitive Bidding Program. MHHA Executive Director, Barry Cargill, was in Washington DC on December 5 for face-to-face meetings with the Michigan Congressional Delegation to reinforce the message our members were conveying on the phone to their elected officials in Washington. ◆ Don't know what to say to your legislator? [Home Health Medicare Message](#) to Federal Legislators: Let your federal legislator know that co-pays and cuts to Medicare are not the appropriate solution to solve the federal budget problem. You can send an email message directly using the NAHC Legislative Action Network (LAN). Click [here](#) for a sample message opposing home health copays and payment cuts. [HME Message](#) to Federal Legislators: Ask your Legislator to oppose the CMS Competitive Bidding Program and support the Market Pricing Plan (MMP) by signing on as a co-sponsor of HR 6341. ◆ The Congressional Budget Office put forth a 10 percent home health copay as one of its budget options for deficit reduction, a proposal that received support from the Republican Study Committee. The Medicare Payment Advisory Commission (MedPAC) has recommended a home health copay (as much as \$150 per episode) for episodes not preceded by a hospital or nursing home stay. The President's September 2011 deficit reduction plan included a \$100 home health co-pay for episodes not preceded by a hospital or nursing home stay, beginning in 2017 for newly eligible Medicare beneficiaries. Further cuts in home health payments have also been proposed in these plans. ◆ Hospice patients and providers could also suffer significantly under some "Lame Duck" deficit reduction proposals. Medicare hospice spending per beneficiary averages approximately \$10,000 annually; the uniform 20 percent co-pay proposal, if applied to hospice, could impose an average co-pay of about \$2,000 annually per patient. Additionally, existing regulatory and legislative payment reductions guarantee that, at best, hospices will experience flat payments for the foreseeable future. The Centers for Medicare & Medicaid Services (CMS) is working to reform the hospice payment system. Hospice providers need stability and predictability so that they can continue to make this

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vital service available to terminally ill Medicare patients. ◆ Rock Star Presenters of the Home Care World will be at MHHA on December 11. That's right, our slate of speakers include Bob Fazzi & Eileen Freitag, Fazzi Associates, Mary St. Pierre from NAHC, and Scott Glover, from Kitch Drutchas Wagner Valitutti & Sherbrook Law Firm. Come and learn how you can prepare your agency for implementation of the Affordable Care Act. This list of speakers is phenomenal. Be prepared to learn something valuable for your business and career at this workshop. Visit the Events Page at www.MHHA.org for information and to register. Or call the MHHA office at 517 349-8089. ◆ I promise that my message in the next MHHA Bulletin will be a lot more fun. I'm excited about the strategic planning the MHHA Board has been doing this fall and I expect to have some exciting news to share with everyone in January. I'll end my message the way I started, Happy Holidays, Everyone!

IV/Infection Control

Deb Opalowski & Rachel Aultman

◆ The Infection Control/IV Subcommittee met on November 15th. The group continues to work on revising the IV Policy and Procedure book to compliment the Intravenous Nursing Society (INS) standards of practice. We discussed and are looking forward to the great opportunity to present a "breakout session" on SMART pumps at next year's Annual Conference. If you have questions for the committee to address or would like to join, please contact the MHHA office. The next meeting will be on January 17, 2013, directly following the Clinical Ops meeting. May all of you have a very Merry Christmas & a blessed New Year.



Regulatory

Joan Taylor & Paula Stopjik

◆ Final Rule was published and goes into effect January 1, 2013. Agencies should be alert to the following areas: **Diagnosis codes in M1024; face to face; financial impact of the rates for your agency; therapy visit counting; and sanctions.** ◆ Chris Garfield also shared information regarding a class action suit proposed settlement that may effect skilled service provision for home health and skilled nursing facilities for maintenance care of chronic patients who exhibit little if any progress, or decline during an episode of care. Chris will keep the committee informed of this settlement's impact on home health. ◆ No discussion of ICD-10 coding at this meeting, MHA education committee has scheduled courses for the spring of 2013. The committee will work on this at the January meeting. ◆ There will be no meeting in December due to the Holiday. The next meeting will be January 17, 2013 following Clinical Ops meeting at the MHA office. Work will be done on ICD-10 implementation and review of the OIG focus for 2013 related to home health and hospice.

Public Policy

Linda Rutman & John Ruswinckel

◆ Lame duck time is here and it is not on the Christmas Dinner Menu! Both at the state and federal level, decisions will be made, some necessary for current and pending problem resolution, other may have potentially negative implications. So as we wind down 2012 and trim our trees, the Public Policy Committee will be reviewing state and federal legislative proposals for their impact on the patients we serve and our agencies. Medicare and Medicaid are on the lips of many legislators as they struggle with fiscal challenges, so we will be determining how best to educate legislators before they vote on the local implications of proposed changes or reductions in services or funding. We will also be thinking ahead on how best to educate new incoming congressional members in Lansing and Washington on home based health care issues. Next teleconference is December 7th at 10 am.....Happy Holidays

PAC

Larry Treece

◆ Greetings to all PAC supporters. With the election over and Obama Care on its way we surely will see a lot of politics going forward into 2013. We are monitoring any action on Auto No Fault as well as watching to see if we get any movement on SB221, the Licensure bill for Home Care in Michigan. ◆ On a personal note let me recommend the Movie Lincoln....it is well done and the politics are great. Thank you all for a good PAC year and may you all have a good Holiday and Merry Christmas...your Friend the PAC LT.

Clinical Operations

Donna Kleinschmit & Sara Simonds

◆ The Clinical Ops Committee met on Thursday November 15, 2012 Barry gave the Executive Directors report. Highlights included: Discussion of the election results; Sequestration at the Federal level if no budget deal can be met; co-pays are still not off the table; publication of the Final Rule; Election results effect on the ACA should be minimal; Medicaid as it relates to the ACA - this debate is beginning at the state level; potential for licensure during the lame duck session. ◆ BCBSM update - still awaiting date approval from BC for a meeting. BCBSM has other priorities currently which are prevailing, including their non-profit status within the state and the ACA impacts. ◆ NGS - next meeting should be in January; MDLARA meeting is scheduled for 12/6/12; Regulatory Committee has been working on ICD-10 readiness. ◆ Subcommittees- IV therapy/Infection prevention - continues work on the MHA policy and procedure manual. Psych - will meet again after January. Rehab Subcommittee - no report ◆ New business/Sharing Segment: Final rule has been published - Regulatory Committee will address. Educational sessions upcoming - see Education Committee report. MAHC -10/Falls benchmarking - There was discussion surrounding the interest in MHA participating in the benchmarking effort surrounding patient falls. Expense to agencies would run approximately \$400 with a \$200 set up fee. The process is all automated. The Committee did not have any interested parties. Survey report - one agency had a CHAP deemed status survey since our last meeting. Was cited for the agency's practice of having an RN make a joint visit with the PT in order to complete the OASIS documents. The surveyor did not like the practice at all, but cited the agency for not having the SN visit for the discharge assessment on the POC - the agency had included a one-time non-billable visit for the SOC assessment on the POC. They were also cited for not having documentation that the 60 day summary was done and sent to the MD. A question came up about coder qualifications. Agencies do various things in relation to coders. Consensus was that it could be either coders or nurses, however, critical that whoever does the coding, they must be competent in PPS issues. Cell phones - discussion surrounding cell phones - are they provided or reimbursed? Do agencies provide smart phones? Do agencies allow wound pictures to be taken with employee phones? HIPAA considerations surrounding these practices. ◆ There will be no Clinical Operations Committee meeting in December. We will meet again on January 17, 2013.



Rehab

Ruth Benjamin

◆ The Rehab Committee met on November 14th. ◆ Discussion included possible topics and speakers for Annual Conference, final rule changes, assessment tools for non-mobile patients and the Missouri Alliance tool. ◆ A Proposal is being submitted to the MHA Board to have Rehab Subcommittee meet with Clinical Ops every other month. Committee would meet separately when special projects are identified. Board meets on December 13th. Further meeting schedule will be updated at that time.

Education

Deb Holman

◆ The Education Committee is finalizing sessions for the 2013 MHA Annual Conference which will be May 22-24, 2013 at the Grand Traverse Resort. Mark Your Calendars! Registration materials will be available the end of January, 2013. ◆ With all the changes occurring with the Affordable Care Act, home care agencies need be proactive and do things differently to be successful. To help with this, MHA will be holding a start of a series of workshops that will assist agencies in doing business. 1st was a November 28, 2012 presentation by Abby Green who presented a workshop on Cost Calculation Modules and on December 11, 2012, National Experts, Bob Fazzi and Eileen Freitag and Scott Glover from the law firm of Kitch, Drutches, Wagner Valitutti and Sherbrook as well as Mary St. Pierre from NAHC will be presenting on Affordable Care Act and Fraud and Abuse. Both sessions are designed to help agencies do their business better. ◆ MHA will once again be holding a series of showcases. The first is a Software Vendor Showcase on January 31, 2013 and we will be holding a Telehealth Showcase on February 28, 2013 and lastly on March 28, 2012 we will be holding a Medical Supplies Showcase. Mark your calendars and register early for these events. Please contact any company you would like to see at these showcased and encourage them to participate. It's a great way to compare and contrast similar companies all in one spot. ◆ Check the [MHA Website Calendar of Events Page](#) for registration information for above workshops and additional teleconferences and webinars taking place over the next couple of months.

Private Duty

Sheila Doeden & Tom Mann

◆ Licensing will be on hold for now, put off discussion until at least Jan 2013. The reason for this is due to 3 major things that are considered to be more pressing. These include no fault reform, BCBS discussions about mutualization and the Affordable Care Act. ◆ Previously BCBS was considered to be the Insurance carrier of last resort in the State for those with pre-existing conditions. With Health Exchange discussions between Governor Snyder, The MI Health Insurance Exchange and BCBS, the State has to implement an exchange by December 2013 otherwise the Federal Government will do that for MI. Federal expansion of Medicare/Medicaid will need to be completed in each State by 2014. The Affordable Care Act (ACA) requirements for employer mandated insurance and what that means. Please complete the survey that the NAHC was asking MHA member to complete, <https://www.surveymonkey.com/s/ACAEmployerImpact>. ◆ CNA licensure was a big discussion, working on securing a meeting with Rae Ramsdell at the Dept. of Licensing and Regulation. There are at least 4 letters of denial from Pro-metrics floating around we are trying to gather all of those in addition to the denial letter used prior to April of 2012. This will aid in the MHA presenting that there has been a change and what do we do to fix the problem? ◆ Tom Mann attended the Annual MDHC liaison meeting earlier this month and there was discussion about RN/LPN reimbursement rates and how to obtain prior authorizations. It seems as though more emphasis was being placed on the agencies that are providing the care being required to prove why care was necessary for the recipients of the care, there is an explanation of pre-authorization qualifications on the Medicaid website, in the manual sections 1.4 and 1.4a.

HME/Infusion

Julie Johnson & Brian Griffore

◆ Happy Holidays to everyone! The HME/Infusion Pharmacy Committee met on a teleconference call Monday, November 19th. Profoundly on the minds of HME Providers here in the state of Michigan, and coast to coast, is the rolling-out of Competitive Bidding round 2, and the impact it will ultimately have on reimbursement within the industry. MPP aka H.R. 6490 continues to gain steam and add Congressional co-sponsors. MHA supports MPP and stands shoulder to shoulder with key HME industry leaders such as VGM and AAHomecare, in the battle against Competitive Bidding. ◆ Audits continue. Consensus seems to be that they will slowly move away from Oxygen, and toward Diabetic Supplies. ◆ The next Medicare Region B meeting in Indianapolis is slated for January 24th, 2013. Members are encouraged to attend if at all possible. ◆ The HME/Infusion Pharmacy Committee's next teleconference call is Monday, January 21st, 2013 at 10:00 AM.



MHHA Newsletter

Membership

Tom Mann

◆ The Membership Committee is looking for new members. If you are a strategic thinker in your agency and interested in sharing and building your experience as a member of the MHHA Membership Committee, please contact myself (Tom Mann) at tommann@med.umich.edu or Barry Cargill at Cargill.barry@mhha.org. The Membership Committee will be taking a greater role in the strategic thinking and evaluating innovative new services and benefits. Participation on this Committee is open to all service line members. ◆ Help me welcome the following companies to the MHHA Family:

Voss Insurance Services, Inc.

Contact: Vickey Fabbo

2395 Jolly Road, Suite 195

Okemos, MI 48864

Phone: 517/347-6100

Fax: 517/347-6970

E-mail: vickey@vossins.com

Associate Member - Certified Hospice

Reimbursement

Chris Kisell & Amy Gil

◆ The Reimbursement Committee was cancelled for November. Please join us for the next meeting by teleconference at 9:30 on December 19th. ◆ We talked about the Affordable Care Act and its impact as it continues to roll out through 2014. There was continued discussion regarding the dual eligible population and the government's goals to realize cost savings by enhanced care coordination, simplification and alignment of Medicare and Medicaid rules. There was also more discussion about Accountable Care Organizations and their growth nationally. ◆ The Benchmark data is due on December 7th for the period 07/01/12 - 09/30/12. Again, the group would like to see an increase in participation of this benchmark. The more agencies that take part, the more meaningful the data becomes. ◆ The Billing Committee had a meeting on October 26th. We are looking into getting speakers from Humana and the Cofinity Network to address reimbursement issues and questions. The next meeting will be on January 24th. ◆ Healthcare and reimbursement are in a time of change, we urge agencies to join us to stay informed. If you have questions or topics, please send them to Amy or I and we'll get them on the agenda. Let's share the knowledge and work together to solve our issues. ◆ If you would like more information I can be reached by email at Christopher.Kisell@stjohn.org or by phone at (586)-753-0139. Chris Kisell, Chair of Reimbursement Committee. Amy Gil, Co-chair can be reached by e-mail at Agil@uhhs.org or by phone at (734) 981-8820.



MHHA Newsletter Links of Interest

[HME Teleconference - A/R Management - A Practical Approach](#) - November 15, 2012

[Affordable Care Act/Leadership Forum with Bob Fazzi](#) - December 11, 2012

[Hospice Education: Is Humor Okay in the Hospice Setting??](#) - December 11, 2012

[Home Health 2013 PPS Final Rule Review-Webinar 3: Face-to-Face Encounter Changes & Billing Updates](#) - December 12, 2012

[The Aide's Role in Working with Patients with HIV/AIDS](#) - December 13, 2012

[Hospice Education: What Competencies are Necessary for the Hospice Aide](#) - January 8, 2012

[The Aide's Role in The Aging Process](#) - January 10, 2012

[Software Vendor Showcase](#) - January 31, 2012

[CD-10 Coding: Infections and Parasitic Disease; Neoplasms; Disorders of Blood](#) - February 6, 2012

[Hospice & Home Health Education: HIPAA for the Hospice Aide](#) - February 14, 2012

[Telehealth Vendor Showcase](#) - February 28, 2012

MDCH Questions Needed

<http://m360.mhha.org/admin/forms/ViewForm.aspx?id=28910>

NGS Questions Needed

<http://m360.mhha.org/admin/forms/ViewForm.aspx?id=28911>

BCBS Call for Questions

<http://m360.mhha.org/admin/forms/ViewForm.aspx?id=28912>

Additional Events

<https://m360.mhha.org/ViewCalendar.aspx>

MHHA Committee Calendar

Hospice Committee Meeting - No December Meeting

[HME Committee Teleconference](#) - December 17, 2012

[Private Duty Committee Teleconference](#) - December 18, 2012

[Reimbursement Committee](#) - December 19, 2012

Clinical Operations Committee Meeting - No December Meeting

Regulatory Committee - No December Meeting

IV/Infection Control - No December Meeting

Ethics Committee - No December Meeting

[Public Policy Committee](#) - December 7, 2012



Michigan Home Health Association



SAVE THE DATE

Michigan Home Care Leadership Forum

Tuesday, December 11, 2012
8:00 a.m.—3:30 p.m.

A Forum for Leaders...Actively Involving Leaders...For Leader Shaping Their Future

Topics to Be Covered:

- ◆ The Five Health Care Reform Options for the Future;
- ◆ Fraud and Abuse: The Realities. The Implications. Strategic Options
- ◆ Growth and Positioning Strategy: Hospitalization Reduction, Findings, Insights from Delta National Best Practice in Reducing Avoidable Hospitalization Study
- ◆ Making Change In Your Agency: A Model for Generating Buy-In

Special Presenters:

Robert Fazzi, Ph.D, Fazzi Associates

Eileen Freitag, Fazzi Associates

Scott Glover, JD, Kitch Drutches Wagner Valitutti & Sherbrook

Mary St. Pierre, VP of Regulatory Affairs, NAHC

Registration at: www.mhha.org