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Bulletin Board Newsletter Michigan Home Health Association



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Board of Directors

Jill Roby-Snyder

◆ We in homecare know that change is constant in our industry. This year seems to be no different as homecare faces Medicare cuts in 2013 and uncertainty about implementation of several aspects of the Affordable Care Act, and of course, the elections are just another factor compounding uncertainty. Without question, 2012 will be a year of change and strategic positioning for our homecare agencies, making your MHHA membership very important as you try to identify reimbursement trends and regulatory changes. With 22 Committees and Subcommittees, MHHA members are helping to position the Michigan homecare industry for a profitable and more certain future. I hope you enjoy this issue of the Bulletin. The purpose of the Bulletin is to keep you informed of our committee activities and advance your education. Please know that you are welcome and encouraged to take full advantage of your MHHA membership by attending one or more MHHA Committees. Becoming involved in MHHA is an important step to positioning you and your business for success among all the uncertainty. ◆ On January 31, MHHA held a Software Vendor Showcase where members met with representatives of software companies from across the nation to evaluate software products and ask questions. The event was very successful with about 80 members and vendors filling the MHHA offices. I personally attended and found it very valuable for my agency. My hat is tipped to the Clinical Ops Committee for bringing forward the “Showcase” idea and to the Education Committee and MHHA staff for putting the details together and making it a success. ◆ The Public Policy Committee reminded me of several important dates where MHHA members will be meeting with our legislative leaders. February 15 – 16, is the AA Homecare Legislative Day in Washington where our HME Suppliers will continue to educate our Congressional delegation about the Market Pricing Proposal for Competitive Bidding and other policy issues. March 25 – 28, is the National Association for Homecare and Hospice – March on Washington. Last but not least is April 19, when MHHA will hold our Annual Legislative Day at the State Capitol Building. You don’t have to be a member of the MHHA Public Policy Committee to participate in one or more of these opportunities to lobby your elected legislators. For more information or to register for one or more of these events, visit the events page on the MHHA website at www.mhha.org or contact Barry Cargill at Cargill.barry@mhha.org ◆ Thank you everyone who responded to the MHHA survey emailed to members in January. February 1, was the deadline for completing your survey and we received 260 responses.

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Edge Partnership conducted the survey and will be presenting preliminary results to the MHHA Board of Directors at the February 9, meeting. Some members requested a phone follow-up interview to the survey and Edge Partnership will be conducting those interviews this month. The survey is the first step for our stakeholder members to have input as the MHHA leadership moves forward to development MHHA’s Strategic Plan. It is our intent to continue the member satisfaction survey annually to benchmark member satisfaction and to incorporate member and strategic planning as a continuous task of the MHHA Leadership team. ◆ Many of you are aware of efforts by the State of Michigan to implement an “Integrated Care” program for Dual Eligible (Medicare/Medicaid eligible). This program is important because it represents about 80% of Medicare/Medicaid funding for about 200,000 dual eligible patients in Michigan. MHHA has been actively working with the Michigan Department of Community Health on the program and anxiously awaiting a report of workgroups that met in November and December. The workgroup report will be posted this week at the Integrated Care website at: <https://janus.pscinc.com/dualeligibles/>. Next step will be the announcement of more public hearings with MDCH submitting the Michigan “dual eligible” plan to the Center For Medicaid Services (CMS) in April, followed by negotiations with CMS to approve the Michigan program for implementation January 2013. The MDCH Director, Olga Dazzo will be the lead negotiator with CMS on the plan and will be our General Session Speaker at the MHHA Annual Conference to be held May 23 - 25, at Grand Traverse Resort. Director Dazzo’s presentation is just one of the many reasons you should attend the MHHA Annual Conference again this year.

Psych

Pamela Wozniak

◆ Future meetings are on hold until determination of need.



Rehab

Ruth Benjamin

◆ The Rehab Committee met on January 25, 2012. Discussion included MHHA conference content, Legislative Day, OASIS C questions and answers that were recently released, Missouri Alliance fall risk tool, therapy interventions and documentation, reassessments and contract agency use. ◆ PT Administrative Rules for Continuing Professional Development requirements (CPDs) for PTs/PTAs continue to be developed at the state level. They were to be voted on at the State Board of Physical Therapy meeting on January 17, 2012. No further information is available at this time. ◆ Next meeting: Thursday March 15th with Clinical Ops. Please send agenda items to Ruth at ruth.benjamin@midmichigan.org. Hope to see you there!

Membership

Barbara Serra

◆ The Membership Committee made final recommendations for the Membership Survey which was successfully launched and sent out in January. We are looking forward to reviewing the responses and feedback that may provide insight on how we can better serve our members and grow the membership. The Membership Committee also met with the By-Laws Committee on January 30th to make recommendations for potential changes to the current By-laws that would have a positive effect on the Board's ability to address membership concerns.

Please help me welcome our new members!

CareAnyware, Inc.

Contact: Shellee Fischetto
1903 N. Harrison Ave., Suite 200
Cary, IL 27513
Phone: 919/678-0222
Fax: 919-678-0888
E-mail: sfischetto@careanyware.com
Associate Member

Compas Home Health Care of Michigan

Contact: Carol Ann Douglas
21 N Cedar St, Ste C
Imlay City, MI 48444
Phone: 810-721-7700
Fax: 810-721-7688
E-mail: compashhc7688@yahoo.com
Regular - Certified

ContinuLink

Contact: Meredith Troy
100 Crescent Centre Parkway, Suite 930
Atlanta, GA 30084
Phone: 954/858-2651
Fax: 954/858-2750
E-mail: mtroy@continulink.com
Associate Member

Great Lakes Health Information Exchange

Contact: Penny Englerth
2145 University Park Drive #200
Okemos, MI 48864
Phone: 517/347-3373
Fax: 517/347-3387
E-mail: penglerth@glhie.org
Associate Member

HealthTrust Software

Contact: Taylor Kovar
2702 North University Drive
Nacogdoches, TX 75965
Phone: (877) 442-4555
Fax: (888) 891-3521
E-mail: taylor@healthtrustsoftware.com
Associate Member

Kelly Kendall

32717 Scone
Livonia, MI 48154
Phone: 734/355-1888
E-mail: KEKEND@AOL.COM
Individual Member

Matrix Home Health Care

Contact: Raania Zahid
20604 Telegraph Road
Brownstown, MI 48174
Phone: 734/479-1700
Fax: 734/479-1800
E-mail: rzahid@matrixhhc.com
Service Line - Certified

McKesson Provider Technologies

Contact: Sharilynn Duncan
1550 East Republic Road
Springfield, MO 65804
Phone: 417/874-4000
Fax: 417/874-4015
E-mail: sharilynn.duncan@mckesson.com
Associate Member

ProMed Delivery

Contact: Dan Gundry
51305 Celeste
Shelby Township, MI 48315
Phone: 586/532-6300
Fax: 586/532-7329
E-mail: dangundry@promeddelivery.com
Associate Member

Sun Home Health Care

Contact: Faheem Shakoor
17356 W. 12 Mile Road, Suite 200
Southfield, MI 48076
Phone: 248/559-0045
Fax: 248/559-0047
E-mail: sunhhc@yahoo.com
Associate Member



Willis of Michigan, Inc.

Contact: Linda Miller
3196 Kraft Ave., SE, Suite 101
Grand Rapids, MI 49512
Phone: 616/464-2751
Fax: 616/957-3953
E-mail: linda.miller@willis.com
Associate Member

Complex Rehab Michael Barner

◆ Hot topics: Power Wheelchair Prepay/Prior Authorization Demonstration (Medicare):

- DELAYED - But not gone forever.
- Please keep informed on this topic. Contact your Congressmen to express your concerns on this subject.

BCBSM Liaison meeting - Preliminary information stated that NOC HCPCS (K0108 & E1399) would start to be reviewed and paid or denied on the initial submission vs. multiple submissions as the practice is currently. ◆

Action items: Continue to contact your state Representatives and Senators regarding the legislation for revision to the Michigan No-Fault insurance coverage. Refer to the CPAN web site for more details

<http://www.cpan.us/index.html>. ◆ Meetings: Medicaid - Repair labor payment policy. Teleconference was held January 30, 2012 at 1:00: Several members met with MDCH staff via a conference call on Monday December 12th. The primary person from MDCH on the call was Lisa Trumbell, she is heading up this project. Members brought up several topics of concern regarding the current policy on repair labor payment. Some of the top concerns were:

- Payment for repair labor on all items regardless if there is a HCPCS or fee schedule established.
- Establish a standardized labor rate manual for repair labor hours.
- Rental payment for "loaner" equipment during a repair episode.
- Service fee for "In-Home" service calls.

Lisa will establish future meeting dates/times for further work on this. The following dates are for the next DME Liaison meetings: **DME Meetings:**
Monday, April 9, 2012, Monday, July 9, 2012,
Monday, October 8, 2012

Private Duty Reimbursement Tom Rowley

◆ The Private Duty reimbursement committee is being chaired by Tom Rowley and Sheila Doeden is the Secretary; thank you Sheila! The Committee met on Jan 10, 2012 to review reimbursement issues associated with long term care insurance, VA benefits, Auto - no fault and workers comp. Out of these discussions Walt Graff spoke at the Private Duty committee on the 17th and gave us back ground and status on LTC insurance; one issue was Michigan has no standard policy language for LTC insurance. The committee suggested a reimbursement panel at the May conference would be meaningful. The next committee meeting is Feb 14 at the MHA office.

Reimbursement Chris Kisell & Amy Gil

◆ The Reimbursement Committee met by teleconference on January 18, 2012. Please join us for the next meeting on site at 9:30 on February 15th. ◆ We will continue to look at the budget cuts for Reimbursement on the Federal level and any impact that has on the State level. ◆ 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.

HME/Infusion Pharmacy Matt Metzger & Julie Johnson

◆ Next meeting will be February 20, 2012 by teleconference. Please join us! ◆ February 22 – HME, Corporate Compliance Workshop with Attorney, Mary Wickens. Register at MHA Events page at <https://m360.mhha.org/ViewCalendar.aspx>

Hospice

Rene Wheaton & Laura Bonde

◆ The Hospice Committee met on February 1, 2012, discussing several issues. This included the recent deadline for Voluntary Hospice Reporting to CMS, the status of POLST, Michigan Hospice Indicators, and MPRO updates. ◆ MHA's Annual Legislative Day is April 19, 2012. The annual March on Washington is also coming March 24th-28th. ◆ The next Hospice Committee meeting will be held on Wednesday, March 7, 2012.



Education

Deb Holman

◆ The Education Committee continues to work on planning the MHHA Annual Conference. ◆ Mark your Calendars! MHHA has scheduled another ICD-9 Coding Workshop for March 26 & 27, 2012 and a third day on March 28th on ICD-10 preparations. MHHA will be holding a “Blueprint for OASIS” workshop on April 25th and 26th with testing on the 27th. Also, MHHA will host a Corporate Compliance workshop for HME on February 22, 2012 and a Corporate Compliance Workshop for Home Health on March 1st. ◆ Please submit any other workshop ideas or speakers to thelen.cindy@mhha.org if you think it would be of great interest to the membership. We want to host trainings that the membership needs and wants. ◆ **MHHA’s Vendor Software Showcase was a huge success.** This was a great opportunity for those looking for new software and for those that would just like to see what is out there.

Regulatory

Joan Taylor & Paula Stopjik

◆ The Regulatory Committee met after the Clinical Operations meeting on Thursday January 19, 2012. The group discussed the status of Medicaid Face-to-Face in Michigan. F2F is currently not required, although other states have begun requiring Medicaid F2F documentation. The Committee requested that MDLARA (formerly MDCH) Liaison representative ask about the status at the next meeting with the State. ◆ Therapy re-assessments continue to occupy the time of many agencies. Members agreed that vigilance is the key to success in this area. ◆ Survey protocols for G tags 202, 224, 229 were discussed as surveyors will continue to focus on the home health aide documentation and supervision. ◆ G tags 235 and 236 were reviewed. Discussion of clinical records maintenance ensued. Challenges exist for paper and electronic records and security is of high importance. Strategies were shared among the group. ◆ The next meeting will be February 16, 2012 following the Clinical Operations meeting at the MHHA office. We will finish review of the new survey protocols for Comprehensive Assessment of Patients.

Private Duty

Thomas Mann & Jill Roby-Snyder

◆ Executive Director Report

- Member survey went out by e-mail to members in January. This will assist with strategic planning.
- January 31st vendor showcase for software, some of the vendors offer private duty software.
- April 19th Michigan Legislative Day in Lansing 10:30 -1:00 p.m. - will begin to work on priorities for talking points
- Invite for committee members to attend public policy monthly meetings
- NAHC March on Washington March 25 - 28

◆ Private Duty Committee will meet in April 19th on Legislative Day at 9:00 a.m. in room 404. ◆ Licensing Bill - may still move forward this year, no major issues that can't be worked out. Senator Jenson has had changes in his staff which may have slowed the process down and Senator Marlow fully supportive to move the Bill forward. ◆ Auto No-Fault reform - MHHA continues to collaborate with CPAN regarding the issues, most likely not enough votes to move out of the House in its current form. In some point/time the Bill may pass in some form, still work to be completed. MHHA continues to oppose the Bill. ◆ Workers Compensation - along with No Fault reform and caps on wages as it relates to the reform. Members need to be aware of potential fee schedules. ◆ Companionship Exemption - handouts provided, this will impact live in services which will be exempt from minimum wage and overtime. In the past, workers have utilized this exemption, looking at not allowing the exemption to preclude minimum wage and overtime protection. Recommend pull 3036 out will submit comments before the deadline. ◆ Private Duty Reimbursement Committee met in January with good attendance. Areas discussed included VA, long term care reimbursement; and workers comp. They invited a guest to address long term care reimbursement specifically. ◆ Education Committee - Annual Conference May 23 - 25, need to fill 2 sessions for PD, discussed case management and a panel discussion group. Open discussion regarding speakers for “care management” vs. “care management” would propose that the presentation provide both management models. The other options are round table as it relates to auto insurance and Person Centered Planning session. Need silent auction items for the Annual Conference! ◆ Next meeting will be by teleconference on February 21 at 12:30 p.m.

IV/Infection Control

Deb Opalowski & Rachel Aultman

◆ The IV/Infection Control Subcommittee continues to work on updating and reformatting the IV Procedure Manual. The purpose of the project is to ensure the manual has the most current Intravenous Nurses Society standards of practice reflected. The team is meeting monthly directly following Clinical Ops. If you have any questions or would like to join the group or contribute to this project, please contact the MHHA office.



BCBS Liaison

Michael Bartz

◆ A team of approximately 15 MHHA members recently participated in a Blue Cross Blue Shield of MI Provider Relations Liaison meeting on Monday, January 23rd 2012 to review and discuss many issues related to BCBSM. The BCBSM team was well represented also, led by Dr. Saeed Zafar, MD and Latricia Solomon, and several important topics were discussed with providers including the following: ◆ The recent BCBS Procurement Office RFI that was sent to home health agencies back in November 2011 - Mr. Dean Swanson from BCBSM stated that the relatively generic RFI document was simply sent by BCBSM to home health agencies in an effort for BCBSM to “learn more” about the home health benefit and how it is currently being delivered. He acknowledged and even apologized that the RFI created discomfort for providers, but insisted that there was no hidden agenda or official “procurement” activities underway, nor is/was there any intention by BCBSM to limit or restrict the current, qualified “open” provider panel for home health agencies. Michael Bartz extended an offer to Dean and the other members of the BCBSM Provider Relations Team to contact Barry Cargill directly at the MHHA offices and/or to contact MHHA member agencies directly to actively learn more about the real-life of home health provider by having BCBSM officials accompany providers on actual home visits. Barry Cargill will reach out again to Dean Swanson to reiterate that offer and help to coordinate educational home visits for BCBSM, much like what we’ve done in the past for legislators. ◆ A discussion ensued about the recent decision, published in the November 2011 *The Record* by BCBSM to mandate “signature requirements” for home infusion deliveries and the hardship that this was creating, primarily for patients and families, but also for Home Infusion Therapy (HIT) providers as well. Our MHHA H.I.T. providers carefully explained and provided rationale to the BCBSM representatives, and MHHA asked that BCBSM consider reversing and/or at least revising that decision to alleviate the burdens it is now creating. BCBSM officials requested that MHHA H.I.T. providers provide them with possible alternative options, so Barry Cargill will take the lead in obtaining and coordinating a formal response to BCBSM in an effort to get this issue corrected for all H.I.T. providers. ◆ MHHA home health agency providers inquired from BCBSM as to how they’d specifically come up with the new, drastically reduced home care revenue code fee-based reimbursement model that was announced in the October 2011 *The Record*, and which subsequently took effect as of January 1st, 2012. Barry Cargill also inquired as to how/why BCBSM had also eliminated the requirement pertaining to agencies having to maintain membership in a designated professional organization, as he explained how professional associations like MHHA provide invaluable education, knowledge and resources to providers to help reduce, and even pro-actively combat fraud, abuse and waste in health care. BCBSM initially responded by stating that they’d established the new home health care facility Participation Agreement and rates for home health

providers after extensive research and comparison to other comparable plans and benefit structure, and went on to say that they’d not heard of any concerns about the new fee schedules. However, many of our MHHA representatives then attempted to demonstrate and educate BCBSM as to how these dramatically lowered rates were likely going to create an unanticipated access to care hardship, as many providers simply cannot afford to service clients at these rates. While BCBSM didn’t seem to believe that to be the case, they again asked MHHA to provide them with any written materials or arguments relative to these fee schedules, and they did promise to revisit the issue about agencies having to maintain membership in a designated professional organization. Barry Cargill will coordinate and present a MHHA provider response to the home health fee schedules for further discussion. ◆ MHHA home health providers requested further assistance and guidance from BCBSM relative to obtaining better, more accurate and consistent information about Medicare Advantage recipients, and BCBSM agreed to research and follow-up with MHHA relative to this issue. ◆ BCBSM did state that at long last, they had finally identified and agreed that their current DMEPOS payment policies relative to common Wheelchairs and Accessories was neither consistent with current Medicare Payment Policies, so Dr. Zafar stated that it appeared that BCBSM would be publishing a change and announcing within *The Record*, that as of May 1st, 2012, that the BCBSM policy for coverage and payment medically necessary wheelchair options and accessories would effectively become “more consistent and standardized” with current Medicare Payment Policies for same. Dave Keener from the Audit Department also stated that BCBSM would stop effecting “audit recoveries and monetary take backs” for those same medically necessary wheelchair options and accessories as of that date as well, but informed providers that the change wouldn’t be effective until it was officially published. ◆ Lastly, BCBSM admitted and reiterated that although they sympathized with home health agency providers, that the 10+ year-old issue of home health agency providers not having a clear, consistent, or reliable method to actually invoice and be reimbursed for routine and non-routine medical supplies directly to BCBSM provided by the home health agency during the skilled home care episode was still not resolved, they simply stated that this issue was extremely complex. They urged home health agencies to refer patients to, and to have them utilize DMEPOS providers who might be better able to provide the needed products and potentially bill for those same supplies under the DMEPOS benefit as long as the patient’s BCBS policy had the medical supplies coverage rider. ◆ All in all, the MHHA Blue Cross Blue Shield of MI Provider Relations Liaison meeting went very well, and we agreed both to continue further dialogue on these important issues, as well as to continue to meet minimally on a bi-annual basis as we all felt that this type of open communication was beneficial for all parties.



Fraud & Abuse Taskforce

Kristyn Gall

◆ I was able to represent MHHA at the December 12, 2011 Health Care Fraud Task Force Meeting at the Department of Justice in Detroit. This meeting was a combined meeting of the Eastern District and Western District Health Care Fraud teams. At this meeting investigators (FBI/OIG) and prosecuting attorneys (DOJ) stressed that for the first time they are finding that criminals have gotten into health care for the goal of taking as much money from the health care system as they can. They went on to identify three vulnerability areas for Medicare and Medicaid fraud: **Home Health Care, Unnecessary Diagnostic Testing, and Pharmacy Fraud.** They identified home health fraud as the largest area and biggest target of investigations and prosecutions related to 1) marketers who shuffle patients between agencies, actually pay for patient signatures, or pay for Medicare numbers, and 2) adult foster cares, assisted livings, and guardianship companies exploiting their residences through relationships with home health care companies. They identified that all areas require a willing physician to order the care and complete the paperwork. They are now doing statistical analysis Medicare billing and shared a chart of past data that demonstrated that the physicians who cost Medicare the most had been indicted or investigated. In this example, costs for the patients associated with one physician, excluding hospital costs were 30 million dollars in a two year period (Part B, DME, Part D and Home Health for this one physician's patients). Examples of the services provided were one patient who had 3,000 physical therapy sessions in 28 weeks and another who had 11,000 blood tests within 10 weeks. Based on their findings, their initial investigations, the success of the HEAT task force in the past year, and the new statistical analysis they are doing investigators are able to target agencies and groups of individuals that had previously found ways to scam the system by shuffling patients and by keeping below thresholds for common audits. They are also aware of the success of prosecuting marketers/recruiters, physicians, billers and office staff who knowingly participate in these schemes for both recovery for the government but also in civil suits. The tool they think that will deter Medicare Fraud is the new rule that went in to place earlier this year. The ability of CMS to suspend all payments to a provider for credible allegations of fraud for up to 18 months. The investigators and prosecutors are encouraging an open forum to share concerns and request that all suspected fraud be reported, but also asking that if you see a new trend that could lead to fraud, improper billing or place patients at risk that we share our findings with them as well. The information on reporting suspected fraud is on the MHHA home page or call 1/ 800- 223- 8164.

Public Policy

Linda Rutman & John Ruswinckel & Michael Bartz

◆ Let the New Year Activities begin... ◆ Thank you to those MHHA members who were able to attend the BCBSM Liaison meeting. Your commitment is greatly appreciated. See the related article under BCBSM Report. ◆ The Public Policy Committee focused its February 3rd meeting on preparing talking points for the March Legislative Conference (March 25 -28) in Washington DC. Join us to set the agenda for our very important contacts. If you plan to go to Washington with the MHHA team, please let Barry Cargill know to help in planning our congressional visits. ◆ We also had an update on State legislation which may have potential activity following the State of the State by Governor Snyder. ◆ Our Lansing Legislative Day is April 19th so save the date to join your peers in one on one discussions with legislators and staff on issues affecting all home based services and beneficiaries. ◆ Auto No Fault Legislation (HB 4936) is the subject of several Town Hall Meetings: 2/2 Traverse City, 2/6 Kalamazoo, 2/9 Gaylord. If you are able to attend, please call the MHHA offices for materials on the legislative language and the issues it raises for all home-based auspices. If you do attend, please call and let MHHA know how you felt the meeting went. ◆ Should be an eventful and unpredictable year, if not in legislative action, in the state and federal elections which will have significant impact on short and long-term healthcare legislation. ◆ Join our talented committee members on its 10 a.m. teleconference this Friday, March 2nd.

Clinical Operations

Shari Wilson & Donna Kleinschmit

◆The Clinical Operations Committee met January 19, 2012 at 9:30 at the MHHA office. ◆ **Executive Director Report:** Barry Cargill stated MHHA will once again participate with the National Association of Home Care and Hospice March on Washington scheduled March 25-28. State Legislative Day at the Capitol is scheduled for April 19, 2012 at 10:30 A.M. Public Policy Committee is setting issue priorities for State Legislative Day and March on Washington. Michigan Medicare dual eligible work groups have concluded and are finalizing their report; Michigan's deadline is April 1st to submit report to CMS and will have until January 2013 for negotiations. There will be a 2% cut to Medicare January 2013 due to the Super Committee unable to find other solutions. Upton, Camp, and Levin need to hear from all of us. ◆ **Announcement/Reports:** NGS - next meeting is February 2nd. BCBSM - Liaison meeting January 23rd. ◆ **MDCH** - renamed Michigan Department Licensing And Regulatory Affairs (**MDLARA**); this is Michigan Survey Division. ◆ **Sharing Segment: Survey Report:** One agency surveyed by Joint Commission: equipment calibration, chart audit



documentation, infection control issues, and start of first visit following referral. One agency had an OSHA visit: Selected randomly to represent our industry. Reviewed compliance policies and procedures, exposure plans, and interviewed staff. Two people will be attending the Health Care Compliance conference in Vegas April 29th - May 2, 2012. One Indiana Home Care Agency had RAC audit. RAC letter dated December 22, 2011 but not received at the agency until January 12, 2012 - a 3 week delay. First two pages form letter and addressed they could request 200 records every 45 days. Only one record requested at this time and dated back to February 2009 which is close to the 3 year cut off. One agency just had 5 ADRs overturned by the ALJ; awaiting the 6th. Advised it is best to return requested ADRs within 30 days or sooner if possible and also, always worth arguing for and sending to the ALJ. ♦ **Agenda Additions: Face to Face form Michigan P.A. Signature** - has not been confirmed; federal regulations supercede state law. **HHCAPHS** - discussed drop in return rates this past quarter. Some agencies educating patients and looking at phone surveys versus current mailings. **ACHC Extended Survey** - ACHC reported to one agency that they always do an extended survey and report it as such. An extended survey usually means something wrong was found and more frequent surveys. Suggestion to ask ACHC if "extended" means in depth survey or report as an extended survey; can also check ACHC contract. **BCBSM** - handout regarding homecare orders reviewed; to be addressed at liaison meeting January 23rd. **Patient Bill of Rights** - Frequency not addressed. To be referred back to the Ethics Committee. **Hospice Certification**: PCP or the Hospice Medical Director can sign initial certification. Additional certification is signed by the Hospice Medical Director. **Time lines reporting to CMS** - when identify need to pay money back to CMS, must complete. **Door Forum response** - Letter formulated by Joan Taylor and Paula Stopjik regarding the Open Door Forum in November addressing F2F and sent to Lori Anderson at CMS shared with those present. MHHA's F2F template and F2F form documentation attached to the letter sent. Also, this was shared with Mary St. Pierre at NAHC. The plan is to resubmit the letter and attachments to Randy Thorndike who is now Acting Division director. Encore presentations will not be available for 3 months. **BCBS patient discharged from the hospital** - Do not need to discharge from current VNS services and readmit. To follow Interqual criteria. Additions to be addressed at BCBSM liaison meeting: 1) Could Interqual criteria be posted on the BCBSM website? 2) BCBSM case manager's responses do not follow Interqual criteria. **Medicaid Out Patient Therapy** - Medicaid pays by the visit, not a bundled payment. Services must be offered for patients in the most reasonable place. Exposure of home health agency questioned. To refer to MDLARA. **Quarterly record review**: Joint Commission and CHAP standard is 10%; 10% or 10 records, whichever is more; not a COP. Refer to State Operations Manual #7 Appendix B to check G tag.

Time line for SOC and evaluation following referral - SOC should be within 24-48 hours of referral. One agency had evaluation as: within 5 days of the referral while another agency has 4 business days from SOC. Must notify the ordering physician if delayed for any reason, including patient request. Patient request is the patient's right. Do not need a new order for patient request. **Culture Change coalition** - Michigan Alliance for Person-Centered Communities currently working on dementia, increasing quality of life and keeping patients in their homes. Meetings are every other month, the 3rd Tuesday, downtown Lansing. Anyone welcome to join. Website: www.mapcc.info or getinvolved@mapcc.info. **Additional comment**: billing for dementia changed in October 2011; able to go back to October and rebill for dementia, whether primary or other. **The Art of ICD-9 Coding for Home Health**: Intermediate coding - Creating a Diagnosis Masterpiece Monday, March 26, 2012 and Advanced Coding March 27, 2012; **Next Meeting** - February 16, 2012 at MHHA office at 9:30 A.M.



MHA Newsletter Links of Interest

[Home Health Aide Test - Detroit](#) - February 8, 2012

[Aides role in HIPAA Teleconference](#) - February 9, 2012

[Hospice Education - The Meaning of Caring](#) - February 14, 2012

[HME Corporate Compliance Workshop](#) - February 22, 2012

[Home Health Corporate Compliance Workshop](#) - March 1, 2012

[Home Health Aide Test - Okemos](#) - March 7, 2012

[The Aide's Role in Recognizing Signs/Symptoms of Heart Attack Teleconference](#) - March 8, 2012

[Hospice Education - Caring for the Stroke Patient in Hospice](#) - March 13, 2012

[The Art of ICD-9 & 10 Coding for Home Health](#) - March 26-29, 2012

[Home Health Aide Test - Detroit](#) - April 4, 2012

[24th Annual MHHA State Legislative Day](#) - April 19, 2012

[Blueprint for OASIS Accuracy - Two Day Workshop and Exam](#) - April 25-27, 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>

Additional Links of Interest

<http://mhha.org/displayassociationlinks.cfm>

MHA February Committee Calendar

Hospice Committee Meeting – March 7, 2012

[Private Duty Reimbursement SubCommittee](#) – February 21, 2012

[Board of Director's Meeting](#) – February 9, 2012

[HME Committee Teleconference](#) – February 20, 2012

[HME Billers Committee](#) – February 8, 2012

[Private Duty Committee Teleconference Meeting](#)- February 21, 2012

[Reimbursement Committee Meeting](#) – February 15, 2012

[Clinical Operations Committee Meeting](#) – February 16, 2012

[Regulatory Committee Meeting](#) – February 16, 2012

[Ethics Committee](#) – February 20, 2012

[Education Committee Meeting](#) – February 23, 2012

[Public Policy Teleconference](#) – March 2, 2012