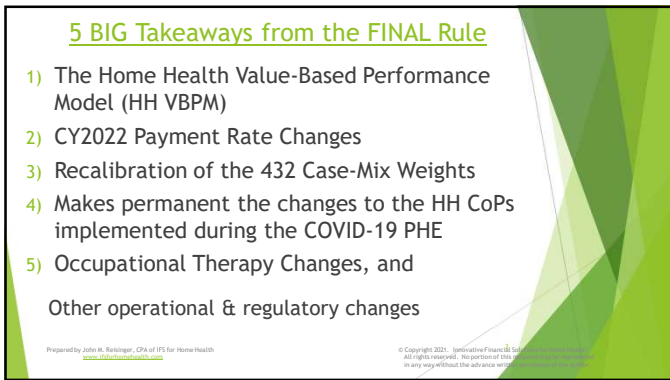
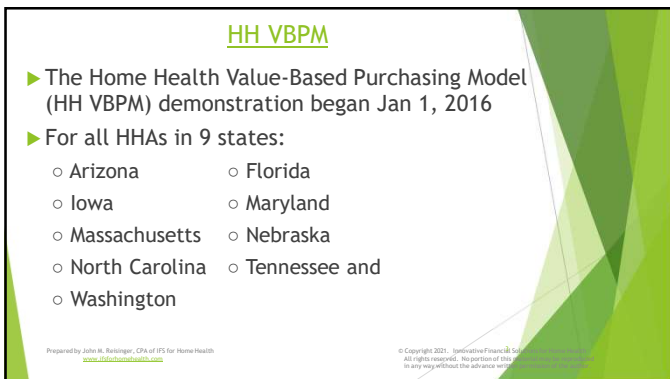


1



2



3

HH VBPM

- ▶ This demonstration was scheduled to run from 2016 thru 2022
 - ▶ With the Performance Years being 2016 thru 2020, and
 - ▶ The Payment Years being 2018 thru 2022
- ▶ So, like the demonstration, the first two-years under the VBPM will be Performance Years, and
- ▶ The Payment impacts will not begin until year three
- ▶ Per this FINAL Rule, the demo will end one-year early

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HH VBPM

- ▶ Performance Years:
 - ▶ HHAs will have a baseline year of CY2019 (*pre-COVID*)
 - ▶ An agency's Performance Year results will impact the agency's Medicare revenues 2-years hence;
 - ▶ So, the CY2023 Performance Year will impact the VBPM Payment Adjustments in CY2025,
 - ▶ And the CY2024 Performance Year will impact the VBPM Payment Adjustments in CY2026,
 - ▶ Etc, etc, etc...

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HH VBPM

- ▶ An HHA's Performance is measured based on various quality measures as identified by CMS
- ▶ There are two measurements calculated each year and the agency will receive the more beneficial
- ▶ Which becomes the HHA's Total Performance Score (TPS) applicable to the Payment Year
- ▶ And that TPS factor can be any value between:
 - ▶ 0.9500 (*i.e., reduced pmts*) to
 - ▶ 1.0500 (*i.e., increased pmts*)

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HH VBPM

- ▶ Those two measurements looked at for each HHA are:
 - ▶ Achievement, and
 - ▶ Improvement
- ▶ Achievement would be based on the HHA's quality measure scores as compared to all other HHAs' quality measure scores for their cohort/group, and
- ▶ Improvement, would be based on the HHA's quality measure scores against its own baseline-year's scores

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HH VBPM

- ▶ The basic premise behind the HH Value-Based Purchasing Model (VBPM) is that:
- ▶ Through financial rewards (and penalties), the payor can motivate the provider to provide high-quality care in a most cost-effective & efficient manner.
- ▶ Hence, the payor (i.e., Medicare), is striving to impact the quality and cost of the care provided to the beneficiary.

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HH VBPM

- ▶ CMS finalized its decision to expand the HH VBPM nation/program-wide
 - ▶ It IS going to happen!
- ▶ And CMS is ending the demo currently ongoing
- ▶ However, the expansion will be delayed 1 year
 - ▶ CY2022 will be deemed a 'pre-implementation year'
 - ▶ The first performance year will be CY2023, and
 - ▶ The first payment year will be CY2025

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HH VBPM

- ▶ Unlike the demo, where HHAs in a given state were only compared to agencies w/in that state
- ▶ The expanded HH VBPM will be nationwide
 - ▶ HHAs from any state will be compared to (*competing against!*) HHAs from all states & territories
- ▶ The MAX payment adjustment is set @ +/- 5%
 - ▶ Few HHAs will realize an impact of +/- 5%

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HH VBPM

- ▶ CMS noted the following in the FINAL Rule:

Using simulated data with national cohorts, we found 72 percent of HHAs would have received a payment adjustment ranging from -3 percent to +3 percent and 85 percent of HHAs would have received a payment adjustment ranging from -4 percent to +4 percent. In the original HHVBP

pg 62299
- ▶ Therefore, it would appear that CMS expects over 2/3rds of all HHAs to be impacted by less than +/-3% via the implementation of this rule

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HH VBPM

- ▶ Potential Future Impacts:
 - ▶ VBPM will cause HHA closures across the program
 - ▶ For year's, many HHAs have been struggling
 - ▶ And every year since the inception of Rebasing, there has been a net decrease in the # of HHAs
- ▶ Consider that VBPM pits HHAs against each other!
 - ▶ The add'l pmts that one HHA receives
 - ▶ Are taken from other HHAs

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HH VBPM

- ▶ And any HHAs already struggling, that are allocated to the tier that is financially penalized under VBPM will have their struggles intensified
- ▶ As HHAs close; and it's safe to expect that most, if not all will come from this penalized tier,
- ▶ This penalized tier will lose HHAs, meaning HHAs not previously penalized will need to be moved down to this tier to take their place to be able to continue to financially support the HHAs receiving an add-on pmt thanks to the VBPM

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HH VBPM

- ▶ I am not saying that it is, but
- ▶ The VBPM does work like a ponzi-scheme,
- ▶ In that successful HHAs are only able to receive their premium payments so long as there are other HHAs being financially penalized
- ▶ So, being, or becoming a high-quality, financially successfully HHA is a premium heading into the VBPM, particularly come CY2025 when the financial impacts will first be felt
- ▶ Next, I want to talk about the Payment Rate Changes

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CY2022 Payment Rate Changes

- ▶ Per the FINAL Rule, Home Health Spending for CY2022 is projected to increase by an estimated \$570 million
 - ▶ A 3.2% increase as compared to CY2021
- ▶ Now, I've seen others identify this as a 3.2% rate increase for HHAs
 - ▶ And nothing could be further from the truth, because
 - ▶ Based on this FINAL Rule Rates can change anywhere from a **35.7% increase** to a **34.6% decrease**

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CY2022 Payment Rate Changes

- ▶ In fact, when looking at the National, Standardized 30-day Payment Rate:
 - ▶ The CY2021 Rate: \$1,901.12
 - ▶ The CY2022 Rate: 2,031.64
 - ▶ Difference: + \$130.52 a 6.9% ↑
- ▶ So, the Nat'l Std 30-pmt rate increased by 6.9% for CY2022!
- ▶ Which is quite a bit more than the 3.2%

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CY2022 Payment Rate Changes

- ▶ So, there's obviously a lot more impacting our payment rates than the change in the 30-day pmt rate!
- ▶ Don't be mistaken into thinking that the change in HH Spending (*the 3.2% increase*), is what you should expect for your HHA for CY2022
- ▶ The only way to identify what this impact is projected to be for your agency is to have it calculated

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CY2022 Payment Rate Changes

- ▶ And I wouldn't trust someone that implies or states that the expected increase of 3.2% is what your agency should expect for CY2022 with calculating that impact
- ▶ The % change identified in the Proposed and FINAL Rule each year by CMS is the projected change to HH Spending, **NOT** the expected impact at the agency-level for all HHAs throughout the program!
 - ▶ And it NEVER has been!

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CY2022 Payment Rate Changes

- ▶ The payment rates at the agency level are impacted by the changes in the following:
 - ▶ The National, Standardized 30-day Payment Rate
 - ▶ The recalibration of the Case-Mix Weights (CMWs), and
 - ▶ The changes to the Wage Indices for the 461 CBSA/ Service Areas
- ▶ To understand the impact to your CY2022 Medicare Revenues, you need to understand the changes in all these areas (*plus LUPAs, Comorbidities, etc...*)

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CY2022 Payment Rate Changes

- ▶ We'll take a look at changes in the CMWs in the next section, so we'll look at the other areas here
- ▶ First, the change in the National, Standardized 30-day Payment Rate
- ▶ The 30-day pmt rate for:
 - ▶ CY2021 is/was: \$ 1,901.12
 - ▶ CY2022 will be: 2,031.64
 - ▶ Difference: \$ + 130.52 a 6.9% increase

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CY2022 Payment Rate Changes

- ▶ So, if all else was held constant (*not*), and there was only 1 HHA for the entire program,
 - ▶ That agency could expect an increase in the CY2022 Medicare payments rates of 6.9%
- ▶ But everything else was not held constant and there is NOT only one HHA in the program
- ▶ Therefore, even though there was a significant increase in the 30-day payment rate for CY2022,
- ▶ The other changes will obviously reduce the overall home health spending (*i.e., it won't be 6.9%*)

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CY2022 Payment Rate Changes

- ▶ The Wage Indices
- ▶ The Wage-Index for just about every CBSA/Service Area changes every year
 - ▶ Sometimes it may go up,
 - ▶ Sometimes it may go down,
 - ▶ And what it moves in one year does not dictate the direction it will move for the next year
- ▶ The Wage Index is an attempt to balance out the cost of labor for all the various CBSA/Service Areas covered by the program

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CY2022 Payment Rate Changes

- ▶ Unfortunately, Home Health has NEVER had its own Wage-Index
- ▶ CMS has used the Wage-Indices for the Inpatient Acute-Care Hospitals of the various CBSA/Service Areas as a HH-proxy
 - ▶ However, that may change in the not-too-distant future,
 - ▶ As the latest iteration of the HH MCR (1728-20), includes a new W/S (S-3, pt V - Direct Care Expenditures)
 - ▶ So, be careful completing & don't understate costs!
 - ▶ Note: we'll have a couple of webinars on the new MCR early in CY2022!

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CY2022 Payment Rate Changes

- ▶ Currently, there are 461 distinct CBSA/Service Areas covered under the Medicare program.
- ▶ Of those, for CY2022:
 - ▶ 218 had a Wage Index that will increase
 - ▶ w/a **MAX increase of 13.8%**
 - ▶ 241 had a Wage Index that will decrease
 - ▶ w/a **MAX decrease of 21.7%**, and
 - ▶ 1 (Guam) had a Wage Index that will remain the same

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CY2022 Payment Rate Changes

- ▶ So, holding all else constant, a CBSA/Service Area whose Wage Index will:
 - ▶ Increase in CY2022, will see an increase in their 30-day payment rates
 - ▶ Decrease in CY2022, will see a decrease in their 30-day payment rates
- ▶ But all things are not held constant, and
 - ▶ That's why you need to calculate to identify what the projected impact to your Medicare revenues will be

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CY2022 Payment Rate Changes

- ▶ To help visualize, let's take a simplistic look at the change in payment rates for a sample CBSA-
- ▶ Tampa, FL CBSA# 45300:

	2022	2021	Change	% Change
▶ Wage Index	0.8826	0.8913	-0.0087	-1.0%
▶ MAX Inc Pmt	+22.6%	----	----	----
▶ MAX Dec Pmt	-22.0%	----	----	----
▶ Avg Pmt Δ	+5.5%	----	----	----

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CY2022 Payment Rate Changes

- ▶ So, will all HHAs in the Tampa CBSA realize an increase in their payment rates of 5.5% for CY2022?
 - ▶ Yes?
 - ▶ No?
 - ▶ Think about it
- ▶ You should know this for all your CBSA/Service Areas you operate in
 - ▶ As a start!

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CY2022 Payment Rate Changes

- ▶ Tampa, FL CBSA# 45300
- ▶ A deeper dive into the #s identifies the following:

	Increase	Decrease
▶ Pmt Rates:	364	68
▶ Avg Δ of:	+7.1%	-3.4%
▶ Δ'd 5+%:	248	14
▶ Δ'd 10+% :	81	5
- ▶ So, will HHAs (in TPA) see a pmt Δ of 5.5% for CY2022?

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CY2022 Payment Rate Changes

- ▶ Following is that information for the CBSA/Service Area w/the MAX Increase in their Wage-Index:

	2022	2021	Change	% Change
▶ Wage Index	1.0862	0.9547	+0.1315	+13.8%
▶ MAX Inc Pmt	+36.3%	----	----	----
▶ MAX Dec Pmt	-13.3%	----	----	----
▶ Avg Pmt Δ	+17.2%	----	----	----

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CY2022 Payment Rate Changes

- ▶ CBSA/Service Area w/the MAX increase in Wage Index
- ▶ A deeper dive into the #s identifies the following:

	Increase	Decrease
▶ Pmt Rates:	427	5
▶ Avg Δ of:	+17.5%	-6.0%
▶ Δ'd 5+%:	419	2
▶ Δ'd 10+% :	384	1
- ▶ How many of you hope this is your CBSA/Service Area?

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CY2022 Payment Rate Changes

▶ Following is that information for the CBSA/Service Area w/the MAX Decrease in their Wage-Index:

	2022	2021	Change	% Change
▶ Wage Index	0.5509	0.7032	-0.1523	-21.7%
▶ MAX Inc Pmt	+4.0%	---	---	---
▶ MAX Dec Pmt	-33.9%	---	---	---
▶ Avg Pmt Δ	-10.6%	---	---	---

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CY2022 Payment Rate Changes

▶ CBSA/Service Area w/the MAX decrease in Wage Index

▶ A deeper dive into the #s identifies the following:

	Increase	Decrease
▶ Pmt Rates:	4	428
▶ Avg Δ of:	+2.1%	-10.6%
▶ Δ'd 5+%:	0	377
▶ Δ'd 10+%:	0	213

▶ How many of you pray this **is NOT** your CBSA/Service Area?

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CY2022 Payment Rate Changes

- ▶ So, as you can see
- ▶ There can be a big discrepancy between what CMS notes will be the change in HH Spending (+3.2%), and
- ▶ What you can expect to see as the change in your Medicare revenues for the upcoming year
- ▶ I went to this level of detail to help emphasize that what CMS identifies in the Proposed and FINAL Rule is NOT what you should expect the impact to your Medicare revenues will be
 - ▶ Calculate it if you want to know!

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Recalibration of the 432 Case-Mix Weights

- ▶ Back a few years ago, CMS finalized a rule in which they identified that they plan on reviewing and updating the Case-Mix Weights (CMWs) each year
 - ▶ And pre-PDGM they were
- ▶ For 2020, CMS came out with the CMWs applicable to the first year of PDGM
 - ▶ Then, COVID arrived, and as such
 - ▶ CMS did not change the CMWs for CY2021 (Yr 2 of PDGM)

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Recalibration of the 432 Case-Mix Weights

- ▶ CMS is recalibrating the CMWs for CY2022
- ▶ For CY2022:
 - ▶ 219 of the CMWs will increase and
 - ▶ 231 will decrease
 - ▶ But that doesn't really tell the full story, because
 - ▶ 97 of those increase belong to Late Institutional 30-day payment periods
 - ▶ But they account for only a miniscule % of the actual 30-day pmt periods just about all HHAs use

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Recalibration of the 432 Case-Mix Weights

- ▶ As we all should know, there are 432 CMWs, and
- ▶ If we ignore the 108 CMWs associated with Late-Institutional periods
- ▶ That leaves us with 324 CMWs commonly used throughout the industry, leaving us with:
 - ▶ 123 of 324 (38.0%) that increased
 - ▶ w/a MAX increase of 15.6%, and
 - ▶ 201 of 324 (62.0%) that decreased
 - ▶ w/a MAX decrease of 26.5%

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Recalibration of the 432 Case-Mix Weights

- ▶ So, of the 324 CMWs that are regularly used:
 - ▶ 51 (16%) increased by 2.5% or more
 - ▶ 20 (6%) increased by 5% or more
 - ▶ 8 (2%) increased by 7.5% or more &
 - ▶ 2 (1%) increased by 10% or more; whereas,
 - ▶ 140 (43%) decreased by 2.5% or more
 - ▶ 88 (27%) decreased by 5% or more (Note: more ↓ @ 5% than ↑ @ 2.5%)
 - ▶ 30 (9%) decreased by 7.5% or more &
 - ▶ 13 (4%) decreased by 10% or more

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Recalibration of the 432 Case-Mix Weights

- ▶ Another, less-obvious impact to the change in CMWs has to do with the points available on several of the OASIS items
- ▶ CMS has reduced the points available for many of the functional-level OASIS items
- ▶ Which will likely have the effect of making it more difficult to get to the Medium or High functional levels
 - ▶ Thereby, reducing the 30-day pmt rate

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Recalibration of the 432 Case-Mix Weights

- ▶ So, the reductions noted of the CMWs predominantly used in HH, and the reduction in the functional points available in the OASIS go a long way in identifying why the change in the payment rates are much less than the 6.9% increase in the National, Standardized 30-day payment rate
- ▶ Next, we'll talk about the changes made to the HH Conditions of Participation

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Permanent Changes to the HH CoPs

- ▶ Home Health Aide Supervision
- ▶ Permitting Occupational Therapists to conduct the Initial Assessment Visit and complete the OASIS
- ▶ Adequacy of Aide Staffing

▶ Next, I want to briefly expand on the changes to Occupational Therapy services

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Occupational Therapy Changes

- ▶ Beginning in CY2022, Occupational Therapists (OTs) will be allowed to perform the initial comprehensive assessment (OASIS) for many Medicare beneficiaries (*but not all*)
 - ▶ Not when the initial Plan of Care also includes SN
- ▶ If the initial Plan of Care does not include SN, but includes PT and/or ST, along w/OT, OT is now approved to complete the OASIS assessment

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Other Operational & Regulatory Changes

- ▶ No-Pay RAPs will transition to Notice of Admission (NOAs) starting Jan 1, 2022

We are reminding stakeholders of the policies finalized in the CY 2020 HH PPS final rule with comment period (84 FR 60544) and the implementation of a new one-time Notice of Admission (NOA) process starting in CY 2022. In

- ▶ One significant change for the NOA:
 - an NOA for CYs 2022 and beyond would mirror that of the RAP in CY 2021. Starting in CY 2022, HHAs will submit a one-time NOA that establishes the home health period of care and covers all contiguous 30-day periods of care until the individual is discharged from Medicare home health services.
- ▶ The LUPA Thresholds are remaining the same for CY2022

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Other Operational & Regulatory Changes

- ▶ CY2022 is legislated be the last year of the Rural Add-on

TABLE 23: HOME HEALTH PPS RURAL ADD-ON PERCENTAGES, CYs 2019-2022

Category	CY 2019	CY 2020	CY 2021	CY 2022
High utilization	1.5%	0.5%	None	None
Low population density	4.0%	3.0%	2.0%	1.0%
All other	3.0%	2.0%	1.0%	None

- ▶ Only the Low Population density category will receive a Rural Add-on in CY2022

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Other Operational & Regulatory Changes

- ▶ Nurse Practitioners, Clinical Nurse Specialists and Physician’s Assistants will now be considered ‘Allowed Practitioners’ who may certify, establish and periodically review the HH Plan of Care
- ▶ A new LUPA Add-on for OT; which, at least for CY2022 will be the same factor as for PT (1.6700)
- ▶ Numerous changes for HH QRP
- ▶ Various updates for Home Infusion Services

Prepared by John H. Reisinger, CPA of IPS for Home Health
www.ipsforhomehealth.com

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Other Operational & Regulatory Changes

- ▶ Various changes to the Medicare Provider and Supplier Enrollment Process
- ▶ Changes/Updates to the Survey and Enforcement Requirements for Hospice Programs
- ▶ And other changes tangential to home health services

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Summary

- ▶ So, there are lots of changes in the FINAL HH PPS Rule for CY2022
- ▶ We discussed, at least briefly, changes noted in:
 - ▶ The nationwide expansion of the HH VBPM
 - ▶ The changes to the CY2022 Payment Rates
 - ▶ Noting the difference between CMS' projected change in HH Spending vs. the expected impact at the agency level
 - ▶ The recalibration of the 432 Case-Mix Weights

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Summary

- ▶ The various CoP changes
- ▶ The changes applicable to OT activities, and
- ▶ Other operational & regulatory changes

- ▶ So, there's a lot to prepare for
 - ▶ For next year
 - ▶ And years to come...

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Summary

- ▶ Good-Luck out there!
- ▶ Thank-you for your time

▶ Q&A

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Contact Information

John M. Reisinger, CPA *(TN Licensed)*
Innovative Financial Solutions for Home Health
Your financial solutions partner in home care!

Publisher of the Home Health Care Resource Planner: to better manage your limited resources for each and every admission; regardless of payer.
Empower your case managers to become the front-line for protecting your bottom-line.

www.ifsforhomehealth.com
<http://www.linkedin.com/in/johnreisingercpa>
<mailto:jreisinger@ifsforhomehealth.com>

Tampa, FL
Ph. # (813) 994-1147
Fax # (866) 547-8553

Prepared by John M. Reisinger, CPA of IFS for Home Health
www.ifsforhomehealth.com

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