

Minutes for the October 10, 2017 Meeting of the MSSNY-HCA Task Force

Attendees

Evelyn Dooley-Seidman, MD
Jay Slotkin, MD
Marianne Grady
Pam Joachim
Sandy Merlino
Laurie Neander
Elizabeth Zicari
Al Cardillo, HCA Staff
Pat Conole, HCA Staff
Moe Auster, MSSNY staff

The Meeting began at Noon. Upon the motion of Dr. Slotkin, the minutes of the February 24, 2017 meeting were approved.

STATE MEDICAID F2F UPDATE

Moe noted that, based upon the advocacy efforts of HCA with the assistance of MSSNY, the NYS Department of Health had implemented the new Medicaid Face to Face requirement (required by federal law) this past July 1 in such a way as to only be applicable for patients enrolled in Medicaid fee for service. It does not apply to the vast majority of Medicaid patients in New York who are enrolled in the various Medicaid managed care programs.

Dr. Dooley asked about if there have been any difficulty in home agencies being paid for their services since the requirement was implemented. Home care representatives noted that, so far, there have been few challenges in implementing this new requirement, though it was noted by Al and Pat Conole that it may be too soon to know for certain given the recent implementation and possibility of conducting further audits of compliance with the requirement. Moreover, Laurie and Pam both noted there have been challenges in physician misunderstanding that, in Medicaid, patients do NOT have to be homebound to qualify for home care coverage. There was a discussion of the need to get further education out to physicians and physician practice managers clarifying this point and/or home care eligibility overall.

MEDICARE F2F UPDATE

Al noted a targeted proposal before Congress (HR. 2663) that, while it does not repeal the Medicare F2F requirement, would assist home care agencies and assisting in ensuring Medicare home care coverage for patients by requiring CMS auditors to consider documentation from hospital and home care records, in addition to the documentation currently considered from the physician's notes, in determining that the patient meets the medical criteria for coverage. Pat Conole shared an HCA advocacy document that contained a summary of this proposal.

Moe noted the AMA House of Delegates' disposition of a MSSNY resolution that called for legislation or regulation to simplify the Medicare F2F requirement. Instead of adopting the MSSNY resolution, the AMA delegates re-affirmed existing AMA policy:

D-330.914 Face-to-Face Encounter Rule: 1. Our AMA will: (A) work with the Centers for Medicare & Medicaid Services (CMS) and appropriate national medical specialty societies to ensure that physicians understand the alternative means of compliance with and payment policies associated with Medicare's face-to-face encounter policies, including those required for home health, hospice and durable medical equipment; (B) work with CMS to continue to educate home

health agencies on the face-to-face documentation required as part of the certification of eligibility for Medicare home health services to ensure that the certification process is streamlined and minimizes paperwork burdens for practicing physicians; and (C) continue to monitor legislative and regulatory proposals to modify Medicare's face-to-face encounter policies and work to prevent any new unfunded mandatory administrative paperwork burdens for practicing physicians. 2. Our AMA will work with CMS to enable the use of HIPAA-compliant telemedicine and video monitoring services to satisfy the face-to-face requirement in certifying eligibility for Medicare home health services.

Moe also noted that AMA Regulatory Affairs staff has included this issue in a list of issues presented to the Trump Administration for the purposes of seeking elimination or changes to reduce the existing regulatory burden. Dr. Dooley expressed frustration about the difficulty in making changes to the program, to which Moe suggested inviting an AMA lobbyist to the next MSSNY-HCA meeting to provide an update. It was also suggested that the AHCA try to work collaboratively with the AMA on this issue. Dr. Slotkin also suggested working with the American Academy of Home Care Medicine. Laurie suggested possibly conducting a survey of payment delays, but it was noted that there are challenges associated with conducting such a survey.

There was also a discussion regarding Mt. Sinai's demonstration program that uses enhanced technology to facilitate completion of the form, including through the use of telemedicine. It was further noted that this project is an outgrowth of the DOH Value-Based Payment Initiative seeking to assure that, by 2020, 80% of Medicaid payments have at least some value-based component.

LEGISLATIVE INITIATIVES

Al described the status of legislation being strongly advocated for by HCA that would expand the existing statutory physician-home care-hospital collaboration program (section 2805-x of the public health law adopted in 2015 and written by HCA). The new legislation, S.6345 sponsored by Senator Hannon, would include specific physician-home care initiatives such as i) assistance with effective care transitions, (ii) in-home follow-ups to physician visits to check status/progress of the condition or medical intervention, (iii) in-home evaluation of a homebound or clinically frail patient in lieu of transport to the physician's office or other out-of-home medical setting, or for a prompt evaluation to avert deterioration or injury, and/or (iv) a home environmental assessment to evaluate for and/or mitigate medical risks associated with asthma, falls, or other patient health factors. Al noted that Assemblyman Gottfried suggests that the authority for these initiatives may already be covered by the existing 2805-x law. Since DOH is supportive, Al indicated that he has drafted and provided DOH with language for a DAL that would implement these expanded opportunities for physician-homecare collaboration under a streamlined format, and that DOH is currently considering running additional collaborative solutions through this same law/DAL. DOH has a series of workgroups examining regulatory modernization and will be deciding on implementation of this DAL and related actions upon the conclusion of this workgroup process.

Al noted legislation (S.5588/A.2733) he has drafted which to include community paramedicine within the physician-homecare-hospital collaboration program, which passed the Senate in June. It was suggested that this could be a topic for the next MSSNY Long-Term Care subcommittee meeting. Al also noted the work of the DOH Regulatory Modernization Workgroup looking at strategies to improve post-Acute care delivery.

NEXT MEETING

With an early deadline for MSSNY 2018 House of Delegates resolution, Dr. Dooley asked the group regarding possible resolution ideas. Therefore, it was suggested the Task Force meet again before the end of the year.

The meeting ended at 1:00 PM