



E-Alliance Extra

Missouri Alliance for Home Care

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October 20, 2015

Expected Medicaid Provider Rate Increases – Reduced to 1%

Governor Nixon announced that, due to the recent court ruling relieving tobacco companies of their obligation to pay the State of Missouri \$50 million under the Master Settlement Agreement, spending will need to be restricted in order to maintain a balanced budget.

What does this mean for home care providers? In the chart below you will see the program and the impact of the restriction in the center column, the amount appropriated and the amount restricted in the last two columns. Generally all provider rate increases have been reduced to 1% effective 1/1/16. Because the funds are restricted the amount could be increased at a later time before 6/30/16, however it is unlikely.

I spoke with Dan Haug, Acting Director of Budget and Planning, he advised that the adult dental funds are still available and adult dental will be restored in January. The problem is the ongoing funding for this vital program as the funds are from tax amnesty and will not be available after July 1, 2016.

			FY 16	Restricted
8	DHSS	10.815	*In Home Services provider rate increase. Even after this restriction anticipated revenues from the Tax Amnesty Fund will result in a net 1% increase this year.	273,852,297 (2,852,991)
9	DHSS	10.815	*Private Duty Nursing provider rate increase (In-Home Services). Even after this restriction anticipated revenues from the Tax Amnesty Fund will result in a net 1% increase this year.	273,852,297 (666,667)
3	DSS	11.470	*Home Health provider rate increase. Even after this restriction anticipated revenues from the Tax Amnesty Fund will result in a net 1% increase this year.	2,445,442 (20,449)
4	DSS	11.470	*Program for All-Inclusive Care for the Elderly (PACE) provider rate increase. Even after this restriction anticipated revenues from the Tax Amnesty Fund will result in a net 1% increase this year.	2,629,470 (26,963)
5	DSS	11.485	*Rehab & Specialty provider rate increase. Even after this restriction anticipated revenues from the Tax Amnesty Fund will result in a net 1% increase this year.	71,247,849 (431,917)

CDS Vendors – Yearly Service Report No Longer Required After 1/1/16

Since the Yearly Service Report is not in the regulations MMAC will no longer require the submission of the Yearly Service Report effective 12/31/2015.

The Yearly Service Report consisted of CDS Consumer Surveys with the five required questions, the Survey Summary of how results will be utilized by the Vendor, and two case narratives.

The CDS Quarterly Service Report and Quarterly Financial Report is still required, but will be revised soon to incorporate both reports into one document.

New G Codes for Home Health and Hospice

CMS issued CR9369, establishing two new G codes for home health and hospice. Below is a reprint of the NAHC Report article that was just published on this topic: **CMS Issues G-Codes to Differentiate RN and LPN visits for Hospice, Home Health:** *Different Codes for RN/LPN Visits will Facilitate Implementation of Hospice Payment Reforms*

Please note that it is NAHC's understanding that the effective date for home health (**applicable effective for home health episodes of care ending on or after January 1, 2016**) is problematic; Mary Carr is contacting CMS to clarify that for home health the new codes should be in use for episodes beginning on/after January 1. We will keep you posted on what NAHC hears from CMS. The effective date for hospice as noted in the CR is correct: **applicable for hospice dates of services on and after January 1, 2016.**

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National Association for Home Care & Hospice

CMS Issues G-Codes to Differentiate RN and LPN visits for Hospice, Home Health

Different Codes for RN/LPN Visits will Facilitate Implementation of Hospice Payment Reforms

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On Friday, October 16, 2015, the Centers for Medicare & Medicaid Services (CMS) issued [Transmittal 3378/Change Request 9369](#), providing Additional G-Codes Differentiating Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) in the Home Health and Hospice Settings. The issuance of these two new codes, G0299 for RNs and G0300 for LPNs, was necessary so that, beginning with hospice services provided on or after January 1, 2016, CMS can appropriately pay hospices for RN visits during the last seven (7) days of life in the Routine Home Care (RHC) setting when those visits are eligible for the Service-Intensity Add-on (SIA). **These two G-codes will be applicable effective for hospice dates of services on and after January 1, 2016, and for home health episodes of care ending on or after January 1, 2016; with the institution of the new codes the existing "G0154 -- Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting" will be retired.**

CR 9369 modifies the [hospice chapter](#) of the Medicare Claims Processing Manual to require use of the two new G-codes (with retirement of G-0154) and to correct the existing example for the two-tiered RHC payment system as the example issued as part of [CR 9201](#) was incorrect relative to the day counts (it did not take into consideration that 2016 is a leap year). CR9369 also provides additional claims submission detail over the example for the SIA provided in CR 9201 to reflect the newly-established G-codes. The [home health chapter](#) of the Medicare Claims Processing Manual has been modified as part of CR 9369 to reflect the addition of the two new G-codes and retirement of G-0154.

Use of the new G-codes will be required for both home health and hospice under Medicare and may be applicable to Medicaid and other payer claims where reporting of nursing visits is required. As the National Association for Home Care & Hospice (NAHC) has reported previously, many states at this time do not require hospices to report visits on claims, which will be necessary in order for the Medicaid programs to implement the SIA payment mechanism. As additional information about states' plans for implementing the new hospice payment system becomes available, NAHC will provide updates in *NAHC Report*.

EVV (Telephony) Power Point Presentation Available on MAHC Web

Elisa Pellham with Integrity Home Care provided a training session on the new EVV (telephony) program at the Provider Update Meetings held earlier this month in Jefferson City. If you are interested in seeing her presentation click here:
<http://www.homecaremissouri.org/documents/MMACTelephonyPresentationOctober2015.pdf>

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