Clinical Hot Topics for Home Care 2021

Program Overview

Hot Topics for Home Care, including:

• **Wounds: Coding, OASIS and the Wound Grouper**
  Some wounds are easy: you code the wound and the patient is in the wound grouper. It’s not so easy when conventions and other rules get in the way OR CMS did not place the ICD-10 code in the wound grouper. How does the agency get compensated for the wound in this case? CMS has provided guidance and Lisa Selman-Holman has developed a “Wound Grouper” tool - discuss examples of different types of wounds, and follow the tool through to achieve compliance AND get the right $$$ for that wound.

• **OASIS Guidance, Waivers and Regulations Update**
  The CARES Act, the Public Health Emergency 1135 waivers, and PDGM itself have caused a lot of changes (and confusion!) in what OASIS to do at what time points: SOC vs ROC, when to do a SCIC, Transfer with or without Discharge, and more. Review all the latest regulatory changes, time line on the waivers, and the 2020 OASIS Q&As for January, April, July and October.

• **RAP for 2021**
  Changes are coming – you will no longer be paid for a RAP at the start of an episode, AND Medicare will also be taking money back if your RAP isn’t submitted within 5 days. The requirements for RAP submission are changing – you do not have to get your OASIS and POC completed before filing your RAP, but what do you still have to do before the RAP? How will you operationalize these changes?

• **Lessons Learned from RCD**
  Even though Kansas is not a Review Choice Demonstration state, your MAC is still learning a lot from the RCD project in other states. They are fine-tuning their medical review practices and closely scrutinizing Face-to-Face, documentation for homebound and medical necessity for skilled care – can your agency meet the challenge?

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Program Overview (cont.)

- **COVID-19 Coding**
  COVID-19 has created new ICD-10-CM codes, new guidance, and the evolution of this disease is ongoing. We are seeing long-term effects of COVID-19 infections, residuals and sequela – do you know how to code these conditions (and still comply with PDGM?)

- **Discharge Planning - Tune up Your Processes**
  The Discharge Planning CoPs were effective in 2019, and this is becoming a common survey citation. Are your discharge summaries complete with all requirements? Can a surveyor identify the date the summary was sent? Review the requirements, take a look at your processes from Start of Care to Discharge to ensure you are appropriately addressing this key part of care coordination.

- **Behavior Changes to Survive PDGM**
  The PDGM Final Rule contains several "behavior adjustments" that CMS expects agencies to make under PDGM. Survival under the new payment structure will require some changes in home health practices, especially in ICD-10 coding and care planning. The Final Rule outlined guidance from "coding experts" that is very different from current home health coding practices, and agencies will need to incorporate this new guidance into their diagnosis coding and sequencing to ensure proper clinical grouping and comorbidity adjustment. Care planning also takes on special importance to prevent unanticipated LUPAs and maintain high performance on key quality measures.

**Speaker**

Teresa Northcutt, BSN, RN, COS-C, HCS-D, HCS-H
Senior Associate Consultant
Selman-Holman & Associates LLC

Prior to joining Selman-Holman & Associates, Teresa served as a Program Manager from Primaris, the Quality Improvement Organization for Missouri. She has presented on-site training for home health agency clinical staff on OASIS assessment and coding, focusing on customized clinical education programs and the practical application of guidelines by field staff. In addition, she has provided educational programs on agency communications and processes, quality outcome improvement, and care transitions for regional and state conferences. Certified in OASIS competency (COS-C), as a Homecare Coding Specialist-Diagnosis (HCS-D), and as a Homecare Coding Specialist - Hospice (HCS-H), Teresa brings comprehensive and contemporary knowledge of home care/hospice and quality improvement methods. Teresa has had experience as Clinical Services and QI/Education manager with home health agencies (independent, hospital-based, and county health dept.), and as a hospital resource nurse, patient educator, and quality improvement facilitator. She received her BSN from St. Louis University.
Registration Information

Registrations should be made on-line... [click here to register.]

Fees: KHCHA Members — $220/person
      Non-Members — $440/person

Registration fees are per person. Multiple participants from an agency will require a separate registration fee for each individual even if they will be sharing a webinar connection.

Registration Deadline: Tuesday, November 24, 2020.

Confirmation: A confirmation will be emailed to you by November 25. This confirmation will include the presentation handouts, the sign-in sheet, and evaluation, as well as additional information on accessing the webinar.

Cancellations: Written requests for refunds received on or before November 24, will receive a refund less a $25 processing fee. Fees are non-refundable after this date; there are no refunds for no-shows.