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American Academy of Home Care Medicine

Frontiers

American Academy of Home Care Medicine
Home Care Medicine's Voice

The AAHCM empowers you to serve patients who need health care in their homes through public advocacy, clinical education, practice management support, and connections to a network of over 1,000 professionals in home care medicine.

In this issue...

Practice Management

Audits 2014: A Brief Guide

By Gary Swartz, JD, MPA, Associate Executive Director

Academy members are expressing concern over the rise in audit activity and the increasing reports scrutinizing home care medicine and related providers. The purpose of this article is to provide Academy members with the proper information in order to avoid audits, understand the process if audited, and how to effectively use the Academy and other resources to their benefit. Specifically, this article discusses:

I. Why Academy members and other providers are experiencing an increase in audits,

II. Recommendations on what to do now and when you receive notice of an audit,

III. How the Academy assists members regarding audits and compliance, and

IV. Choosing attorneys and consultants when necessary to assist with audit responses.

I. Why Academy members and other providers are experiencing an increase in audits.

The Medicare and Medicaid programs utilize a large percentage of the overall federal spending budget; with Medicare being the fastest growing program. Concerns regarding erroneous payments, as well as fraud and abuse, have led to the development of a variety of audit programs. At a program level, the Office of Management and Budget (OMB) has designated 14 Federal programs as "high error" including Medicare Fee for Service (FFS) www.paymentaccuracy.gov/high-priority-programs. Improper payments are divided into four categories: unsupported services, medically unnecessary services, incorrect billings, and other non-covered cost or error types.

Academy members may receive audit requests from their assigned Medicare contractor or through an entity contracted to provide audit services to the Medicare program. The table found in the link below provides an overview of the entities involved in audits and their focus: www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/CERT/downloads/Overview_Review.pdf.

OMB finds that nationally, 90% of improper payments are overpayments, and 10% are

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underpayments. Contrary to these findings, Academy members, upon appeal, tell us they generally find that their code selection and payments are validated. However, the ability to get through the appeal process takes time and resources.

The appeals process that moves from reconsideration, to an administrative law judge hearing, and ends in a federal court is described at: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedicareAppealsprocess.pdf. Academy staff will have attended a February 12 Office of Medicare Hearings and Appeals forum on the processing of appeals. We will report the next steps from the forum through the Academy E-newsletter, List-serv, Annual Meeting, and through a webinar.

While Evaluation and Management (E/M) codes make up around 1.6% of all codes within the Physician Fee Schedule Database (PFSDB), they account for approximately 20% of approved services and 43% of Medicare Part B payments, which is why they are reviewed. As we know, the E/M codes make up the majority of your services.

In addition to the noted audit programs, another indication of where the Federal government is directing its audit focus is the annual OIG Work Plan. The OIG has posted its work plan for Fiscal Year 2014. Please note the work plan addresses aspects of your Part B housecalls practice, as well as that of the related organizations with which you interact (DME, Lab, HHAs, hospice, hospitals, etc.) http://oig.hhs.gov/reports-and-publications/workplan/index.asp#current. The Work Plan also requires a review of the copy and paste function of EHRs ("cloning"), which it believes can lead to over documentation and billing for services that were not rendered, or claims that were submitted at a higher level than the service rendered.

II. Recommendations for what to know and what to do when notified of an audit. Please note all reference materials can be found on the Academy website www.aahcm.org › Member Resources › Practice Management › Coding and Documentation.

1. Implement a compliance plan if you do not have one in place. Compliance plans are required in all practices, regardless of size. Establish the requisite internal corrective actions in areas you find to be of concern. OIG guidance on establishing a compliance plan can be found at https://oig.hhs.gov/authorities/docs/physician.pdf. An Academy webinar on compliance plan and implementation can be found at www.aahcm.org › Member Resources › Webinars.

2. Assess the risk of your practice being the subject of an audit or review. Do this by analyzing your selection and distribution of codes and modifiers against others providing housecalls in your specialty. This is especially important as many payors and auditors do not understand housecall practices. Academy resources to assist you in this area include:

   - CMS data on distribution of housecall coding from CMS 2012 ("Moran data") - This provides CMS utilization and code distribution for housecalls for 2012 by specialty (IM, FP, Geriatrics, NP, PA, etc). This will be helpful to you in establishing that your coding is within the norms for housecall practices.

   - Auditing of Home Care Medicine Providers, George Taler, MD - White paper that defines the practice and models of housecalls and the range of potential utilization based on patient condition. This will be helpful in discussions of housecall utilization with third parties. Found

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President's Message

by Thomas Cornwell, MD, President

I am blessed and honored to be following in the footsteps of the giants in our field, who have led the Academy in what I consider herculean accomplishments. Just look at the past two presidents. Dr. Tom Edes is Director of Geriatrics and Extended Care for the U.S. Department of Veteran Affairs. 2002 data from the 11,334 Veterans in their Home Based Primary Care Program has been critical in advancing our cause on Capitol Hill. As a strong advocate for home care medicine, Dr. Edes has frequent meetings with decision makers at the highest levels in Washington DC and around the country. Our immediate Past-President, Dr. Bruce Leff, is a Professor of Medicine at Johns Hopkins University. He wears multiple hats at Johns Hopkins, two of which are acting as Director of the Center on Aging and Health and Co-Director of the Elder House Call Program. Dr. Leff is also on the Board of the American College of Physicians. He currently is leading a national process with Dr. Christine Richie to develop quality indicators for the field of Home Care Medicine. Both Dr. Edes and Dr. Leff, along with other past presidents, continue to work tirelessly to advance the important work of home care medicine.

Last October 20th, I celebrated twenty years of being a full-time house call doctor. I do not have the important titles and connections of many of our Past-Presidents. However, I do have a lot of experience at making house calls, and someone told me I was the "People's President." I intimately know the value of house calls to our patients, their caregivers and our society. I also know the financial struggles involved in providing this wonderful service. For instance, in the 1990s I was with a house call company that went bankrupt and was fortunate to have a wife willing to support me. Many of you have sacrificed similarly for your patients.

The theme of my "People's Presidency" will be: we need to work together to achieve our goals. I have said before "many hands make the load light" and "a rising sea carries all boats." There is much to be done and we can accomplish so much more by working together. The AAHCM has a small operating budget and only three full-time staff. I think it is remarkable what our small Academy has accomplished. For instance, my practice of 750 home limited patients making 5,040 house calls last year, received $300,000 more last year because of the Academy's work. This included nearly doubling payments for house calls in the late 1990s, doing the same for domiciliary visits in 2006 and getting payments for Care Plan Oversight and Certifications/Re-certifications for home health.

Because of our limited budget, we obviously have to prioritize where we put our resources. Surveys to our members have repeatedly told us what you most value is our work on Public Policy and increasing reimbursement. To that effect we are currently working on:

- Enabling our members to participate in the Chronic Care Codes beginning in 2015. There is consideration that only medical homes be allowed to participate. We are working on developing a certification process to enable house call programs to participate and recently allocated $10,000 to this effort.
- Partnering with other organizations to work on a CPT code for payment for discussing advance directives with our patients/families.
- Audits: Working with organizations such as the AMA on the two year delay to get an ALJ hearing and other audit issues for our members.
- Recently allocated $25,000 to work on what we view as a flawed methodology for determining predicted costs for the sickest patients in society that we care for. This will be critical for any of our members that are involved in shared savings programs such as IAH. A flawed predictive model that underestimates costs could cost our members millions of dollars.

As your "People's President", I request that you "ask not what your Academy can do for you, ask what you can do for your Academy." We need to raise the sea and can only do this by working together. Here are some things to consider: Over the next few months I desire to put together a team of about 50 people willing to reach out to around 30 members each year. This should take less than four hours per year. We need to engage each other and learn from each other. There will be more information to follow. If you are interested email me at

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Upcoming VA Sessions at AAHCM Annual Meeting

by Robert Kaiser, MD, Medical Director, Home Based Primary Care Program, Washington, D.C. Veterans Affairs Medical Center, Associate Professor of Medicine, George Washington University School of Medicine

This coming spring, the American Academy of Home Care Medicine will hold its Annual Meeting at Walt Disney World Swan and Dolphin Hotel and Resort in Orlando, Florida, on May 14-15, 2014. For the second consecutive year, a portion of the program will be devoted specifically to topics pertinent to clinicians in VA Home Based Primary Care (HBPC).

Highlights of the VA program include:

- Thomas Edes, Director, Geriatrics and Extended Care Operations, Department of Veterans Affairs, and Board Member, AAHCM, who will speak on the cost-effectiveness of the HBPC Program and who will also lead an expert discussion seminar on special issues in the VA.
- Michele Karel, Psychologist, Boston VA Health Care System, who will speak on integrating mental health services into the VA Home Based Primary Care Program.
- Amy Light, Clinical Director of Rehabilitation and Long Term Care, Portland VA Medical Center and Acting Medical Director of the Portland VA HBPC Program, who will lead a lunch table discussion on quality indicators in VA Home Based Primary Care.
- Deborah Peltier, Medical Director of the White River Junction, Vermont VA HBPC Program, who will moderate the session, "VA Update in Home Based Primary Care", which includes: talks by Susan-Bray Hall, Medical Director of the Denver VA HBPC Program, and Adam Turigliatto, Respiratory Care Specialist, and Amy Light of the Portland VA, on "Caring for the Ventilator-Dependent Patient in the Home Setting," and talks on "Managing Dementia at Home: the VA REACH Program" by VA REACH Program Investigators Linda Nichols and Robert Burns.

In a time of lean federal budgets and rising health care costs, the cost-effectiveness of care is a critical and ongoing concern. Thomas Edes, Director of Operations for Geriatrics and Extended Care in the Department of Veterans Affairs, has long been an advocate for providing care for Veterans and the community and allocating sufficient resources to accomplish that goal. Dr. Edes has created a widely-used national database on costs in HBPC, and he has conducted research, written and spoken extensively on the beneficial effect of HBPC enrollment on health care costs for Veterans. Veterans enrolled in HBPC make fewer visits to the Emergency Room, are hospitalized less often, and have fewer bed days of care. His research has been presented at the American Geriatrics Society and other national and international meetings and has been the basis for policy discussions for creating a home based primary care program within Medicare, the Independence at Home Program. Dr. Edes will speak on the cost-effectiveness of Home Based Primary Care and will also lead a seminar on special issues in the VA.

Veterans who are cared for at home require expert care not only for their medical conditions, but also for their psychological problems. For Veterans who are homebound, and who may have difficulty travelling to a clinic for an appointment, access to good mental health care may be severely limited. The VA Healthcare System recognized this need for expert psychological care and has led efforts to place psychologists on the HBPC Team, and funding for these efforts first began in March, 2007. Dr. Michele Karel, a psychologist who has served as Program Coordinator for the Home Based Primary Care Mental Health Initiative in VA Central Office, and who is Associate Professor of Psychiatry at Harvard Medical School and a member of the clinical staff of Brockton VA Medical Center, Boston VA Healthcare System, will speak on integrating psychological care into HBPC. She co-authored an article on this subject for The Gerontologist, which was recently published in December, 2013.

Quality improvement is a daily concern of HBPC Program Directors, Medical Directors, and team members, including the rates of falls, infections, and hospitalizations, as well as the prevention of Emergency Room visits and re-hospitalizations. Dr. Amy Light, Clinical Director of Rehabilitation and Long Term Care, Portland VA Medical Center and Acting Medical Director of the Portland VA HBPC Program, will lead a lunch table discussion on important quality indicators in HPBC.

The ventilator-dependent patient may now be cared for at home, and is no longer confined to the hospital or skilled nursing facility. Such patients require round-the-clock attention, excellent nursing, medical, and respiratory care, and considerable in-home resources, and place special burdens on caregivers. The complex issues surrounding the care of these patients in the home will be addressed by Drs. Susan Bray-Hall and Amy Light, Medical Directors of the Denver and Portland VA HBPC Programs respectively, and Adam

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Interview with Mark Mitchell, President & CEO, US Medical Management, Inc.

by Constance F. Row, LFACHE, Executive Director

With Centene's 205 million dollar purchase for a 68% stake in US Medical Management (USMM)/VPA, house calls are at last on the business map in the United States. With this transaction, on top of relatively recent smaller acquisitions by managed care companies, house calls are on their way from relative obscurity to national recognition as an important solution to the nation's lack of a system to care for an underserved, home-limited, frail elderly population. VPA has been a member and an important supporter of the Academy for many years, but in this 30th Anniversary year, it seemed especially opportune to interview the founder and President of USMM/VPA, Mark Mitchell.

How did you get the idea to start a house calls business, and how did you begin?

It all began twenty years ago (1993) with my grandmother who was homebound. It took a four-hour wait and much agony to get her to a doctor's office for a seven-minute office visit. I thought there had to be a better way. I knew of a physician, Dr. Erlinda del Pilar, an E.R. Physician at Detroit (Michigan) Mercy Hospital, who took an EMT Medical Assistant and made house calls to high risk patients as a courtesy, not charging them, simply because she knew of their need. So we started the organization. She managed the physicians, I managed the business (I had been in medical real estate).

When and why did you decide to grow a diversified business and how did that evolve?

I saw that the physicians needed a way to bring necessary services to the home that were not available to them otherwise, starting with a full service laboratory that provided quick turnaround for the results they required. We developed the first CLIA-certified lab, and saw not just better care, but less physician turnover because we materially reduced administrative burden and improved provider satisfaction. In 1994, we added portable diagnostics services including ultrasound and echocardiograms, for the same reason; because the patients and providers needed quality in-home services on a timely basis. Mobile radiology was added several years later to improve quality and turnaround time. Quality and the expansion of service in the home has been very important to us from the beginning, in order to counter the stereotype that house calls were low quality and low tech. Early on, clinicians could not get Standard of Care laboratory and imaging services performed in the home. We sought all the highest, hospital level, certifications/accreditations and as a result of being able to deliver the service effectively, no one would be able to criticize our service for low quality. The high-tech image and availability of lab/diagnostic and x-ray support along with home health and hospice has helped us recruit and retain high quality providers in our company.

What is the total scope of the business?

Today, we have 39 offices in 11 states, and the following businesses: home health, hospice, DME, Call Center, Pharmacy, Lab and Imaging, with all sites using all services. In the past, we would open house call offices based on the Fee-for-Service Medicare density in a given market, but now with our managed care partner, we will be looking at a managed care population potential as well. We are 80% Fee-for-Service Medicare today, but expect that proportion to decline significantly as we serve more managed care patients in years to come.

You now have a new investor? What was the value perceived on both sides? What will this mean for your future?

Centene is one of the largest Medicaid Managed Care plan providers in the country. When we looked at our future, 45% of our current patient base is dual eligible. Centene saw us as their solution for the 5% of their patient base that was high cost. While they acquired a 68% stake in the company, they have left us to manage and grow the business. As a result of our working together, we expect to grow in managed Medicaid and Medicare, along with related contracts such as chronic disease management.

What have been your biggest successes?

The first is changing people's lives for the better every day while knowing that we save the system money, and being able to have the data to show it. Our experience with our Pioneer ACO has been instructive, and we expect IAH eventually to be the same.

The second has been the ability to make the transition from fee-for-service to managed care as managed care has become more interested in our services.

And of course the third has been the ability to grow VPA into the largest national provider of house calls, a proven scalable model, using employed physicians in an integrated system of care.

What have been the biggest barriers?

Until recently, managed care and ACO's

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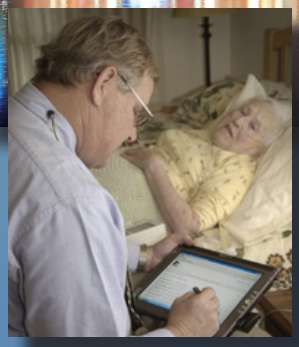
If Value is the Question, Home Care Medicine is the Answer



2014 Annual Meeting & 30th Anniversary Celebration

May 14-15, 2014

Swan & Dolphin Hotel & Resort, Orlando, FL

American Academy of Home Care Medicine

Why this Event?

This highly-anticipated conference highlights the benefits of bringing medical care into the home. Unlike other industry meetings, our annual meeting is exclusively focused on home centered medicine with ample time for networking and establishing business relationships with more than 200 attendees. Exploring key issues, this meeting presents best of care and best of business practices.

The conference will include clinical and practice management tracks, small group consultation with experts, networking reception, and lessons from the VA. It will also include an update on the Independence at Home demonstration, which began in 2012. Managed care and Medicaid providers are already using this care model for high cost populations.

When you leave this event, you will understand the health policy, economic, epidemiologic and demographic trends that impact home medical care. You will better understand how to successfully manage your home centered medical practice from the logistical, quality and financial perspectives. You will learn "state of the art" diagnosis and treatment of complex patients, and how to successfully manage caregiver issues seen in your practice. You will learn strategies to advocate and create change, and you will be prepared to impact the future of home care medicine in your community. Be part of the leading edge of health care by attending our Annual Meeting!

Registration Now Open!

To register, or for more information, visit www.americangeriatrics.org.
A link to online registration is also available on our website at www.aahcm.org/?page=2014_Annual_Meeting

Cost: $395 early bird; $445 on site. Early Bird deadline is April 11, 2014

Program Highlights

- Keynote Address: Past, Present, and Future of Home Care Medicine
- Expert Discussion Seminars
- Evidence for Value of Home Care Medicine (HCM)
- Home Care Medicine for Special Populations
- Moving Home Care Medicine into the Mainstream
- Creative Approaches to Complex Patients at Home
- Measuring Success in Home Care Medicine
- How to Advocate and Create Change?
- Home Care Medicine Policy Update: 2014 and Beyond
- VA Home Care Medicine Update
- Present and Future of 24/7 Care - Urgent Care/Monitoring/Use of Paramedic Staff
- Natural Disasters, Bedbugs and Other Adventures
- What are Successful Financial Strategies for Home Care Medicine?

Objectives

At the completion of the meeting, participants will be able to:

1. Describe the evidence for current and future value of home care medicine
2. Provide an update on home care medicine policy
3. Describe approaches to team-based home care for complex patients and special populations
4. Explain successful financial strategies for home care medicine
5. Examine methods to measure success in home care medicine
6. Serve as an effective agent of change and advocacy in health care

Accreditation: The American Geriatrics Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Earn CME Credits!

Wed., May 14, 2014: 7.5 Credits

Thurs., May 15, 2014: 4.75 Credits

Continuing Education Hours: The American Geriatrics Society designates this live educational activity for a maximum of 12.25 AMA PRA Category 1 Credit(s)TM. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Jean Yudin, GNP-BC

Director, House Call Program, Univ. of Pennsylvania

"Nurse Practitioners interested in home centered medicine should make this the one meeting to attend. There is a great blend of practice management, clinical skills and policy insights all crucial for caring for our frail elders, information not found at single discipline meetings."

Ruth Shea, LICSW

Medical House Call Program, MedStar Washington Hospital Center

"Social Workers in Home Care Medicine - come learn about best practices and innovations of social work practice with patients and caregivers, while being a member of the interdisciplinary medical team."

Update of the Home Care Literature:
January - February 2014

by Galina Khemlina, MD, VA San Diego Healthcare

The goal of this column is to briefly review interesting articles appearing in the recent home care literature with a focus on articles relevant to physicians. The reviews are not meant to be comprehensive or stand-alone but are intended to give readers enough information to decide if they want to read the original article. Because of the decentralization of the home care literature, there are likely to be significant articles that are overlooked and these categories are by no means set in stone. Readers are encouraged to submit articles or topics that may have been missed.

Assessment

Nicola Carey, Karen Stenner, and Molly Courtenay. An exploration of how nurse prescribing is being used for patients with respiratory conditions across the east of England. BMC Health Serv Res. 2014; 14: 27. Published online 2014 January 21. doi: 10.1186/1472-6963-14-27.

There is a need to reduce symptoms, exacerbations and improve quality of life for patients with respiratory diseases. Across the world, increasing numbers of nurses are adopting the prescribing role and can potentially enhance service provision. Evidence suggests improved quality of care and efficiencies occur when nurses adopt the prescribing role. No evidence is available on the views of nurse prescribers who care for respiratory patients. The aim was to explore how nurse prescribing is being used for patients with respiratory conditions in different care settings across one strategic health authority, and whether this has benefited patients, healthcare professionals and the National Health Service. This study provides new knowledge about how nurse prescribers provide care to patients with respiratory diseases. Given the high burden of chronic respiratory disease to patients and families this has important implications that need to be considered by those responsible for commissioning services in the United Kingdom and other countries.

Home Care Research

Jove Graham, Thomas R Bowen, Kent A Strohecker, Kaan Irgit, and Wade R Smith. Reducing mortality in hip fracture patients using a perioperative approach and "Patient- Centered Medical Home" model: a prospective cohort study. Patient Saf Surg. 2014; 8: 7. Published online 2014 February 3. doi: 10.1186/1754-9493-8-7.

Hip fracture patients experience high

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Article of the Month

Quality of Care

Robert G Fassett. Current and emerging treatment options for the elderly patient with chronic kidney disease. Clin Interv Aging. 2014; 9: 191–199. Published online 2014 January 15. doi: 10.2147/CIA.S39763.

The objective of this article is to review the current and emerging treatments of CKD prior to dialysis in the elderly. There are increasing numbers of elderly patients presenting with chronic kidney disease (CKD), particularly in the more advanced stages. Clinical trials assessing treatments for CKD have usually excluded patients older than 70–75 years; therefore, it is difficult to translate current therapies recommended for younger patients with CKD across to the elderly. Many elderly people with CKD progress to end-stage kidney disease and face the dilemma of whether to undertake dialysis or accept a conservative approach supported by palliative care. The author concluded that recent evidence suggests that many patients over 75 years of age with multiple comorbidities have greatly reduced life expectancies and quality of life, even if they choose dialysis treatment. Offering a conservative pathway supported by palliative care is a reasonable option for some patients under these circumstances. Kidney transplantation can still result in improved life expectancy and quality of life in the elderly, in carefully selected people. There is a genuine need for the inclusion of the elderly in CKD clinical trials in the future so we can produce evidence-based therapies for this group.

Member News

Medical Director Training NOW AVAILABLE!

The web-based Medical Director Training developed by the AAHCM under a grant has recently been made more flexible. Now you can review individual modules, and choose between credit (a certificate), or CME-approval for completing the whole course. This means that EVERYONE, NPs, PA, administrators, health system executives can take advantage of the course, using the modules that are of interest to them covering both administrative and clinical aspects of home health agency scope of practice, operations, relationships with providers and compliance issues. The training is free, unless you take it for CME credit, in which case the charge is $20. The course is only subsidized for one more year, so use it now! For further information or to register, go to www.aahcm.org › Home Care Medical Direction.

Welcome, New Members!

The Academy would like to welcome the following new members:

ARIZONA
Dr. John F. Mandredonia
Mirela Ponduchi, MD

CALIFORNIA
David Palestrant, MD

COLORADO
Dr. Mark Prather

CONNECTICUT
Cornelio R. Hong, MD

DISTRICT OF COLUMBIA
Shabir Dard

FLORIDA
Dr. Alex Dickert
Debbie Huffman, ARNP
Michele Pescasio, MD

GEORGIA
Lyla Correoso-Thomas
Mary Nwoke, MD

HAWAII
Leslie Hubbard, NP

ILLINOIS
Dr. Birinder Marwah
Scott Schneider

MICHIGAN
John Byrne
Jinit Shah

MINNESOTA
John J. Degelau, MD

NEW JERSEY
Avril Noyan, NP

NEW YORK
Lorraine Callas, NP
Dr. Reggie Hughes
Jeffrey Muroff, DPM
Dr. Lisa Vargish

NORTH CAROLINA
Marigold Packheiser, NP

OHIO
George Bertalan, MD
Dr. Andrew Grubbs

OKLAHOMA
Dan Pope III

PENNSYLVANIA
Len Dubas
Polly Sue Gockley, CRNP
Dr. Christi Stewart
Wayne Weston

TEXAS
Suzanne Breit-Perez, GNP
Christian Collada
Dr. Ricardo Murillo
Dr. Kia Parsi
Terrence Taylor, NP

VIRGINIA
Dr. Jiho Choi
Teresa L. McConaughy
Brian K. Unwin

WASHINGTON
Dana Jacobson, NP

President's Message

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Thomas.Cornwell@cadencehealth.org. Please also consider making a donation. We still need $6,000 to reach our $25,000 matching gift. To make a donation contact Audrey McDonough at Audrey.McDonough@aahcm.org or call 410-676-7966. Finally, please make sure all providers in your practice are members of the Academy. It usually takes only 2-3 visits to pay for membership and we will be much stronger in greater numbers.

As always, thank you for all you do serving your home-limited patients. Hope to see you in Orlando in May!

Upcoming VA Sessions at AAHCM Annual Meeting

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Turigliatto, RRT, RCS, Respiratory Care Specialist with the Portland HBPC.

Dementia patients who are cared for at home may develop challenging behavioral problems which are often difficult to treat, and this places special burdens on caregivers. The VA REACH program developed effective in-home and telephone interventions for caregivers of these patients, which were validated in a clinical trial and published in 2011 in JAMA Internal Medicine. Dr. Linda Nichols, anthropologist and Research Investigator at the Memphis VA Medical Center, and Dr. Robert Burns, a geriatrician with the Geriatrics Group of Memphis, both of the faculty at the University of Tennessee, will discuss the REACH VA findings and their practical application in Home Based Primary Care.

The AAHCM Annual Meeting provides an outstanding opportunity to learn about current clinical, administrative, and policy issues in home care medicine, to hear from and meet national experts in the field, and to network with home care professionals from around the United States. I hope you will be able to attend this excellent event.

on Academy site at www.aahcm.org › Member Resources › Coding and Documentation.

- OIG Report: Coding Trends of Medicare Evaluation and Management Services https://oig.hhs.gov/oei/reports/oei-04-10-00180.pdf - OIG report that reviewed a ten year period of evaluation and management claims across all medical specialties and sites of service. The report identifies and provides recommendations to CMS on "code creep." Together with the Moran data, this information will provide you with indication of whether your code selection is within norms for housecall services.

3. As part of your practice compliance plan and policies and procedures, select the individual who will be responsible for responding to requests for medical records. This individual will also be the one to establish a contact at the offices of the requesting entity, and in this way serves as your practice point of control for all information related to the audit. This person will create a file for all matters related to the audit.

4. If not already part of your baseline risk assessment, conduct your own evaluation of the services identified in the audit notice in order to gain an understanding of your risk. You may need to engage attorneys, and documentation and coding consultants if you do not have this expertise within your practice, and to gain a third party perspective. Respond to deadlines established in the correspondence or ask for extensions. This is especially important to establish the opportunity to appeal any audit findings.

5. Date and page stamp all correspondence and maintain a physical or scanned copy. Send all documents by certified mail or other delivery means that provides tracking and verification of receipt to be maintained in your files.

6. Analyze (with your consultants if any are engaged) the audit report once received. Determine if you agree, or disagree, with the factual and interpretive findings. Appeal any findings with which you disagree. The general appeals process is discussed at: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Products/downloads/MedicareAppealsprocess.pdf.

7. If the audit seeks reimbursement for alleged overpayments, conduct a quantitative analysis of the methods used to calculate the amount due. Such calculations are often based on extrapolation, which calculates the amount due for the entire audit period from a random sample of claims. If extrapolation was used to establish alleged overpayment, you may want to consider engaging a consultant with expertise in extrapolation, or review 100% of your records for the audit period to contest the validity of the amount claimed to be due.

III. How the Academy assists its members.

The Academy assists its members in a number of ways including:

- Education relating to Medicare coverage and policies, coding and documentation requirements, compliance requirements and enforcement initiatives. For example, we conducted a webinar on compliance plans on September 12, 2013. Later this year, we will provide a webinar on Fraud and Abuse, and there will be relevant presentations at the 2014 Annual Meeting. The Academy can help you with considerations of whether to engage third party expertise, as well as provide you with reference to experienced attorneys and consultants.

- Resources and Technical Materials to Support Your Legal, Legislative and Third Party Relationships - As health care payment policy and practice evolves on both patient centeredness and population health management fronts, the Academy will continue to provide you with materials developed by committees, task forces, meeting presentations, webinars, etc. that will assist you in defining your home care medicine practice, its uniqueness, value to patients, and "return on investment".

- Resources include those mentioned throughout this article, the Field Guide to Home Care Medicine, Medical Management of the Home Care Patient and numerous other publications and presentations. Data for benchmarking and planning is made available as developed. It is critical that Academy members respond to data requests so we can provide relevant and robust data to assist you in practice assessment, development, advocacy and field fundraising.

- 2014 Annual Meeting Resources on Documentation, Compliance, and Audits - The 2014 Annual Meeting will include a number of presentations to assist you with protecting your practice. Relevant sessions will include: Documenting for Clinical and Financial Success, Alan Kronhaus, MD, Am I in Compliance?, Jim Pyles, Esq., and Practice Management, Julia Jung and Gary Swartz. A compliance compendium will be available at the Annual Meeting for purchase. The compendium will cover services rendered by all home care medicine practices with citations to pertinent law and regulation. The compendium will also serve as a building block to practice policies and procedures.

- Group Representation - The Academy provides advocacy and support on behalf of members when the issue is one of general applicability across the membership. Examples include:
  - Medicare contractor-wide pre-payment audits affecting a code or codes submitted by all providers in a contractor area. The Academy successfully intervened to have pre-payment audits terminated and;
  - Medicare contractor coverage and payment policy affecting all home care medicine providers. The Academy successfully intervened to have Medicare contractors add housecall place of service for payment of screening and prevention services for housecall beneficiaries and providers.
- Standards Development for Coverage and Payment - The Academy, with your input, will work to develop practice standards for Home Care Medicine. The standards development is necessary as CMS and others move forward in developing standards and accreditation that will be required for payment for services such as chronic care management. The Academy will build upon the Recommended Clinical Practice Guidelines for Quality Home Care Medicine and the Principles of Medical Ethics found on the Academy site to develop practice standards. There will be more information about standards development in the months ahead including discussion at the Annual Meeting.

IV. Choosing Attorneys and Consultants

Professional associations, such as the Academy, can provide resources and answer questions, but cannot provide individual practice-specific consultation or representation. Also, the Academy cannot vouch for the practices or compliance of individual practices. However, the Academy can provide you with reference to attorneys and consultants familiar with home care medicine practice to assist with your specific issues related to audits and legal investigations.

Interview with Mark Mitchell

Continued from page 5

who have avoided these high cost patients. Now they need us, and we are scaled to a level where we can provide the service.

What have been the major problems you have had to deal with?

The biggest has been people not understanding what house call doctors do. Most people underestimate the value of a house call visit; they just stereotype it as old fashioned black bag treatment. With today's technology a physician that provides home based care can bring everything that is provided at a doctor's office right to the home.

The second has been educating CMS and 3rd party administrators who do not understand what we do or our value proposition. We entered into a 5 year Corporate Integrity Agreement and voluntarily instituted quarterly external audits of all VPA services. The results are remarkable with an average error rate less than 3% which is significantly under the national average; yet, we were held out as having upcoded; they simply did not understand our population.

What is your vision for the future and your advice to Academy members?

My vision is that house calls will someday be available to all who, like my grandmother, need the services of a VPA or other in-home provider. My hope is that managed care will continue to understand and recognize the value of house calls and that they will adopt this as a generally available benefit also, that CMS will recognize the promise of IAH and convert the demonstration to a Medicare benefit.

My advice is first, not to try to do this by yourself, but reach out to others who have experience. There is no need to reinvent the wheel because of ego. Seek out and surround yourself with smart people who share your vision. To be remembered, business plans must change over time as conditions change, and that the point at which you are going out of business is not the time to ask for help.

My second piece of advice is to take the long, measured road in development; no short cuts. Always have the patient's needs in front of you.

The third and final, is to go for the highest quality - the best possible providers with the best services brought into the home. This makes for a successful Home Based Primary Care business.

Update of the Home Care Lit.

Continued from page 8

morbidity and mortality rates in the first post-operative year after discharge. The authors compared mortality, utilization, costs, pain and function between two prospective cohorts of hip-fracture patients, both managed with identical perioperative protocols and one group. Mortality and healthcare utilization were the primary outcomes studied, with medical costs, quality of life, pain and function at 12 months assessed as secondary outcomes in a subgroup. This study concluded that patients receiving aggressive post-discharge care from a PCMH program showed significant benefits in terms of reduced mortality at 6 months, with similar costs and functional outcomes at 12 months. PCMH was not shown to improve all outcomes studied, but these results suggest that ongoing Medical Home management can have some benefit for patients without negatively impacting function or cost.

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Share AAHCM's mission and encourage colleagues to join

The American Academy of Home Care Medicine is an organization of physicians and other home care professionals dedicated to promoting the art, science, and practice of medicine in the home. Achievement of that mission will require that providers be educated regarding home care; that they be actively involved in the evolution of home care medicine procedures, their delivery, and management; and that provider interests in the delivery of home care be voiced and protected. We urge membership and participation in the long-term future of home care.

AAHCM intends to provide the structure through which providers can evaluate home care and their position in it. It will monitor emerging technologies and appropriate delivery systems for the practicing physician, as well as the legal and regulatory environment. The Academy will be in a position to present providers' views regarding their interests and concerns in home care. Finally, the Academy will actively collaborate and cooperate with other organizations wishing to enhance the quality of home care. With these intentions for the Academy in mind, we hope to enlist physicians and home care professionals who will actively support and promote these changes in home care.

Home care medicine is one of the most rapidly expanding areas of health care. These changes are occurring because:

- Changing demographics demand a responsive health care system.
- Technology is becoming more portable.
- Home care medicine is a cost-effective and compassionate form of health care.
- Most persons prefer being treated at home.

Who should join?

- Practicing physicians.
- Nurse practitioners and physician assistants (associate membership).
- Practice administrators.
- Medical directors of home care agencies.
- Students and physicians in training.
- Other home care professionals (associate membership).
- Home care agencies (affiliate membership).
- Corporations (sponsor membership).
- Groups of MDs, NPs, PAs or a mixture; or home health agencies and their medical directors (group membership) - *Discounts available.*

Benefits:

- Public Policy representation; revenue-related regulations and legislative representation such as IAH.
- Practice Management publications, website and technical assistance.
- Information on clinical, administrative, regulatory and technology issues, and the academic literature through our Newsletter and e-Newsletter.
- Standards of excellence, including the Academy's Guidelines and Ethics Statement.
- For house call providers, listing in our online Provider Locator.
- Consulting and networking through our members-only list-serv.
- Clinical guidelines and communication templates.
- Discounted attendance to Academy meetings.
- "Members-only" prices on educational media and publications.
- Assistance for faculty who train residents in Home Care.

2014 Membership Fees*

Physicians	$195	Affiliate (home care agency employee)	$195
Groups (MD, NP, PA or combination)	Custom**	Practice Administrators	$195
Associate (NPs, PAs, RNs)	$115	Corporate Sponsor Membership	$2,750
Residents/Students	$75		

*For international membership, add $15
**Special discounts and flat rate options available - call 410-676-7966

2014 Membership Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____

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☐ New membership ☐ Renewing membership

Please state your area of expertise or specialty: _____