

Date: 10/14/2016		Time: 9:30 a.m. – 11:00 a.m.	Location: conf call	
TIME	TOPIC	DISCUSSION	PLAN OF ACTION	RESPONSIBLE
9:30 a.m.	Call to order and approval of minutes	Roll call and announcements: PI Committee leadership: Mark Lehner. First meeting later this month. Rob/Brent discussion with WSHPCO leadership Contact/discussion with leader from Idaho home care association. Rural Healthcare grant		Rob and Doris
9:40 a.m.	Review minutes of last meeting	Review and approval of minutes of last meeting		
9:45	Treasurer's report	Financials for August		Mike /Larissa
9:50	Leg report	Report on rules, DOH workgroups and Policy committee recommendations.		Leslie
10:05	Education Report	<ul style="list-style-type: none"> • Conference progress: Southcenter Doubletree April 25-27, Preconference theme concept: Innovation. • Suicide prevention class, October 27 at Wesley Homes. Other..... <ul style="list-style-type: none"> • Rachel's "Transition to Practice" webinar on 11/9 • WCEI agreement: \$500 member discount for on site or online wound specialist training. 	Board to push RFP's and Sponsorship/vendor apps Board to promote final registrations!	Brian Greenlee Doris
10:30	Lobbyist and ED agreements due		Board approval	Rob
10:45	Retreat follow up	Review retreat priorities and action plan		Rob
11:00	Adjourn	Next meeting		Rob

Peterson & Associates P.S.

VANCOUVER CPAs

August 10, 2016

To the Board of Directors
Home Care Association of Washington

Ladies and Gentlemen:

Management is responsible for the accompanying financial statements of Home Care Association of Washington (a nonprofit organization), which comprise the statement of financial position – income tax basis – as of July 31, 2016 and July 31, 2015, and the related statements of activities – income tax basis – for the month then ended, and for determining that the income tax basis of accounting is an acceptable financial reporting framework. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

The financial statements are prepared in accordance with the income tax basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Management has elected to omit substantially all disclosures ordinarily included in financial statements prepared in accordance with the income tax basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Organization's financial positions and changes in net assets. Accordingly, the financial statements are not designed for those who are not informed about such matters.

We are not independent with respect to Home Care Association of Washington.

Sincerely,

Peterson & Associates, P.S.
PETERSON & ASSOCIATES, P.S.

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Every Relationship Counts



Home Care Association of Washington
Statement of Financial Position - Income Tax Basis
As of July 31, 2016 and July 31, 2015

	Jul 31, 16	Jul 31, 15
ASSETS		
Current Assets		
Checking/Savings		
1000 · PCB Checking 0944	43,942.32	39,819.57
1010 · PCB Money Mkt	147,778.70	112,788.26
1020 · Baird Cash and Equivalents	36,011.05	48,541.10
1030 · Bairds Investment Assets	85,321.48	69,100.52
1050 · Paypal	1,235.92	0.00
Total Checking/Savings	314,289.47	270,249.45
Accounts Receivable		
1200 · Accounts Receivable	4,680.00	1,395.00
Total Accounts Receivable	4,680.00	1,395.00
Other Current Assets		
1300 · Prepaid Expenses	1,170.00	6,083.37
1310 · Prepaid Insurance	206.40	728.21
1375 · Prepaid Workshop Expenses	1,440.00	500.00
1499 · Undeposited Funds	0.00	500.00
Total Other Current Assets	2,816.40	7,811.58
Total Current Assets	321,785.87	279,456.03
TOTAL ASSETS	321,785.87	279,456.03
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 · Accounts Payable	0.00	492.50
Total Accounts Payable	0.00	492.50
Other Current Liabilities		
2100 · Deferred Income	0.00	149.00
2110 · Deferred Dues		
2115 · Provider Dues	107,108.98	94,595.97
2120 · Affiliate Dues	4,076.73	1,373.35
Total 2110 · Deferred Dues	111,185.71	95,969.32
2175 · Deferred Workshop Income	0.00	3,350.00
2360 · Payable to HCAW PAC	150.00	0.00
Total Other Current Liabilities	111,335.71	99,468.32
Total Current Liabilities	111,335.71	99,960.82
Total Liabilities	111,335.71	99,960.82
Equity		
3000 · Unrestricted Net Assets	202,129.25	202,129.25
32000 · Retained Earnings	3,359.36	-25,269.33
Net Income	4,961.55	2,635.29
Total Equity	210,450.16	179,495.21
TOTAL LIABILITIES & EQUITY	321,785.87	279,456.03

Home Care Association of Washington
Statement of Activities - Income Tax Basis
For the Month Ended July 31, 2016 and 2015

	Jul 16	Jul 15
Ordinary Income/Expense		
Income		
4000 · Provider Dues	21,421.80	18,919.19
4010 · Affiliate Dues	679.46	274.67
4200 · Workshops/Seminars	426.00	0.00
4240 · Job Target/Career Board	95.40	0.00
4370 · Miscellaneous Income	5.00	72.64
5000 · Interest & Dividends	20.07	15.32
Total Income	22,647.73	19,281.82
Expense		
7000 · Management/Facilities/Staff/Equ	8,750.00	8,750.00
7010 · Service Charge Expense	148.77	24.40
7100 · Executive Director	6,400.00	6,400.00
7130 · Lobbyist/Legislative Consultant	3,200.00	3,200.00
7230 · Insurance	103.16	144.83
7290 · Tech. dev/Maint/Website	117.00	262.50
7370 · NAHC Dues/Other Memberships	0.00	62.50
7405 · Member Services	0.00	360.00
7520 · Board Meetings Expense	448.95	0.00
7580 · Miscellaneous	10.00	0.00
7900 · Workshops/Seminar Expense		
7915 · Food and Beverage	0.00	111.69
7920 · Technology	360.00	75.00
Total 7900 · Workshops/Seminar Expense	360.00	186.69
Total Expense	19,537.88	19,390.92
Net Ordinary Income	3,109.85	-109.10
Other Income/Expense		
Other Income		
9000 · Baird Change in Market Value	1,727.10	2,662.69
9100 · Baird Income and Distributions	124.60	81.70
Total Other Income	1,851.70	2,744.39
Net Other Income	1,851.70	2,744.39
Net Income	4,961.55	2,635.29

Date: October 7, 2016

To: Bonnie Burlingham, State office of Rural Health Grant Manager

From: Home Care Association of Washington

Grant request: \$10,000

Purpose: To provide scholarships for essential training/education to small, rural agencies to supplement cost of attending the training that they otherwise would not be able to afford. To convene a information gathering session at the annual conference to help identify ways to support rural healthcare at home providers to ensure access to care for residents of rural areas of our state.

Background:

The Home Care Association of Washington (HCAW) is a trade organization of home health, hospice and home care agencies across the state of Washington, although the majority of our members are Medicare Certified Home health agencies. HCAW provides education, advocacy and community for our members. Our member agencies provide nursing and therapy healthcare services to patients in their own homes, reducing unnecessary hospital readmissions and allowing patients to recover, recuperate and rehabilitate in their own home. When cure is not an option, then our providers are able to support patient comfort and dignity in end of life care.

The Medicare benefit and other third party payors provide coverage of care to patients that meet specific criteria. It is intended to be short term care aimed at assisting the patient stabilize and become independent in self care or independent with the assistance of family. When the criteria for coverage is not met, the patient must pay for care out of pocket. At the same time expenses have been increasing for agencies, Medicare has cut the reimbursement causing agencies to operate in as lean a fashion as possible. Medicaid reimbursement continues to lag way behind the cost of providing the care. When budgets are cut, educational funds are often also cut. This can cause a downward spiral for an agency.

Just as rural patients are sometimes isolated from resources, rural home health providers are also isolated from educational opportunities, updates and conferences due to the added costs of travel, accommodations and time away from work to attend these essential classes. At the same time, keeping up with regulatory and practice changes is essential for small rural agencies to stay afloat. Scholarships for some of these agencies to attend required courses and annual conferences would be very helpful.

One example of essential training is a two day training in Outcome Assessment Standard Information Set. This is the basis for scoring in the Value Based Purchasing that will impact agency reimbursement and consequently, agency viability. We need agencies to be viable to serve the needs of the patients!

Another important on site training opportunity is our annual conference that provides updates on state and federal regulations, insights on what is ahead in the industry, risks and opportunities, a clinical track for enhance quality care, as well as opportunities to meet with vendors, potential partners and colleagues that can support their mission.

HCAW is aware there are many challenges to providing health care at home in a rural area. Consequently, we plan to convene a Rural Healthcare Hot topic session at the annual conference to gather information from our rural providers and discuss how HCAW can better support the needs of

rural agencies in effort to increase access to care for rural patients. This could include follow up on workforce development initiatives, integration of telehealth in rural communities and/or partnership development support.

Consequently, our grant funding ask is for \$5000 to use for scholarships for OASIS education and \$5000 to use for scholarships for our annual conference.



Date: October 4, 2016

To: Washington State Office of the Insurance Commissioner

Re: Comments from Home Care Association of Washington (HCAW) on second draft of Prior Authorization Process Rule (R2016-19)

Thank you for providing us the opportunity to comment:

The new draft contains some improvements from the initial draft by adding additional definitions, adjusting time frames and adding content, such as requirements for subcontractors and retroactive determinations. However, let it go on record that the Home Care Association of Washington still has overall concern that any form of prior authorization requirement for home health will cause delays in initiation of home health: the lower cost, yet clinically appropriate setting for many discharges. In addition to delays, those making prior authorizations may "miss" at risk patients that need home health. A patient may look good on paper to a decision maker, or may appear stable when assessed by a case manager in the hospital and be deemed to not need home health. That same patient may look entirely different when in their home setting adjusting to the home environment with a set of new discharge information and orders, medications, etc., at the same time they are experiencing limited energy, capacity and support. A dramatic change can occur a day or two after the patient has gone home. Consequently, getting home health initiated in the first 24 hours can make a huge difference and prevent ER visits and/or hospital readmissions by patients that are panicking, decompensating or experiencing complications. Family members who expressed in the hospital that they would be there to support the patient at home, may or may not be present and available! The potential for unravelling of patient stability at home, is not always easy to read while the patient is in the hospital. Many times, patients are unwilling to share information about their concerns, health status or home environment while in the hospital when they fear it may impact or delay their discharge to home. Agencies can cite countless examples of this; one being the patient who would claim all was well and would not even complain of chest pain while in the hospital because she didn't want anything to jeopardize her ability to be discharged home as quickly as possible. For these reasons, HCAW recommends a provision for "same-day or next day" admissions to home health that would require the insurance company to cover those visits when ordered by a physician.

HCAW concerns have been proven valid in other experiences.....

In a recent implementation of Pre-Claim Review pilot for Medicare patients in the state of Illinois, many problems have surfaced, including lack of consistency in determinations. One reviewer may not approve a claim; another may approve the same claim causing confusion among the providers and lack of access to care by many! High non affirmed rates are playing out, leading to many patients' needs going unmet and concerns that lack of access to home health will lead to higher costs on the ER and hospital readmission front.

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Leslie Emerick
HCAW Governmental Consultant
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Date: 10/04/2016

To: Washington Healthcare Authority

Re: Chapter 182-551, Home Health, and 182-500-0075, Definitions - N (WSR 16-19-033)
Proposed amendment to these rules to comply with new federal regulations under 42 CFR 440 requiring that physicians document the occurrence of a face-to-face encounter.

Thank you for giving the opportunity to comment on the proposed rules amendment as specified above.

The Home Care Association (HCAW) has concerns with the proposed Medicaid Face to Face rule and believes it will:

- Add confusion to an already complicated Medicare requirement by implementing a Medicaid version that differs from Medicare, but is equally complex.
- Add administrative costs without any increase in reimbursement. Reimbursement currently covers **less than half** of the cost to provide this service
- Further decrease access to the home health care benefit for Medicaid beneficiaries by mandating a requirement that cannot be achieved in some rural areas where non physician practitioners (PA's and NP's) operate independently and there is "no ordering physician."

Consequently, HCAW recommends that HCA seek a waiver from this federal mandate for the purpose of improving or at a minimum, maintaining current levels of access to home health care services.

If the state is unable to waive the requirement, to avoid confusion, the wording of the state requirement should be consistent with the federal requirement as specified below:

The slight variation in wording about the physician role could lead to interpretation that results in payment denials. The "ordering" physician under Medicaid, could be the acute or post-acute care MD or the PCP.

The proposed WAC says:

WAC 182-551-2030 (2) (e) Home health services *must* be the result of a face-to-face encounter with the ordering physician or a non-physician practitioner. Then later it says the ordering physician *must* document the encounter, including justification that the services are related to the primary reason for home health.

CMS says per 42 CFR 424.22(a) (1) (v) (A) that the face to face encounter *can* be performed by:

- * the certifying physician
- * the physician who cared for the patient in an acute care or post-acute care facility from which the patient was directly admitted to home health.
- *A NP or CNS working in collaboration with the certifying or post-acute care physician OR

* a certified nurse midwife (unlikely in Medicare home health) or PA under the supervision of the certifying or post-acute care physician.

Note the WAC says "must" and the CFR says "can". The federal rule verbiage offers more flexibility and at the very least, HCAW recommends that the WAC be consistent with the federal in this section.

WAC 182-2220-551 describes the process for denials for reimbursement. Denials are often made based on inaccurate interpretation or lack of information. HCAW recommends inclusion of an appeals process for agencies with a requirement of timely response to the appeals.

Respectfully Submitted,

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2016 HCAW Board Retreat Action Item Tracking

MONTH: _____

HCAW Pilla		Action Item	Who is Assigned	
Education				
	1	Continue to provide OASIS training each year	Doris	
	2	Advance "Healthcare @ Home" as a way of delivering Care Coordination	Doris/Rob	
		a. Consider forums that would include both Medicare Certified as well as Private Duty providers		
		b. Make certain this discussion includes Patient Satisfaction monitoring		
	3	Provide Mandated Mental Health/Suicide Prevention training	Doris	
	4	Provide VBP phase II education	Doris	
Community				
	1	Building Value for all Home (Health) based services (for members and non-members alike)	Rob/Doris	
		> Use building value as a Strategy to Build Membership	John	
		> Move away from the strategy of building membership to generate money for the association		
	2	Determine how HCAW defines Community	TBD	
		> Be inclusive of Independent providers – individuals		
	3	Consider a joint meeting or co-incident Annual Meeting with Washington Home Care Association and the Washington Hospice and Palliative Care Association.	Doris/Brian/Rob	

Action Taken		Next Report
Scheduled with OA for June 2017: site Wesley Homes		
Start discussion with Board at next on site meeting: How to advance this concept as a Board		
Preconference as forum for discussion of the continuum of HC at Home and Innovations in this		
Board to further define/clarify		
Scheduled for October 27		
Coordination with NAHC: tentatively planned for first		

Action Taken		Next Report
Use next on site meeting: Board to define "value" to members. How to demonstrate and convey.		
Incorporate messaging into renewal process		
At on site Board meeting? Does it include all members, potential members and current and potential external partners, supporters and benefactors? How do we interact with different "communities" and what is our		
Plan a cooperative educational day with Idaho association for Eastern Wa northern idaho for Fall 2017		

Plan a meeting before the first of the year		

**Next
Report**

Action Taken

Identified PI committee leadership; plan involvement of committees (education and Policy and PI) in		
Work with DOH in legislative report plan per budget proviso; Also plan HCAW strategy apart		
Comments for PA and Medicaid F2F in progress.		