

Home Health Nursing

Substitute Senate Bill 5883, Laws of 2017, Chapter 1, § 213 (I) (jj)

December 31, 2017



Home Health Nursing

Washington State
Health Care Authority

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Introduction

This report is submitted by the Washington State Health Care Authority (HCA) to the Legislature as required by Substitute Senate Bill 5883, Laws of 2017, Chapter 1, § 213 (I) (jj):

“Within the amounts appropriated in this section, the authority shall implement the plan to show how improved access to home health nursing reduces potentially preventable readmissions, increases access to care, reduces hospital length of stay, and prevents overall hospital admissions for clients receiving private duty nursing, medically intensive care, or home health benefits as described in their report to the legislature dated December 15, 2016, entitled home health nursing. The authority shall report to the governor and appropriate committees of the legislature by December 31, 2017, information regarding the effect the ten dollar rate increases for skilled nursing care delivered via private duty nursing or home health nursing, and how the rate changes impacted the utilization and cost of emergency room visits, reduced the length of stay for initial; hospital admissions, and reduced utilization and costs of preventable hospital admissions. The report will quantify potential cost savings opportunities that may exist through improved access to private duty and home health nursing statewide.”

This is an interim report to inform the Legislature of HCA’s progress in implementing the plan referenced above and proposed in the Home Health Nursing report submitted December 15, 2016 (<https://www.hca.wa.gov/assets/2eshb-2376-home-health-nursing.pdf>). As described in the plan in the December 15, 2016 report, the participating hospitals, home health agencies, medically intensive private duty group homes, and private duty nursing agencies initiated the process to collect the required data in October 2017. In December of 2018, HCA will submit a final report to the Legislature that includes an analysis of data collected from October 2017 through October 2018 and provides the Legislature the following information, as requested above:

- Increased access to skilled nursing care:
 - # of clients served
 - # of hours filled
 - # of days between referral and initiation of services
- Reduced length of stay for initial hospital admissions:
 - Average length of stay
 - Total costs
 - Total number of administrative days
- Reduced utilization and costs of preventable readmissions:
 - # of readmissions
 - Average length of stay
 - Total costs
 - Total number of administrative days

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- Reduced utilization and costs of emergency room visits:
 - # of emergency room visits
 - Total costs of emergency room visits

The plan, as described in that report, was implemented October 1, 2017. We held a “kick-off” meeting August 7, 2017 with a subsequent meeting September 14, 2017 for those who could not attend the first. We held a third meeting October 25, 2017 to review the data collection tools and respond to any questions regarding data collection. The participants also met again on December 7, 2017.

Participating home health agencies, private duty nursing (PDN) agencies, and hospitals are collecting data to submit to the HCA for analysis by October 1, 2018. This allows approximately 12 months of data to be included in the analysis to determine the impact access to home health and private duty nursing has on utilization and cost of emergency room visits, reduced length of stay for initial hospital admissions, and reduced utilization and costs of preventable hospital admissions. (See Appendix A for participating home health agencies, private duty nursing agencies, and hospitals.)

HCA conducted a preliminary review of home health and private duty nursing claims and encounter data to assess any change in utilization since the \$10 rate increase was implemented. It appears utilization may have declined in both benefits for FY2017, the fiscal year the rate increase became effective. Users for home health services dropped 5 percent, and users of private duty nursing dropped 11 percent from FY2016 utilization; this may reflect a lag in submission of claims and managed care encounter data. It will not be until later this year before this data is mature enough to know the actual impact on utilization for FY2017.

Background

In 2016, 2ESHB 2376 authorized and funded a \$10 increase in the hourly rate for private duty nursing services and the visit rate for home health services provided to all Apple Health (Medicaid) clients, adults, and children (as requested in a decision package submitted by HCA). The \$10 rate increase became effective July 1, 2016. Home health services and private duty nursing services are often required to continue care once the client is discharged. The provision of these services is intended to support the continued recovery of the client in the less restrictive setting. HCA was not able to access these services for clients because the reimbursement rate for home health and private duty skilled nursing had not increased since 2007. Consequently, clients had remained in the inpatient setting even though they did not require an inpatient hospital setting for their ongoing care.

In addition, 2ESHB 2376 directed HCA to convene a voluntary workgroup that included representatives from the Home Care Association of Washington (HCAW) and the Washington State Hospital Association (WSHA) to develop a plan to assess the impact of the rate increase. The



Legislature anticipated the rate change would support increased access to nursing care in the “home”¹ setting instead of other settings; it therefore requested a plan designed to determine the impact on utilization and costs for inpatient admissions, readmissions, service access, and the inpatient length of stay for clients who receive these “home” care services.

The work group members that developed the plan requested in 2ESHB 2576 included representatives from:

- State agencies
 - HCA
 - Department of Social and Health Services (DSHS)
- Hospitals
 - Washington State Hospital Association
 - Home Care Association of Washington (including a legislative consultant)
 - CHI Franciscan’s Highline Medical Center
 - Evergreen Health
 - MultiCare Health System
 - Providence Health and Services
 - Seattle Children’s Hospital
 - Swedish Medical Center
- Private duty nursing agencies and home health agencies
 - AK Healthcare Solutions
 - Alliance Nursing, Ashley House
 - Avail Home Nursing, Highline
 - Home Health, Community Home Health and Hospice
 - Maxim Healthcare Services

The work group defined the population scope as Apple Health clients with an order for home health or private duty nursing—including intensive nursing for children—or for whom the service was part of the written hospital discharge plan. Medicare-covered clients will only be included if they receive Adult PDN services, because Medicare does not cover this service.

The data analysis will include claim and encounter data from HCA’s claims payment and encounter system, ProviderOne. The participating hospitals and nursing agencies will collect other data that is required to conduct the impact analysis. Most hospitals already collect data and document activities on difficult-to-discharge clients. The home health and nursing agencies will report clients served, hours approved, hours provided, and percent of services provided to Apple Health clients (as compared to other payers).

¹ “Home” in this context refers to a setting outside the hospital facility or skilled nursing facility. It includes a private home, a medically intensive group home setting for children, and assisted living facilities for adults.



Conclusion

The participating hospitals, home health agencies, and private duty nursing agencies have begun collecting data. These data will support analysis on what impact the rate increase had on access to home health and private duty nursing services between October 1, 2017 and September 30, 2018.

We will report data analysis results in late 2018. We will also inform the Legislature if access to these services reduced the utilization and costs of emergency room visits, the initial admission length of stay, and the utilization and costs of potentially preventable readmissions.



Appendix A: Workgroup Members

Member Name	Organization
Brent Korte	Evergreen Health Care
Colette Jones	Health Care Authority
Diane Kolb	Children's Country Home
Doris Barret	Department of Social and Health Services
Doris Visaya	Home Care Association of Washington
Gabrielle D'Ambrosio	Nursing Evolutions
Gail Kreiger	Health Care Authority
Greg Pang	Community Home Health & Hospice
Heather Navarre	Alliance Nursing
Jee Kuriel	Seattle Children's Hospital
Jill Cooper	Providence Health & Services
Judy Keyt	CHI Franciscan
Kathleen Donlin	Department of Social and Health Services
Kathy Mullin	Seattle Children's Hospital
Kristen Knudson	Private Nurse
Kyle Long	PSA Healthcare
Larissa Jording	Providence Health & Services
Leslie Emerick	Home Care Association of Washington
Lynette Gregory	Providence Health & Services
Marc Berg	Home Care Association of Washington
Marc Kirsch	Randall's Children's Hospital



Marcella Volpintesta	Health Care Authority
Mike Pugsley	Ashley House
Nancy Hite	Health Care Authority
Patty Tate	Kinderhafen
Rachel Manchester	Providence Health & Services
Robin Brake	Health Care Authority
Sa Jackson	Highline Medical Center
Shannon Baumel	Popes Kids Place
Sheri Smith	Avail Home Health

