From the perspective of home health agencies (HHA) and their clients, this graphic illustrates the challenges they may encounter when navigating regulations and requirements. Each icon represents a challenge. Follow the ‘HHA’ and ‘Client’ arrows to see their roundabout path through the maze.

**OVERALL CERTIFICATION AND COMPLIANCE**

- **Medicare Regulation and Compliance:** HHAs spend a lot of time and resources complying with the Conditions of Participation, for example, emergency preparedness activities.
- **Contracting with Other Payers:** HHAs must ensure that third parties comply with requirements for each payer they contract with, including pre-authorization requirements.

**REFERRAL AND INTAKE**

- **Missing Documentation:** HHAs face referring physicians who do not understand or document adequately to support homebound status.

**CARE DELIVERY**

- **Lack of Client or Caregiver Engagement:** The home health care delivery experience goes smoothly if the client or caregiver takes ownership of the care plan and activities. Without it, client outcomes are a moving target.
- **In-home Compliance:** HHAs staff clinicians must maintain compliance with conditions of participation and other payer requirements, without which, client outcomes are compromised.

**DISCHARGE**

- **Appropriate Discharge:** HHAs and referring physicians worry about clients declining care after discharge because they need more care than Medicare will pay for or there is no caregiver support in the home.
- **Time Lag Between Disciplines:** Nursing or therapy staff shortages can delay the delivery of care, interfering with the overall timing of an episode of care.

**OVERSIGHT AND QUALITY**

- **Ongoing Constraints:** With changing regulations and guidance, HHAs have limited time to navigate compliance with new requirements and deliver outcomes and assessment.

**BILLING AND CLAIMS SUBMISSION**

- **Preparing and Submitting Claims:** Payer changes mid-episode, payment discrepancies, and claims batching make billing for reimbursement incredibly complex.

**REFERRAL AND INTAKE**

- **Medicare Homebound Status and Eligibility:** HHAs face referring physicians who do not understand or document adequately to support homebound status.

**CARE DELIVERY**

- **Start of Care Visit:** HHAs spend hours on documentation and coordination during Start of Care visits before they can assess the client. Clients are overwhelmed by the process and just want care.

**DISCHARGE**

- **Back-and-Forth with Physician:** HHAs struggle with time constraints to obtain signatures from referring physicians in a timely manner as physicians are slow or reluctant to sign and can threaten to refer patients elsewhere.

**OVERSIGHT AND QUALITY**

- **Outcomes and Assessment Information Set (OASIS) Changes:** A successful discharge plan is a teachable caregiver, cognitive ability, and the need to constantly retrain staff.

**BILLING AND CLAIMS SUBMISSION**

- **Complex Billing:** Reimbursement is incredibly complex, requiring HHAs to adjust their policies constantly.