

Eli's Rehab Report

Strategies: New Regs Make HHA Contracts Less Attractive

Improve your therapy documentation now to avoid problems later.

Any therapists contracting with home health agencies will soon be under increased scrutiny. If you've gotten sloppy with documentation, now's the time to rectify it. The Centers for Medicare & Medicaid Services' proposed prospective payment system rule requires more detailed documentation of therapists. While the rule may seem onerous, it is a good idea in general, says **Cindy Krafft, PT**, with consulting firm Fazzi Associates. For the most part, the new requirements "are things we should have been doing already," she says.

Thanks in part to computer-generated documentation templates on point of care software, therapists "have let the computer just speak for us," says **Sparkle Sparks, PT**, a consultant with OASIS Answers. The result can be generic documentation that makes it hard for auditors to figure out what's going on with the patient, let alone if visits are reasonable and necessary.

Good news: The increased documentation requirements should mean agencies can more easily defend their claims in medical review from intermediaries, ZPICs, or other auditors, Krafft expects. "It will be much easier to identify the medical necessity of the therapy services in the records," agrees **Judy Adams** with Adams Home Care Consulting in Chapel Hill, N.C.

Bad news: Because of the extra work involved in the new requirement, the number of visits therapists can make per day will be reduced. In fact, therapists - especially contract therapists -- may be less "willing to work in home health," Adams expects.

"In many areas of the country and especially in rural areas, home health agencies are already struggling to recruit physical therapists," Adams observes. "This could make that process even more difficult." However, for therapists in those areas, it could mean more opportunities for those who are willing to jump through CMS' hoops.

Prediction: Therapy is a high-profile hot spot for the Medicare benefit right now. In addition to the PPS rule provisions, Senate and Securities and Exchange Commission inquiries are focusing on possible fraud and abuse related to therapy utilization. That means while the Centers for Medicare & Medicaid Services may tweak the therapy requirements, you can expect much of the proposal to stay intact in the final rule, experts believe. Basically the rule tells therapists to "document, document, document -- and document some more," Krafft jokes.

The bottom line: This is Medicare's wake-up call for therapists working with agencies, Krafft emphasizes. "We have a lot of room to go" and you should get started on improving your assessment and documentation skills today.