

OASIS Alert

Assessment: Don't Let 6 Become The New 10 In Home Care Therapy

'Show me' is about to be even more important in OASIS assessments.

A poorly documented therapy visit could soon cost you up to \$650.

Your mission over the next several months should be to understand your agency's current therapy practice patterns, determine if you are meeting patients' needs and integrate your therapy team into your agency, advises physical therapist and clinical consultant **Cindy Krafft** with **UHSA** in Atlanta. This will position you for success under the proposed pro-spective payment system refinements.

Not so fast: Whatever you do, avoid making drastic changes to your therapy services in response to proposed changes in therapy thresholds and reimbursement, Krafft told listeners to her July 13 **Eli**-sponsored audioconference "PPS Refinements -- The New Therapy Thresholds."

Impact Of Reimbursement System Varies

Extra payment for therapy visits will become the only component of the service domain under the PPS refinement plan, Krafft explained (see stories, p. 74, 76 for payment explanation). But the structure of the new therapy payment proposal will improve reimbursement for many agencies.

Winners: Now that therapy will receive specific reimbursement after six visits in an episode, with increased reimbursement based on increased visit numbers, more episodes may include a therapy reimbursement. The proposed multi-tiered system will more fairly reimburse agencies that often provide episodes with seven or eight visits, or those providing 15 or 20 visits to patients with long-term problems such as strokes, Krafft illustrated.

Losers: Agencies that had many epi-sodes with 10 or 11 visits will probably be un-happy. "If you've been way too focused on 10 under the current system, you'll have lower revenue under the proposed system," Krafft said.

Warning: Don't make six visits your new goal now that the minimum number of visits needed for extra reimbursement has dropped, Krafft warned. Significant changes in practice patterns are likely to draw unwanted intermediary attention, she predicted.

5 Tips Jumpstart Your Staff Training

Remember, the proposed PPS changes won't take effect until Jan. 1, 2008, so the current rules still apply. If you answer M0825 "no" but provide 10 or more therapy visits during an episode, you still will need to go back and correct M0825 until the new rules take effect (see Eli's OASIS Alert, Vol. 7, No. 1, p. 9).

Meanwhile, follow Krafft's five suggestions to get staff ready for the new therapy reality:

1. De-emphasize 10 visits. "Many well-meaning therapists have embraced providing 10, 11 or 12 visits, feeling they're doing what's in the best interests of the agency," Krafft said. Taking the focus off a single high therapy threshold number will put the emphasis where it always should be -- on the patient's needs, she reminded listeners.

2. Stress demonstration. Nurses need to better understand rehabilitation potential to be able to predict therapy use, Krafft said. This includes requiring the patient to demonstrate what she can do during the OASIS assessment.

3. Cultivate team communication. To determine therapy needs, the team must consider not only the extent of the patient's deficit, but also how long it has existed, how motivated the patient is and the amount of caregiver support. "A family member who can act as a cheerleader can increase the patient's progress and allow for more effective therapy visits," Krafft explained.

4. Enhance documentation. If your therapy documentation doesn't support the clear need for the skilled services you provided on every visit, you could end up losing up to \$650 for a single visit. And your nursing documentation and plan of care must be consistent with the therapy documentation or you'll find yourself providing service you won't be paid for, Krafft emphasized.

5. Look at time spent with patients. Under PPS, the average length of a therapy visit decreased from 48 to 41 minutes, Krafft reported. All visits don't need to be for the same length of time, she said, but if the average time continues to drop, agencies should expect the **HHS Office of Inspector General** to become interested.