

OASIS Alert

Home Health Quality Reporting: CMS Proposes Changes to Acute Care Hospitalization Reporting

OASIS data may prove more accurate than claims data, agencies say.

The 2013 Home Health PPS proposed rule suggests changes to reporting for acute care hospitalizations, but not every agency is happy with the plan.

In the proposed rule published in the July 13 Federal Register, the **Centers for Medicare & Medicaid Services** announces plans to use the claims-based Acute Care Hospitalization measure in place of the OASIS-based measure for hospitalizations.

This change would provide a more accurate measure of hospitalization rates, especially since home health agencies must often rely on patient self-reporting for OASIS, the **National Association for Home Care & Hospice** says in its comments on the proposed rule.

But exactly what constitutes an inpatient stay depends on who is doing the reporting, home health experts point out.

"OASIS requirements state a resumption of care assessment must be performed within 48 hours of discharge from an inpatient stay of greater than 24 hours for purposes other than diagnostic testing," says the **Texas Association for Home Care and Hospice** in its comments on the proposed rule. "Home care agencies must report an inpatient stay, but the hospital does not consider observation of greater than 24 hours an inpatient hospitalization."

Plus, NAHC points to a **Brown University** study that found a 25 percent jump in patient observation stays between 2007 and 2009. "The growth in observation stays in lieu of hospital admissions must be considered before reporting the claims-based measure since there are widespread geographic variations in observation stay practices," NAHC says.

Apples to oranges: Comparing the hospitalization rates of a home health agency in an area where hospitals have low observation/high hospital admissions to that of an HHA in an area where hospitals have high observation/low hospital admissions "could lead to erroneous conclusions about quality of care," NAHC points out.

Technical issues with data files drew concerns about this proposed change from other agencies. **Catholic Health East** in Newtown Square, Pa. questioned the plan to move to the claims-based measure for acute care hospitalization and emergency department visits for this reason. "More granularity can be obtained from the OASIS than from claims-based data" for this measure, CHE pointed out.

Caution: "We appreciate that CMS recognizes the technical challenges that exist in using claims data to report these quality indicators and agree that technical issues need to be resolved prior to implementation of any reporting changes," the **Michigan Home Health Association** said in its comments.

Recommendation: "CMS should include information from claims data about observation stays (G0378- Hospital observation services, per hour; and G0379- Direct admission of patient for hospital observation care) in Acute Care Hospitalization calculations, report notes, and the risk adjustment model," NAHC suggests.