

OASIS Alert

Industry Notes

- **If you receive more outlier payments than average**, you may soon be in the hot seat.

The **HHS Office of Inspector General** advises the **Centers for Medicare & Medicaid Services** to "review home health providers that exhibit aberrant outlier payment patterns," according to the OIG's new Compendium of Unimplemented Recommendations. That's despite CMS putting a 10 percent cap on HHA outlier payments last year.

"CMS reported that its Miami Field Office implemented a new Fraud Prevention and Early Abatement approach to home health care that focused on performing data analysis and beneficiary interviews for those highly suspect new home health providers," the report says.

Meanwhile: Expect a proposed rule this fall that "will require unannounced and extended surveys of HHAs, and the imposition of sanctions when HHAs are found to be out of compliance with the Federal standards," the report says. That comes after the OIG's 2008 report recommending that CMS establish intermediate sanctions to address agencies that are repeatedly found out of compliance with the HHA conditions of participation.

The compendium is at <http://go.usa.gov/462>.

- **The Centers for Medicare & Medicaid Services** recently posted a "Therapy Requirements Fact Sheet" to its website. "While changes to Publication 100-02, Chapter 7, Home Health Services are pending, the following information related to therapy requirements contained in the Calendar Year 2011 Final Home Health Rule is being provided to assist HHAs and therapists with these requirements that are effective April 1, 2011," the sheet says.

"Where more than one discipline of therapy is being provided, a qualified therapist from each of the disciplines must provide the ordered therapy service and functionally reassess, measure, and document the effectiveness of therapy or lack thereof close to but no later than the 13th and 19th therapy visit," CMS says in the fact sheet. "The 13th and 19th therapy visit timepoints relate to the sum total of therapy visits from all therapy disciplines. In multi-discipline therapy cases, the qualified therapist would reassess functional items and measure those which correspond to the therapist's discipline and care plan goals."

In other words, you have to count all the therapy visits together for the 13- and 19-visit timepoints, even though each individual discipline must conduct a reassessment, CMS clarifies. This should resolve confusion on the timing issue, believes the **National Association for Home Care & Hospice**.

Watch out: Home health agencies that fail to have therapists conduct the necessary reassessments and related documentation will be furnishing non-covered care after those timepoints, CMS also makes clear in the sheet. CMS still needs to answer some vital reimbursement questions about this new therapy requirement, NAHC insists. For example, what happens when some of the disciplines complete the reassessment and others don't -- will their visits still be covered and paid? And will Medicare cover and pay for therapy reassessment visits furnished after the required timepoints?

Note: The sheet is at http://www.cms.gov/HomeHealthPPS/Downloads/Therapy_Requirements_Fact_Sheet.pdf.

- Get up to speed on new guidelines to eliminate catheter-related bloodstream infections (CRBSI), released by the **Centers for Disease Control and Prevention** and the **Healthcare Infection Control Practices Advisory Committee** (HICPAC). Such infections are "one of the most deadly and costly threats to patient safety," the **National Institutes of Health** says in a release.

The guidelines, which emphasize educating and training health care personnel, using maximal sterile barrier precautions

during catheter insertion, cleaning skin with chlorhexidine (an antibacterial scrub), and avoiding routine replacement of certain catheters, apply to home care as well as institutional and outpatient settings, they note.

"Implementation of these critical infection control guidelines is an important benchmark of health care quality and patient safety," physician and lead author **Naomi O'Grady** with the NIH says in the release. A link to the guidelines is at www.cdc.gov/hicpac in the "What's New" box.

- Exercise can reverse age-related brain deterioration. So found cognitive neuroscientists and kinesiologists at the University of Illinois at Urbana-Champaign as they studied the effects of moderate exercise on brain volume in older adults.

Their study, published in the November issue of the *Journal of Gerontology: Medical Sciences*, concluded that moderate exercise increases brain volume in older adults.

Until recently it was believed that age-related cognitive and brain changes were negative and inevitable. This view has changed with demonstrations in non-human animals that older brains can show positive changes in response to exercise, diet, social and environmental stimulation, study author psychology and neuroscience professor **Arthur F. Kramer** said in a release.

"Ten years ago you would never have expected to see this in older adults," said Kramer, who is also a researcher at the **Beckman Institute for Advanced Science and Technology** at Illinois.

The study followed sedentary volunteers aged 60- to 79-years-old as they participated in a six-month exercise program that met three times each week. Half of the volunteers did aerobic exercises such as walking. The other half did non-aerobic stretching and toning exercises.

Comparing high-resolution magnetic resonance imaging brain scans researchers found that participants in the aerobic exercise group showed increases in brain volume over participants who did toning and stretching exercises.

"You don't have to be a marathon runner -- most people walk," Kramer said. Swimming, biking and walking are all ways that people can get these anti-aging brain benefits, he said.

For more information, visit <http://www.pnas.org>.