

OASIS Alert

Industry Notes: CMS POSTS OBQI CROSSWALK

The **Centers for Medicare & Medicaid Services** is revealing valuable information that could help home health agencies improve outcomes under the outcome-based quality improvement initiative.

CMS has issued a crosswalk showing which OASIS items it uses to calculate the 41 outcomes included in HHAs' outcome-based quality improvement reports. The crosswalk is included as Appendix C in CMS' OBQI Implementation Manual.

When HHAs download their OBQI reports and see an unfavorable rating on one of the 41 outcomes, they can use this crosswalk to zero in on which OASIS item is causing the trouble. An OBQI problem might be as simple to fix as furnishing some in-services instructing visiting staff on how to answer the OASIS item at issue correctly.

And the majority of outcomes relate to only one OASIS item, though there are four exceptions. Improvement in Urinary Incontinence and Discharged to Community both incorporate two OASIS items each M0520 and M0530, and M0100 and M0870, respectively.

Three OASIS items count toward Improvement in Number of Surgical Wounds (M0440, M0482, M0484) and Improvement in Status of Surgical Wounds (M0440, M0482, M0488).

The crosswalk is at www.cms.hhs.gov/oasis/hhnew.asp. For more information, see next month's issue of OASIS Alert.

1. **M0230/240 continues to plague HHAs.** In an effort to help beleaguered agencies, regional home health intermediary **Palmetto GBA** has posted a fact sheet that outlines common problem spots. In particular, Palmetto discusses basic coding principles, definitions of burns and trauma, diabetes coding, neurological disorders diagnosis coding and orthopedic hints.

To see the document, go to [www.palmetto gba.com](http://www.palmettogba.com), and then click on "Providers," "Regional Home Health & Hospice Intermediary," "General Information," and then scroll down to "Udderly Confused About M00?"

2. **CMS is preparing its regional offices and state survey agencies** for the coming changes to the OASIS assessment.

ROs and states must "plan accordingly and prepare for" the implementation of the scaled-back version of OASIS, CMS says in an Aug. 8 memo (see OA, Vol. 3, No. 8, p. 82). The changes, which CMS unveiled in July, will take effect Dec. 16.

HHAs don't have to use the reduced OASIS form if they don't want to, CMS reiterates. It's "completely optional." Agencies can continue to use their old forms and software with no problems, the memo spells out.

CMS plans to conduct satellite training for state agencies and HHAs on Nov. 22.

3. **Are your clinicians on the lookout for signs of depression in patients?** If not, they should be, according to a recent study published in the American Journal of Psychiatry.

"Geriatric major depression is twice as common in patients receiving home care as in those receiving primary care," the study notes. This depression significantly impacts indicators like activities of daily living disability and reported pain. Most of the patients included in the study were experiencing their first bout of depression, and only 22 percent had been prescribed antidepressant medication. To read the study's abstract, go to

<http://ajp.psychiatryonline.org/cgi/content/abstract/159/8/1367>.

4. **State surveyors and CMS seem to be overzealous in pursuing termination of Medicare providers**, according to a recent **HHS Departmental Appeals Board** decision.

CMS erroneously terminated the Medicare participation of Indiana provider **Home Nursing Services**, the DAB decided in an Aug. 8 decision in *Home Nursing Services v. CMS*, No. CR942, Doc. No. C-00-752.

Indiana State Department of Health surveyors found noncompliance with the condition of participation at 42 CFR 484.118, relating to the acceptance of patients, plan of care and medical supervision, during a June 2000 re-survey. CMS planned to terminate the provider's Medicare and Medicaid participation July 14, 2000.

The deficiencies, regarding two patients' home health aide services, patient safety and notification of the physician to patient changes, were not condition-level deficiencies, the DAB found. Further, CMS failed to show that the standard-level deficiencies were repeated and therefore requiring termination of the provider.

5. **CMS has documented the catastrophic effects the Balanced Budget Act of 1997 had on the Medicare home health benefit.**

Use of home health care by Americans 65 years and older declined from 547 people per 10,000 in 1996 to 276 per 10,000 in 2000, the CDC reports in its recently released annual look at health care, "Health, United States, 2002." The CDC attributes the decline to the BBA, "which imposed stricter limits on the use of home health services funded by Medicare."

Hospital expenditures for home health also dropped from 14 percent of Medicare hospital spending in 1995 to 3 percent in 2000, notes the report, available at www.cdc.gov/nchs/hus.htm.

6. **While the one-page home health advance beneficiary notice is effective** and available for use now, CMS doesn't plan to require use of the form until it writes manual instructions for it and those instructions gain approval.

"We have no firm date for implementation," a CMS spokesperson tells **Eli**, but the agency is aiming for a spring deadline.

7. The Department of Health and Human Services has awarded more than \$8.4 million in 34 grants to expand the nation's nursing workforce and increase diversity in the profession. HHS is funding the grants under two programs administered by HHS' **Health Resources and Services Program**. Basic Nurse Education and Practice grants aim to improve the education of the nursing workforce, and Nursing Workforce Diversity grants offer scholarships or stipends to individuals from disadvantaged backgrounds.