

OASIS Alert

News You Can Use: Being Average Is Not All Bad

When it comes to visits per episode, home health agencies may prefer to hide out in the middle of the pack.

Data from the first half of 2003 for the 16 states regional home health intermediary **Palmetto GBA** covers show an average number of episodes per beneficiary of 1.48. The number of episodes ranged from a high of 1.94 in Louisiana to a low of 1.29 in Florida.

The average number of visits per episode was 19.20, with the smallest number (14.74) in South Carolina and the largest (22.84) in Oklahoma.

Palmetto reports an average of 11.76 percent of episodes as low utilization payment adjusted (LUPAs). North Carolina had the greatest (19.73 percent) while Louisiana experienced the fewest (6.70 percent) of its episodes as LUPAs.

The average percentage of outliers in the 16 states was 2.32 percent. Florida topped the outlier list with 4.27 percent, although Texas wasn't far behind with 4.19 percent. Several states had less than 1 percent of outliers, with Mississippi having the fewest - only 0.41 percent.

1. To assist agencies in their outcome-based quality improvement efforts, **Centers for Medicare & Medicaid Services** contractor the **Delmarva Foundation** has put together a binder of OBQI best practices for agencies to follow. The binder offers an overview of the OBQI process, and chapters devoted to the 11 outcomes highlighted in the home health quality initiative via the Home Health Compare Web site. Agencies can obtain the best practices binders from their Quality Improvement Organizations.
2. The Data Assessment and Verification (DAVE) project expands to national implementation in January 2004, CMS has announced. In addition to its current use in nursing homes, DAVE will begin to assess the accuracy and reliability of OASIS assessment data in 2004. The project also is intended to support quality improvement efforts, support CMS integrity initiatives addressing payment accuracy and support payment policy development, the agency says. The DAVE Web site is at www.cms.hhs.gov/providers/psc/dave.
3. **CMS Administrator Tom Scully departed** for the private sector Dec. 15. During Scully's nearly three years leading CMS, the agency changed its name from the **Health Care Financing Administration**, created innovative programs such as monthly industry-specific Open Door Forums to improve communication with providers, and emphasized public reporting of outcome data using Internet sites such as Home Health Compare. At press time, Scully hadn't officially announced his post-CMS plans, nor had the agency named his successor.
4. **The newest publication date** for the home health conditions of participation, which have been delayed for years, is June 2004, CMS said in the Dec. 3 Open Door Forum. An agency official expressed a renewed dedication to getting the COPs out without further extensions.
5. **The controversial Medicare Prescription Drug, Improvement and Modernization Act of 2003, approved** by Congress and signed by **President Bush** Dec. 8, includes a moratorium on therapy caps effective immediately through calendar year 2005. Also, rural home care providers will see a 5 percent boost in payment, and there'll be no co-pay for home health.