

## OASIS Alert

### News You Can Use: CMS STARTS CLOCK FOR CAHPS DATA COUNTDOWN

Be on the lookout for revisions to survey coming down the pike.

You aren't required to submit the Home Health Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey until 2011, but you'd better start preparing now.

Agencies that want to be eligible for the annual payment rate update for 2012 must submit dry-run data in the third quarter of this year, according to the **Centers for Medicare & Medicaid Services'** latest Home Health, Hospice, and Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Open Door Forum, held on March 10. Survey results from fourth quarter 2010 must be submitted by April 21, 2011.

Heads up: CMS made three changes to the CAHPS survey last month regarding how to report the OASIS value for activities of daily living (ADLs) and revised an error in Table 4.1 of the Protocol and Guidelines Manual. An updated manual is on its way.

CMS has scheduled the next Home Health, Hospice, and DMEPOS Open Door Forum for April 14, 2010 from 2 p.m. to 3 p.m.

- **Patients receiving sedative hypnotics are 22 percent more likely** to suffer a fall or fracture than their peers, according to a study published in the January issue of The American Journal of Managed Care.

Patients exposed to these medications had higher health care costs than those in the control group. This study was the first to examine clinical outcomes associated with so-called potentially inappropriate medications (PIMs) and is based on electronic pharmacy and medical claims data, the release says.

"These findings demonstrate that elderly patients who take certain PIMs are at increased risk of adverse events and higher health care costs," said the study's authors.

- **Want more details about the new transfer code home health agencies** must use on claims starting this summer? Then check out a new MLN Matters article CMS has issued on the topic.

CMS will eliminate source of admission codes "B" and "C" in July and replace "B" with point of origin code "47," according to MLN Matters article 6757. The article also explains how the system will treat claims for any overlapping episodes.

For example: "Medicare will allow an HH RAP (TOB 322 or 332) or a no-RAP LUPA claim to overlap an existing HH episode record if the Claim Control Number (CCN) on the RAP and the episode match," the article explains.

Resource: You can find the article online at [www.cms.hhs.gov/MLNMattersArticles/downloads/MM6757.pdf](http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6757.pdf).

- **If your chronically ill patients also suffer from anxiety**, regular exercise could help them -- if they can tolerate it. "Patients who exercised regularly reported a 20 percent reduction in anxiety symptoms," according to a study conducted by researchers at the **University of Georgia**.

The researchers examined patients participating in other studies who suffered from a variety of conditions, including heart disease, multiple sclerosis, cancer, and chronic pain from arthritis, says the study that appears in the Feb. 22 Archives of Internal Medicine.

"We found that exercise seems to work with just about everybody under most situations," study co-author **Pat O'Connor**, professor and co-director of the UGA Exercise Psychology Laboratory, says in a release.

Exercise sessions lasting longer than 30 minutes were most helpful, the study found.

- **If your staff need some help in figuring out how to navigate** the Fiscal Intermediary Shared System, they can turn to a newly updated tool from regional home health intermediary **Cahaba GBA**.

Cahaba has revised most sections of its "FISS Reference Guide," including portions addressing claims corrections and checking beneficiary eligibility. Access the guide at [www.cahabagba.com/rhhi/education/materials](http://www.cahabagba.com/rhhi/education/materials).