

OASIS Alert

News You Can Use: HOME HEALTH COMPARE MEASURES DROP IN 2008

Like the economy, Home Health Compare's national averages show declines.

From the beginning of publicly reported outcomes on the Home Health Compare Web site in November 2003 until November of 2007 the national averages either stayed the same or improved. But 2008 ended that trend.

The two measures that stayed at the same percentage over all those years were "Patients who needed urgent unplanned medical care" at 21 percent and "Patients who had to be admitted to the hospital" at 28 percent. However, the November 2008 data showed a worsening of both those averages, with each of them increasing by 1 percent.

Of the other 10 measures, one improved, two got worse and seven remained unchanged from a year before. "Patients who got better walking or moving around improved from 42 percent to 44 percent -- 10 percentage points better than the original 34 percent five years before. The two measures that got worse were "Patients who get better getting in and out of bed" -- going from 54 percent to 53 percent -- and "Patients whose bladder control improves" -- going from 50 percent to 48 percent.

- **The National Quality Forum is considering** new quality measures for HHAs in relation to the new OASIS C proposal, the **Center for Medicare & Medicaid's Debbie Terkay** said. After a November steering committee meeting, the NQF whittled down the number of possible new measures from 55 to 22.

The NQF took public comments on its draft report. It will likely make final recommendations by March, Terkay said. CMS may continue to provide non-NQF-endorsed measures as part of the outcome-based quality improvement (OBQI) reports, Terkay added. But non-endorsed measures probably won't make it onto Home Health Compare.

- **The National Association for Home Care & Hospice, with input from the American Physical Therapy Association, has established** a Therapy Advisory Committee, APTA Home Health Section VP **Cindy Krafft** reported at the recent APTA gathering in Las Vegas. This eight-member committee will include four PTs. It will strengthen physical therapists' voice within NAHC and improve information available to NAHC about therapy, she said.

- **The home health prospective payment system claims software was unnecessarily editing** low utilization payment adjustment (LUPA) claims for episode sequence, CMS explains in Dec. 12 CR 6283 (Transmittal No. 413).

"Since LUPA claims are paid on a per-visit basis, whether a claim is an early or later episode does not affect the payment," CMS notes in the transmittal. "Including LUPA claims in episode sequence editing has caused problems with other Medicare systems processes."

So CMS is excluding LUPA claims from episode sequencing edits.

Don't worry: This process won't mess up your add-on payments. "LUPA claim payments qualify for an add-on payment in the case that the episode is the first or only episode in a sequence of related episodes. This add-on payment is ensured by a separate process in Medicare systems, so it is unaffected by this Change Request," CMS assures.

- CMS corrects some instructions to the regional home health intermediaries about counting episodes toward the early/late designation, according to Jan. 30 CR 6305 (Transmittal No. 434). "Fully denied episodes are not considered in determining whether an episode is early or later," CMS clarifies in the CR. The transmittal is at www.cms.hhs.gov/transmittals/downloads/R434OTN.pdf.

- **The home health pay for performance demonstration project is halfway through its term**, but CMS isn't divulging any details yet. In its newly updated "Roadmap for Implementing Value Driven Healthcare in the Traditional

Medicare Fee-for-Service Program," CMS notes that the home health P4P project will run through December 2009.

- **Check to be sure you are using** the latest pricer software. A large volume of OASIS submission errors is still occurring, CMS noted in a recent Open Door Forum for home care providers. Agencies often receive OASIS warning message 257 when they aren't using up-to-date pricer software.

- **None of the 15 care coordination programs CMS tried** from 2002 to 2005 resulted in overall Medicare savings, according to a report in the Feb. 11 Journal of the American Medical Association.

Problem: Only one of the 15 programs appeared to reduce hospitalizations significantly, at 17 percent less hospital stays than the control group, says the article authored by CMS contractor **Mathematica Policy Research**. One of the programs actually had 19 percent more hospitalizations than the control group.

In the programs, nurses provided patient education and monitoring, mostly via phone, to patients with congestive heart failure, coronary artery disease, and diabetes. The goal was improving adherence and communication with physicians, the study notes. Changing physician and patient behaviors is very challenging, Mathematica concludes.

- **If you're looking for a way to explain** the complicated home health prospective payment system to patients or referral sources, you may want to tap a revised Medicare resource. CMS has issued an updated version of the Home Health Prospective Payment System Fact Sheet.

The four-page brochure reviews home health coverage criteria and PPS components. It is at www.cms.hhs.gov/MLNProducts/downloads/HomeHlthProspPymtftctsh09-508.pdf.