

OASIS Alert

OASIS News: Get Your 2008 PPS Questions Answered

Delve into the details underlying the dreaded 'case mix creep.'

If you like charts and numbers, you'll love the new **Abt Associates** Technical Report on 2008 PPS. But even if you don't, the report will answer some of your questions about the reasoning behind confusing parts of the current system.

The **Centers for Medicare & Medicaid Services** finally has released the information the home care industry has been waiting for -- the technical report underlying the changes to the pro-spective payment system that took effect Jan. 1. The 253-page report and its 47-page appendix describe in detail the process Abt and CMS used.

Case mix creep: You may be surprised to find that Abt and CMS actually define case mix creep as any change in the case mix weight that is not attributable to "observable changes in patient characteristics." Any other changes are attributed to "changes in agency coding practices" -- a category in which improvements in coding accuracy are lumped together with upcoding.

You can also find out how CMS determined to use the four equation model, despite Abt's conclusion that "while it represents an improvement in modeling home health resource use, the four equation model is more complex and difficult to interpret." The report details the reasoning behind paying more for later episodes, which has seemed counter-intuitive to many providers. "Mean resource use was 16 percent higher for the seventh or higher episode relative to the initial episode," Abt says. The contractor also explains why the therapy thresholds changed as they did and the analysis underlying the explosion of the number of home health resource groups.

Note: To see the full report go to http://www.cms.hhs.gov/Reports/downloads/Coleman_Final_April_2008.pdf.

- **CMS has updated Home Health Compare** with March data. "Patients who get better at walking or moving around" improved from 42 percent to 43 percent since January. "Patients who get better at bathing" also improved, moving from 64 percent to 65 percent.

Continuing challenge: There is still no improvement in the emergent care or unplanned hospitalization measures, which remain at their initial Home Health Compare percentages of 21 percent and 28 percent, respectively.

- **Fifteen new OASIS clarifications are available.** The April 16 CMS OASIS questions and answers are now on the **OASIS Certificate and Competency Board** Web site, <http://www.oasiscertificate.org>. Click on "Resources" to reach the link.

- **Regional home health intermediary Palmetto GBA announced** on May 6 that it has resolved the issue of split remittance advices. Agencies will no longer find themselves receiving one RA containing the legacy number and summary information and another RA for the same claim containing the national provider identifier number and the details of the claim, the RHHI says on its Web site.