OASIS Alert

OASIS News: Major PPS Changes Are Just Around The Corner

Expect stress and confusion come May.

The guessing game about what will b?e included in the long-awaited PPS refinement rule is almost over.

OASIS changes will likely take place in conjunction with the upcoming prospective payment system refinement rule, a Centers for Medicare & Medicaid Services official confirmed during an April 23 presentation at the **National Association for Home Care & Hospice's** annual policy conference in Wash-ington, DC. The rule is in the final stages of the clearance process at the **Office of Management and Budget**.

The proposed rule is expected to contain major refinements to PPS, the 2008 Medicare payment rate update for home health agencies and possibly OASIS changes required by the PPS refinements.

Highlights: The PPS rule may include changes to the 10-visit therapy threshold, reduced payment for subsequent care episodes, changes to case mix diagnosis codes, revised payment for supplies and changes to payment adjustments (LUPAs, SCICs and PEPs), predicts consultant **Mark Sharp** with **BKD** in Springfield, MO.
Other announcements from CMS at the NAHC policy conference include:

• **Revisions to OASIS questions and answers are in the works,** CMS' **Pat Sevast** said at the NAHC policy conference. Also, CMS recently mailed out DVDs of OASIS training clips to every Medicare-certified HHA in the country, she said. Agencies can go to www.oasistraining.org to request the DVDs or access enhanced Web training, she suggested.

• **Clinicians should not follow the National Pressure Ulcer Advisory Panel's new pressure ulcer guidelines just yet.** "We are aware of the new guidance," Sevast said. Even though OASIS instructions refer to NPUAP guidelines, the CMS is looking at the guidance to see how adopting it would affect reimbursement before deciding what to do, Sevast cautioned. The guidance revises pressure ulcer stages, definitions and descriptions (see Eli's OASIS Alert, Vol. 8, No. 3, p. 30).

Note: To learn more about the PPS refinements, attend Mark Sharp's teleconference sponsored by Eli Research, "2007 PPS Refinements: The Decade's Most Significant Changes to PPS," in May. More information on this and other Eli teleconferences is at www.audioeducator.com, or call 1-800-508-2582.

• **Be prepared to defend your claims for hypertension.** Regional home health intermediary **Cahaba GBA** has launched a review of this type of claim. Widespread review 5THDO will target home health agency claims with a primary diagnosis of 401.9 (Essential hypertension, unspecified) and a length of stay greater than 120 days, Cahaba says. The review resulted from previous data analysis on such claims.

• **Three of the 10 measures on Home Health Compare improved** by 1 percentage point each when CMS updated the patient outcomes data March 22. The percentage of patients whose ambulation improved increased from 40 to 41; the percentage of patients who had less pain went from 62 to 63; and percentage of patients who have improved bladder control rose from 49 to 50. Despite intense focus on improving rates of acute hospitalization and emergent care, they remained the same, at 28 percent and 21 percent respectively.

• **The Home Health Quality Improvement National Campaign released** its second best practices intervention

package on April 2. The package on Emergency Care Planning is at www.homehealthquality.org/ hh. Registered nurses may apply for free 1.25 Continuing Nursing Edication units for completing all of the nursing track activities.

• **According to the American College of Foot and Ankle Surgeons** (ACFAS), 2.4 million diabetes patients, representing 15 percent of the estimated 16 million Americans afflicted with the disease, will develop a serious foot ulcer during their lifetime. Ulcers and other foot complications are responsible for 20 percent of the nearly three million hospitalizations every year related to diabetes.

• **Diversified Clinical Services, Jacksonville, FL (www.diversifiedclinicalservices.com) has formed an advisory board of top wound care professionals to provide the latest clinical insights, practices and opinions in wound care. The disease management company focuses on collaborating with hospitals to establish and manage comprehensive outpatient wound care programs. DCS has more than 150 wound care centers nationwide.**