

OASIS Alert

OASIS News: Report Further Dissects Home Health Compare Data

In an annual report released in March, the **Agency for Healthcare Research and Quality** ranked Minnesota first in the nation in overall state healthcare quality. The report examines quality of care in all the states and the District of Columbia

Minnesota had an overall score of 66.96, while Wisconsin received a score of 66.04. Texas and Florida ranked lower on the list with scores of 35.1 and 38.93, respectively, and Mississippi received a score of 29.63.

If you are interested in the breakdown of Home Health Compare measures by race and ethnicity, that information is available in Appendix D of the report. The report is found at http://www.ahrq.gov/qual/grdr07.htm.

• Medical and eldercare policy groups are putting pressure on Congress to fund falls prevention programs. Twenty-two groups including the National Association for Home Care & Hospice are calling on Congress to spend \$20 million on falls prevention under the Centers for Disease Con-trol and Prevention.

About "1.8 million older adults were treated in emergency departments for injuries from falls, 433,000 were hospitalized, and nearly 16,000 died," the coalition says in a release. "The CDC reports the mortality rate from falls among older Americans has increased 39 percent between 1999 and 2005."

According to the CDC, more than \$19 billion annually is spent on treating the elderly for the adverse effects of falls, the coalition reports.

• The Centers for Medicare & Medicaid Services revised its HH PPS PC Pricer again on March 27. The update was "due to provider update logic issues," CMS says in a March 31 email to providers. You can download the latest version of the new pricer online at http://www.cms.hhs.gov/PCPricer/05 HH.asp.

Meanwhile, M0110 problems are still shortchanging HHAs, the **Connecticut Association for Home Care & Hospice** notes in its member newsletter. The Common Working File continues not to count 2007 episodes when figuring "early" or "later" episodes in sequencing.

"CMS is working on the problem," CAHC says. "It is not yet clear how CMS plans to identify and make corrections." Providers "should assess all claims submitted during this time period to ensure that they are receiving correct payment," the trade group advises.

• "Stamp signatures are not acceptable ... to sign an order or other medical record documentation," spells out a new transmittal CMS issued March 28.

That goes for physician signatures for home health agencies as well as hospices, CMS clarified at an Open Door Forum in January.