

OASIS Alert

OASIS News: THERAPY EXPANSION WILL COST AGENCIES

Yes, electromagnetic wound therapy can count as a therapy visit -- but there's a catch.

The **Centers for Medicare & Medicaid Services** confirmed in April that the newly covered wound therapy counts toward the therapy threshold under PPS. But that means it also is bundled into the home health prospective payment system episode payment, CMS explains.

Beginning Oct. 1, home health agencies will have to pay for it, CMS reveals in a July 9 transmittal. Starting then, Medicare won't pay therapists separately for G0329 (Electromagnetic tx for ulcers) when a patient is under a home health plan of care. Agencies can count G0329 when calculating therapy visits for OASIS item M0825.

1. Outcome-based quality improvement reports reflecting April data are now available for agencies to download from CASPER, reports **Jennifer Markley** with the Austin-based **Texas Medical Foundation**. The new data usually is available monthly, after the second Saturday of the month, but from this month until the end of 2004 that schedule will be more irregular, Markley says.
2. Beginning in October, CMS plans homebound demonstration projects in three states -- Colorado, Massachusetts and Missouri -- loosening homebound requirements for disabled Medicare beneficiaries. The demo will admit beneficiaries whose physician certifies that the patient has a permanent, disabling condition and a daily need for help with at least three activities of daily living.

But outcomes data from these patients could skew agencies' overall home health quality improvement data, suggested one caller to the special Open Door Forum CMS held June 25. CMS reassured listeners that HHQI data, some of which appears on the Home Health Compare Web site, is risk-adjusted. But the caller worried that non-homebound patients would appear healthier on the OASIS assessment, avoiding significant risk adjustment, but would actually have worse outcomes.

3. No one should be surprised that CMS has pushed back publication of the home health agency conditions of participation again. The COPs have languished unattended to for years. In its Semiannual Regulatory Agenda in the June 28 Federal Register CMS delays the proposed COP rule to February 2005. In addition, CMS has pushed back to November 2006 the regulation making OASIS electronic reporting a COP.

Another proposed rule is required because so much time has elapsed since the first proposal in March 1997.

4. Also in its Semiannual Regulatory Agenda, CMS has pushed back the "final action" on the "nondiscrimination in post-hospital referral to home health agencies and other entities" rule to November 2005. CMS first proposed the rule in November 2002, with release of the stats expected in January of this year.

CMS proposes to "collect, maintain, and make available to the public information about hospital referrals of Medicare patients to HHAs" that have financial relationships with the hospital.

5. HHAs are facing yet another form -- the notice of exclusions from Medicare benefits (NEMB). In the June 16 Federal Register, CMS proposes the new form and seeks **Office of Management and Budget** approval of the NEMB. "Whenever a Home Health Agency reduces or terminates home health services in situations ... for which a Home Health Advance Beneficiary Notice is not appropriate; the HHA must give the beneficiary notice," CMS says in its OMB submission, posted June 29.

The form (CMS-10111) and supporting paperwork are at www.cms.hhs.gov/regulations/pa. Instructions on submitting comments are at www.access.gpo.gov/su_docs/fedreg/a04_0616c.html.