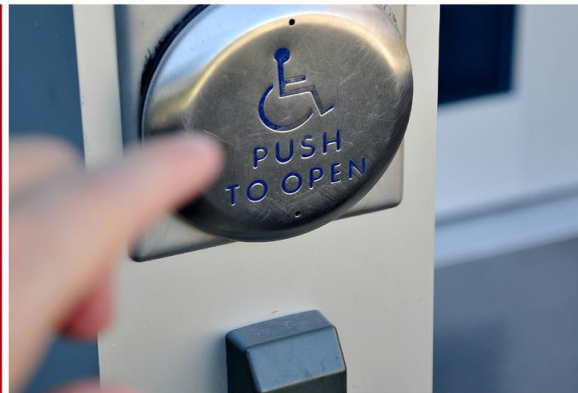


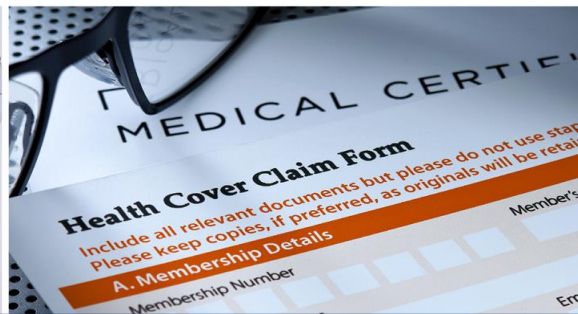


**Fourth Edition**



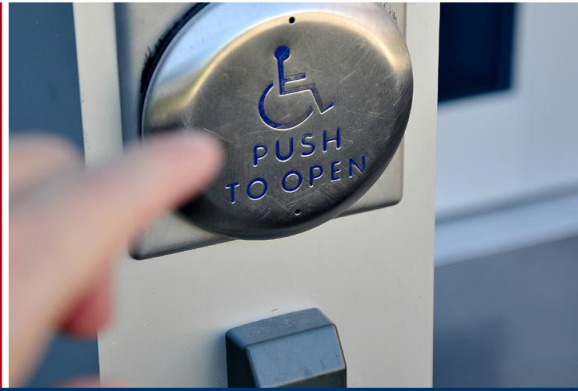
# Comparative

## HEALTH INFORMATION MANAGEMENT



**Ann H. Peden**

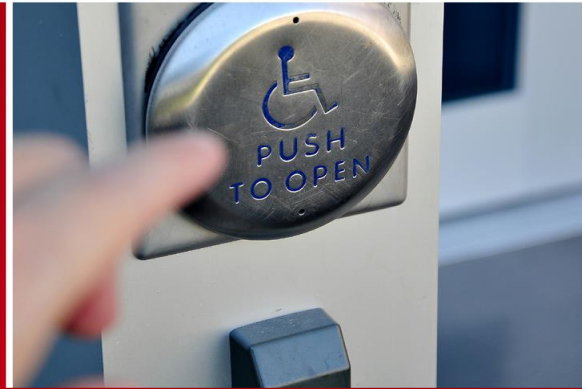
# Section IV



## Post-Acute Care



# Chapter 12



## Home Health Care



# Learning Objectives

- Explain the basic operations of a home health care agency and identify potential future trends of the industry.
- Discuss the importance of data collection, analysis, and reporting to be competitive in the current payment environment.
- Identify the types of services provided by home health care agencies.

(continues)

# Learning Objectives

- Explain the growth of home health care.
- List the agencies or organizations that develop standards for home health care.
- Explain the purpose of the Outcome and Assessment Information Set-C1 (OASIS-C1).
- Discuss the importance of outcome-based quality improvement (OBQI) and outcome-based quality management (OBQM) in the home care setting.

# Introduction to Settings

- Home Health Care: A service to the recovering, disabled, or chronically ill person, providing for treatment and/or effective functioning in the home environment
- Also known as “home care,” “visiting nurses association (VNA),” “visiting staff”
- Growth in home care related to cost savings, changes in reimbursement, technology, and advances in patients’ rights

# Types of Home Care Patients

- Homebound: Confined to the home except for infrequent or relatively short absences that require considerable and taxing effort
- Homebound status is required to qualify for Medicare coverage of home health services
- Patients are referred from a variety of sources, and physician orders are required to provide services

# Types of Caregivers

- Skilled nursing – Must be supervised by a registered nurse
  - Medical-surgical
  - Intravenous therapy
  - Enterostomal therapy
  - Other: Psychiatric, maternity, restorative
- Home health aide
  - Activities of daily living
  - Vital signs
  - Other activities as permitted by state regulations



# Caregivers: Specialty Services

- Physical therapy
- Occupational therapy
- Speech-language pathology
- Medical social services
- Nutrition
- Respiratory
- Other possible services:
  - Patient transportation, respite care, durable medical equipment (DME), Meals on Wheels

# Regulatory Issues

- Medicare/Medicaid: Conditions of Participation
- State licensing agencies
- Deemed status available through:
  - The Joint Commission (TJC)
  - Community Health Accreditation Program (CHAP)
  - Accreditation Commission for Health Care (ACHC)

# Documentation

- Home Health Certification and Plan of Care (CMS-485 or “485”): Form no longer required, but elements are still required
- Certifying physician or non-physician practitioner must document a face-to-face encounter with the patient
- Comprehensive assessment completed on first visit
- Care plan includes goals, objectives, and who is responsible for completing the plan

(continues)

# Documentation

- Physician orders (signed prior to billing)
- Skilled nursing services by registered nurse
- Supervisory visits
  - By registered nurse for home health aides
  - By PT for PTA and OT for OTA

(continues)

# Documentation

- Other
  - Patient database, hospital discharge information, referral information, patient bill of rights, advance directives, DNR orders, medication profile, progress notes, problem list, teaching guides, discharge summary

# Record Format

- Source-oriented
- Problem-oriented
- Integrated

# The Outcome and ASsessment Information Set-C1 (OASIS-C1)

- Group of data items designed to establish a means of systematic measurement of patient home health care outcomes
- Outcomes measure changes in a patient's health status between two or more time points

(continues)

# OASIS-C1

- Data used in quality monitoring and in Medicare's home health prospective payment system
- Data submitted to state agency through purchased software or through Home Assessment Validation and Entry (HAVEN) software from CMS



# Reimbursement

- *Medicare*: In the home health prospective payment system (HH PPS) payment is for a 60-day period based on patient's home health resource group (HHRG)
- *Medicaid*: Rate determined by state
- *Private insurance*: Percentage of charges
- *Self-pay*: Patient acknowledges that other payers will not pay and agrees to pay for services out of pocket

# Medicare HH PPS

- Payment based on the OASIS-C1 assessment is for a 60-day episode of care
- Payment amount varies based on severity of patient's illness as determined by the Home Health Resources Groups (HHRGs)
- HHRG determined by answers to certain OASIS-C1 questions

(continues)

# Medicare HH PPS

- HHRG based on three dimensions
  - Clinical
  - Functional
  - Service utilization

(continues)

# Medicare HH PPS

- HHRGs are represented by Health Insurance Prospective Payment System (HIPPS) codes on claims
- HIPPS codes for HH PPS are 5-position alphanumeric codes that represent specific patient characteristics on which Medicare payment determinations are made
- Unit of payment is a 60-day episode, paid in two split payments

# HH PPS Changes in Payments

- *LUPA* – Low Utilization Payment Adjustment. An episode of four or less visits is paid per visit instead of by HHRGs
- *PEP* – Partial Episode Payment (adjustment). A reduced payment based on number of service days less than 60 in cases of transfers

(continues)

# HH PPS Changes in Payments

- *Outlier* – When the provision of care results in unusually high costs to the home care agency, adjustments are made
- *Upcodes/Downcodes* – A change in the code assigned changes the payment

# Other Financial Issues

- Payer Mix
- Financial Stability
  - Fixed costs and variable costs
  - Medicare coverage issues
- Audits
- Denials
  - Medicare will not pay claim

# Information Management: *ICD-9-CM/ICD-10-CM* Coding

- Vital in determination of HHRG
- Comprehensive assessment completed before codes are assigned
- Primary diagnoses, other diagnoses, payment diagnoses
- *ICD* procedure codes for hospital procedures
- Diagnosis codes for durable medical equipment



# Information Management: *CPT/HCPCS* Coding

- CPT/HCPCS codes for physician services
- Development of the care plan and care plan oversight
- Physician keeps own records documenting time spent per patient on care plan oversight

# Information Management: Other

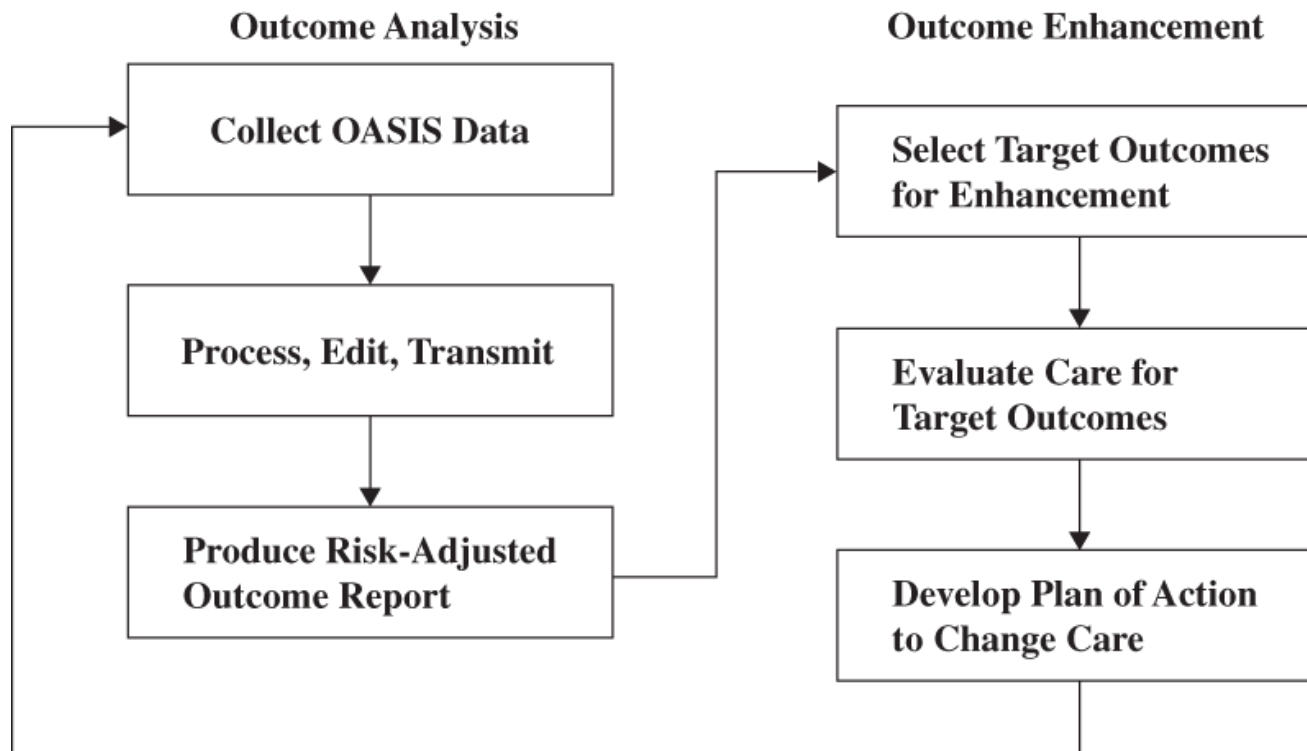
- Data and information flow
- Electronic information systems
- Data sets
  - OASIS-C1

# Quality Improvement

- Outcome-based quality improvement (OBQI) and outcome-based quality management (OBQM) use outcome measures from OASIS-C1 to measure performance
- Reports compiled by state agency and provided to home health provider
- Home health provider selects outcomes for enhancement, evaluates care, develops a plan of action to change the care, and monitors to see if desired gains are accomplished

# Two-Stage OBQI Process

## Two-Stage OBQI Framework



**Two-Stage OBQI Framework.** (From the Centers for Medicare & Medicaid Services' Outcome-Based Quality Improvement (OBQI) Implementation Manual, pp. 2.4.)

# Utilization Management

- Seeks to assure that services are appropriate to patients' conditions
- Written plan
- Improve processes that affect customer base and be competitive in price and quality
- HIM professional's data analysis skills useful in quality improvement and utilization management

# Risk Management and Legal Issues

- Incident reporting
- Satisfaction committee/monitoring
- Background checks for employees
- OSHA
- Confidentiality
- Policies and procedures

# Role of Health Information Manager

- Role often extends beyond medical records
  - Finance
  - Quality Improvement
  - Utilization Review
  - Information Systems
- Home care is data-driven
- Role in developing, implementing, and maintaining effective information systems

# Trends

- Home-based primary care and disease management
- Telemedicine for the home
- Possible changes in payment systems for post-acute care providers
- Independence at home program



# Summary

- Quality care at a reasonable cost
- Changing regulations require creative business planning
- HIM professionals contribute by coupling clinical and technical aspects of information management

# Web Activity

- Visit the Home Health Agency Center at the CMS website
- <http://www.cms.gov>
- Select a link to one of the many topics available on this page and describe information about home health care that was available through the link selected