

Quality Counts

Arizona Home Health Quality Initiative

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What's New

CMS Open Door Forum

The next CMS Home Health, Hospice, and DME Open Door Forum is scheduled for Wednesday, May 14.

Visit http://www.cms.hhs.gov/OpenDoorForums/17_ODF_HHHDME.asp#TopOfPage for more information.

Progressing Toward the 9SoW

The Centers for Medicare & Medicaid Services (CMS) 8th Scope of work (8SoW) has demonstrated significant success in which Quality Improvement Organizations (QIOs—such as HSAG) around the country were effective as community leaders, successfully engaged important health care partners, and helped providers improve quality. In particular, the QIO program was responsible for:

- Home health agencies setting improvement targets. Those agencies that set targets through the Setting Targets-Achieving Results (STAR) Web site experienced lower acute care hospitalization (ACH) rates than those that did not (29.81 percent vs. 34.94 percent).
- Success of the Home Health Quality Improvement National Campaign. Nearly two-thirds of the nation's home health agencies joined the campaign, and campaign participants improved ACH rates by 0.09 percent, whereas nonparticipants worsened by 1.1 percent.
- Sustaining the Advancing Excellence in America's Nursing Homes Campaign. QIOs worked as community leaders with partner organizations to drive more than 6,700 nursing homes to join the voluntary campaign (the campaign is showing early success).
 - Participating homes that opted to work on pressure ulcer and restraint goals generally had lower rates than the norm at the outset and are showing greater improvement.

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Boomers to Flood Medical System

According to an Institute of Medicine report, the U.S. health care work force is not ready for the coming surge of baby boomers and must find ways to increase the number and training of workers. The report calls for the federal government to require more training for direct-care workers and for Medicare to raise reimbursement rates for geriatric specialists to attract and keep people in the specialty.

For more information, please visit <http://www.iom.edu/CMS/3809/40113/53452.aspx>.

- As a result of the campaign, it is estimated that there are 3,238 fewer pressure ulcers, 4,419 fewer residents in daily restraints, and 3,797 fewer long-stay residents with pain.
- Participating nursing homes indicated that they undertook new quality improvement efforts due to the campaign. (The QIO program's emphasis on setting goals clearly had an impact.)
- With Advancing Excellence evolving into a sustained effort, not a two-year campaign as initially planned, there will be more opportunity for QIO impact.
- Nursing homes setting targets: nearly 10,000 nursing homes have established STAR accounts. In the six months ending January 2008, the STAR Web site had 8,000 hits per day, with an average of 20 page views per session.
- Reporting hospital quality data: in FY 2007, 94 percent of hospitals received their annual update for successfully reporting their hospital quality data, which are publicly reported on the CMS *Hospital Compare* Web site.
- Reducing avoidable hospitalizations among nursing home residents through a pilot project in Georgia.
- Successful beneficiary case review: QIO performance in the 8SoW shows 95 percent of case reviews were completed within CMS' prescribed time frames, 86 percent of beneficiaries surveyed said that they were satisfied with the case review/complaint process, and 62 percent of the cases reviewed in which the QIO found a confirmed quality-of-care concern resulted in the initiation of a quality improvement activity to address the quality concern.

Don't Forget About OASIS Brown Bag Trainings!

HSAG has partnered with the Arizona Department of Health Services (ADHS) to present a series of 2008 OASIS Brown Bag trainings throughout Arizona. These trainings will focus on what CMS has planned for OASIS, common errors, clarifications, and reports from HSAG on current topics.

The next Brown Bag training will be in Kingman on **May 20, noon to 2 p.m., at the Kingman Regional Medical Center.**

Agendas will be created based on input from you! What issues do you want to discuss and know more about? These trainings are informal, so bring your lunch and come find out what's new regarding OASIS.

Another Brown Bag training will also be held on **July 22, from 11 a.m. to 1 p.m., in Flagstaff** (exact location TBD).

To submit questions/topics and to register for the Brown Bag trainings, please contact Kathy Bailey at 602.745.6372 or at kbailey@azqio.sdps.org.

As we head down the road to the 9SoW, we will continue to share the QIO program's many achievements, and those of the providers the program works to assist. We will also work to align our program messaging with broader CMS messaging and event opportunities. Program priorities—the 9SoW themes of Beneficiary Protection, Patient Safety, Prevention, and Care Transitions—are in line with national CMS priorities.

As always, we look forward to working with you, our valued partners, to tell the story of the QIO program as we work together to improve the quality of America's health care.

Source: Barry M. Straube, MD, CMS Chief Medical Officer and Director, Office of Clinical Standards and Quality. March 2008 QIO News.

NPI Numbers Now Mandatory on All Part-B Claims

Effective this past March, all 837P and CMS-1500 claims must have a National Provider Identifier (NPI) or NPI/legacy pair in the required primary provider fields. Failure to include an NPI will cause the claim to be rejected. This was the second key implementation date for NPI, as institutional claims were required to have the same information in order to be paid as of January 2008. This is in preparation for the May 23 deadline when all claims must have NPIs-

only in order to be paid. The latest information can be found on the NPI page of the CMS Web site.

As always, testing is of the utmost importance. For providers who have been submitting claims with both an NPI and a Medicare legacy number—and those claims have been paid, you need to test your ability to get paid using only your NPI by submitting one or two claims with just the NPI.

Phone Monitoring Benefits

Phone monitoring is defined as scheduled remote care delivery or monitoring in which scheduled telephone patient encounters occur between a home health care provider and a patient and/or caregiver. Phone monitoring does not include the use of electronic information processing technologies.

Phone monitoring is used as a key intervention by many home health agencies to reduce hospitalizations and improve the quality of care provided to “at-risk” home health patients.

Some benefits of phone monitoring include:

- Providing increased communication with patients at risk for hospitalization.
- Decreasing anxiety in patients/families who are, at times, overwhelmed with caregiving issues.
- Providing the reinforcement of patient emergency care planning.
- Reinforcing patient self-management activities.
- Providing timely intervention when there is a decline in a patient’s health status.
- Increasing the agency’s impact with the patient/caregiver.
- Decreasing patient/caregiver complaints, as they feel more supported on nonvisit days.
- Providing cost-effective patient management by decreasing the total number of on-site visits.

For more information on phone monitoring, please visit <http://www.medqic.org>.

If the Medicare NPI Crosswalk cannot match your NPI to your Medicare legacy number, the claim with an NPI-only will be rejected. If the claim is processed and you are paid, continue to increase the volume of claims sent with only your NPI.

There is still the possibility that your claims could be rejected. If this happens, go into your National Plan and Provider Enumeration System (NPPES) record and validate that the information you are sending on the claim is the same information as in NPPES. If it is different, make the updates in NPPES and resend a small batch of claims three to four days later. If your claims are still being rejected, you may need to update your Medicare enrollment information to correct this problem. Call your Medicare carrier, FI, A/B MAC enrollment staff, or the National Supplier Clearinghouse for advice right away. It is important to have a copy of your NPPES record available.

For more information and education about the NPI, please visit the CMS NPI Web page at <http://www.cms.hhs.gov/NationalProvIdentStand>. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or call the NPI enumerator to request a paper application at 1.800.465.3203.

Source: The Pulse of CMS, Winter 2008.

National Home Health Campaign Culminates in Recent Issue of *Home Health Care Management and Practice*

As the Home Health Quality Improvement (HHQI) National Campaign drew to an end, two new Best Practice Intervention Packages were published on the HHQI Web site (<http://www.homehealthquality.org>) to support home health agencies in disease management and transitional care coordination.

In addition, an article titled “Acute Care Hospitalization (ACH) Rates Improve through Transitional Care Coordination” was published in the January/February 2008 issue of the *Remington Report* (<http://www.remingtonreport.com>).

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To round out the campaign, the campaign’s support center, Quality Insights of Pennsylvania, provided articles for the entire issue of the peer-reviewed journal *Home Health Care Management and Practice*. The February 2008 issue, titled “Home Health: Validation and the Future of Best Practice Interventions,” focused on reducing ACH. Sixteen authors representing 11 agencies, and four quality improvement organizations—QSource, Texas Medical Foundation, Health Quality Institute, West Virginia Medical Institute, and Qualis Health—contributed to the 13 articles.

Free abstracts are available at <http://hhc.sagepub.com/content/vol20/issue2>.

The campaign wrapped up on February 29; however, materials will still be available on the HHQI Web site (<http://www.homehealthquality.org>) through July 31. These materials are also available on MedQIC (<http://www.medqic.org>).

Source: March 2008 QIO News.

Guided Pathways to Medicare Resources for Fee-For-Service Providers Available

CMS is pleased to announce the availability of the latest Medicare Learning Network provider-education product, titled “Guided Pathways to Medicare Resources for Medicare Fee-For-Service Health Care Professionals.”

Guided Pathways has been developed as an educational tool for fee-for-service health care staff members who are relatively unfamiliar with the Medicare program, as well as for those professionals looking for easy access to the many resources on the CMS Web site.

Using a “road trip” motif, the guide leads users through nine broad sections of information covering the Medicare program, with links to other pertinent information. The guide also provides links to other government resources pertaining to Medicare fee-for-service items.

Guided Pathways can be accessed on the Medicare Learning Network Web site: <http://www.cms.hhs.gov/apps/training/guidedpathways/index.html>.

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Visit HSAG’s Home Health Quality Initiative (HHQI) Web site at <http://hhqi.hsag.com>.

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