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A Major Change in October 2000

Starting October 1, 2000, Home Health will move to the Prospective Payment System. The Federal Register published October 28, 1999, proposed the "Episodic Reimbursement System" for Home Health. Many unclear issues are still up in the air, but the core idea is to stop the per visit system followed since Home Health was regulated. Under the "Episodic Reimbursement System", a predetermined amount per illness will be paid, per sixty day intervals. The amount of the payment will be determined by the severity of the illness. If the condition of the patient changes during the sixty day interval, a case mixed adjustment will be made. More on this subject will follow in future issues of this newsletter.

What is New at Sigma Health Care, Inc.?

Sigma Health Care, the only Home Health Agency with headquarters on Galveston Island has once again blazed the trail for quality in Home Health. With the addition of several respected professionals in the Home Health field, Sigma's role as an innovative leader in Home Health in Galveston County and the State of Texas has become even more pronounced.

Karen Fawcett, R.N., will administer the Quality Improvement Program and Marilyn Boley, R.N.C., has been appointed Nursing Supervisor. The Rehabilitation Program of Sigma Health Care has recently been restructured to meet the increasing needs for more specialized professionals.

We have rounded out our staff with the addition of seven Physical Therapists and five Occupational Therapists, two of which specialize in Neuro-gerontology.

Emanuel Tan, P.T., has rejoined the Program along with Magdi Attia, MS.PT., and Mohi Ismail, MS.PT., both specialists in the area of geriatrics. Also joining the program staff is Cathy Elton, PT., and Rene Pere, MS.OT., both with Neuro- specialties along with Laurie Lindsey, MS.SLP.

We are very pleased to be able to offer the combined expertise of these team members to our community.

OASIS Data Collection a New Condition of Participation in the Medicare Program

Beginning on July 19, 1999, Home Health Agencies participating in the Medicare Program have been required to collect data at certain time points relating to medical or social status of patients under care of the agency.

OASIS (Outcome and Assessment Information Set) data are collected at the following time points: start of care, resumption of care, after an inpatient stay, follow-up (including recertification or other follow-up), discharge, transfer to inpatient facility or death.

OASIS data collected as part of the comprehensive assessment must be collected within (5) five days of the start of care. Other OASIS data must be collected within 48 hours of all other required time points. Once collected, agencies have (7) seven days to encode (enter into a computer) their OASIS data, check the data for errors and make it transmission ready, i.e., lock the data so no changes are allowed. At least once a month, agencies will retrieve all of the locked data for the previous month and create a file to forward to the State Survey Agency.

This data will be the basis for the "Episodic Reimbursement System" which will start on October 1, 2000.

Medicare Eligibility Requirements For Home Health Care

Your Home can be a house, an apartment or home for the aged. A Home cannot be a hospital or skilled nursing facility. For your home health care services to be paid by Medicare:

- ***You Must Be Homebound***

In order to be considered homebound, your medical condition is such that your ability to leave home creates a considerable/taxing effort, and when you leave home it is for infrequent or short time periods, e.g., to receive medical treatment. In addition, Medicare requires that your doctor sign a Medicare Certification form that states the medical condition which confines you to your home.

- ***You need intermittent skilled nursing care, physical therapy or speech therapy, (occupation therapy maybe covered when other therapy services are indicated)***

Intermittent skilled nursing care means you need skilled nursing care fewer than seven days each week (or less than eight hours of each day for 21 or fewer days). Physical therapy services, generally, must be the type of services that require skilled physical therapy staff.

What Is Not Covered Under Medicare Home Care

- Personal assistance provided by home health aides, such as bathing, toileting, dressing, etc., when there is no need for skilled nursing or physical therapy services.
- 24-hour care at home.
- Meals delivered to your home.
- Prescription drugs.
- Homemaker services, food shopping, laundry meal preparation, recreational activities, etc.
- Infusion of Antibacterial therapy.

What to Consider When Choosing an Agency

- Know if the agency is Medicare-certified.
- Know how the agency provides services.
- Make sure the agency is responsive to requests for information about your care and your Medicare benefits.
- Make sure that the agency has a live 24 hours response system.

Situations Which May Violate Medicare Guidelines

- You are told to limit your normal activity while receiving home health care so that the homebound criteria can be met.
- A nurse advises you that they can inject your insulin or other self-injectable medication when you are able to do so yourself
- The home health aide services are provided to meet your non-health related needs, i.e., shopping, housekeeping, and meal preparation.
- Your home health aide services continue to be provided when you no longer receive skilled nursing or therapy services.
- You are pressured to accept unneeded items and services.