

## OASIS Alert

### Industry Notes

#### **Animal Therapy Helpful For Dementia Patients, New Study Shows**

A new study suggests your patients may benefit from interaction with animals. Therapy animals help to ease aggression and depression in nursing home residents suffering from dementia, according to a study published in the American Journal of Geriatric Psychiatry.

The researchers studied 65 nursing home residents with dementia who were assigned Animal-Assisted Therapy (AAT) as part of their treatment over the course of 10 weekly sessions. Using the Cohen-Mansfield Agitation Inventory and the Dementia Mood Assessment Scale, the researchers determined a baseline of aggression and depression symptoms among the participating residents.

Compared to tests performed at the end of the 10-week period, the residents who received the AAT had steady, unchanged frequency and severity of aggression and depression symptoms. The control group not receiving AAT, experienced significantly increased agitation/aggression and depression.

"AAT is a promising option for the treatment of agitation/aggression and depression in patients with dementia," the study states. "AAT may delay progression of neuropsychiatric symptoms in demented nursing home residents." But more research is necessary to determine the long-term effects of AAT on dementia, the researchers say.

#### **Newspaper Highlights Regional Home Care Utilization Differences**

Home care and other post-acute care providers are in the spotlight for increased Medicare spending and widely varying utilization across geographic regions.

**For example:** "Medicare spends \$8,800 on each Louisiana patient receiving home health care, \$5,000 more than it spends on the average New Jersey senior. In Chicago, one in four Medicare beneficiaries receives additional services after leaving the hospital □ three times the rate in Phoenix," reports the Washington Post. "More than a quarter of Medicare spending in Louisiana, Massachusetts, Mississippi, Oklahoma and Texas was for post-acute care in 2011."

Where patients go after hospital discharge "largely ... has to do with the supply of providers and type of providers in the area," Anne Tumlinson, a consultant at Avalere Health, told the Post.

**Highlight:** Medicare's cost for treating stroke patients, including time in the hospital and three months of subsequent care, averages \$40,000 if the patient is discharged to an inpatient rehabilitation facility, \$33,000 for stroke patients discharged instead to a nursing home, and \$13,000 for those in home care, the Post says.

Post-hospital services are the primary reason Medicare spends much more in some parts of the nation than elsewhere, says the article, implying that less costly post-acute care will save the program money.

However, home care spending in 2011 accounted for "a quarter of the reason some areas were more costly than others," the article contends. The article blasts HHAs' average "double digit" profit margin, projected at 12 percent this year.

Medicare's home health PPS system gives agencies "the incentive ... to sign up patients who need hardly anything and sign them up for as long as you can get them," Judy Feder, a professor at the Georgetown Public Policy Institute, told the Post.

#### **New CERT ADR Deadline Delayed Indefinitely**

You don't have to worry about adhering to the new shorter timeframe for CERT ADR responses for a while. "The planned January 1, 2014, change from 75 days to 60 days for the submission of initial Comprehensive Error Rate Testing (CERT) documentation is delayed until further notice," HHH MAC Palmetto GBA says on its website. "Until a new date is implemented, providers have 75 days to respond to initial CERT documentation requests." Palmetto announced the change this fall.

### **ZPICs Train Spotlight On Home Health, Hospice**

It's not just your imagination □ you've gotten special attention from the ZPICs. One Zone Program Integrity Contractor "received almost \$3 million for a completed project specifically examining potential fraud among home health providers," reveals the Government Accountability Office in a new report.

In 2012, ZPICs closed 557 investigations of home health and hospice providers, the GAO says in the report. While 380 of those originated from "other" sources, 298 came from MAC complaint units, the GAO says. Seventeen of the 557 cases were accepted by law enforcement.

**Dollars:** In 2012, ZPICs referred more than \$88 million in claims for overpayment collection. But, only \$13.3 million was actually recovered.

During that time period, ZPICs added 104 home health and hospice providers to prepay review and denied \$7.3 million in claims. ZPIC-recommended auto-denials reached \$8 million in the year, according to the report.

**Other stats:** In home health and hospice cases, ZPICs interviewed 1,455 beneficiaries, performed 126 onsite investigations, reviewed more than 8,300 claims in prepay review and more than 12,000 claims in postpay, and received nearly 350 requests for law enforcement cases, says the report at [www.gao.gov/assets/660/658565.pdf](http://www.gao.gov/assets/660/658565.pdf).