Home Health

BUSINESS REPORT

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A WEEKLY REPORT ON NEWS, TRENDS & STRATEGIES FOR THE HOME HEALTHCARE EXECUTIVE

Home health is still under the spotlight for fraud and abuse

By MATTHEW HAY
***HHBR* Washington Correspondent**

WASHINGTON – Home care providers can expect state and federal investigators to zero in on fraud and abuse in Medicare and Medicaid next year. That point was highlighted by John Krayniak, director of the **Medicaid Fraud Control Unit**, who told the House Commerce Subcommittee on Investigations and Oversight last month that the home care industry remains rife with fraud and abuse.

"It is an industry that contains all of the components for disaster," he said. "It is unregulated in the traditional medical sense. Multiple agencies are involved with large amounts of government money, and it is attractive to the consumer.

"Already the fastest-growing part of the Medicaid-funded healthcare system, state and federal outlays in the home health industry have ballooned in the last five years," said Krayniak. The Medicaid federal share for home healthcare is expected to reach $18.4 billion by the year 2000, he added.

"The potential for fraud in this rapidly expanding and highly expensive industry is clear," he asserted. "Kickbacks to doctors to authorize medically unnecessary treatment, services, or supplies, whether provided or not, is cause for concern."

Krayniak told the subcommittee that frequent visits by nurses, nurse practitioners, and home health aides combined with regular visits to a physician for certification of continued need and dosage adjustment are often necessary. But he argued that fragmented billings provide "a classic recipe for fraud." Drugs are billed by the pharmacies, and the supplies used to assist in administering the drugs are billed by the durable medical equipment provider. Professional services are billed by the home health service company or individual providers, and personal services may be billed to various agencies, he said.

Krayniak also put the spotlight on home infusion. In addition to drugs and nutritional formulas, supplies such

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Amedisys says companies can prosper under proposed PPS

By MEREDITH BONNER
***HHBR* Editor**

While the road to success has not recently been easy for **Amedisys** (Baton Rouge, LA), President/CEO William Borne says he thinks the company is beginning to see the light at the end of it.

Amedisys, he said, has seen problems since the implementation of the interim payment system (IPS), but he said the future with the proposed prospective payment system (PPS) looks bright, especially with the recent delay of the 15% across-the-board cut. Borne added that the industry as a whole, despite popular belief, has a good chance to prosper under PPS.

"We are looking to get certain outcomes in certain periods of time," Borne said, adding that if a company can get the desired outcome under the rate, it can make a profit. Borne said that Amedisys will take advantage of

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New HHS report points to busy home health regulatory agenda

By MATTHEW HAY
***HHBR* Washington Correspondent**

The **Department of Health and Human Services**' (HHS; Washington) semiannual regulatory agenda says the proposed rule amending the **Health Care Financing Administration**'s (HCFA: Baltimore) surety bond regulation should be issued next month. The rule will require agencies to obtain a surety bond by Oct. 1, 2000. Earlier this year, the **General Accounting Office** recommended a single $50,000 bond for both the Medicare and Medicaid programs and an exemption for agencies, but HCFA argues these recommendations require further Congressional action

According to the report, a proposed rule implementing a surety bond requirement for Medicare suppliers of durable medical equipment (DME) will be published in March. That rule will require a surety bond of at least $50,000 before being issued a new provider number. The

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INSIDE:

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Alabama Blue Cross, Blue Shield selected to replace Wellmark

An *HHBR* Staff Report

BALTIMORE – The **Health Care Financing Administration** (HCFA; Baltimore) announced last week that **Alabama Blue Cross and Blue Shield** will replace **Wellmark** as the contractor processing Part A claims for Iowa and South Dakota, as well as home health and hospice claims for 15 states and the District of Columbia. The move makes Alabama Blue Cross and Blue Shield the second largest regional home health intermediary.

Wellmark notified HCFA last month of its decision to exit the Medicare fee-for-service program. It also opted to withdraw as the regional contractor in the 15 states and the District of Columbia where it processes claims to about 2,800 home health agencies and hospices. According to HCFA, the actual transition will be completed by June 2000. ■

HHS

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rule is designed to protect against bad debts by DME suppliers, as well as screen potential DME suppliers.

In addition to the final rule for the new prospective payment system (PPS) for home health agencies due out in July, the report says additional standards for DME suppliers are already overdue.

Long-term actions include revised conditions of participation for home health agencies, which have been largely unchanged since Medicare was enacted, as well as revised conditions of participation for hospice. A proposed rule updating hospice payment rates, clarifying the services covered under the benefit, and making other changes in the hospice benefit is also expected sometime next year.

Other final rules expected early in the year include a standardized provider identifier and standards for the security of health information and electronic signature, both required by the Health Insurance Portability and Accountability Act of 1996. ■

New compliance guide outlining JCAHO regs is now available

Leaping the Joint Commission's hurdles to accreditation for your home care agency can be made easier with the newest edition of *Strategies for Successful JCAHO Homecare Accreditation 1999-2000*.

This newest edition is a step-by-step guide to compliance with the **Joint Commission on the Accreditation of Healthcare Organizations'** 1999-2000 standards. Its 573 pages provide strategies and documentation tools to help you prepare for accreditation, and they include dozens of forms, checklists, staff education documentation, and management tools.

Strategies for Successful JCAHO Homecare Accreditation 1999-2000 also features more than 150 pages of case studies with tips, suggestions, and advice from your peers who have survived the survey, plus a list of vendors approved by the Joint Commission to measure outcomes for your agency.

With your purchase of the new accreditation guide, you can receive 25 nursing continuing education credits free. You also have the opportunity to buy unlimited additional CE programs for just $40 each.

If you have a home care survey coming, don't wait to order this guide. Call (800) 688-2421 for more information, or send an e-mail to American Health Consultants at *customerservice@ahcpub.com.*

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COMPANIES IN THE NEWS

GF replaces its chairman

Graham-Field Health Products (GF; Bayshore, NY) named Thomas Opladen chairman, replacing Rupert Morley, the company said last week. Morley resigned from the board following his resignation from **Brierley Investments**, GF's largest shareholder. Opladen is president of **River Group**, a New York consulting firm.

HHCA asks for another extension in reorganization

Home Health Corp. of America (King of Prussia, PA) has filed another request seeking a 60-day extension of the exclusive periods to file and solicit acceptances of a reorganization plan. This time, the company seeks extensions to Jan. 31 and March 31. The current expiration dates to file and solicit acceptances of a reorganization plan are Dec. 3 and Feb. 1, respectively. The company notes that the size and complexity of its case is a precipitating factor for the most recent extension request. HHCA also said its progress in the case included rejecting a number of leases and contracts that were no longer of value to the estate, resolving a dispute with the **Department of Health and Human Services** over Medicare payments and filing regular schedules of financial affairs and assets and liabilities.

HHCA has also presented its lenders with a business plan that they hope will form the basis for a restructuring plan. The company and lenders have already begun to draft the restructuring plan. The company and lenders have already begun to draft their plan, HHCA said.

IHHI President/CEO resigns

In Home Health (IHHI; Minnetonka, MN) President/CEO Wolfgang von Maack has resigned, effective Feb. 15 . He will, however, remain chairman of IHHI, the company said.

The IHHI board has formed a search committee to find a replacement for the positions of president and CEO.

Mallinckrodt gets award for new device

Mallinckrodt (St. Louis) recently introduced its newest pediatric asthma product, WhistleWatch Asmalert, a monitor that measures the maximum rate at which a child can exhale air. The new device avoids many of the erroneous meter readings that prevent children from getting the respiratory care they need, Mallinckrodt said. The WhistleWatch device works when a child blows into the colorful device and listens. A whistle sounds if the asthma attack is under control, while prolonged silence signals the need for medical attention, said Mallinckrodt.

The **Health Industry Distributors Association** (Alexandria, VA) recently awarded Mallinckrodt the 1999 Most Innovative New Product of the Year prize for the new WhistleWatch device, the company said.

Mallinckrodt also introduced its new Puritan-Bennett Achieva portable volume ventilator. The new product, with pressure support, offers new dimensions in versatility that make it practical for children and for adults in multiple care settings, the company said.

NHHC sees earnings increase in 1Q00

National Home Health Care Corp. (NHHC; Scarsdale, NY) reported a 1Q00 ended Oct. 31 net income of $1.1 million, 21 cents per share, compared to a 1Q99 net income of $186,000, 4 cents per share. The company recorded 1Q00 revenues of $9.5 million, a 3.1% increase over 1Q99 revenues of $9.2 million.

The latest quarter, the company said, included a net gain on sale of subsidiary stock of $682,000, 13 cents per share, and no other impact from its interest in **SunStar Healthcare**, while 1Q99 reflected no sales of subsidiary stock, but included a net loss from its interest in SunStar of $350,000, 7 cents per share.

NHHC also said Steven Fialkow has been appointed CEO and will also continue as president. He has served the company as president/COO since October 1997. Frederick Fialkow, who has served as chairman/CEO since 1988, will remain chairman.

PSAI to hold annual shareholders meeting

Pediatric Services of America (PSAI; Norcross, GA) said its 2000 annual meeting of stockholders will be March 8 in Atlanta. PSAI shareholders of record as of Jan. 10 will eligible to vote at the meeting, the company said.

Praxair launches new oxygen delivery system

Praxair (Danbury, CT) has launched in the United States and in Canada the Grab 'n Go portable medical oxygen system, an all-in-one portable unit for the healthcare industry. The new system streamlines oxygen delivery by eliminating the need for a separate regulator, flow meter, cylinder wrench, and special valve seal, Praxair said. The company also said the system is safer than conventional oxygen delivery methods.

Rehabilicare holds shareholder meeting

Rehabilicare's (New Brighton, MN) annual shareholder meeting was last week. At the meeting, Rehabilicare management discussed highlights of FY99 ended June 30, including record year-end financial performance, the company said.

Sparta signs letter of intent to buy HomeTech

Sparta Surgical Corp. (Concord, CA) signed a nonbinding letter of intent to purchase all of the outstanding common stock of **HomeTech Medical Services**. Sparta said it is working toward the execution of a binding stock purchase agreement, which will be subject to several conditions, including approval by Sparta's board, completion of financing and the determination by Sparta that the results of its due diligence investigation of HomeTech's business and assets are satisfactory. ■

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Amedisys

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new technology that it didn't make sense to use under the old system. He also said to take care of certain processes and to be able to deliver results, the company will focus on its disease state management, which he said is the only way to get the outcomes the company is looking for.

Amedisys, which has seen losses in the past few quarters, will be able to see profits under PPS, said Borne. The upswing was reflected in its recently reported 3Q99 results when it recorded a profit of $1.98 per share. The proposed reimbursement rate is 15% over what Amedisys currently collects, which will result in improvement in its financial position, Borne said.

Another strategy Amedisys will take aside from profit, Borne said, is focusing solely on its home care operations.

"We have divested ourselves of everything we were associated with," he said. "We were seven product lines when IPS was implemented, and when we looked long term, we decided home care was the way to go."

Amedisys sold its DME operations, and Borne said its infusion business is just about sold. He added that the company is in the process of getting rid of its surgery centers, staffing business, and management business and has become a pure player. "This is important because it limits our competition and increases our referrals," he said.

Borne said that healthcare in general, has been vertical during the period of IPS. But it is going more horizontal now, he said, all breaking down into different business lines.

Amedisys has three main focuses in its home care services, including congestive heart failure, diabetes, and wound care management. Borne said the company will become "a large regional player that will mostly be in niche-type markets." He said that for the industry as a whole, the players that focus on one segment will prosper the most under the proposed system.

"It's a matter of discipline and sacrifice," he said. "(Companies) will have to do things the right way for right reason. Pure players will do well.

"The recent changes will create some major players," he added. "We will see a lot of consolidation, but not a lot of consolidators. And from my understanding, that was the government's intent because it's easier to standardize and regulate."

The biggest challenge for the industry when PPS is implemented, Borne said, will include providers changing their mind set. Providers will have to take an industry that has done things a certain way for 20 years and convert the mind set to clinical pathways and outcome-driven care from high-utilization-reimbursed care, Borne said. ■

MANAGED CARE REPORT

• **RightChoice Managed Care** (St. Louis) said it is comfortable with the range of analysts' earnings estimates for 4Q99 and FY99. Analysts polled by **First Call** have a 4Q99 consensus view of 21 cents per share, with a range of 18 cents to 23 cents. In FY98, the company reported earnings of 19 cents per share. The consensus for FY99 is 88 cents, with a range between 85 cents and 90 cents, and in FY98, RightChoice posted earnings of 33 cents per share, excluding some items. RightChoice COO and CFO Sandra Van Trease attributed the company's continued improving financial performance to strategies the it implemented a few years ago and will continue into 2000. The efforts include reducing general and administrative costs, focusing on effective and appropriate medical management, working with doctors more effectively, and simplifying procedures and work processes.

• **The WellCare Management Group** (Kingston, NY), parent company of **WellCare of New York** and **WellCare of Connecticut**, signed a definitive agreement to acquire all of the outstanding and issued stock of **DirectCare**, an Alabama licensed commercial HMO. The terms of the transaction involve a capital infusion, in a form acceptable to WellCare, to allow for the growth and financial stability of DirectCare. Additionally, DirectCare will exchange 100% of its outstanding and issued shares for 750,000 shares of WellCare stock. In addition, **Comprehensive Health Management**, an affiliate of WellCare, will enter into a management agreement with DirectCare. The transaction is subject to certain customary conditions, including clearance by the **Alabama Department of Insurance** and approval by DirectCare shareholders.

• **Humana**'s (Louisville, KY) **Employers Health Insurance** (EHI) company has entered into an agreement with **Laboratory Corporation of America Holdings** (LCA; Burlington, NC) in which LCA will be the preferred provider of laboratory services for EHI. Under the agreement, LCA will service EHI's 1.4 million covered lives throughout the country, and, in the future, will be a cornerstone laboratory services provider for Humana's ChoiceCare Network.

• **Aetna U.S. Healthcare** (Blue Bell, PA) recently urged the healthcare industry to work together to reduce the number of deaths caused by medical errors. The company said, "Managed care organizations can play a critical role in reducing medical errors that result in 44,000 to 98,000 avoidable deaths each year through their data analysis and quality improvement capabilities and by working together with hospitals, physicians, and government agencies." Aetna applauded the White House and Congress' attention to "this critical public safety and health issue, but thinks the entire healthcare industry can and must do more." ■

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TECH UPDATE

• **VerticalNet** (Horsham, PA) has entered into an alliance with **Kelly Healthcare Resources** (KHR), a business unit of **Kelly Services** (Troy, MI), in which VerticalNet will provide a resource of career and training services for healthcare professionals at *Nurses.com*, the company's Web site for the nursing profession. KHR will co-sponsor the *Nurses.com* career development resources, post open KNHR positions in *Nurses.com*'s Career Center, offer training via a new e-commerce center on VerticalNet's Web site, sponsor a series of interviews with prominent nursing career experts, and develop specialized site content.

• In the telemedicine segment, unit sales have been higher, but equipment prices have dropped in response to stronger competition from low-cost desktop solutions, according to a recently published **Feedback Research Services** report. Home care telemedicine, the report said, is currently dominated by one well-established competitor in the United States, **American TeleCare** (Eden Prairie, MN), but launches by major electronics companies in 2000 could change this picture. The report said the important question for healthcare product manufacturers is whether telemedicine can ever reach the huge potential everyone anticipated during the mid 1990s. For more information on the report, call (800) 927-8071.

• **Phoenix Healthcare Corp**. (Dallas) said it will exit the underperforming healthcare services business to become a healthcare technology company. The company said, effective last week, **Healthcare Information Technologies** (HIT; Dallas) has become a wholly owned subsidiary of Phoenix. Phoenix said it will concentrate its efforts on rapidly growing its healthcare technology business. HIT has developed two patient-specific software systems that will facilitate efficient ordering and tracking of medical products intended for use by healthcare providers. The software will provide users the tools necessary to track patient information, billing, and medical supplies. HIT will market its products to home care and hospice companies, as well as medical supply companies and hospitals.

• **Simione Central** (Atlanta) has released version 2.5 of The Smart ClipBoard clinical information system. The new version is available immediately, the company said. Version 2.5 provides enhancements to the existing Smart ClipBoard functionality, including improved replication functionality, plan-of-care merge function, user-defined ICD-9 sub-setting, revised order screens, and several new report options, Simione said. Simione in July acquired the Smart ClipBoard from **CareCentric Solutions**. The system is the home care industry's leading Windows 95, pen-compatible, clinical information system, said Simione. ■

CALENDAR

• **Medtrade Europe**, the trade event in Europe that focuses exclusively on the home care market, has been postponed to 2001. The conference was scheduled for April 12-14, 2000. For more information on Medtrade Europe, call (800) 241-9034.

• The **California Association for Health Services at Home**'s (Sacramento) 2000 annual conference is May 17-19 in Pasadena. For more information, call (916) 554-6117.

• The **National Association for Home Care** (Washington) is offering a series of one-day workshops on the prospective payment system (PPS) to provide attendees with analysis and detailed information about how to successfully implement PPS. Locations and dates will be announced. For more information, call (202) 547-7424.

• The **American Federation of Home Care Providers** will be conducting several one-day workshops on *Understanding and Managing Under PPS*. The first workshop will be Feb. 1 in St. Petersburg, FL. Other programs are in planning. For more information, call (800) 525-5577. ■

REGIONAL DIGEST

• Massachusetts has ironed out a proposal that would give visiting nurses and home health aides a modest raise, but many home care executives have criticized the plan, saying it is poorly conceived and inadequate. The lack of government money for home care is so dire, the **Visiting Nurses Association of Boston** (VNA) said it might be forced to to stop serving Medicaid patients altogether, reports the *Telegram & Gazette* of Worcester, MA. If that happened, 4,000 of the agency's 16,000 patients would be without home visits, said VNA President Joanne Handy. The state is willing to raise hourly payments to agencies for nursing care by 11%, from $56.94 to $63.34, the *Telegram & Gazette* reported, and bump up hourly payments to aides from $19.60 to $20.71. The federal government pays 50% of the hourly allotment, and the state pays the rest. But, the *Telegram & Gazette* reported, the **Home & Health Care Association of Massachusetts** said proposed raises were calculated improperly by the state and are not enough to cover salary, transportation, supplies, and other administrative costs.

• Payments for home healthcare services in Aberdeen in Scotland have been deferred until next year, reported the *Aberdeen Press & Journal*, because of budget pressures. The new charging policy came into effect Nov. 7, but invoices will not be issued until Jan. 11. ■

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Fraud

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as tubing, syringes, alcohol swabs, bottles, gloves and needles, and expensive equipment, such as pumps, nebulizers, glucose monitors, and blood pressure kits, are all billed on a regular basis and increase the risk of fraud, he argued.

Krayniak highlighted some examples of home health fraud:

• Five individuals in Massachusetts were charged on a variety of Medicaid fraud charges as a result of the Medicaid Fraud Unit's investigation into Medicaid's personal care attendant program, which allows disabled individuals to remain in a community setting with the aid of personal care attendants. Each of the defendants charged the state for services that were not provided and/or inflated billings made to the agencies.

• In Pennsylvania, after a four-week trial, a home healthcare agency owner and her corporation were found guilty for engaging in a five-and-a-half year scheme to defraud Medicare and Medicaid of more than $1 million. Evidence presented at the trial revealed that the owner falsified records regarding patient homebound status.

• Two home healthcare providers continued to bill the Washington State Medicaid program after the patients had died. In one of these cases, the defendant continued to bill the state while living with the victim's ex-wife.

Major areas of exposure

Leading healthcare attorney Deborah Randall of the Washington-based firm **Arent Fox** recently outlined her major concerns about fraud exposure for home health providers and offered her advice on how to mitigate that exposure.

Speaking at the **American Health Lawyers Association** conference in Washington, DC, Randall said her No. 1 concern is the use of coordinators and community liaisons. She said the coordinator liaison problem stems from a misunderstanding by hospitals, nursing homes, and assisted living facilities about what home health agency staff can do onsite in those facilities and what kinds of reviews those persons can perform before an actual referral is made to a home health agency.

"The real problem here is not that the CEOs of the home health agencies don't understand this law because they do," Randall said. "What is happening is the people who are staffed out to those locations get sucked into the relationships of the facilities."

The coordinators often keep poor documents and are not able to show what services they performed. Home health agencies then include the salaries of these individuals on cost reports as fully reimbursable. "Even if there isn't a kickback problem in the facility, there is a problem with the cost report," she warned.

Randall said another risk area deals with diversified systems and shared employees. She said this issue deals with whether home health agencies are farming some of their staff out to do other work and how they are accounting for it on the cost report. She maintains that a poor understanding of reimbursement principles is the primary cause and said home health agencies must have sound policies for tracking employee staff time.

The criteria for homebound patients is another problem area, according to Randall. "We know a lot more about what a homebound patient is or is not by simply time and place and the number of denials people are getting," said Randall. "But there is no reason why a home health agency should be keeping on service a person who is able to drive a car and go out into the community." Those cases are not limited, but frequent enough that the reputation of the industry is at risk, she argued.

Randall also outlined her concerns in the area of Medicaid. The main exposure there is appropriate billing, according to Randall. "I am concerned about the equivalent of a false claims issue case brought by Medicaid against a provider for billing inappropriate services to the Medicaid program," she said.

Agencies that are not familiar with the Medicaid Priority Third Party Liability Law (TPL) should quickly become familiar with it, she added. "TPL is a big issue right now, and a lot of money is going to be taken back," she warned. Even if it does not turn out to be a fraud case, there may be some penalties, she added.

Randall also noted that some agencies still fail to acquire a physician's signature before billing Medicare. She noted that this item was included in an **Office of Inspector General** (OIG) report last month, which noted that agencies are doing better, but that some agencies still send in bills without physician's signatures. "I think we have another six months before we see someone bring a serious case on this," she warned.

Randall also noted one case in which a home health administrator was convicted of witness tampering. She said agencies must understand that owners are prohibited from influencing the responses of their staff to inquiries and investigations by the OIG or fiscal intermediaries.

Finally, Randall said a number of the big cases she has been involved with in the home health field over the last year and a half have involved the IRS. "There are investigators in the IRS who are looking at home health agencies," she asserted. Those investigations may include repayment to the government, as well as criminal or civil exposure for home health agencies, she added. Randall said those investigations deal not only with whether costs are appropriately identified, but also whether certain amounts of money are taken out of the home health system inappropriately. ■

– See next week's HHBR for fraud and abuse issues confronting hospice, DME, and infusion providers.

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