

Eli's Hospice Insider

STUDIES: Update Your Billing Address -- Or Lose Your Rights

CMS instructs MACs to suss out sham health care operations.

A favorite tactic of some Medicare fraudsters is to set up 'dummy' storefront operations that have billing addresses but no real health care going on. The feds are on to this trick, and that's good.

But well-meaning home health providers and suppliers that have moved recently need to take steps to make sure they don't get caught in the dragnet. According to Transmittal 306 from the Centers for Medicare & Medicaid Services, effective Nov. 2, "all providers and suppliers are subject to unannounced site visits prior to receiving Medicare billing privileges or subsequent to receiving Medicare billing privileges."

In certain cases, CMS will instruct a Medicare Administrative Contractor (MAC) to make a visit to a medical provider or supplier to determine if it's operational at the address on file. If the MAC representative can't tell from an external check-up whether the place is in operation, the MAC rep "shall conduct an unobtrusive site verification by limiting its encounter with provider or supplier personnel or medical patients."

If your office is closed when the MAC rep arrives, but it doesn't appear that the office is nonoperational, the MAC will come back to re-check. If the MAC determines that the office is not operational at the address on file, the MAC will revoke the provider's billing privileges within seven days, unless the provider has submitted a change of address to Medicare.

The transmittal most likely aims to discourage "sham" operations from setting up shop -- those storefront buildings that set up Medicare billing privileges and submit fraudulent claims but don't actually see patients. However, the new regulations could bleed over to affect legitimate providers who simply forgot to update an address change.

Tip: If you've moved recently, make sure your MAC has the right contact information on file for your practice. "The best and most effective way for providers to verify their information would be to contact customer service at the appropriate MAC," advises **Sandie Becker**, coding and reimbursement specialist with the Santa Clara County Medical Association and Monterey County Medical Society in California.

Resource: Read the transmittal at www.cms.hhs.gov/transmittals/downloads/R306PI.pdf.

Newly developed guidelines offer advice for providing spiritual care to palliative care patients. The article, "Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference," grew out of a conference sponsored by the Archstone Foundation of Long Beach, Calif.

"The report's recommendations seek to ensure that spiritual care is a fundamental component of quality palliative care, which strives to prevent and relieve suffering for seriously ill patients and their families," said **Joseph F. Prevratil, JD**, president and CEO of the Archstone Foundation in a release from George Washington University Medical Center.

The report includes spiritual care models, suggestions on professional training, ideas for developing accountability measures, and guidance for engaging community clergy and spiritual leaders in the care of patients and families, according to the release.

"For the first time we have a practical model for the implementation of inter-professional spiritual care which will result in improved healthcare outcomes for patients," says **Christina Puchalski, MD, MS, FACP**, co-principal investigator and lead author of the report, from The George Washington Institute for Spirituality and Health (GWish) at the George Washington University Medical Center.

The guidelines, developed during a recent consensus conference, were published in the Journal of Palliative Medicine. The article is available free online at www.liebertpub.com/jpm.

The American Physical Therapy Association (APTA) urges older adults to schedule a balance and falls assessment. Working with a physical therapist can reduce the risk of falls and related injuries, the association said in a release. Falls present a major health hazard to those age 65 and older. The Centers for Disease Control and Prevention found that one third of adults 65 and older fall each year in the United States. Falls are also the leading cause of death due to injury and the most common cause of nonfatal injuries and hospital admissions for trauma among older adults "Too many people erroneously consider falls a normal consequence of growing old," says physical therapist **Judith Daniel, PT, MS, GCS.**

"It's simply not true. There are evidence- based interventions that can help reduce their risk of falling and reduce falls-related injuries."