

OASIS Alert

Industry Notes

CMS is switching its OASIS submission vendor from **AT&T** to **Verizon**, CMS's **Kim Jasmin** said during the latest **Centers for Medicare & Medicaid Services'** Open Door Forum for home care providers. Information about the change will be posted on the QTSO website at www.qtso.com and the OASIS state welcome page, Jasmin added during the March 2 call.

Agencies that use AT&T for OASIS transmission must begin using Verizon by June 2011, reports the **National Association for Home Care & Hospice**.

Also, HHAs don't have to worry about new HIPAA 5010 form requirements when submitting OASIS, CMS's **Wil Gehne** told a caller. The HIPAA 5010 requirements affect only standard transactions that are named in HIPAA regulations, such as claims and certain inquiries, he explained. "It wouldn't affect OASIS transmission at all."

- **Don't jump the gun** on the switchover from **Cahaba GBA** to **CIGNA** as your Medicare contractor.

CIGNA is already receiving requests for things like provider address changes. "All provider requests and inquiries must continue to be directed to your current Medicare contractor for assistance at this time," CIGNA tells providers in an e-mail message. "We are unable to accommodate such requests until we are operational and officially assume the J15 workload. These types of misdirected requests will cause unnecessary delays in processing."

CIGNA is scheduled to take over as the Home Health and Hospice Medicare Administrative Contractor June 13. "Most provider action items will take place within the 90-day window leading up to segment cutover," CIGNA says in a separate provider e-mail.

- **You can download the latest version** of the Home Health PPS (HH PPS) PC Pricer at www.cms.gov/PCPricer/05_HH.asp. CMS posted the calendar year 2011 pricer on Feb. 3.

- **Medicare officials have put** more physician and beneficiary training tools at your fingertips.

Docs: CMS earlier released a Roadmap for New Physicians booklet outlining docs' compliance duties under Medicare. Now the agency has issued a related PowerPoint slide presentation, speaker's notes, and a video presentation.

These materials summarize the five main Federal fraud and abuse laws -- the False Claims Act, the Anti-Kickback Statute, the Stark Law, the Exclusion Statute, and the Civil Monetary Penalties Law. The materials aren't just for medical students -- you can use them as a refresher at <http://oig.hhs.gov/fraud/PhysicianEducation>.

Benes: CMS's Medicare Learning Network (MLN) has released a new product, "Publications For Your Medicare Beneficiaries." The fact sheet lists a variety of beneficiary-related publications available to assist providers in responding to patients' questions about Medicare, all of which can be printed and provided to patients.

The publications include specific ones about home care, durable medical equipment and suppliers, diabetes services and products, and hospice. The fact sheet is at www.cms.gov/MLNProducts/downloads/BenePubFS-ICN905183.pdf.

- If you're submitting claims for five-visit episodes with a single nurse or social worker visit, you're at high risk of denials.

Regional home health intermediary **Cahaba GBA** is continuing to run widespread edits on these two types of claims, it says in its March newsletter for providers. And both types of claims are turning up high denials rates -- 83 percent for the claims with one nurse and four therapy visits, 75 percent for the claims with one medical social worker and four other visits.

For the single nurse visit edit, "the top denial reason ... was related to medical necessity of the one-time skilled nurse visit," Cahaba explains. If the nurse opens the case and performs the start of care assessment, that visit is not billable --" unless the nurse also delivers a medically necessary skilled nursing service.

Tip: "If the skilled need for the nurse is observation and assessment, there is greater need than a one-time visit," Cahaba says. And don't forget that the therapist can perform a SOC assessment.

For the single MSW visit, "many of these denials are related to the medical necessity of nursing and/or the MSW visit," Cahaba reports. "Routine evaluations for community resources where no needs were previously identified would not be considered a covered MSW service."

More information is in the Newsline at www.cahabagba.com/rhhi/news/newsletter/201103_rhhi.pdf.

Looking for a tool to help your patients manage their medications safely? A new medication safety tool from the **American Medical Association** may prove handy. The tool directs patients to make a med list and asks them questions like "Are you taking all of your prescribed medicines at the correct times?" and "Do your doctors know if you stopped taking a medication?"

The tool, which is part of the AMA's "Know What's In Your Medicine Cabinet" initiative and National Patient Safety Awareness Week, is at www.ama-assn.org/ama1/pub/upload/mm/433/medication-safety-checklist.pdf.

• **Willful neglect violations can lead to some humongous fines.** And one of your agencies' biggest vulnerabilities may be portable devices containing unsecured PHI, say experts.

"HHS hasn't formally made a determination that a lost or stolen laptop [or other device containing unencrypted PHI posing a significant risk of harm to an individual] represents willful neglect," observes consultant **Abner Weintraub** in Orlando, FL. "If HHS made such a finding, it would likely be that not encrypting the data would constitute the 'willful neglect.'"

That could happen considering that "HIPAA is a reasonableness standard," Weintraub says. "Covered entities are supposed to take reasonable precautions against reasonably anticipated risks." And that includes the potential for what have been widely reported thefts of laptops containing unencrypted PHI, he points out. "Laptop thefts are probably second to cell phone theft."

Don't be one of these: "If you look at research and surveys related to data and device thefts, a lot of organizations still don't encrypt health data or mortgage data, etc., that could harm individuals if it fell into the wrong hands," cautions Weintraub.

• **Don't be surprised to see fraud and abuse enforcement** ramp up for home care providers. The **Centers for Medicare & Medicaid Services** has "identified two types of providers whose services and items are especially vulnerable to improper payments -- HHAs and suppliers of durable medical equipment, prosthetics, orthotics, and supplies," the **Government Accountability Office** says in a recent report about Medicare and Medicaid waste, fraud, and abuse.

Numerous congressional committees have held hearings on fraud and abuse in the Medicare program this month, including the Senate Finance Committee, the House Ways and Means Oversight Subcommittee, the House Energy & Commerce Committee, and the Senate Homeland Security and Governmental Affairs Committee.

The GAO report is online at www.gao.gov/new.items/d11409t.pdf.