

OASIS Alert

Industry Notes

- What do you do when a patient won't sign a home health advance beneficiary notice? This can be a big problem for psych patients, a home health agency said in a recent **NHIC** teleconference about HHABNs.

"If the beneficiary refuses to sign the HHABN, the HHA must write that the beneficiary refused to sign on the HHABN itself, and provide a copy of the annotated HHABN to the beneficiary," CMS says in its ABN form instructions. Then "the HHA must keep the original version of the annotated HHABN."

If the agency wants to provide care anyway, it "should have a second person witness the provision of the HHABN and the beneficiary's refusal to sign/select an option by making an annotation on the HHABN indicating that he/ she witnessed this event," CMS adds in the instructions, according to NHIC. "The witness must then sign and date next to his/her annotation." You can contact someone by phone to provide the witnessing and they can sign the form later, the agency says.

Remember: "An HHA is not obligated to provide noncovered care when a beneficiary refuses to accept liability," CMS says.

- **You may see some changes** in how your patients with cognitive impairment are diagnosed, based on updated diagnostic guidelines about Alzheimer's funded by the **National Institutes of Health**.

The original diagnostic criteria issued in 1984 addressed only the late stages of the disease involving dementia, the NIH notes in a release. The new guidelines identify three stages of the disease -- preclinical, mild cognitive impairment, and Alzheimer's dementia. More information is at the **NIH National Institute on Aging** website at www.nia.nih.gov/Alzheimers.

- **Recovery Audit Contractors may not have cracked down** on home health agency and hospice providers yet, but that day is likely coming. And RACs are building up steam collecting overpayments on durable medical equipment suppliers.

A new CMS report reveals that during fiscal year 2010, RACs collected \$75.4 million from providers that were overpaid by their Medicare contractors. But that number pales in comparison to the amount the RACs collected just in the first three months of 2011. Between January and March, the RACs collected \$162 million in overpayments.

The good news: Despite their reputation as "bounty hunters," the RACs do appear to be returning money to providers that were underpaid. During the first quarter of 2011, the RACs returned \$22.6 million to providers. All told, they found \$184.6 million in incorrect Medicare payments during the first three months of this year.