

OASIS Alert

Industry Notes

Another Contractor Is Looking Over Your Shoulder

If you're confused about another Medicare contractor that has joined the alphabet soup of organizations that can conduct medical review of your claims, CMS is clearing it up.

The **Centers for Medicare & Medicaid Services** contracts with **StrategicHealthSolutions** to be a Supplemental Medical Review/Specialty Contractor (SMRC), the agency says in a Sept. 30 post on its website. The SMRC conducts nationwide medical review at CMS's direction to "evaluate medical records and related documents to determine whether Medicare claims were billed in compliance with coverage, coding, payment, and billing practices," CMS says.

Targets: Claims may be chosen for review based on "vulnerabilities identified by CMS internal data analysis, the Comprehensive Error Rate Testing (CERT) program, professional organizations and Federal oversight agencies," CMS continues.

The SMRC will notify CMS "of any identified improper payments and noncompliance with documentation requests," the agency explains. Then "the Medicare Administrative Contractor (MAC) may initiate claim adjustments and/or overpayment recoupment actions through the standard overpayment recovery process."

CMS actually contracted with SHS last year to be the SMRC, reports Washington, D.C.-based law firm **Liles Parker**. "The contractor has been employing statistical sampling and extrapolation practices, thereby significantly magnifying any projected overpayments identified through the contractor's efforts," the law firm warns on its website.

Tip: "If you have already been audited by another entity for the same claims, the SMRC will release their audit if you send them proof of previous Complex Medical Review," advises **U.S. Rehab**, a division of **VGM Group**, on its website.

Use This Free Tool To Improve Care Quality

Looking for ideas on boosting care quality at your agency? The **Visiting Nurse Associations of America** has a free best practices tool for you.

The VNAA Blueprint for Excellence addresses quality improvement, workforce development and consistency of care delivery, the trade group says. The blueprint "includes training programs and tools used by the nation's top performing home health agencies," VNAA says in a release.

The product includes modules on Care Initiation (Frontloading, Pneumonia Vaccine, MD Appointment Scheduling, Critical Interventions in the First/Second Visits); Clinical Conditions (Depression); Patient Engagement (Patient Self-management and Self-activation); and Patient Safety (Risk Assessment, Medication Reconciliation, Falls Risk Assessment and Exacerbation of Condition).

A link to the blueprint is at vnaa.org.

Watch For Coding Conversion Details Next Spring

Wondering which ICD-10 codes will be linked to LCDs? The **Centers for Medicare & Medicaid Services** has pledged to get you that information by April.



"All ICD-10 local coverage decisions (LCDs) and associated ICD-10 articles will be published on the Medicare Coverage Database no later than April 10, 2014," CMS says in MLN Matters article MM8348. "All other LCDs and articles (i.e., those LCDs and articles that do not contain ICD-10 information, or articles not attached to an LCD) will be published no later than Sept. 4, 2014."

Since the ICD-10 implementation date is Oct. 1, 2014, this should give you almost six months to nail down the LCD transition. The MLN Matters article is at

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8348.pdf.