

OASIS Alert

Industry Notes

Buckle Down On Rehospitalization Efforts.

Reducing rehospitalization rates among your patients is good for them, good for your care quality ☐ and good for your OASIS-based outcomes.

Case in point: Clearfield Hospital Home Health in Pennsylvania is getting good press about its efforts to reduce acute care hospitalization for its patients, according to the Gant Daily newspaper. The agency has reduced its rate to 15 percent, 2 percent below national and state average, the newspaper says.

"Our agency's primary mission is to help patients stay in their homes. Every hospitalization that occurs adversely affects their quality of life," director Karen Warfield said in the Daily. "With Medicare now penalizing hospitals for patients who are readmitted with diagnoses of heart failure, myocardial infarction and pneumonia, home health agencies can also play an important role in avoiding costly readmissions."

Using tools from the **National Home Health Quality Improvement** initiative, the team decided to incorporate a patient self-assessment questionnaire into its QI practices, the Daily reports. The questionnaire helps patients identify reasons they may be admitted.

Clearfield also uses disease-specific "Zone Tools" with green, yellow, and red zone indicators to help patients know when they should call the home health clinician for help.

"By preventing avoidable hospitalizations, we are improving the quality of life for our clients," Warfield said in the newspaper. "Each hospitalization results in a decrease in functional ability, and takes longer for clients to reach their pre-hospital level of independence. All of our home care clinicians are to be commended for their commitment to providing the highest quality of care for their patients."

CERT Sets 60-Day Limit

Set your calendars for the new CERT timeline, or lose you reimbursement. "Effective for all initial documentation request letters sent on or after January 1, 2014, providers and suppliers will have 60 days to submit medical documentation in response to initial documentation requests for claims selected by the Comprehensive Error Rate Testing (CERT) program," Medicare Administrative Contractors Palmetto GBA and CGS say on their websites. "If no documentation is received by the 60th day, the claim will be considered a 'no documentation' error and recoupment will be pursued."

New Change Of Care Notice Required In December

It's time to get up to speed on the new CCN and ABN, and one MAC tool may help you.

HHH Medicare Administrative Contractor CGS has developed new webpages on the Home Health Change of Care Notice (CCN) and general Advance Beneficiary Notice (ABN). Home health agencies already can use the CCN, but its use becomes mandatory Dec. 9, CGS notes on the CCN page at www.cgsmedicare.com/hhh/coverage/HH_Coverage_Guidelines/hhccn.html.

When a denial is expected, HHAs must issue the ABN at initiation, reduction, or termination of services, CGS explains. Instructions for when and how to issue the ABN for home health and outpatient therapy are at www.cgsmedicare.com/hhh/coverage/HH_Coverage_Guidelines/abn.html.

