

OASIS Alert

News You Can Use: MEDICARE PROPOSES 2 PERCENT INCREASE TO HHA RATES IN 2010

OASIS proposed as condition for payment.

The **Centers for Medicare & Medicaid Services** proposes raising home health agency rates under the Medicare home health prospective payment system two percent in 2010, according to a proposed rule published in the Aug. 6 Federal Register. That would take the current episode base rate of \$2,271.92 to \$2,317.47 effective Jan. 1. **Plan ahead:** "Case mix creep" remains a top CMS concern. Data from 2007 shows a 15 percent increase in case mix since PPS began in 2000, CMS notes in the rule. With the help of contractor **Abt Associates**, CMS estimates that 9.8 percent of that increase is "real" while the remainder is due to upcoding.

The final report "Analysis of 2006-2007 Home Health Case Mix Change" is now available at www.cms.hhs.gov/HomeHealthPPS/Downloads/Home_Health_Case_Mix_Changes_2006-07.pdf.

To counteract the continued case mix increase, CMS is thinking of increasing the case mix creep cut to 4.26 percent in 2011, it says in the rule. Or the agency could institute a 3.51 percent cut for both 2010 and 2011, it says. But it proposes keeping the 2010 cut at 2.75 percent as previously estimated.

Bonus: Because low utilization payment adjustment (LUPA) and outlier per-visit rates aren't affected by the case mix creep calculation, they would increase 4.7 percent in 2010. CMS does factor case mix creep adjustments into the nonroutine supply (NRS) payment levels, however, so they would increase by only 2 percent.

CMS also wants to set OASIS as a condition for payment, add some clarifications about coverage of evaluation and management services, and beef up its program integrity efforts in certain areas.

- **A patient satisfaction tool for home health is on the horizon.** "For CY 2011, CMS proposes to expand the home health quality measures reporting requirements to include the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Home Health Care Survey," an Aug. 6 notice says. "The HHCAHPS data collection will support the effective and efficient operation of the program because patients' feedback on their perspectives of the home health quality of care from the agency cannot be obtained from any other quality measure in the program," CMS maintains.

The **HHS Agency for Healthcare Research and Quality** developed the 34-question CAHPS tool, CMS notes.

- **The revised publication titled "ICD-10-CM/PCS: An Introduction Fact Sheet"**

(August 2009), which was previously titled "ICD-10-Clinical Modification/Procedure Coding System Fact Sheet," is now available in downloadable format from CMS' Medicare Learning Network at <http://www.cms.hhs.gov/MLNProducts/downloads/ICD-10factsheet2009.pdf>.

This fact sheet provides general information about the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) including benefits of adopting the new coding system, structural differences between ICD-9-CM and ICD-10-CM/PCS, and implementation planning recommendations, CMS says in a Aug. 24 e-mail to providers.

- **The Home Health Beneficiary Notice of Noncoverage (HHABN), Form CMS-R-296** is currently undergoing the final stages of the **Office of Management and Budget** (OMB) review in accordance with the Paperwork Reduction Act (PRA). OMB issued an extension of the expiration date on the current HHABN pending approval of the revised form, CMS reports in an Aug. 29 e-mail to providers. HHAs should continue using the existing HHABN until the revised HHABN

receives final OMB approval. The revised form will be posted on the CMS Web site along with the revised instructions and the date for its mandatory use at: http://www.cms.hhs.gov/BNI/03_HHABN.asp, CMS instructs.

• **If you submit claims with diagnosis code V15.88, you should add** more details on the claim to avoid hold-ups. When regional home health intermediary **Cahaba GBA** receives claims with a trauma diagnosis code like V15.88 (Personal history of fall), it must research the claim to make sure another payor isn't liable under auto, liability, or workers' comp insurance, the intermediary explains in its August newsletter for providers.

Do this: "When submitting a claim with the V15.88 diagnosis code, include a note in the 'Remarks' field (FISS Page 04) acknowledging whether the services are related to a new injury and, if so, where the injury took place," Cahaba instructs. Cahaba lists 10 place of occurrence diagnosis codes, ranging from E849.0 (Home) to E849.9 (Unspecified place), to identify where the injury took place.

If no other insurer is liable, include a note in the "Remarks" field to explain why, Cahaba suggests. For example, state that the patient fell on a certain date in the home and no other insurer was liable.

Tip: "Keep in mind that including information in the 'Remarks' field is always helpful in processing your Medicare claims," the RHHI reminds providers. "In addition, Cahaba encourages providers to review the 'Remarks' page when claims are in RTP as there may be instructions from our staff to assist in the successful adjudication of your Medicare claims." To see the article including the full list of place of occurrence diagnosis codes, go to www.cahabagba.com/rhhi/news/newsletter/200908_rhhi.pdf.

• **You may gain access to more translated Medicare documents** if CMS heeds the **Government Accountability Office's** advice.

"To improve the consistency and transparency of CMS's translation decisions, we recommend that CMS develop a written, agency-wide policy that includes criteria for the translation of written documents as part of its [Limited English Proficiency] plan," the GAO says in a new report.

CMS had translated into Spanish 87 percent of 134 Medicare documents the GAO reviewed, according to the report. Few documents were translated into other languages, however. Providers said translating documents themselves was difficult due to the high cost and the inability to find qualified translators and interpreters, the GAO notes.

The report is online at www.gao.gov/newitems/d09752r.pdf.

• **Even if you just downloaded new home health PPS software**, you have another new version to download. CMS made a new grouper available July 16, noted CMS's Randy Thronset in the July 29 Open Door Forum for home care providers.

But now an even newer one is available. "It's really important that folks go out and get this new version," which contains some tweaks, Thronset urged listeners.

• **Your patients and their caregivers may find** a new Medicare resource useful. Ask Medicare, the e-newsletter for caregivers, is gaining a lot of positive feedback. The Web site helps beneficiaries' caregivers make sense of the ins and outs of the Medicare system and is part of CMS's "My Health. My Medicare" campaign.

Through this campaign, CMS says, it can help people with Medicare understand and evaluate their health and prescription drug coverage and motivate them to take advantage of all Medicare has to offer.

The site is online at www.cms.hhs.gov/MyHealthMyMedicare/10_AskMedicare.asp.