

## OASIS Alert

### News You Can Use: YOUR OASIS C LOGIN INFORMATION HAS CHANGED

CMS' Care Transitions project is beginning to show results.

As if OASIS C changes weren't enough to contend with, you soon can expect a change to how you login to the OASIS data collection system.

"To comply with [**Centers for Medicare & Medicaid Services**] security regulations, CMS is changing the way agencies log in to the OASIS Submission System and CASPER Reporting," the agency says. "The change will require agency users to register for a named individual user account ID."

Registration will be staggered on a state-by- state basis, said a contractor official on the call. When it's your turn, you will be prompted at the usual login page to enter your information. Then you'll get a new login and password that you can use immediately to submit OASIS data, she said.

**Watch for:** CMS will issue the registration schedule in late December. Registration will start in late February.

- **CMS has finalized a requirement** to have ordering physicians write "a written narrative of clinical justification" for management and evaluation services, if they are the only skilled services provided, according to the home health prospective payment system 2010 update in the Nov. 10 Federal Register.

CMS will require the narrative for both certs and recerts, the final rule says. The narrative must prove that "the patient's overall condition supported a finding that recovery and safety could be ensured only if the care was planned, managed, and evaluated by a registered nurse."

"The narrative must be composed by the physician performing the certification or recertification and not by other home health personnel," CMS explains in the rule.

- **Home health agencies' 2010 rates are official.** CMS has sent contractors notice of the 1.75 percent increase to HHA rates in Dec. 4 Transmittal No. 1864 (CR 6747). See the rates online at [www.cms.hhs.gov/transmittals/downloads/R1864CP.pdf](http://www.cms.hhs.gov/transmittals/downloads/R1864CP.pdf) and a related MLN Matters article at [www.cms.hhs.gov/MLNMattersArticles/downloads/MM6747.pdf](http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6747.pdf).

- **Medicare's "Care Transitions" project to reduce** hospital readmissions is already starting to see results, says CMS in a recent Associated Press article. Participating hospitals are seeing readmissions start to inch down, says physician **Barry Straube**, CMS chief medical officer.

CMS hopes to expand the program to all states eventually, Straube tells AP.

The government isn't the only one trying to reduce rehospitalizations. The **American College of Cardiology** began a "Hospital to Home" program this fall, signing up hundreds of hospitals to share solutions with the goal of cutting heart patients' readmissions by 20 percent within three years, the article notes.

- **If abusive billing of the outlier option continues** even under the 10 percent cap that begins Jan. 1, CMS may cut outlier payments from the prospective payment system altogether. So says CMS in a new question and answer about the outlier payment changes.

"If CMS finds that the new CY 2010 outlier policy is not effective and/or achieving our goals, an alternative ... would be to eliminate the outlier policy altogether (in future rulemaking),"the agency warns in the Q&A. In a separate Q&A, CMS clarifies that claims are subject to the new outlier cap if they are paid at the 2010 rate.

A link to the Q&As is online at [www.cms.hhs.gov/center/hha.asp](http://www.cms.hhs.gov/center/hha.asp).

• **If you're using Negative Pressure Wound Therapy (NPWT) devices** (i.e., wound vacs), check out a new warning from the **U.S. Food and Drug Administration**.

"FDA has received reports of six deaths and 77 injuries associated with NPWT systems over the past two years," the agency warns in a Nov. 13 health notice. Wound vacs can increase the risk of infection and bleeding, the FDA says.

Most of the deaths and serious injuries related to NPWT systems occurred in the home or in nursing homes, the FDA says. A list of safety reminders for home care patients is in the warning at [www.fda.gov/MedicalDevices/Safety/AlertsandNotices/PublicHealthNotifications](http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/PublicHealthNotifications).

• **Regional home health intermediary Cahaba GBA will continue** widespread review of HHA non-start-of-care claims with a primary diagnosis of Alzheimer's, the intermediary says in its December newsletter for providers.

Biggest reason for denial: The documentation for the skilled nurse visits did not support medical necessity. To claim observation and assessment, the patient's status must be unstable and treatment plan changing, Cahaba says.

Other reasons cited for denial were plan of care problems such as lacking physician's signature, care plan not specific enough, etc.