

OASIS Alert

OASIS News: Consider New Termination Notices When Scheduling Visits

Clinicians overwhelmed by OASIS paperwork will have to add another form to their stack.

The **Centers for Medicare & Medicaid Services** has submitted its new termination and expedited review forms to the **Office of Management and Budget** for approval, according to a CMS notice in the April 29 Federal Register. The termination notices result from the Benefits Improvement and Protection Act of 2000 and have a statutory implementation deadline of July 1.

The notices will tell beneficiaries their home health services are ending and make a new expedited review of the termination available to them. Despite serious industry concerns expressed to CMS during the comment period, the forms are virtually unchanged from the ones CMS issued in conjunction with its final rule on the matter last November.

Agencies must give termination notices to patients at least two days before discharge. If the patient chooses an expedited review, the timing gets even tighter, as the agency must make another visit to deliver the required information to the patient, as well as provide it to the quality improvement organization.

CMS also issued new instructions for the home health advance beneficiary notice (HHABN), which requires HHAs to issue ABNs whether physicians agree with changes in care or not.

Editor's Note: The Federal Register notice is at www.access.gpo.gov/su_docs/fedreg/a050429c.html. For the latest information on these notices, order Eli's Home Care Week at www.elihealthcare.com or by calling 1-800-874-9180.

- 1. The next update to Home Health Compare is scheduled for June 2, CMS notes on its Web site.
- 2. A comprehensive study seeking to identify ways agencies can reduced unplanned hospitalizations is looking for your input. Sponsored by Briggs Corporation, the National Association for Home Care & Hospice and Fazzi Associates, the study will examine agencies comprising the most successful 10 percent in the nation for that outcome. The study's goal is to identify best practices these agencies use to reduce unplanned hospitalizations and then share that information. Other home care professionals who would like to suggest possible areas for study review are invited to do so at www.fazzi.com/Whats20New/Hospitalization Study.htm#SteeringCommittee.
- 3. **In a surprise move, CMS excluded** home health agency claims from "the initial data universe" that it gave the five new Recovery Audit Contractors to review, said **Connie Leonard**, CMS project officer for the demonstration, in an April 28 Open Door Forum about the new medical review contractors. The RACs will identify overpayments in three states during the pilot project (see OASIS Alert Vol. 6, No.5). RACs will examine hospitals' claims before they get to HHA claims, a CMS spokesperson confirmed in the May 24 Home Health, Hospice and DME Open Door Forum.
- 4. **The odds of pay for performance hitting** home care recently improved. Reports from the hospital P4P demonstration project's first year show that outcomes improved from three to 12 percentage points in all five clinical areas tracked in the demo, CMS says. And CMS seems eager to spread the success to other providers. "These early returns demonstrate that using financial incentives to reward better quality patient care works to deliver better care and avoid costly complications for our patients," CMS Administrator **Mark McClellan** says in a release.
- 5. **CMS** is starting to issue National Provider Identifier (NPI) numbers as required by HIPAA. Instructions on how to obtain the NPI, which will be used to bill all health plans, are at www.cms.hhs.gov/medlearn/matters/mmartcles/2005/SE0528.pdf.

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