

OASIS Alert

OASIS News: Don't Provide Free Care For Transfer Patients

Document all transfer details to get paid.

Here's one more thing to include in your admissions paperwork.

Home health agencies still have disputes over patients who transfer during an episode. Inquiries about such problems are "frequent," RHHI **Cahaba GBA** says in its June newsletter for providers.

An HHA accepting a transfer patient must inform the beneficiary that the original agency will no longer receive Medicare payment for her and will no longer provide services to her. "We encourage HHAs to include this information in their admission paperwork," Cahaba says in the recent Newsline. And the agency's documentation must show it.

The receiving agency must also document that it checked the patient's eligibility in the Common Working File. "A screenprint is required to document this," Cahaba instructs.

Finally, the agency must document its contact with the original HHA, informing it of the transfer. "This contact documentation must include: beneficiary's name; beneficiary's health insurance claim number (HICN); name of home health staff person who was contacted; and the date and time of the contact," Cahaba says.

"Assistance with transfer disputes should be requested only when HHAs have made every attempt, but are unable to resolve the issue themselves," Cahaba stresses.

Resource: A new form for requesting such assistance is at <https://www.cahabagba.com/rhhi/forms/HHATransfer.pdf>.

- **No outcome measures improved** on the publicly reported Home Health Compare in the most recent June 20 update. But other changes are in the works.

Starting at the end of the month, the **Centers for Medicare & Medicaid Services** will apply its new risk adjustment methodology to all patient outcomes on the outcome-based quality improvement (OBQI) report, said CMS' **Debbie Turkey** in the June 25 Open Door Forum for home care providers. All 41 measures will be risk adjusted, Turkey noted. The new adjustment will show up on Home Health Compare when it refreshes its data Sept. 18, she added.

- **The tentative timeline for the significantly revamped OASIS-C assessment tool shows testing** of the new OASIS items and public notice of the new form taking place in 2009, CMS' Turkey said in the June 25 forum.

If that takes place as expected, the new form could take effect as early as January 2010, she said in response to a question from the **Visiting Nurse Associations of America's Bob Wardwell**.

- **Another round of prospective payment system refinement corrections has resulted** in yet one more update to the Home Health PPS Pricer.

CMS has updated the pricer "with a required logic fix and corrected revenue code rate factor," CMS explains in a notice to providers. You can download the new pricer online at http://www.cms.hhs.gov/PCPricer/05_HH.asp.

- **A new screening tool is available** to detect the very early cognitive and functional impairments of dementia, according to a article in the July issue of Neuropsychology.

Measuring everyday activities can help to "understand and predict daily function and improve patient care," the authors conclude. This "new, carefully validated questionnaire called Everyday Cognition (ECog), when filled out by someone who knows an older adult well, can sensitively evaluate the performance of everyday activities that reflect basic mental functioning," reports the **American Psychological Association**.

The article is available at www.apa.org/journals/releases/neu224531.pdf.

- **Based on record-high gas prices, the Internal Revenue Service has raised** its standard mileage rate to 58.5 cents per mile for the rest of 2008. That's up from the former 50.5 cents. The new rate took effect July 1. The IRS rate announcement is at <http://www.irs.gov/pub/irs-drop/a-08-63.pdf>.

- **A bill leaving Medicare home health agency and hospice payment rates intact was enacted** July 15. The Senate on July 9 voted 69-30 to approve the legislation, with 18 Republicans ultimately voting for the measure.

President Bush on July 15 vetoed the bill as promised due to the significant Medicare Advantage cuts included. The House and Senate quickly voted to override the veto, en-acting HR 6331 into law.

- **Hearing loss is about twice as common in adults with diabetes** compared to those who do not have the disease, says a new study funded by the **National Institutes of Health**.

"Hearing loss may be an under-recognized complication of diabetes," senior author **Catherine Cowie** of the **National Institute of Diabetes and Digestive and Kidney Diseases** says in a release.