

## OASIS Alert

### OASIS News: PPS Glitches Stall RAP Payment

Proposed post-acute assessment tool is now in pilot program.

Struggling to get your OASIS done so you could submit 2008 requests for anticipated payment didn't help you get paid any faster.

The payment part of the 2008 prospective payment system update did not go smoothly, whether your software worked or not. During the first two weeks of January, regional home health intermediaries held onto RAPs while they in-stalled, validated and tested the new system. And even after that, RHHIs may continue to hold RAPs while the **Centers for Medicare & Medicaid Services** corrects several errors in the PPS grouper, CMS' **Wil Gehne** reported to 588 callers in the Jan. 9 home health Open Door Forum.

CMS' contractor was scrambling to fix an error that prevented claims that straddled the transition date of Jan. 1 from applying the 2007 HIPPS code to episodes beginning in 2007 but being transmitted in 2008. The contractor also was fixing another error that prevented the system from recognizing certain rural Core-Based Statistical Areas (CBSAs), Gehne explained. CMS says it will be at least Jan. 17 before the RHHIs can install a fix for the CBSA problem, the **National Association for Home Care & Hospice** reports.

**Don't overlook:** If you don't include your National Provider Identifier on your claims after Jan. 1, your RHHI will return the claim to you to fix.

Note: For the latest PPS news, order Eli's Home Care Week at 1-800-874-9180.

- **RHHI Palmetto GBA has revised** its Local Coverage Determinations for Home Health Occupational Therapy (L12643), Home Health Psychiatric Care (L265) and Home Health Speech Language Pathology (L7002). The changes, which include code additions, became effective Jan. 4, Palmetto says. They are at <http://www.cms.hhs.gov/mcd/overview.asp>.

In addition, Palmetto corrected its erroneous instruction on determining homebound status. In the Jan. 9 Open Door Forum, **Heather Vasek** of the **Texas Association for Home Care** pointed out that one of Palmetto's instructions -- that to retain homebound status, a patient must not drive himself -- contradicted CMS' guidance. On Jan. 11, Palmetto revised this part of its November 2007 Medical Review Topic of the Month.

- **Regional home health intermediary Cahaba GBA has posted** a wealth of PPS information on its Web site. Cahaba's education documents include government documents, slides from Cahaba's recent conference reviewing the changes, and frequently asked questions about the refinements. Those materials are at [http://www.cahabagba.com/part\\_a/education\\_and\\_outreach/educational\\_materials/hha\\_refine\\_pps.htm](http://www.cahabagba.com/part_a/education_and_outreach/educational_materials/hha_refine_pps.htm).

- CMS will have providers testing the post-acute Continuity Assessment Record and Evaluation (CARE) tool in a demonstration project beginning in Boston, Chicago and their surrounding areas as of March, a CMS news release reports.

CMS' Post Acute Care Payment Reform Demonstration (PAC-PRD) will eventually include 10 cities that will enter the demo between May and September. The other sites are Dallas; Lakeland/Tampa, FL; Lincoln, NE; Louisville, KY; Rapid City, SD; Rochester, NY; San Francisco; and Seattle/Tacoma, WA.

This congressionally mandated demo will collect and compare data about beneficiaries' health and the care and services they receive in various post-acute settings -- including home care. The 26-page assessment tool -- which CMS intends all post-acute pro-viders to eventually fill out -- will include some OASIS items (see Eli's OASIS Alert, Vol. 8, No. 10, p. 95 for tool details). In fact, CMS expects the tool to become standard for all HHAs, a CMS official tells **Eli**.

Resource: To see the news release, go to [http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp) and scroll down to Dec. 19, 2007 and "CMS Announces Selection of Sites for Demonstration to Revise Post-Acute Payment."

- Be sure you can defend your claims for patients with the lowest HIPPS code (HAEJ1). Despite a two-year history of edits for these claims, and a consistently high error rate, denials are still high, **Cahaba GBA** says in its January newsletter to providers.

A widespread edit for HAEJ1 claims resulted in a 72 percent denial rate for the quarter ending Sept. 30, Cahaba reports. Of 89 such claims reviewed during the quarter, Cahaba denied 68. "Thirty-two of the 68 denials were related to lack of documentation of homebound status," the intermediary says.

- **CMS has issued** a brief four-page guide for home health agencies that want to explain the prospective payment system, including its changes in 2008, to beneficiaries. The guide also explains patients' eligibility requirements for home care. The guide released Jan. 8 is at <http://www.cms.hhs.gov/MLNProducts/downloads/HomeHlthProspPymtfcst08-508.pdf>.