

OASIS Alert

OASIS News: QIOs' Focus Shifts From Agencies To Communities

Care transitions are the next big thing.

If you've figured out effective ways to communicate with SNFs, hospitals or doctors, let your QIO in on your secret.

CMS may not specifically address home health agencies in the national themes of the **Centers for Medicare & Medicaid Services'** 9th Statement of Work for Medicare's 53 quality improvement organizations, but HHAs are not completely forgotten. One specific project some QIOs will address is "Care Transitions," says **Risa Hayes**, a quality improvement coach with the Transitions in Care program at the **Colorado Foundation for Medical Care** in Englewood, CO. This project will work with "communities," such as a group including a hospital, a skilled nursing facility, a home health agency and a large physician practice located in the same area and interacting with each other, Hayes explains.

The goal is to "promote seamless transitions from the hospital to home, home health care or skilled nursing care," CMS says in the SOW. QIOs also will work to reduce unnecessary hospital readmissions, by focusing efforts on process improvements addressing medication management, post-discharge follow-up and other specific reasons for re-hospitalizations, CMS says.

- **An updated OASIS Implementation Manual, Chapter 8 Appendix D** is in CMS Clearance.- Appendix D will contain HHA diagnosis coding guidelines, CMS says in a Feb. 28 letter to Home Health, Hospice and DME Open Door Forum participants.

- **Regional home health intermediary Cahaba GBA is offering** a new tool to help providers correctly use the new treatment authorization code required on claims under the revised prospective payment system. "Use this tool to assist in determining the structure of the treatment authorization code (Claim-OASIS Matching Key output) for home health RAPs and final claims for episodes beginning on or after January 1, 2008," Cahaba advises. The two-page worksheet helps agencies determine whether the data element in each position in the code is alphabetic or numeric. It is available at www.cahabagba.com/part_a/education_and_outreach/faq_hha_refine_billing.htm.

- **RHHI Cahaba GBA is editing** HHA claims with a diagnosis of Parkinson's disease, a length of stay greater than 60 days and therapy utilization of 10 or more visit. So far, medical reviewers are denying 80 percent of such claims, Cahaba reports. The intermediary plans to continue the edits in the next quarter, it said in its March news-letter to providers. Information about the edit and suggestions on how to avoid denials is at http://www.cahabagba.com/part_a/education_and_outreach/newsletter/200803_rhhi.pdf on p. 36.

- **The Medicare claims system contains at least two M0110 glitches.** First, it's in-correctly recoding episodes as early when they should be later (from item M0110) because the Common Working File isn't recognizing 2007 episodes in the sequence of episodes, regional home health intermediary **Cahaba GBA** reports on its Web site. The RHHI has reported the problem to CMS, it says. Cahaba's M0110 notice is at http://www.cahabagba.com/part_a/claims/processing_issues.htm.

Cahaba also confirms that if the patient has had two or more denied adjacent episodes, the system will count the current episode as later and pay the episode based on a higher HIPPS code. "Cahaba is seeking further clarification from [CMS] whether changes need to be made to the system logic to account for episodes resulting in a Medicare denial," the RHHI says.

- **CMS plans to propose** a regulation to adopt ICD-10 (the tenth revision to the International Classification of Diseases) as a Health Insurance Portability and Accountability Act (HIPAA) code set, the **National Association for Home Care &**

Hospice reports. The **National Uniform Billing Committee** (NUBC) has completed an important step in this process by supporting the adoption of ICD-10 to replace ICD-9-CM, NAHC says. The next step will be a CMS Notice of Proposed Rulemaking.

- **A recent National Institutes of Health-funded study shows** seniors with memory impairment can still benefit from cognitive training. Such training could allow mildly impaired older adults "to maintain skills that allow them to carry out daily tasks and lead a higher quality of life," according to the study headed by Dr. Frederick Unverzagt, an **Indiana University-Purdue University at Indianapolis** researcher, and published in the November 2007 Journal of the International Neuropsychological Society. More information is at <http://www.nih.gov/news/pr/nov2007/ninr-30.htm>.