

OASIS Alert

OASIS News: FL Suit Pushes For More Home Care Funding

Plus: Discharging all of your Medicare patients will ruin your business.

Your states could have to fund more home care if a federal lawsuit recently filed in Florida is successful.

Medicaid beneficiaries have filed a suit alleging that the state forces them to reside in nursing homes when they really want home care. The plaintiffs are seeking class-action status on behalf of about 8,500 Floridians, according to the Associated Press.

Nursing home lobbyists pressured the state government to make qualifying for home care more difficult, the suit charges. "There are very, very, very few people who cannot be cared for outside in the community," Philadelphia attorney **Stephen Gold**, who is representing the group, told AP. "Why should the state give a damn whether you put the money in the left pocket of the nursing home or the right pocket of the community?"

The 1999 Olmstead Supreme Court decision hasn't provided enough motivation for states to place beneficiaries in home care when appropriate, critics charge. "There's a lot of concern that the nursing home industry is very powerful in many states and has made sure that a lot of Medicaid dollars go to institutional care as opposed to home and community-based care," **Toby Edelman**, an attorney at the **Center for Medicare Advocacy**, told AP.

The state says the plaintiffs are trying to second-guess the Medicaid program's decisions.

- **Discharging Patients Could End Your Business.** Don't make the mistake of discharging all your patients or you're as good as giving up your Medicare business.

"A federal district court in Texas upheld the Medicare termination of a home health agency that had discharged all of its patients while waiting for Medicare to approve the pending change of ownership (CHOW)," reports the **National Association for Home Care & Hospice**.

Even if a state agency tells you to do it, it will close your business, NAHC warns in its member newsletter. "Cessation of business, which includes discharging all patients, has been held to be a provider's voluntary termination from the Medicare program," the trade group says. "Medicare can deny enrollment or terminate a provider's billing privileges for failing to be operational."

Tip: "Agencies need to remain operational before seeking Medicare certification and throughout the time that the agency wants to retain its Medicare certification," NAHC stresses.

- **CMS To Offer Free National Provider Calls.** You can get an official overview of the new ICD-10 diagnosis coding system from CMS in a series of free national provider calls. The presentations will highlight differences between ICD-9 and ICD-10 and considerations for updating systems in light of the new codes.

Presenters will include representatives from CMS, the **Centers for Disease Control and Prevention**, the **American Health Information Management Association**, and the **American Hospital Association**. The home care-relevant call is Nov. 12. Information about the call, including dial-in information and slides, is at www.cms.hhs.gov/ICD10/07_Sponsored_Calls.asp.

- **Home Care Financier's Dirty Deals Exposed.** **National Century Financial Enterprises** may be long gone, but the legal wrangling about the defunct home care financier continues. NCFE declared bankruptcy in 2002, leaving providers like **Amedisys Inc.** and now-shuttered **Med Diversified** high and dry.



In the Oct. 7 fraud trial of former NCFE CEO **Lance Poulsen**, an **FBI** agent told jurors that the financier illegally advanced money to six companies partially owned by Poulsen, reports newspaper Business First of Columbus.

Also, **Craig Porter**, former **Home Care Concepts of America Inc.** CEO testified that his company was overfunded by NCFE, Business First says. Home Care Concepts of America was owned in part by Poulsen and his already-convicted accomplices **Donald Ayers** and **Rebecca Parrett**.