

OASIS Alert

Regulations: PPS Adjustments Are On The Way

Expect reimbursement corrections by the end of the year.

Home health agencies can breathe a little easier -- the money they are owed from prospective payment system revision errors will soon be in the mail

Background: The **Centers for Medi-care & Medicaid Services** indicated it would make adjustments for M0110 and other claims problems this summer. But when summer rolled around, PPS claims system problems were still cropping up and the agency pushed back that schedule indefinitely.

The question: HHAs have been asking "when will CMS finish sweeping up from the earlier issues?" acknowledged CMS' **Wil Gehne** in the Sept. 17 Open Door Forum for home care providers.

The answer: CMS plans to make the adjustments by the end of the year, Gehne related in the forum. More details will be in a forthcoming transmittal that is in the "final stages" of the clearance process, he pledged.

Some agencies expect to receive payments from the claims errors, namely the M0110 sequencing problems, while others expect to see takebacks from errors such as inaccurate LUPA add-ons.

Also addressed in the forum was:

- **OASIS warning message 257.** Lots of HHAs are getting this message and they should not ignore it, warned CMS' **Randy Thronset** in the forum that drew 355 callers. The message indicates that the HIPPS code isn't accurate.

Translation: Often that message means that you are using outdated PPS Pricer software, Thronset explained. Make sure you or your software vendor is using the most up to date version of the pricer.

The message is a warning only, so the claim still pays, which allows agencies to ignore the warning and still receive reimbursement. But everyone "should look into the reason ... why their grouper software is producing an inaccurate HIPPS code and correct it," Thronset urged agencies.

NRS wrinkle: One acceptable reason for the error message is the change in HIPPS codes due to nonroutine supply status, Thronset said in response to a caller. If an agency reports that it is furnishing NRS with an alphabetic fifth HIPPS code digit on the RAP and then changes it to a numeric one on the final claim because it didn't furnish NRS -- or vice versa -- the warning message will appear, he noted. That's OK.

NRS edits for HHAs hit Oct. 1, Gehne added. Those edits return claims to providers if they fail to bill for NRS on the claim but use a HIPPS code indicating NRS usage.

Claims will pay if the HIPPS code fifth digits on the RAP and claim don't match because under PPS revisions that took effect in January, the claims system only checks that the first four HIPPS code digits match, Gehne explained to the caller.

- **Hurricane relief.** HHAs adjacent to disaster areas don't get to take advantage of Medicare waivers, CMS' **Pat Sevast** confirmed in the forum.

HHAs and other providers that accept the crush of disaster area evacuees would benefit greatly from the relaxed OASIS standards, protested a **National Association for Home Care & Hospice** representative.



Clarification: HHAs can have their medical directors sign orders for evacuee patients only if the physicians are willing to accept complete responsibility for the care, just as a usual physician ordering home care would, Sevast explained.