Home Health Line

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to build profitable home care agencies

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Class action settlement

CMS: Contractors shouldn't use lack of improvement as sole denial reason

CMS for the first time has commented publicly on its settlement to end the "improvement standard" in Medicare, saying lack of improvement alone isn't sufficient reason for a denial in most cases. But agencies still are treading cautiously on serving maintenance patients considering CMS' statement is only the first step in a year-long educational campaign.

"The Medicare statute and regulations have never supported the imposition of an 'improvement standard' rule of thumb in determining whether skilled care is required to prevent or slow deterioration of a patient's condition," CMS states in a fact sheet posted on its website April 5.

*(see **Improvement**, p. 6)*

Productivity

Cut down on patient signatures at admission to improve staff productivity

Reduce patient frustration and admission visit time by creating a simpler paperwork booklet that cuts down on the number of signatures patients need to provide on your agency's forms.

*(see **Admission**, p. 7)*

- **Clarify coverage language in the manuals.** The new manual language will clarify that therapy coverage "does not turn on the presence or absence of a beneficiary's potential for improvement from the therapy, but rather on the beneficiary's need for skilled care."

- **Launch an educational campaign for contractors, adjudicators and providers.** As part of the campaign, CMS will issue transmittals and MLN Matters articles, as well as conduct national conference calls.

- **Conduct a claims review.** CMS will review a "random sample" of home health coverage decisions "to determine overall trends and identify any problems."

— Burt Schorr (burt.schorr@verizon.net) and Tina Irgang (tirgang@decisionhealth.com)

Editor's note: *See the CMS fact sheet at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/Jimmo-FactSheet.pdf.*

Admission

(continued from p. 1)

Memorial Home Care in South Bend, Ind., has successfully streamlined its admission process using simplified booklets produced by MedForms in Nashville, Tenn., says Judy Jourdan, the agency's rehabilitation manager. The $3 to $4.50 the agency spends per booklet, depending on the quantity of the order, "easily pays for itself," she adds.

While the agency hasn't measured the time and cost savings specifically associated with the booklet, its implementation did result in several clear organizational benefits, says Diane Whitcomb, the agency's director. Among them:

- The number of signatures clinicians have to ask patients for is down from approximately 12 to one. The remaining signature is to acknowledge receipt of all forms, such as the consent for treatment, the agency is required to provide by law. The agency only requires a second signature if the patient wishes to complete an advance directive form that's included in the booklet. This not only saves time during the visit but has also made the admission experience less frustrating for patients, Whitcomb says.

- Clerical staff no longer have to spend time copying page after page of admission paperwork. Instead, they can provide clinicians with a pre-bound booklet that has approximately 40 pages.

- Clinicians don't have to hunt down all the required forms before going out on admission visits. Furthermore, the agency used to receive phone calls from patients or family caregivers who found that a form listed in the admission booklet summary was missing, meaning clinicians had to find that form and return to the patient's home. That problem has been eliminated by the booklets, Whitcomb notes. (*For a sample MedForms booklet, see http://homehealthline.decisionhealth.com/Articles/Detail.aspx?id=515497.*)

Another benefit has been the fact that Memorial Home Care's vendor keeps track of regulatory requirements to make sure the forms are always up to date, she adds.

Similarly, PN System, a vendor based in Hialeah, Fla., not only tracks all regulatory requirements, but also has compiled different admission booklets based on what forms surveyors with each of the accrediting organizations like to see, says Karel Camacho, office manager. PN System charges $5 per booklet. (*To see the vendor's booklets for each accrediting organization, go to www.pnsystem.com.*)

One challenge: Tracking regulations

Whether you decide to work with a vendor to streamline your admission paperwork or go it alone, you'll need to be careful not to expose your agency to survey deficiencies in the process, notes Arlene Maxim, founder of A.D. Maxim & Associates in Troy, Mich.

For example, before you begin using a vendor's booklet, you'll need to make sure the forms are in line with your relevant agency policy, she warns. For example, make sure any patient rights form you use doesn't omit anything you require in your policy, and that it complies with the requirements for the patient rights notice as outlined in CMS standard G102 (Notice of rights). G102 requires, for example, that the notice inform patients of the right to refuse to respond to questions from agency staff.

But compiling your own admission booklet also comes with challenges, including the need to keep track of all regulations at the state and federal level to make sure all forms are up to date, Maxim notes. For larger agencies with patients in different states, that task can become particularly difficult, she notes.

However, that doesn't mean you can't go it alone, she says. Here are some tips for how to streamline your admission booklet without the help of a vendor, and without the risk of survey citations:

- **Create a separate acknowledgement form to cut down on patient signatures.** You're not required to have patients sign off on each separate form in the booklet, which is why Maxim recommends that agencies create a checklist of all forms the clinician walks through at admission. Below that checklist, include a statement saying "I have read, understood and received a copy of the above forms" and a signature line for the patient, she suggests.

- **Make sure different staff members read over any revisions** to your existing forms. Whenever you start editing forms, there's the possibility that you accidentally delete information that's essential for the patient's understanding, says Robert Markette, an attorney with Hall, Render, Killian, Heath & Lyman in Indianapolis. While you're not required to ensure patient comprehension of the forms, remember that surveyors will be looking at your admission booklet. "A confused surveyor is one that's going to find you out of compliance," he notes.

- **Compare your forms directly to the conditions of participation** and applicable licensing information for your state. This should help you identify provisions on your forms which aren't actually required and can be eliminated, Maxim recommends. This step might also help you identify forms that you're having patients sign individually even though it's not required, such as those on emergency preparedness. — *Tina Irgang (tirgang@decisionhealth.com)*

Discharge note

- **CMS still is considering a requirement that home health agencies have surety bonds** as a way to help the government recover overpayments and discourage fraud. The federal Medicare agency discussed the possibility of home health bonding in comments on a recent HHS Office of Inspector General (OIG) report that found serious flaws in the $50,000 surety bond requirement CMS imposed on suppliers of durable medical equipment, prosthetics, orthotics and supplies two years ago. CMS first contemplated, then dropped, the idea of a home health bond requirement in 1998. Armed with new surety bond authority under the Affordable Care Act, it broached the idea again last fall (*HHL 10/8/12*). The new OIG report is available at: *https://oig.hhs.gov/oei/reports/oei-03-11-00350.pdf.*

Fiscal 2014 budget proposal includes home health copay

The proposal also would reduce home health market basket updates by 1.1 percentage points from 2014 through 2023. Find out more at *www.homehealthline.com*.