



PRIME NEWS

September 2015

HAWAII'S HEALTHCARE HERO

Mission Statement:

Prime Care Services Hawaii is a family-oriented home healthcare agency committed to providing quality care to clients who require skilled services through an interdisciplinary team of competent, motivated healthcare professionals.

We value:

- ◆ *Quality care for all our clients*
- ◆ *Honesty and ethical behavior in everything we do*
- ◆ *Open & effective communication*
- ◆ *Empathy for each other in a family-oriented atmosphere*
- ◆ *Respect for each other's diversified cultures*
- ◆ *Personal and professional growth*
- ◆ *Teamwork and camaraderie*
- ◆ *Recognition and reward for outstanding performance*

Management Team

Jim S. Director,
Clinical Services

Cindy K. Director,
Quality Assurance

Jim H. CFO

Beth President/ CEO
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Julie Ford (PR firm), Jim Stremick, Adria Estribou (HAH) and Beth

The Healthcare Association of Hawaii is recognizing 5 Healthcare Heroes. Jim Stremick is one of the heroes, who was selected by a group of judges from the community. Jim was selected because of his caring attitude and "can do attitude" especially from one of the patients he helped walk again.

Jim will be recognized at a special banquet, along with an interview by Hawaii News Now.

We are so proud of Jim— Kudos!

Prime Care in the Community



Thank you, Jeff, Canon Manager, for inviting Prime Care to help clean Hanauma Bay. Thank you all for giving up a Saturday to make a difference in our community.

**Finish the fight
against breast cancer.**

Join Prime Care's Team and walk with us at the American Cancer Society's "Making Strides." When? October 9th 7:00 a.m. Where? Ford Island, Richardson Field Contact: Sean or Lynn to sign up Together we can all fight this dreadful disease- CANCER!

PCSH and UHSON Partnership

Tracy Cavero, UHSON Graduate Student, spent a semester at Prime Care reviewing timeliness of OASIS submission and outcomes from clinicians' documentatiaon. Tracy is an RN working at Aloha's Quality Program. Her clinical experience at Prime Care was to review our QA process and provide tools for process improvement. Her findings will be discussed and shared at a future staff meeting. Tracy's professor recommended her project to be presented as a poster presentation at a statewide conference of CEO's and Executives on November 5-6 at the Royal Hawaiian Hotel- the AONE/ ACHE Conference.

This semester, Tiare Dole, UHSON undergraduate student, is learning about home healthcare, wounds, wound vac management and will work on reviewing PCSH documentation for the Million Hearts Campaign. Thanks to all clinicians for sharing your time and expertise, especially to Nolan, Jim S and Cindy. Please extend your helping hands and welcome our futures nurses.

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ICD– 10 Updates

The deadline for ICD-10 is October 1st— no delays this time!. Delta, our software vendor, has made some adjustments to the documentation, including upgrades to be ready for this transition. You may be seeing ICD9 and 10 codes until October 1st. James has been sending us notices to the Encore upgrades. Please be aware and keep up with your timely documentation, so you do not lose notes when we have to shut down the system for upgrades.

MEDICAL REVIEW

What does this mean? It means that the following documentation will be monitored for compliance or the agency (PCSH) **will not** get paid—

- ◆ **ALL** OASIS documentation has to be completed in a **TIMELY** Manner
- ◆ Verbal Orders– must be sent to the MD **prior** to admission and recertification; signed prior to billing
- ◆ Plan of Treatment– completed in a timely manner and signed by MD prior to billing;
- ◆ Face to Face– signed by MD 30 days from SOC or 90 days prior to SOC
- ◆ HIPAA Confidentiality must be maintained and followed. Penalties for breaching confidentiality and infractions are significant!

Examples — Do not leave your electronic equipment with patient data (PHI) where others can view it
 Destroy all PIH after discharge of patients– PCSH has a company that shreds all PHI

CMS Issued Instructions for Medical Review on Home Health Certifications-July 22, 2015 12:50 PM

The Centers for Medicare & Medicaid Services (CMS) released Transmittal 602; Change Request (CR) 9189, which provides medical review instructions on the certification and recertification requirements for home health services.

The CR instructs reviewers that the physician’s entire medical record should be reviewed to determine if the eligibility criteria for home health services have been met. The physician’s record must include information that supports all the required elements for certification including the need for skilled service, reason for homebound, and a valid face to face (F2F) encounter. The CR affirms that documentation from the home health agency (HHA) can be incorporated into the physician’s record and is to be considered when determining eligibility for home health services:

“..the patient’s medical record must support the certification of eligibility. Documentation in the patient’s medical record shall be used as a basis for certification of home health eligibility. Therefore, reviewers will consider HHA documentation if it is incorporated into the patient’s medical record held by the certifying physician and/or the acute/post-acute care facility’s medical records (if the patient was directly admitted to home health) and signed off by the certifying physician. The documentation does not need to be on a special form.”

Any documentation from the HHA that is incorporated into the physician’s record must corroborate the physician’s medical record for the patient and be “signed off” by the physician in a timely manner. *“The reviewer shall consider all documentation from the HHA that has been signed off in a timely manner and incorporated into the physician/hospital record when making its coverage determination. HHA documentation that is used to support the home health certification is considered to be incorporated timely when it is signed off prior to or at the time of claim submission.”*

“Agencies should provide the certifying physician with the POC and pertinent sections from the **comprehensive assessment**, along with an admission summary of why the patient is in need of skilled services and is homebound. Agencies should also confirm that a face-to-face encounter has occurred within the required time frame.”

All the information above should be included in the Initial Evaluation and POT that is signed by the MD.

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PEPPER to be available for Home Health Agencies

What is PEPPER? (Program for Evaluating Payment Patterns Electronic Report)

Beginning July 2015, Home Health Agencies (HHAs) has a *free* new tool available to help agencies assess their risk for improper Medicare payments. PEPPER is an educational tool available to providers to help them proactively monitor their claims and work to prevent improper Medicare payments. PEPPER summarizes an HHA's Medicare claims data in areas that may be at risk for improper Medicare payments. It compares the HHA's statistics with aggregate statistics for the nation, Medicare Administrative Contractor (MAC) jurisdiction and the state. MAC is the organization that monitors our billing and pays us for Medicare services. If a provider's statistics are at/above the national 80th percentile the provider is identified as an "outlier" and may be at risk for improper Medicare payments. PEPPER cannot identify the presence of improper payments.

When will the HHA PEPPER be released?

The HHA has been available since July 20, 2015 through the [PEPPER Resources Portal](#).

As the regulatory focus on improper Medicare payments becomes more intense for HHAs, this free comparative data report can help providers identify when their billing statistics differ from most other HHAs for these six target areas:

TARGET AREA	TARGET AREA DEFINITION
Average Case Mix	<p><i>Numerator (N):</i> sum of case mix weight for all episodes paid to the HHA during the report period, excluding LUPAs (identified by Part A NCH HHA LUPA code) and PEPs (identified as patient discharge status code equal to '06')</p> <p><i>Denominator (D):</i> count of episodes paid to the HHA during the report period, excluding LUPAs and PEPs</p>
Average Number of Episodes	<p><i>N:</i> count of episodes paid to the HHA during the report period</p> <p><i>D:</i> count of unique beneficiaries served by the HHA during the report period</p>
Episodes with 5 or 6 Visits	<p><i>N:</i> count of episodes with 5 or 6 visits paid to the HHA during the report period</p> <p><i>D:</i> count of episodes paid to the HHA during the report period</p>
Non-LUPA Payments	<p><i>N:</i> count of episodes paid to the HHA that did not have a LUPA payment during the report period</p> <p><i>D:</i> count of episodes paid to the HHA during the report period</p>
High Therapy Utilization Episodes	<p><i>N:</i> count of episodes with 20+ therapy visits paid to the HHA during the report period (first digit of HHRG equal to '5')</p> <p><i>D:</i> count of episodes paid to the HHA during the report period</p>
Outlier Payments	<p><i>N:</i> sum of dollar amount of outlier payments (identified by the amount where Value Code equal to '17') for episodes paid to the HHA during the report period</p> <p><i>D:</i> sum of dollar amount of total payments for episodes paid to the HHA during the report period</p>

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**SAVE the DATE— December 4th @ 6:00 pm
Prime Care Services Hawaii's Christmas Party— at PCSH**

SPECIAL INVITED GUESTS

Magician Glen Bailey



and SANTA



Message from Beth

When we decided to open a homehealth agency 21 years ago, we knew that this was not a business that will make us rich. We saw the need in the community and wanted to make a difference. Yes— there have been many dollar cuts and more cuts coming up, mandates and more; but I look back at how many lives we helped and made a difference. The closing of several home health agencies nationwide are testament to the challenges of doing business as a home healthcare agency. We are here to meet those challenges. Thanks to our wonderful ohana who cares about our community.

We will celebrate and honor Jim Stremick, Director of Clinical Services, as Hawaii's Healthcare Hero for making a difference especially to one special person, one of many, he has helped as a home healthcare therapist. Jim is representing many of you who are heroes to our many patients who we helped in the last 21 years. I thank you for your dedication to your profession and to the Office Team who support the overall operation of our business, to make it run smoothly.

Thank you for stepping up to see patients within 48 hours of our referral, for responding when we call you to complete documentation ASAP, and driving in busy heavy traffic as part of your daily routine. You are heroes in our hearts!