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February 6, 2008

Home Care Association of Colorado Management Report

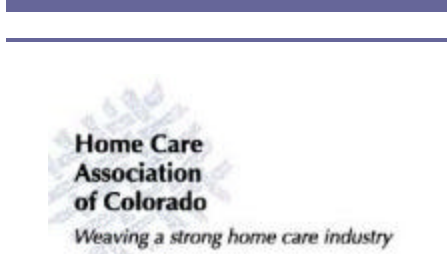
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New updates added weekly to www.hcaonline.org! Check it out!

CMS Says No Stamped Physician Signature Allowed

The National Association for Home Care & Hospice (NAHC) has reported that CMS Transmittal 220, Change Request 5550 to the RHHIs included several changes to Pub 100-08 Medicare Program Integrity. One small, but significant, change in Section 3.4.1.1 of the Program Integrity Manual applies to all documentation and all Medicare venues including home health agencies and hospices. The change is found in the Section on Documentation Specifications for Areas Selected for Prepayment or Postpayment MR, (B) Signature Requirements.



Quick Links...

- [Register for HCAC's Annual Convention in Vail: May 8-9, 2008](#)
- [Register for 3-session "Getting Referrals" audio-conference](#)
- [Register for "OASIS Under New PPS" seminar: March 13-14](#)
- [Click here for Members Only State Legislative Bulletin](#)
- [Check Out HCAC's Jobs and Services Store](#)
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The new language eliminates the term "stamped signatures" as a permissible method of physician verification on medical records. CMS has clarified that this change is to be interpreted to mean that home health agencies may not use stamped physician signatures on home health POCs or orders. CMS is aware that previous guidance given to State surveyors and revisions to the Interpretive Guidelines permitted stamped signatures, however, maintains that stamped physician signatures may not now be used.

CMS also clarified that for hospice certifications of terminal illness the term "written" means hand-written.

Section 3.4.1.1 now reads:

B. Signature Requirements:
Medicare requires a legible identifier for services provided/ordered. The method used may be hand written or an electronic signature to sign an order or other medical record documentation for medical review purposes. Therefore, a signature in some form, needs to be present. Do not deny a claim on the sole basis of type of signature submitted.

This means that stamped physician signatures will

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*no longer be permitted in home health or hospice, but home health agencies may accept physician **electronic** signatures on home health plans of care (POCs) and physician orders.*

Noted Exception: Hospices have an additional restriction that prohibits them from accepting electronic signatures on the certification for terminal illness (CTI). Hospices can use electronic physician signatures for everything except the CTI document which may be a faxed copy.

CMS Clamors to Make Corrections

As additional problems are being reported related to 2008 PPS claims, CMS is clamoring to make corrections to the PPS Pricer and the HIPPS code edit. The corrections are expected to be accomplished in early February. Click below for details on what to do until the fix is in place.

Upon hearing this news, HCAC president Sue Brown said, "This is a serious Plan B issue from what I can gather. Both payment and OASIS reporting may be wrong and potentially not fixable on our end. She added, "In order that no HH agencies and patients suffer due to the errors and omissions of CMS, the home care industry needs a "hold harmless" agreement that covers us, and we each need to assess whether or not our software vendor is on top of the programming."

[Pricer and Grouper Problems](#)

State Board of Nursing Seeks Candidate for CNA Advisory Committee

Colorado's Board of Nursing is soliciting names from the home care industry to sit on the CNA Advisory Committee. Those interested are requested to send their resume to HCAC, 7400 E. Arapahoe Road #211, Centennial, CO 80112 or by e-mail to hcac@assnoffice.com.

Question of the Week

Q: Is an LPN allowed to do a blood draw (not from a central line) in home care without an RN in the home with her/him?

A: If the LPN is IV certified she/he is able to draw blood and it does not have to be delegated or supervised. Competency falls under the same guidelines as anything else ..no specifics. It is up to the agency to measure clinical competence according to the agency's policies.

One agency reported that it demonstrates compliance through a competency program upon new hire where all qualified staff are checked off in a skills lab. This agency also holds an annual skills check off for the high risk, high volume tasks and in-home supervision with the nursing supervisor.

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