

Using OASIS to Convert Your Medicare Patients to Private Pay

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With the advent of the Medicare Prospective Payment System (PPS), more agencies are looking to diversify their product line offerings and adding or increasing private pay services. Additionally as the baby boomers age and have more discretionary income than previous generations, this segment of the population prefers to remain in their own homes rather than moving to assisted living facilities and/or nursing homes.

Many patients that qualify for, and need Medicare reimbursed home health services on an intermittent short-term basis, still need and want paraprofessional care when their Medicare services are completed. The ability to transfer patients from your Medicare certified agency to your own private duty agency/department helps to meet your patient's ongoing supportive care needs while improving patient outcomes, client retention, and customer satisfaction.

The need for skilled care is often intermittent, however, the need for personal care for those with chronic illnesses or functional limitations may be on going. Offering skilled intermittent and long term care within the same agency/department allows for easy transfer of patients for services to meet their needs, maintains continuity of agency and staff, increases patient satisfaction, and reduces the risk that the patient will be lost to one of your competitors the next time there is a need for Medicare reimbursed services.

Many of the OASIS M0 items can be used to target these patients. Beginning with the initial assessment for Medicare services, responses to some of the OASIS questions may cue staff to think about potential private pay services. These private pay services could be an adjunct to the Medicare reimbursed services or the potential for a continuing need when Medicare reimbursed services are discontinued. An example is M0360. Checking (0) targets the possibility that the agency staff may have a role as the coordinator of health care. If (1), (2), or (3) is checked, there may be a potential need for respite or care during the work or play

M0360

Primary Caregiver taking lead responsibility for providing or managing the patient's care, providing the most frequent assistance, etc.

- 0 - No one person
- 1 - Spouse or significant other
- 2 - Daughter or son
- 3 - Other family member
- 4 - Friend or neighbor or community or church member
- 5 - Paid help

hours of the caregiver. If (4) is checked, there may be a potential to act as a caregiver and relieve the patient of the need to rely on the charity of others. If (5) is checked the agency has the potential to capture this business.

Agencies are required to collect the OASIS data, therefore, it makes sense to use the information for the benefit of the agency as well as the patient. We strongly recommend that agencies develop tools to assist staff with identifying potential private pay opportunities from the responses to the OASIS. At admission, patients should be informed about the scope of services covered by Medicare and that the opportunity to continue to receive services after Medicare is discontinued is available. By providing a menu of service and prices at the start of care, the patient will be prepared for a discussion of paying for private duty services during the discharge planning process.

Too often in the past, patients were not given the opportunity to obtain services not paid for by Medicare. In many agencies, field staff do not focus on private pay as an option to meet continuing care needs once the patient no longer qualified for Medicare. Baby boomers are accustomed to paying for services, and are likely to be willing and able to buy services in order to remain in their own homes. Therefore, not only do agencies need to develop effective tools, but they also need to spend time to re-train the staff to think about private pay as an alternative once services will no longer be reimbursed through the Medicare program.

Many agencies have commented on their decreased the utilization of home health aide services. As a result, staffing for private pay personal care service may be more available. If a patient requires home health aide service during their episode of Medicare reimbursed care, it is ideal to have that aide available to provide the private duty services after Medicare is discontinued. This will lead to increased patient and staff satisfaction as a result of the continuity of care.

Responses to the OASIS questions also can be extremely useful in assisting the agency to develop new and creative services. For instance, M0780 which addresses the management of oral medications leads to the potential for the development of creative Medication Pre-Pour and Reminder programs.

Many frail elderly are hospitalized re-peatedly as a result of either forgetting to take their medications, or taking their medications incorrectly. A program that includes weekly licensed staff visits to pre-pour medications may keep a patient compliant and decrease hospitalizations. Fees may be based on

M0780

Management of Oral/ Medications: Patient's ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.

- 0 - Able to independently take the correct oral medication (s) and proper dosages at the correct times
- 1 - Able to take medications at the correct time if:
 - (a) individual dosages are prepared in advance by another person; **OR**
 - (b) given daily reminders; **OR**
 - (c) someone develops a drug diary or chart
- 2 - Unable to take medication unless administered by someone else
- NA - No oral medications prescribed
- UK - Unknown

a visit rate or a weekly rate. Additionally, a medication reminder program may be useful. Based on a flat rate, this program can be designed using office staff to call patients on a daily or more frequent basis, to remind the patient to take the pre-poured medications. Both of these services are less expensive and less disruptive to the patients than moving to an assisted-living facility or nursing home.

In order to be successful in converting your Medicare patients to private pay, it is essential that the agency develop related policies and procedures that include:

- Patient selection policies
- Program specifics
- Implementation, coordination and communication
- Mechanisms to communicate a payer change to billing staff
- Clinical activity documentation forms, including time and expense tracking.

Staff must be trained on how to use the new tools, the various programs offered by the agency, and how to encourage patients to "buy" the private pay services.

In summary, all Medicare certified agencies must collect OASIS information, which can readily be utilized to identify patients that may have a need for private pay services. Providing services beyond Medicare coverage can improve patient and referral source satisfaction, client retention for the agency and patient outcomes. Converting Medicare patients to private pay is a win-win situation for both the agency and the patient.