

OASIS ITEM:
<p>(M0150) Current Payment Sources for Home Care: (Mark all that apply.)</p> <p> <input type="checkbox"/> 0 - None; no charge for current services <input type="checkbox"/> 1 - Medicare (traditional fee-for-service) <input type="checkbox"/> 2 - Medicare (HMO/managed care) <input type="checkbox"/> 3 - Medicaid (traditional fee-for-service) <input type="checkbox"/> 4 - Medicaid (HMO/managed care) <input type="checkbox"/> 5 - Workers' compensation <input type="checkbox"/> 6 - Title programs (e.g., Title III, V, or XX) <input type="checkbox"/> 7 - Other government (e.g., CHAMPUS, VA, etc.) <input type="checkbox"/> 8 - Private insurance <input type="checkbox"/> 9 - Private HMO/managed care <input type="checkbox"/> 10 - Self-pay <input type="checkbox"/> 11 - Other (specify) _____ <input type="checkbox"/> UK - Unknown </p>
DEFINITION:
<p>Identifies payers to which any services provided during this home care episode are being billed. Accurate recording of this item is important because assessments for Medicare and Medicaid patients are handled differently than assessments for other payers. If patient is receiving care from multiple payers (e.g., Medicare and Medicaid; private insurance and self-pay; etc.), include all sources. Exclude "pending" payment sources.</p>
TIME POINTS ITEM(S) COMPLETED:
<p>SOC (Patient Tracking Sheet) and updated when change occurs during the episode.</p>
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> • If the patient is receiving services provided as part of a Medicaid waiver or home and community-based waiver (HCBS) program, mark Response 3. • If one or more payment sources are known but additional sources are uncertain, mark those that are known. • If the patient is receiving services provided as part of a Medicare Preferred Provider Organization (PPO) Demonstration program, mark Response 2.
ASSESSMENT STRATEGIES:
<p>Referral source may provide information regarding coverage. This can be verified with patient/caregiver. Ask patient/caregiver to provide copy of card(s) for any insurance or Medicare coverage. This card will provide the patient ID number as well as current status of coverage. The agency billing office may also have this information. Determine if the patient has any out-of-pocket expenses for services received in the home.</p>