

**PALMETTO GBA®**

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J11 Home Health and Hospice Quarterly Medicare Updates, Changes and Reminders

June 23, 2015

Provider Outreach and Education



- This webcast is intended for **Home Health** and **Hospice** providers only
- If you are a Part A or Part B provider, there are separate webcasts for you!
- If you are a Part A provider:
 - www.palmettogba.com/j11a to register and attend
- If you are a Part B provider:
 - www.palmettogba.com/j11b and register to attend



- Available under the '**Resource**' widget on your screen:
 - A copy of the PowerPoint
 - Resources
 - A certificate of attendance to verify proof of attendance and will be issued at the end of the session
- You control the audio volume through your computer

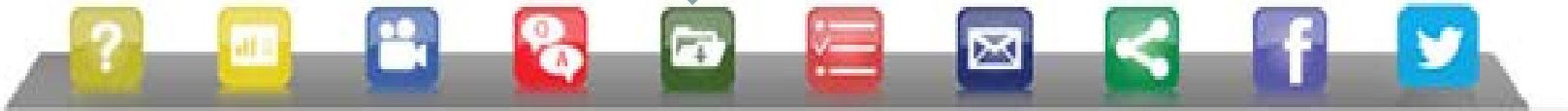




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Some computers are set up to open new windows in the Full Screen view. This view disables all the ribbons and toolbars and only provides you with minimal options. If you are unable to see portions of today's session, press the F11 key  to switch from Full Screen Viewing.





Disclaimer

The information provided in this presentation was current as of 06/23/2015. Any changes or new information superseding the information in this presentation are provided in articles with publication dates after 06/23/2015 posted on our Web site at:

www.PalmettoGBA.com/hhh

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Dental Terminology (CDT), Copyright © 2012 American Dental Association
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- This webcast addresses both Home Health and Hospice
- If a distinction needs to be made:
 - **Home Health is Red**
 - **Hospice is Blue**



Agenda

Home Health and Hospice

- Comprehensive Error Rate Testing (CERT)
- Medicare Updates and Changes
- Hot Topics
- Reminders
- News To Use!
- Social Networking
- Resources – on the *Widget!*



Please note

- We can only answer questions related to the subjects covered in this webcast.
- If you have any other questions or issues, please contact the Provider Contact Center @ 855-696-0705 with your question.



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Comprehensive Error Rate Testing (CERT) A Partnership

**Where Compliance and Education
Meet for Error Free Claims!**





Comprehensive Error Rate Testing (CERT)

Improper Payment Measurement in the Medicare Fee-for-Service Program

www.cms.gov/CERT



Improper Payment

- Payments that should not have been made or payments made in an incorrect amount (including overpayments & underpayments)
 - Payment to an ineligible recipient
 - Payment for an ineligible service
 - Any duplicate payment
 - Payment for services not received
 - Payment for an incorrect amount



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Documentation Errors

- Two major categories of documentation errors:
 - Insufficient documentation
 - Medically unnecessary services



CERT Documentation Submission

Fax Submission	CD Submission	Mail Submission
<p>(240) 568-6222</p>	<p>CERT Documentation Office Attn: CID #: (Insert CID #) 9090 Junction Dr., Suite 9 Annapolis Junction, MD 20701</p>	<p>CERT Documentation Office Attn: CID #: (Insert CID #) 9090 Junction Dr., Suite 9 Annapolis Junction, MD 20701</p>



CERT Point of Contact

- Palmetto GBA encourages providers to set up a CERT point of contact who will be responsible for receiving correspondence regarding the CERT program
- To supply or update the CERT contractor with a new Point of Contact, go to:
<https://www.certprovider.com/>
 - Select Provider Directory
 - Palmetto GBAs contractor number is 11001



CERT Appeal

- Providers are encouraged to appeal CERT errors
- Prior to appeal
 - Identify reason for error
 - Check records your office initially supplied
 - For electronic records – was the record provided the 'final' signed report/note?
 - Entries lacking valid signatures are not acceptable for medical reviews or appeals
- Note: Do **not** resubmit the claim
 - Denial decision was based on review of medical records; therefore, claims for these services may not be resubmitted; they may be appealed



- View public CERT reports on the CMS website at www.cms.hhs.gov/CERT/
- Go to CERT at: www.PalmettoGBA.com/hhh
 - CERT Task Force
 - CERT Tips
 - General Information



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What's New with CMS?





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Medicare Updates and Changes *Home Health* and *Hospice*



- Clarification of Ordering and Certifying Documentation Maintenance Requirements
 - Effective Date and Implementation Date: July 20, 2015
- Summary of Changes:
 - The purpose of this CR is to clarify in Publication 100-08, Chapter 15, Section 15.18 the term "access to documentation"
 - Maintain documentation for 7 years from the date of service, and
 - Upon the request of CMS or a Medicare contractor, provide access to that documentation.



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Medicare Updates

Home Health



Change Request 9027

Home Health

- Preventing Inappropriate Payments on Home Health Low Utilization Payment Adjustment (LUPA) Claims
 - Effective Date: July 1, 2015 – From claims received on or after this date
 - *Unless otherwise specified, the effective date is the date of service*
 - Implementation Date: July 6, 2015
- Summary of Changes:
 - This CR creates new edits in original Medicare systems to ensure LUPA payments under HH PPS are made appropriately



Change Request 9027

Home Health

- Summary of changes continued....
 - CR 9027 also clarifies billing instructions for HH PPS claims
 - Billing reminders when submitting LUPA claims
 - Service date clarification for both RAPs and Final Claims:
 - *For initial episodes, the HHA reports on the 0023 revenue code line the date of the first covered visit provided during the episode. For subsequent episodes, the HHA reports on the 0023 revenue code the date of the first visit provided during the episode line, regardless of whether the visit was covered or non-covered*



- Manual Updates to Clarify Requirements for Physician Certification and Recertification of Patient Eligibility for Home Health Services
 - Effective Date: January 1, 2015
 - *Unless otherwise specified, the effective date is the date of service*
 - Implementation Date: May 11, 2015

- Summary of Changes:
 - This Change Request **manualizes** policies discussed in the CY 2015 HH PPS Final Rule published on November 6, 2014
 - These policies relate to the requirements for physician certification and recertification of patient eligibility for Medicare home health services



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Medicare Updates

Hospice



- The Centers for Medicare & Medicaid Services (CMS) issued a **proposed rule** (**CMS-1629-P**) that would update the Medicare hospice payment rates and wage index (**FY 2016 proposed wage index**) for fiscal year (FY) 2016
- Go to: The CMS Hospice Center!
<http://www.cms.gov/Center/Provider-Type/Hospice-Center.html>
- ***Comments must be received by June 29, 2015***



- Summary of **Proposed** Rule
 - As proposed, hospices would see an estimated 1.3 percent (\$200 million) increase in their payments for FY 2016
 - CMS is proposing two routine home care rates, in a budget-neutral manner, to provide separate payment rates for the first 60 days of care and care beyond 60 days
 - The proposed reform seeks to recognize the lower cost of care for very long stay patients and ensure that hospices are properly enrolling beneficiaries that meet the benefit criteria
 - In addition to the two routine home care rates, CMS is proposing a service intensity add-on payment that would help to promote and compensate for the provision of skilled visits at end of life
 - Include a clarification regarding diagnosis reporting on the hospice claim



Change Request 9114

Transmittal 209

Hospice

- Transmittal 205, dated April 3, 2015, is being rescinded and replaced by Transmittal 209:
 - Revises the effective date of the change
 - *Clarifies the types of information that the hospice should use to identify the attending physician or nurse practitioner on the election statement*
 - All other information remains the same
- Subject: Updates on Hospice Election Form, Revocation, and Attending Physician
 - Effective Date: October 1, 2014
 - Implementation Date: May 4, 2015

- Please note...
- Change Request 9114, Transmittal 209 updates the Internet Only manual (IOM) Publication 100-02, Medicare Benefit Policy Manual, Chapter 9:
 - Sections 20.2 – Election, Revocation and *Discharge (Hospice Notice of Termination or Revocation)*
 - Section 40.1.3.1 – Attending Physician Services



- Payments to Hospice Agencies That Do Not Submit Required Quality Data
 - Effective date and implementation date: June 8, 2015
 - **Unless otherwise specified, the effective date is the date of service*
- Summary of Changes: Penalties for Failure to Report



Change Request 9091

Hospice

- For fiscal year 2014, and each subsequent year, if a hospice agency does not submit required quality data, their payment rates for the year are reduced by 2 percentage points for that fiscal year
- Every year, CMS will provide Medicare contractors with a Technical Direction Letter (TDL) identifying hospice agencies who did not meet the quality data reporting requirements



Change Request 9091

Hospice

- For calendar year 2014, CMS considers Hospice Item Set data submitted by the Hospices to CMS for reporting periods beginning on or after July 1, 2014 through December 31, 2014 as meeting the reporting requirements
- For calendar year 2015 and subsequent years, CMS considers Hospice Item Set data submitted by the Hospices to CMS for reporting periods beginning on or after January 1, through December 31 as meeting the reporting requirements for that year



- Corrections to Processing Service Facility Information on Hospice Claims
 - Effective Date: January 1, 2014
 - **Unless otherwise specified, the effective date is the date of service*
 - Implementation Date: July 6, 2015

- Summary of Changes:
 - The standard system is incorrectly replacing the billing facility ZIP code with the service facility location ZIP code, resulting in inaccurate billing provider information and incorrect payments

 - The hospice benefit does not make payment based on the service facility location

 - This instruction will require the standard system to correctly use the billing facility location



- Situation
 - Some hospice claims are being Returned to Provider (RTP) with reason code 36188 in error
- Impact to Providers
 - The Fiscal Intermediary Standard System (FISS) is inserting Value Code 78 and an amount on Hospice claims that contain the Service Facility National Provider Identifier (NPI), name and address in the 2310E Loop and segments. The FISS is returning the claims to the provider with reason code 36188
- Status
 - CMS issued Change Request (CR) 9042 on January 30, 2015, to correct the issue. CR 9042 is scheduled to be implemented during the July 2015 quarterly system release. Until the system release is implemented and the issue is resolved, **hospices can remove the Value Code 78 and amount from the claim and resubmit the claim through the Direct Data Entry (DDE) system**



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Hot Topics



*Ensure your systems and business processes are ready to go on **October 1, 2015!***



- Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10) – A Re-Issue of MM7492
- This article updates MM7492 to reflect the October 1, 2015, implementation date.
- *Make sure your billing and coding staffs are aware of these changes!*



- Key Points of SE1408
 - General Reporting of ICD-10
 - General Claims Submissions Information
 - Claim type of bill (TOB) examples



MLN Matters® Number: SE1408

Specific to *Hospice*

- For dates of service prior to October 1, 2015, submit NOEs and claims with the appropriate ICD-9 diagnosis code
- For dates of service on or after October 1, 2015, submit NOEs and claims with the appropriate ICD-10 diagnosis code
- Reference is the Centers for Medicare & Medicaid Services (CMS) Special Edition (SE) 1408: Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10) – A Re-Issue of MM7492



- *Special Instructions* for the International Classification of Diseases, Clinical Modification 10th Edition (ICD-10-CM) Coding on HH Episodes that Span October 1, 2015
- In addition to MLN Matters® Number SE1408, **SE1410** provides further details regarding HH claims for episodes that span the October 1 date



- Key Points of MLN Matters® Number: **SE1410:**
 1. The claim “From” date (episode start date)
 2. The Outcome and Assessment Information Set (OASIS) assessment completion date (OASIS item M0090 date); and...
 3. The claim “Through” date



- **SE1410** also has information on...
 - Episodes Starting Before October 1, 2015, with OASIS Completion Dates Before October 1, 2015
 - Episodes Starting Before October 1, 2015, with OASIS Completion Dates in October 2015
 - Recertification Episodes Beginning in the First Days of October 2015
 - Examples for the different types of OASIS Assessments



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ICD-10

Palmetto GBA Home / Jurisdiction 11 Home Health and Hospice

Jurisdiction 11 Home Health and Hospice

1 2 3 4 < || >

HHH HOME HEALTH AND HOSPICE

TOP LINKS

- [Claims Payment Issues Log Forms](#)
- [ICD-10 Website](#)
- [Job Aids](#)
- [Workshops](#)

JM TRANSITION INFO

[Learn more about the transition](#)

What's New

Articles

CERT

CMS e-News

EDI

Face-to-Face

JM Transition

Learning & Education

Medical Policies

Medical Review

New to Medicare?

Online Provider Services

Publications

Resources

Have your say...

2015 MAC Satisfaction Indicator Survey

We welcome your feedback; take this important survey today! >>

SELF SERVICE TOOLS

- [Acronym/Terminology Index](#)
- [ADR Response Calculator](#)
- [Charge Denial Rate Calculator](#)
- [Claims Submission Error Help](#)
- [EDI System Status](#)
- [Enrollment Application Status Lookup Forms](#)
- [Frequently Asked Questions](#)
- [Interactive ABN](#)
- [Interactive DDE Enrollment](#)
- [Interactive EDI Agreement](#)
- [Interactive EDI Application](#)
- [Interactive EDI Provider Authorization](#)
- [Interactive Part A Remittance Advice](#)
- [Interactive UB-04](#)
- [IVR Conversion Tool](#)
- [Medicare Advantage Plan Directory](#)
- [MSP Lookup](#)
- [MSP Process Tool](#)
- [New to Medicare?](#)
- [Online Provider Services](#)
- [Provider Enrollment Applications](#)
- [Recovery Audit Contractor \(RAC\)](#)
- [Tools and Calculators](#)

Questions about the ICD-10 Transition?

[Click here to visit our ICD-10 Education Site.](#)

NEWS

06/18/2015

[MLN Connects Provider eNews for June 18, 2015](#)

06/17/2015

[2015 MAC Satisfaction Indicator Provider Survey](#)

06/11/2015

[MLN Connects Provider eNews for June 11, 2015](#)

[View All News for Jurisdiction 11 Home Health and Hospice](#)

Days until ICD-10:

104

CONTACT INFORMATION

Telephone

Provider Contact Center:
855-696-0705

Department Addresses

Contact a specific Palmetto GBA department

Email [HHH](#)



ICD-10



[ICD-10 HOME](#) [CONTACT US](#)

search...

What's New

Articles

Frequently Asked Questions

Medical Policies

Related Sites

Testing

ICD-10

Submit ICD-10 codes for all services **performed** on/after October 1, 2015. Submit ICD-9 codes for all services performed on/before September 30, 2015. Separate claims **must** be filed for ICD-9 and ICD-10 codes. Services with ICD-9 and ICD-10 codes **cannot** be combined on the same claim submission.

The transition to ICD-10 is required for everyone covered by the [Health Insurance Portability and Accountability Act \(HIPAA\)](#).

Please note, the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.

- [CMS ICD-10 website](#)
- CMS resources designed to help Medicare Fee-for-Services providers [providers](#), [providers](#), [payers](#) and [vendors](#)
- [Implementation Timelines](#)

Stay up to date on ICD-10!

Sign up for [CMS ICD-10 Industry Email Updates](#) and follow CMS on [Twitter](#).



LATEST PALMETTO GBA ICD-10 NEWS

06/09/2015

Register Now for Upcoming In-Person ICD-10 Implementation Training

06/03/2015

CMS Conducts Second Successful Medicare FFS ICD-10 End-to-End Testing Week in April Participate in Final ICD-10 Acknowledgement Testing Week: June 1 through 5

05/22/2015

International Classification of Diseases, 10th Revision (ICD-10) Testing - Acknowledgement Testing with Providers

[View All News for ICD-10](#)

CLICK HERE TO VISIT
PALMETTO GBA
MEDICARE >>



CLICK HERE TO VISIT CMS'S
OFFICIAL ICD-10 SITE
ON CMS.GOV >>



Days until
ICD-10:





- CMS Releases Two New ICD-10 Videos
 - [“Introduction to ICD-10 Coding”](#) gives an overview of ICD-10’s features and explains the benefits of the new code set to patients and to the health care community.
 - [“ICD-10 Coding and Diabetes”](#) uses diabetes as an example to show how the code set captures important clinical details.
- MLN Matters SE1501
 - FAQs - ICD-10 Acknowledgement Testing



- For the latest up to date information on the ICD-10 transition visit the CMS website:
 - http://www.cms.gov/Medicare/Coding/ICD10/Latest_News.html
- Palmetto GBA website:
 - <http://www.palmettogba.com/palmetto/icd.nsf/DocsCatHome/ICD-10>



Jurisdiction M (JM) contract

- Palmetto GBA was awarded the Jurisdiction M (JM) contract with an implementation date of August 27, 2015
- The Jurisdiction M contract replaces the Jurisdiction 11 (J11) contract, which covered the same territory and has been held by Palmetto GBA since 2010
- We anticipate minimal impact to our provider community:
 - No workload or contract number changes
 - No connectivity changes
 - No claims processing system changes
 - No print or mail function changes (i.e., PO Boxes)
 - No changes to current listservs
 - No changes to current Provider Contact Center (PCC)/POE practices
 - No Electronic Data Interchange (EDI) changes including Early Boarding or new EDI Agreements
 - No disruption of claims processing
 - No disruption of Medicare operations



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Reminders!



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Online Provider Services (OPS) *Home Health* and *Hospice*

-  e-Offset
-  e-Check
-  Appeals
-  Remittances
-  Eligibility
-  Claims Status
-  Medical Review ADR Response Form



- Providers now have the capability to submit their **Quarterly Credit Balance Reports** in OPS
 - New form for Credit Balance CMS 838 submission
- **Updated Remittance availability** is here!
 - OPS users can now access remittances through OPS seven days a week from 8 a.m. to 7 p.m. ET except during scheduled maintenance
- **Finding errors in your OPS eClaim submission** just got easier!
 - eClaim error messages are now hyperlinked to redirect you directly to the error for fast and easy correction



- Users may begin submitting **larger file attachments** for:
 - **Medical Review (MR) Additional Documentation Requests (ADRs)**
 - eCheck, eOffset and Appeals Forms
- OPS users may now submit PDF attachments **up to 40MB in size**
 - While there is no longer a limit to the number of files that can be attached to the form, **the combined size of all attachments cannot exceed 150 MB in size**



- **Submit first level appeals**
 - This secure portal is **fast and free!**
 - Instructions for submitting first level appeals are found in Section 8.0 of the [OPS User Manual](#) (PDF, 3.14 MB)
 - Using OPS for the submission of first level appeals saves time and money!



Hospice NOE Accuracy!

- **Check your NOEs carefully before submitting!**
 - To be timely, the NOE must be submitted to and accepted by Palmetto GBA within 5 days after the hospice admission
 - To be “accepted”, the NOE must be free of **billing and eligibility errors**
 - Verify accuracy!
 - The beneficiary’s Health Insurance Claim Number (HICN)
 - The ADMIT DATE, FROM DATE and occurrence code (OC) 27 date – these dates must all match

www.PalmettoGBA.com/hhh Articles / Hospice / Hospice CR 8877
Questions and Answers

Claims *Payment* Issues Log (CPIL)



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- List of current system-related claims processing issues
- Currently, there are some very important **Home Health** and **Hospice** Issues listed – *several were just added last week*
- Located under the ‘Top Links’ section of the Palmetto GBA home page





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News to Use!



- **Home Health and Hospice**
 - **Job Aid: Provider Address**
 - This job aid was created to assist home health and hospice providers in completing and understanding the address sections of the CMS-855A enrollment application
 - **Audit and Reimbursement: PS&R System – Request Access Now!**
 - Registration for access to the PS&R system has resumed using IACS
 - **Audit and Reimbursement: Home Health Agency and Hospice Cost Report Submission – Tips to Ensure Acceptance**



- **Home Health** and **Hospice**

- **CERT / General Information:** “Entries in Medical Records: Amendments, Corrections and Addenda” **must...**

1. Clearly and permanently identify any amendment, correction or delayed entry as such
2. Clearly indicate the date and author of any amendment, correction, or delayed entry
3. Not delete, but instead, clearly identify all original content

Reference: CMS [Change Request 8105](#) which updates the CMS [Program Integrity Manual](#) (Pub. 100-08), Chapter 3, Section 3.3.2.5



- **Hospice**

- **Job Aid:** Notice of Termination/Revocation of Election (TOB 8XB)
- **Job Aid:** Hospice Billing When a Notice of Election (NOE) was Filed Untimely
- **Job Aid:** Canceling a Hospice Notice of Election (NOE) or Benefit Period
- **Job Aid:** Advance Beneficiary Notice of Non-coverage and Expedited Determination Hospice Guidelines



- ***Hospice...***

- **Video:** General Inpatient (GIP) Care
 - Located under Learning and Education / Self-Paced Learning
- **Video:** Hospice Notice of Election (NOE) Process
 - Located under Learning and Education / Self-Paced Learning
- **Article:** [Hospice Documentation Audit Tool!](#)



- ***Home Health***

- **Article:** Zero Payment on the Home Health Requests for Anticipated Payments (RAPs)

- Zero payments on RAPs for providers with excessively high RAP cancellation rates due to no submission of a final claim
- Palmetto GBA routinely reviews the claims history files for RAPs that are canceled and no final claims were submitted. Instances where the RAP is canceled because the final claim was not submitted should be minimal
- ***Webcast:*** Available under Learning and Education > Self-Paced Learning > Webcast Library



Important Website Postings

- ***Home Health***

- **Video:** Home Health Admission for Insulin Administration
 - Located under Learning and Education / Self-Paced Learning
- **Video:** Home Health Face-to-Face Documentation
 - Located under Learning and Education / Self-Paced Learning
- **Medical Review/General:** Home Health Therapy ADRs
 - Palmetto GBA will require the Initial Therapy Evaluation, current therapy re-evaluation(s) for episode under review and the previous therapy re-evaluation(s) to be submitted with **ANY** Home Health Therapy records requested for review.



Workshops and other events

- Please remember to visit the Palmetto GBA [Event Registration Portal](#), our one-stop shop for all our hosted events
 - Palmetto GBA will continue to partner with state associations for the annual 2015 workshop series
 - The posting will include the date and time of the event, the location, and a link to the association's website registration page



CMS National and Open Door Calls!

- MLN Connects® National Provider Calls and Events
 - <http://www.cms.gov/Outreach-and-Education/Outreach/NPC/index.html>

- Open Door Forums
 - <http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/index.html>
 - ***Special Open Door Forums!***



- Below you will find the link to recent archives of *MLN Connects™ Provider eNews* issues by release date
 - <http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.html>
- Providers are encouraged to subscribe to the MLN Connects Provider Newsletter to receive updates every Thursday and Special Edition newsletters on important policy changes



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Consolidated Customer Service

All J11 Part A, Part B and HHH providers use
ONE number to dial:



855-696-0705



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Social Networking





- Going Beyond Diagnosis Blog and Twitter
 - Palmetto GBA is using the Going Beyond Diagnosis (GBD) blog and Twitter account to help facilitate communication on error rate reduction
 - <http://palmgba.com/gbd>
 - @BeyondDx



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Next **HH&H** Quarterly Update Webcast

September 1, 2015 at 10:00 ET



Please note

- We can only answer questions related to the subjects covered in this webcast.
- If you have any other questions or issues, please contact the Provider Contact Center @ 855-696-0705 with your question.



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Thank You for Attending!

Resources Widget:

You may print or save the Presentation
and Certificate of Attendance

