Session 513
How to Manage Provider Impact in 2014:
Hospice Billing Changes – Strategies for Managing Provider Impact

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OBJECTIVES
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// Identify key recent hospice billing requirements
// Describe key performance challenges with new requirements
// Describe key strategies for managing new billing requirements
APRIL 1, 2014

Centers for Medicare & Medicaid Services (CMS) implementation of Change Request (CR) 8358


Effective for claim dates of service April 1, 2014, & after
### APRIL 1, 2014

// General inpatient care (GIP) visits
// Inpatient facility identification
// Post-mortem visit
// New billable services
  // Injectable drugs
  // Non-injectable drugs
  // Infusion pumps & related drugs

### APRIL 1, 2014

// GIP visits
  // Claims must now itemize billable visits & calls provided to patients receiving GIP
  // Excludes visits & calls performed in hospice inpatient facility during GIP stay
  // No impact to claim payment
  // Low impact to revenue cycle
APRIL 1, 2014

// Inpatient facility identification
// Claims must now report inpatient facility identification information, when applicable
// No impact to claim payment
// Low impact to revenue cycle

APRIL 1, 2014

// Post-mortem visits
// Claims must now identify post-mortem visits occurring on day of death but after time of death
// No impact to claim payment
// Moderate impact to revenue cycle
// Required software system modifications
// Required clinical personnel training
// In some instances requires single visits to be split into two occurrences
APRIL 1, 2014

// New billable services

// Claims must now report injectable & non-injectable drugs & infusion pumps & related drugs
// No impact to claim payment
// Significant impact to revenue cycle
// Required software system modifications
// Required clinical coordination with pharmacy supplier
// Required billing process changes
// In some instances, caused delayed claims submission or payments

OCTOBER 1, 2014

// CMS implementation of final payment rule for fiscal 2015

// Federal Register dated August 22, 2015
// CR 8877 dated August 22, 2015
OCTOBER 1, 2014
// HCPCS location codes
// Attending physician documentation
// Notices of Election
// Notices of Termination/Revocation
// Claim diagnosis coding

OCTOBER 1, 2014
// Clarification of use of Q5003 vs. Q5004
// No impact to claim payment
// Low impact to revenue cycle
// May have required modifications to billing software settings
// May have required some retraining of personnel
OCTOBER 1, 2014

// Attending physician documentation

// Election statements must now indicate patient chosen attending physician
// Changes to attending physician after election must now be documented
// No impact to claim payment
// Moderate impact to revenue cycle
   // May require some modifications to patient election forms
   // May require some process implementation for documenting physician changes

OCTOBER 1, 2014

// Notices of Election (NOEs)

// NOEs must now be received by Medicare Administrative Contractors (MACs) no later than five calendar days after effective election date
// Late received NOEs subject to payment penalty
// Significant impact to revenue cycle
   // Requires new process controls to ensure NOEs are consistently billed within five days
   // Requires educating all personnel
**October 1, 2014**

// Notices of Termination/Revocation (NOTRs)

// NOTRs must now be received by MACs no later than five calendar days after discharge or revocation if claim cannot be billed by that time

// No impact to claim payment

// Significant impact to revenue cycle

// Requires new process controls to ensure NOTRs are consistently billed within five days

// Requires educating all personnel

// Requires new communication processes to identify discharges or revocations timely

// Requires new billing action

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**October 1, 2014**

// Claim diagnosis coding

// Principal diagnosis of debility, adult failure to thrive & certain dementia codes no longer allowed

// Use on claim will prevent claim payment

// Significant impact to revenue cycle

// Requires new process controls to ensure non-allowed codes are not used

// Requires educating all personnel

// May require software coding updates

// May require new coding personnel
OCTOBER 1, 2014

 Resources

 CGS Administrators

 Frequently asked questions (FAQs)

 http://www.cgsmedicare.com/hhh/education/faqs/cr_8877_faqs.html

 NOE special claims filing situations

 http://www.cgsmedicare.com/hhh/education/materials/Hospice_CF.html

 Palmetto GBA

 FAQs


 Job aid


 PREPARING FOR CHANGE
PREPARING FOR CHANGE
Evaluate Plan Execute Review
System Process Training

LOW IMPACT

//April 1, 2014
//GIP Visits
//Facility Information
//Post Mortem Visits
//October 1, 2014
//HCPCS Locations Codes
MODERATE IMPACT

//October 1, 2014
//Attending Physician Documentation
//Notice of Election
//Notice of Termination/Revocation

HIGH IMPACT

//April 1, 2014
//New Billable Services
//October 1, 2014
//Claim Diagnosis coding
NEW BILLABLE SERVICES

Evaluate  Plan  Execute  Review

// System functionality
// Pharmacies not in contract with our PBM
// Process changes required

NEW BILLABLE SERVICES

Evaluate  Plan  Execute  Review

// Timing of system upgrade
// Communication with vendor partners
// Maintenance of documentation
// Training – audience & timing
## NEW BILLABLE SERVICES

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<thead>
<tr>
<th>Evaluate</th>
<th>Plan</th>
<th>Execute</th>
<th>Review</th>
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<tbody>
<tr>
<td>// Test &amp; upgrade system</td>
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<tr>
<td>// Update documentation &amp; training material</td>
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<tr>
<td>// Provide training</td>
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<tr>
<td>// Create new training resources</td>
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<td>// Monitor feedback</td>
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### What We Did Well

- Rapid development of additional training
- Standardized implementation approach

### Our Opportunities

- More analysis of impact of variations
- Timing of preparing regional support
CLAIM DIAGNOSIS CODING

Evaluate Plan Execute Review

// Measured our use of codes in comparison to national numbers
// Evaluated software functionality
// Reviewed forms and process

CLAIM DIAGNOSIS CODING

Evaluate Plan Execute Review

// Created education plan for each audience
// Determined implementation plan & timing
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CLAIM DIAGNOSIS CODING

Evaluate    Plan    Execute    Review

// Prepped regional & area leaders
// Provided training for clinical audience
// Provided training for administrative audience
// Evaluated progress along the way

CLAIM DIAGNOSIS CODING

Evaluate    Plan    Execute    Review

// What Went Well
  // Number of training opportunities & training resource
  // Standard approach to implementation

// Opportunities
  // More collaboration on process creation
  // Additional training approaches
SUMMARY
// Look at yourself objectively
// Standard approach to implementation
// Review your progress and your process
OBJECTIVES

// Identify how recent hospice billing requirements impact your agency

// Assess your agency’s current performance challenges associated with new requirements

// Successfully implement & manage new & expected future billing requirements in your agency

QUESTIONS

ANY QUESTIONS?
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