National Association for Home Care & Hospice
How to Stay Informed: Updates from Palmetto GBA
Part I
Presented by Charles Canaan

Agenda

- The Health Information Supply Chain
- Hospice Denials
- Home Health Denials
- Signatures
- Templates and Electronic Health Records (EHR)
The Health Information Supply Chain

- Referral
- Screening
- Admission
- Certification
- Face to face encounter documentation
- Plan of care
- Patient visits
- Documentation of visit
- Coding
- Billing

The DMAIC Process

D - Define
M - Measure
A - Analyze
I - Improve
C - Control
Define

What problem would you like to fix?

- Confirm the process is causing problems
  - Severity
  - Business Impact
  - Specific Area
- High-level view
  - Comprehensive Error Rate Testing (CERT) national error rates
  - Office of Inspector General (OIG) works plan
  - Medicare Payment Advisory Commission (MedPAC) reports

Types of Improper Payments

Program Integrity encompasses a range of activities to target the various causes of improper payments:

- Mistake
- Inefficiencies
- Bending the Rules
- Intentional Deception

Examples:
- Error: Incorrect coding
- Waste: Medically unnecessary service
- Abuse: Improper Billing practices (such as, upcoding)
- Fraud: Billing for services or supplies that were not provided
Hospice “Fraud” Focus Areas

- Long Lengths of Stay
  - “Knowingly” admitting clinically ineligible patients
  - Failure to discharge kickback arrangements with referral sources (e.g., nursing homes, assisted living facilities, physicians, etc.)
- Medically Unnecessary Level of Service
- Arrangements with Nursing Homes

Comprehensive Error Rate Testing (CERT) Error Rates

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>National Improper Payment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Part A (Excluding Inpatient Hospital PPS)</td>
<td>13.1%</td>
</tr>
<tr>
<td>Home Health</td>
<td>51.4%</td>
</tr>
<tr>
<td>Non-Hospital Based Hospice</td>
<td>3.8%</td>
</tr>
<tr>
<td>Hospital Outpatient</td>
<td>7.7%</td>
</tr>
<tr>
<td>SNF Inpatient</td>
<td>7.0%</td>
</tr>
<tr>
<td>Hospital Based Hospice</td>
<td>8.6%</td>
</tr>
<tr>
<td>Hospital Inpatient (Part A)</td>
<td>13.8%</td>
</tr>
<tr>
<td>Clinic ESRD</td>
<td>10.7%</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>5.7%</td>
</tr>
</tbody>
</table>
Measure

• How does the process currently perform?
  ▪ Determine the start point or baseline of the process
  ▪ Create a plan to collect the data
    • Jurisdictional CERT Data
    • Jurisdictional Medical Review data
  ▪ Map out current processes
  ▪ Look for clues to understand the root cause of the process

Analyze

• What does your data tell you?
• This phase is often intertwined with the Measure Phase.
• Perform Process Analysis
• Examine Cause and Effect
• Identify the Root Cause of the Problem
  ▪ Granular Denials
**Improve**

- How will you fix the problem?
- Solution Development
  - Brainstorm solutions that might fix the problem
  - Select the practical solutions
  - Test solutions
  - Evaluate/verify effectiveness
  - Revise if necessary

**Control**

- How do you sustain the newly achieved improvement?
- Continuously improve the process
- Ensure the process is managed and maintained properly
Components

- Identification of each denial reason/problem.
- Corrective measures taken to avoid future denials for each reason.
- A time frame to implement the corrective measures.
- How the effectiveness of the plan will be monitored/evaluated once the corrective measures are implemented.
- The expected outcomes of the corrective measures.

Watch out for Hospice Denials

- Election Statement
- Plan of Care
- Certification
  - Narrative
  - Face-to-Face
- Medical Necessity
Watch out for Home Health Denials

- Plan of Care/Certification
- Face to Face
- Medical Necessity
- Orders
- Endpoint
- Therapy
- Homebound

Signatures

- Signature is Legible
- Signature is Dated
Templates and Electronic Health Records (EHR)

- Cloning Answers
- Cookie Cutter Answers

Questions??
How to Stay Informed: Updates from Palmetto GBA Part II

Presented by Dan George

Agenda

• Hospice Notice of Election (NOE)
• Zero Payment on the Home Health Requests for Anticipated Payments (RAPs)
• Online Provider Services (OPS)
• Resources
Notice of Election (NOE) Filing Requirements

- CR 8877 Effective Date
  - October 1, 2014,

- Requires:
  - Hospice Notice of Elections (NOEs) to be filed within five calendar days after the hospice admission date.
  - NOEs must be filed timely to avoid payment penalty
    - A timely-filed means that the NOE is submitted to and accepted by the Medicare contractor within five (5) calendar days after the hospice admission date.
    - The NOE was not returned (RTP) for correction.
  - If NOE is not timely-filed, the days of hospice care from the hospice admission date to the date the NOE is submitted to, and accepted by, the Medicare contractor are not covered, and no payment is made.
  - The non-covered days are provider liability, and the provider shall not bill the beneficiary for them.

Reference: Change Request 8877

NOE Exceptions

When the hospice did not file the NOE timely, it may request an exception.

- Examples of valid qualifying exceptions are as follows:
  1. Fires, floods, earthquakes, or other unusual events that inflict extensive damage to the hospice’s ability to operate
  2. An event that produces a data filing problem due to a Centers for Medicare & Medicaid Services (CMS) or Medicare contractor systems issue that is beyond the control of the hospice. Example: sequential billing requirements that require a second hospice to remove its timely filing NOE and claims so a previous provider can bill
  3. A newly Medicare-certified hospice that is notified of that certification after the Medicare certification date, or which is awaiting its user ID from its Medicare contractor or
  4. Other circumstances determined by the Medicare contractor or the CMS to be beyond the control of the hospice. This exception will be evaluated on a case by case basis.
Palmetto GBA NOE Job Aids/Articles/Video

- Hospice CR 8877 Questions and Answers
- Hospice Billing When a Notice of Election was Filed Untimely Job Aid
- Notice of Termination/Revocation of Election (TOB 8XB) Job Aid
- Canceling a Hospice Notice of Election (NOE) or Benefit Period
- Hospice Notice of Election (NOE) Exception Examples
- Hospice Notice of Election (NOE) Process Video

Finding the Job Aids on Palmetto GBA’s Website
Zero Payment on the Home Health Requests for Anticipated Payments (RAPs)

- 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.

Reference: CMS Internet Only Manual (IOM), Publication 100-04, Chapter 10, Section 10.1.12 and 40.1.
Zero Payment on the Home Health RAPs

- Providers are given the greater of 120 days after the start of the episode or 60 days after the paid date of the RAP to submit the final claim.
- If the final claim is not submitted within the specified time, the claims processing system will auto-cancel the RAP.

<table>
<thead>
<tr>
<th>120 Day Example</th>
<th>60 Day Example</th>
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<tbody>
<tr>
<td>Episode 03/1 through 04/30</td>
<td>Episode 03/1 through 04/30</td>
</tr>
<tr>
<td>RAP submitted and paid on 03/10</td>
<td>RAP submitted and paid on 05/15</td>
</tr>
<tr>
<td>120 days from 03/1 is 06/29</td>
<td>120 days from 3/1 is 06/29</td>
</tr>
<tr>
<td>60 days from the paid date of RAP is 05/9</td>
<td>60 days from the paid date of RAP is 07/14</td>
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</table>
Zero Payment on the Home Health RAPs

- Palmetto GBA routinely analyzes the data to determine the total number of RAP auto- and provider initiated cancellations (TOB 328/338) versus the total number of final claims processed.
- HHAs at risk of having RAPs suppressed are notified.
- HHAs determined to have a high percentage of RAPs canceled versus final claims processed during a specified period of time will be notified that their RAPs will be set to process with zero payment. When a provider’s RAPs are set to process with zero payment, they are asked to submit a Corrective Action Plan (CAP).

Online Provider Services (OPS)

OPS
Explore The Possibilities!
A Suite of eServices!

- Claim Status
- Eligibility
- Remittances
- Financial Information: Payment Floor, Last Three Checks Paid
- eChecks
- eOffset Request Form
- Appeals – Redetermination Request Form
- Medical Review ADR Response Form
Owe Medicare Money?

Request an immediate offset to repay your overpayment or request that all future demanded overpayments are set for immediate offset.

How do I Contact Palmetto GBA?

- Register For Updates.
- Email Us Questions.
- Contact Us By Telephone.
- Telephone 855-696-0705
Owe Medicare Money?

*Use eChecks to repay Medicare*
Refund your overpayments electronically through OPS >>

Make electronic check payments, for demanded or voluntary payments with no additional processing or transaction fees.

Other eServices in OPS

- Respond to ADRs
- Submit Appeals

- Unlimited attachments.
- Each attachment can be up to 40 Megabytes.
- Total file size for all attachments is 150 Megabytes.
How do I Access Palmetto GBA’s Website?

Palmetto GBA’s HH and Hospice Website URL is:

www.PalmettoGBA.com/hhh

What Social Media Does Palmetto GBA Have?

- Try Our Blog
- Face Book
- Twitter
- LinkedIn
- YouTube
Palmetto GBA Website
Self Service Tools & Left Navigation

- From Acronym/Terminology Index to Tools and Calculators, find the resources that will assist you with your needs.
- Direct link to ICD-10 information.
- This option provides educational resources such as the Event Registration Portal that houses Palmetto GBA’s event schedule.
- Claims Processing Issues Log (CPIL)
- Forms
- ICD-10 Website
- Job Aids
- Workshops

Questions??
How to Stay Informed: Palmetto GBA Electronic Data Interchange (EDI) Update

Presented by Kim Campbell

Electronic Data Interchange (EDI) Agenda

- ICD-10 Information
- 999 or 277CA Submission Reports
- Direct Data Entry (DDE) Reminders
- Remittance Advices in Online Provider Services (OPS)
- EDI Contact Information
Important Reminder

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

Remains the Same

- Submitter IDs/passwords
- Reports: 999 and 277CA
- Direct Data Entry (DDE) IDs/passwords
- OPS IDs/passwords
Error Examples on 277CA Report

- STC*A8:562:85**U*50******A8:128:85~
  - For a listing of all edits, please go to EDI/Technical Specifications/Medicare Fee for Service Common Edit and Enhancements Module (CEM) Edits
- NOTE: If using a clearinghouse/billing service, please verify that you are receiving the complete edit message

Calling for Error Assistance

- When calling for assistance with errors on your 999 or 277CA Reports, please have the following information:
  - Submitter ID
  - Transmission date
  - File ID(ISA13)
  - Provider Transaction Access Number (PTAN)/National Provider Identifier (NPI)
  - Complete error message
Common Edit and Enhancements Module (CEM) Related Issues

- EDI System Status and Log will provide information concerning any front end issues including:
  - CEM edits
  - 999 and 277CA Reports
  - 835(ERA) Files
Direct Data Entry (DDE) ID Reminders

- Direct Data Entry (DDE) IDs cannot be shared or transferred
- DDE IDs must be used every 30 days
- If DDE IDs are not used once every 30 days, it will be purged for non-usage and the user must apply for a new ID
- Security violation emails must be responded to or ID will be purged
- If an employee leaves your employment, notify Palmetto GBS’s EDI Department to deactivate the ID
- If an employee had an ID from a previous employer, that ID will be activated with the current provider

Remittance Advices in OPS

- Remittance Advices are available in OPS
- Paper Remittance Advices are turned off approximately 30 days after you register
- Remittance Advices are available for approximately one year
- No limit on number of copies printed
Contact Information

- EDI Helpdesk hours: 8:00 AM – 5:00 PM ET
- Telephone number: 1-855-696-0705, please listen carefully to the options and have your PTAN, NPI and Submitter ID available
- Email address for basic questions: Medicare.edi@Palmettogba.com
- Fax Number: Part A: 803-699-2429

Questions??

The End