



Q&A Session: Home Health and Hospice Pandemic Relief: Medicare and More Webinar

Medical Review During the PHE

*** Revised 4/20/20202**

Q: The patients who are under Medicare HMO that require preauthorization or have different out of network vs in network benefit? Are they planning to waive those pre- authorizations to allow out of network agencies to service patients regardless of insurance coverage?

A. The Medicare advantage plans are permitted to waive in network provider requirements and prior authorization for tests and services. However, it is at the discretion of the individual plans.

Q: By what date are the MACs supposed to notify us of the auto-cancellation extension?

A. All three of the home health and hospice Medicare Administrative Contractors (MACs) will allow an additional 90 days from the request for anticipated payment (RAP) paid date before the RAP will auto cancel. Information is posted on the contractors' web site.

Q: Does this include CERT requests?

A. The Comprehensive Error Rate Testing (CERT) contractors are included contractors that will be holding record requests for medical review during the public health emergency (PHE).

Q: if CMS isn't doing ADRs what about the MA plans?

A. CMS is not requiring the Medicare Advantage (MA) plans to pause medical review, however, the individual plan may choose to do so.

*Q: I received a HH ADR two weeks ago, do I respond to it? It was related to UTN issue.

A. Requests received after the March 1, 2020 when the PHE was declared are to be reprocessed and paid. The MACs are to be contacting providers regarding any record requests received on or after the hold on medical review. If this is related to the Review choice Demonstration (RCD), contact Palmetto for direction.

*Q: Should agencies in NC and FL still submit their choices if they haven't already?

A. The selection period has been extended through the PHE..

Q: The pause for RCD is only for claims that start on or after 3/29 correct?

A. Correct, the RCD is paused for home health services provided after 3/29/2020.

Q: Q: what does CMS mean when they say they are pausing certain parts of RCD? What parts aren't being paused?

A. CMS is pausing the RCD in Illinois, Ohio, and Texas, and delaying the demonstration in Florida and North Carolina until a future date, which will be announced sometime after the PHE has ended. HHAs that selected pre-claim review have the option to continue with pre-claim review. Palmetto will conduct 100% post-payment review when the PHE ends on claims submitted without a unique tracking number (UTN) during the PHE, however, those claims will not be subject to the 25% reduction in payments.

Q: Is sequestration still in effect?

A. The sequestration suspension applies to date of service from May 1, 2020-December 31, 2020 and applies to the "through" date on the claim.

Q: Quality reporting - is this our choice to submit or not submit or is submitting just halted across the industry?

A. CMS will not require submission of quality data for three quarters in response to the PHE: 4th quarter 2019, 1st quarter 2020, and 2nd quarter 2020.

Q: For review choice, if the claims are not submitted for UTN numbers during the pandemic, would those claims be subject to post payment review post pandemic.

A. Correct, if the HHA selected pre-claim review under the demonstration and chooses to pause pre-claim review, those claims will be subject to post-payment review when the PHE has ended, however, the claims will not receive a 25% payment reduction.

Q: What about HH data submissions for states where Value Based purchasing is in effect?

A. Quality data reporting has been suspended for states participating in the home health value-based purchasing program as follows:

April 2020 new measures submission period (data collection period October 1, 2019 - March 31, 2020)

July 2020 new measures submission period (data collection period April 1, 2020 - June 30, 2020)

Q: Any word on delaying the rollout of OASIS E?

A. The National Association for Home Care & Hospice (NAHC) has requested a delay in the implementation of the Outcome and Assessment Information Set (OASIS) E.

Q: Any update if CMS will change RAPs payments back to 60/40, 50/50?

A. CMS has not altered the RAP payment regulations under PDGM for this PHE.

Q: Is there a lookback for the waiver of TPE. Will they go back post payment to review the TPE claims or just pick back up with the current claims billed when the emergency is over?

A. NAHC expects Targeted Probe and Educate (TPE) to resume at the end of PHE, although the details of the review process are unknown at this point.

Q: Is OIG still able to conduct reviews/audits? We have been going back and forth with them and they insist they have not been told to pause their reviews/audits?

A. Yes, the Office of Inspector General (OIG) and Unified Program Integrity Contractor (UPIC) reviews will continue during the PHE.

Q: What about current ADRs that are suspended for now; could you qualify advanced payment request?

A. Providers under TPE reviews are eligible for the accelerated and advanced payment program.

Q: Anticipated advance payment: Can we request 3 months anticipated from all insurances or what we anticipate only from fee for service Medicare payment for the agency.

A. The Accelerated and Advanced Payment program applies to Medicare Fee for Service payments.

Q: Will HH outcomes still be measured and is HHVBP continuing unchanged?

A. CMS intends to continue with the quality reporting and the HHVBP programs.

Q: For PDGM is COVID-19 acceptable for primary diagnosis

A. Effective April 1, 2020, Code U07.1, COVID-19, will be added to the PDGM Grouper to correspond to the clinical grouping MMTA, Respiratory, and will receive the low comorbidity adjustment. The patient must have a confirmed COVID -19 diagnosis in order to report code U07.1 as the primary diagnosis.

Q: Has there been any discussion regarding relaxing RTP for PDGM primary diagnoses which do not fit into a clinical grouping for patients referred due to S/S of COVID-19 but due to safety concerns the MD was not able to confirm the diagnosis through testing?

A. NAHC has requested that symptom codes related to COVID-19 be acceptable primary diagnoses.

<https://www.cms.gov/files/document/hpms-memo-covid-information-plans.pdf>

<https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>

<https://www.cms.gov/files/document/provider-burden-relief-faqs.pdf>