

# Public Policy

HCA Public Policy No.2-2016



**TO:** HCA CHHA & LTHHCP PROVIDER MEMBERS

**FROM:** PATRICK CONOLE, VICE PRESIDENT, FINANCE & MANAGEMENT

**RE:** UPDATES FROM NGS HOME HEALTH ADVISORY MEETING

**DATE:** FEBRUARY 11, 2016

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National Government Services (NGS), New York's Medicare Administrative Contractor (MAC), conducted a Home Health Advisory Meeting this week. HCA participated in the meeting and received important updates, posed questions and advocated on behalf of the membership.

This memorandum summarizes key NGS updates on:

- ForeSee Survey and NGS's New Website
- Probe and Educate/Medical Review Experience
- Upcoming 2016 Home Health Education Programs
- NGS Spring Conference in Rochester, NY – March 29, 2016
- Comprehensive Error Rate Testing (CERT) and Data Findings
- Upcoming Home Health Clinical Job Aids
  - Home Health Therapy Billing
  - Billing G-Codes for Therapy and Skilled Nursing Services

## *ForeSee Survey & NGS's New Website*

NGS's Emily Fox-Squairs provided an update on the ForeSee Website Satisfaction Survey which appears when users visit the NGS website (at [www.ngsmedicare.com](http://www.ngsmedicare.com)) or the NGSConnex website. This survey is utilized by the U.S. Centers for Medicare and Medicaid Services (CMS) to rate each of the Medicare contractors; both CMS and NGS are urging providers/members to complete the survey so CMS and NGS can determine what is helpful/useful on NGS's website as well as what improvements are needed.

HCA would also like to remind members that NGS has recently revised its website. These changes include access to critical education programs, medical policy and review, hospice job aids as well as other important items.

The website remains the same, at [www.ngsmedicare.com](http://www.ngsmedicare.com), but home health and hospice providers are now required to select HH+H (Home Health & Hospice) when asked at NGS's new Web Portal Navigation page:

- I am a \_\_\_\_\_ (select HH+H from drop box)
- I do business in \_\_\_\_\_ (select New York from drop box)
- Click Next

Once this information is provided, users must create a User Name and Password before navigating to the Jurisdiction 6 (J6) Home Health and Hospice (HHH) home page. There, at the top, users will see the following tabs for more information:

- **Enrollment** – revalidating one's Medicare enrollment, reporting a change in ownership and more;
- **Claims & Appeals** – Electronic Data Interchange (EDI), the Medicare appeal process, top claim errors and more;
- **Medical Policy and Review** – CERT, fraud and abuse, recovery audits, medical review policies and more;
- **Education** – Registration for upcoming NGS educational events/sessions (almost all of NGS's educational sessions require registration); and
- **Other Tabs** – includes information on Cost Reports, Overpayments, Job Aids and Manuals, and other Provider Resources.

Users must be on NGS's J6 HH&H home page in order to register for any webinars/conference calls.

### *Probe and Educate/Medical Review Experience*

NGS's Emily Dexter reported that NGS, in December, began conducting the first round of a medical review and audit initiative under the Home Health "Probe and Educate" medical review strategy outlined in CMS's final rule for the 2015 HHPPS.

This medical review strategy assesses and promotes provider understanding and compliance with the Medicare home health eligibility requirements, including documentation of the face-to-face (F2F) physician encounter.

These reviews specifically relate to claims submitted by home health agencies (HHAs) on or after August 1, 2015. CMS expects the provider education piece will conclude in approximately one year.

As part of this "Probe and Educate" audit process, CMS has instructed every home health MAC in the country to select a sample of five claims for **pre-payment** review from every HHA within its jurisdiction. Unlike other types of Medicare audits, HHAs will not be sent a preliminary letter from NGS and the five sample claims will be selected as part of NGS's regular Additional Documentation Request (ADR) process, where HHAs have 45 days to submit all of the clinical documentation of each case to NGS.

As NGS completes each HHA's "Probe and Educate" review, it will focus on the HHA's compliance with the policy outlined in CMS's CY 2015 final rule (CMS-1611-F), as well as make sure all other coverage and payment requirements are met.

Based on the results of these initial reviews, NGS and other MACs will conduct provider-specific educational outreach. CMS has instructed MACs to deny each non-compliant claim and to outline the reasons for denial in a letter to the HHA, which will be sent at the conclusion of the probe review. CMS has also instructed the MACs to offer individualized telephone calls/education to all providers with errors in their claim sample. During such calls, the MAC will discuss the reasons for denials, provide pertinent education and reference materials, and answer questions. In addition to these educational efforts, for those providers that are identified as having moderate or major concerns (two to five denials out of five), MACs will repeat the "Probe and Educate" process for dates of services occurring after education has been provided.

Since December (when the initiative started), NGS has requested 2,299 records (ADRs) as part of the "Probe and Educate" review. However, since providers have 45 days to submit the documentation, NGS has only received a total of 674 ADRs from providers and NGS has completed its review of 309 records. But according to Ms. Dexter, 300 ADRs out of a total of 309 have been **denied** by NGS. Ms. Dexter did emphasize, though, that 119 of those denials were because HHAs submitted their ADR/clinical documentation after the 45-day limit.

Ms. Dexter then described the following other main reasons why prepayment claims were denied:

1. Insufficient F2F documentation from the physician;
2. Community physician not identified when hospitalist completes the F2F encounter;
3. Insufficient homebound documentation; and
4. Documentation does not adequately describe the reasons for home health services.

Ms. Dexter did reiterate that HHAs have 120 days to appeal any of these denials and she did state that a good percentage of cases that have gone through the appeal process were successfully overturned in the HHA's favor.

Finally, Ms. Dexter referenced the following Medlearn Matters article (SE1524) where providers can find additional information on the entire "Probe and Educate" initiative: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1524.pdf>.

### *Upcoming 2016 Home Health Education Programs*

NGS will be offering the following home health education programs via conference call and/or webinar:

- February 16 – Home Health Certification and Recertification
- February 18 – Home Health Demand Bill
- February 19 – Ordering and Certifying Medicare Home Health Services
- February 23 – Homebound Status and the Need for Skilled Services
- February 25 – Home Health Billing Basics
- March 7 – Ordering and Certifying Medicare Home Health Services
- March 8 – Home Health Qualifying Services
- March 15 – Home Health F2F Encounter and Plan of Care
- March 16 – Home Health Forms (ABN, HHCCN, NOMNC)

NGS requires providers to register for all education sessions through its website at [www.ngsmedicare.com](http://www.ngsmedicare.com). Website users will need to enter their User ID and Password and make sure they are in the J6 HH&H home page before clicking on the Training Events Calendar link under the Education and Training tab.

NGS will be posting many more home health and hospice education sessions to the site. HCA will notify the membership via our *ASAP* newsletter when the dates and times of these educational sessions are scheduled.

### ***NGS to Hold Spring Conference in Rochester, NY on March 29***

On March 29, NGS will hold its national Spring Conference in Rochester, New York at the Rochester Marriot Airport hotel from 9 a.m. to 4 p.m. While other Medicare Part A providers will be invited, a significant portion of the event will focus on the following home health-specific issues: "Probe and Educate" audit update; five elements of home health certification; determining adequate clinical documentation; billing basics and best practices; and ordering and certifying home health services.

The conference cost (\$75) includes a continental breakfast and lunch. NGS will be posting registration information to its website in the near future and HCA will also notify the membership when registration is open.

### ***CERT Process & Data Findings***

CMS's CERT program monitors the accuracy of Medicare fee-for-service (FFS) payments by reviewing medical records. CERT contractors also review claims for compliance with Medicare coverage, coding and billing rules.

The CERT contractor randomly selects a sample of already paid claims. The contractor will request medical records from the billing and ordering provider by letter, phone and fax. CERT reviewers examine these claims, along with the medical records, to determine if: the documentation supports all services billed; the claim is processed correctly; and the claim is in compliance with all Medicare policies, procedures and guidelines.

If records sent to the CERT contractor do not support what was billed to Medicare, the contractor will request that NGS process an adjustment to the claim which could be a correction to the coding that results in a change in reimbursement or a denial of some or all of the services billed.

The contractor will then send a request for overpayment letter and monthly letters with details such as: CERT ID, CERT Identification Documentation (CID), Health Insurance Claim number (HICN), from date, adjudicated paid date, patient's name, and reason for each denial (remarks).

CERT findings are used for data analysis and possible review of additional claims and medical records by the CERT contractor. Data analysis and additional reviews will help to determine the type of education or intervention required for services found in error by the CERT program to prevent future errors and reduce error rates.

NGS's Laura Brown stated that CMS's national CERT error rate goal for the November 2016 reporting period (claims submitted and reviewed between July 1, 2014 and June 30, 2015) is 12.1% and NGS's most recent error rate was 72% for all home health claims but 31.04% for the J6 Wisconsin home health workload (which includes New York).

Of the home health claims (32X) denied during CERT review, the top reason for denial was due to insufficient documentation, particularly F2F documentation, while other denials were due to services being medically unnecessary or due to services being incorrectly coded.

NGS recommends that HHAs take the following actions when undergoing a CERT audit:

- Designate a CERT coordinator to receive and track all your CERT requests.
- Periodically visit the provider's CERT website (at [www.certprovider.com](http://www.certprovider.com)) to review and update your contact information.
- Respond timely (within 75 days) with the appropriate documentation to the CERT request.
- Review CERT denial comments using the NGS CERT Denial Reason Finder located on NGS's website under the Medical Policy & Review tab. Users need to enter the CID number assigned to the specific claim. The CID for the claim can be found on the CERT documentation request letter.
- If you disagree with a CERT denial, exercise your right to appeal. Your appeal should be submitted to NGS via a redetermination; visit "About Appeals" on NGS's website for more information.

### *Updated Home Health Clinical Job Aids*

NGS's Christa O'Neill asked HCA and other participants in an advisory group for feedback on two updated home health clinical job aids which NGS will be posting to its website in the near future.

Most job aids provide resources from CMS's manuals and a pre and post-test to ensure comprehension of the educational information provided.

The purpose of this advisory group review is to brief HCA and other provider representatives on important education programs or job aids that are being developed before they go live. This preview gives the association community an opportunity to let members know about upcoming resources on the horizon and to share some of NGS's planned guidance in advance.

- **Home Health Therapy Billing** – NGS developed this billing guide to assist providers in determining the proper information to submit on claims for physical therapy (PT), occupational therapy (OT) or speech-language pathology (SLP) services provided under a home health plan of care (POC) on bill type 32X or a therapy plan of care (when not under a home health POC) on bill type 34X.

The codes listed within this billing guide are only those most frequently applicable to home health therapy claims. For a complete list of codes, see the National Uniform Billing Committee (NUBC) manual. The NUBC maintains the UB-04 data element specifications and revenue code tables.

- **Billing G-codes for Therapy and Skilled Nursing Services** – NGS created this job aid to assist HHAs with the requirement to report specific data about therapy and nursing visits on home health episode claims. The requirements include:
  - G-codes for PTs (G0151), OTs (G0152), and SLPs (G0153);

- G-codes (G0157 and G0158) for the reporting of PT and OT services provided by qualified therapy assistants;
- G-codes (G0159, G0160 and G0161) for the reporting of the establishment or delivery of therapy maintenance programs by qualified therapists;
- G-codes (G0299 and G0300) for skilled nursing services (G0154 will be retired for any services provided after January 1, 2016); and
- Three additional G-codes (G0162, G0163 and G0164) for skilled nursing care.

The job aid also includes three billing scenarios to assist HHAs in using the correct new codes and billing correctly.

### *Next Meeting*

NGS's next Home Health Advisory Meeting has been scheduled for **June 7, 2016** in Indianapolis, Indiana and NGS will continue its policy of conducting three Home Health Advisory Meetings for state association representatives during CY 2016. HCA will provide a detailed *Public Policy Memorandum* to the membership after each of these meetings.

HCA will also provide updates via our newsletter on any news related to NGS or Medicare payment matters, including future CMS instructions to MACs, as well as any news regarding: F2F guidance or audits; Medicare claim processing issues; the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) claims edits; and HCA's advocacy in these areas.

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