Public Policy

HCA Public Policy No.15-2016

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

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

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

DATE: **OCTOBER 21, 2016**

National Government Services (NGS), New York's Medicare Administrative Contractor (MAC), conducted a Home Health Advisory Meeting this week for the state associations and particular home care representatives in the U.S. Centers for Medicare and Medicaid Services (CMS) Jurisdiction 6 region. 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 NGSConnex
- Comprehensive Error Rate Testing (CERT) Results and Findings
- Probe and Educate Audit
- Upcoming Home Health Education Programs
- Medical Review and Appeals Data Review
- Pre-Claim Review Demonstration
- New Home Health Job Aids

ForeSee Survey & NGSConnex

NGS's Emily Fox-Squairs provided an update on the ForeSee Website Satisfaction Survey which is the survey that appears when one enters the NGS website (www.ngsmedicare.com) or the NGSConnex website. This survey is utilized by CMS to rate each of the Medicare contractors, and it is very important to both CMS and NGS that providers/ members complete the survey to tell CMS and NGS what they find helpful/useful on NGS's website as well as what improvements are needed. Ms. Fox-Squairs stated she reviews every completed survey and greatly appreciates your feedback. She also stated that the overall feedback from home health and hospice providers has been positive with an over 80% satisfaction rate with NGS.

Ms. Fox-Squairs then provided an update on various enhancements to NGSConnex, which is a free self-service web application that currently offers providers and suppliers access to the following Medicare information: claim status; beneficiary eligibility; provider financial data; provider demographics; option for submitting cost reports; ability to submit appeal requests; and secure messaging. In early August, NGSConnex was updated so providers are able to submit Additional Documentation Requests (ADRs) that involve medical documentation, which eliminates the need for home health agencies (HHAs) to mail or fax paper documentation or CDs. In October, NGS began a new annual certification process for NGSConnex users, so that every user that logs into NGSConnex will receive a security pop

up message that requires the user to read the annual recertification information from NGS and click on the "I agree" button. Once NGSConnex users do this, this annual recertification security process will automatically pop up again in 365 days. Home Health Agency (HHA) Local Security Officers for NGSConnex will have one extra "I agree" to click.

NGSConnex can be accessed at: http://www.NGSConnex.com.

CERT Results and 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 by the Medicare contractor. The CERT contractor will request medical records from the billing and ordering provider by letter, phone and fax. The CERT reviewers review these claims along with the medical records to determine if the documentation supports all services billed and if the claim is processed correctly and 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 Identification Documentation (CID), Health Insurance Claim number (HICN), from date, adjudicated paid date, patient's name, and reason for each denial (Remarks).

Historically, CMS has utilized two contractors for CERT medical record requests: Livanta requests and obtains documentation and AdvanceMed reviews documentation. CMS has consolidated these tasks. Beginning on **October 14, 2016**, AdvanceMed is responsible for documentation requests in addition to documentation reviews. All CERT inquiries and medical records should be addressed to the following:

CERT Documentation Center
1510 East Parham Road
Henrico, VA 23228
Fax: (804) 261-8100
Customer Service: (443) 663-2699
Toll Free: (888) 779-7477
Email: certmail@admedcorp.com

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 between June and September 2016, the NGS CERT Contractor for Jurisdiction 6 reviewed a sample of claims submitted with dates of services from 2015 where the claims error was determined to be 63%. Of the home health claims (32X) denied during the NGS CERT review, the top reason for denial was due to Error Code 21 (Insufficient Documentation), particularly around the face-to-face (F2F) physician encounter documentation while the top denial was due to Error Code 90 (Others Errors) which involved technical billing errors

such as having an incorrect HCPCS codes on the claims or having the incorrect national provider identifier (NPI) number of the certifying physician.

Ms. Brown did note, however, that 14% of those CERT claim denials were appealed by providers and, of those appealed, 86% were overturned (14% were upheld), so HCA recommends that members consider appealing those claims that are denied by the CERT contractor, especially if one has any questions or concerns about the original denial.

NGS has recommended in the past 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 (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 will 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.

Probe and Educate Audit

Beginning in December 2015, NGS 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 final rule for Calendar Year 2015 HHPPS.

CMS implemented this Probe and Educate medical review strategy to assess and promote provider understanding and compliance with the Medicare home health eligibility requirements, including documentation of the F2F physician encounter.

These reviews specifically relate to claims submitted by HHAs on or after August 1, 2015 and NGS expects the first phase of the provider education piece will conclude next month.

As part of this probe and educate audit process, CMS has instructed every home health MAC in the country to select a sample of 5 claims for **pre-payment** review from every HHA within its jurisdiction. Unlike other type of Medicare audits, HHAs will not be sent a preliminary letter from NGS and the 5 sample claims will be selected as part of NGS's regular 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 reviews, 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 outreach efforts, for those providers that are identified as having moderate or major concerns (2-5 denials out of 5), the MACs will repeat the Probe and Educate process for dates of services occurring after education has been provided as part of Phase 2, **which NGS expects to begin towards the end of this year and going through the first quarter of 2017**.

NGS's Kathy Gates confirmed that Round 2 of the Probe and Educate audit will once again involve NGS randomly selecting 5 cases from a time period that started after the HHA received their one-on-one education (if requested). HCA noted that many HHAs successfully appealed many of their initial denials from the first phase of the Probe and Educate audit and the process for providers being subject to Phase 2 of the audit should be based on whether the initial claim in the first phase was ultimately approved or not. However, NGS noted that this is a CMS-based initiative and the instructions for providers being subject to Phase 2 is totally based on the initial determination of the 5 claims selected in Phase 1.

Ms. Gates then suggested that providers review an NGS-created job aid entitled Home Health Probe and Educate Tips which can be found within the "Education" tab of NGS's HHA J6 website, specifically under "Job Aids and Manuals."

HCA members can also find additional information on the entire Probe and Educate audit process within Medlearn Matters article SE1524 at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1524.pdf.

Since there has been so much concern about the problems of the F2F requirement and this particular Probe and Educate initiative, HCA has been at the forefront of efforts to seek repeal of the requirement or, barring repeal, changes to the rule that would be significantly less arduous and ease the duplicative and costly documentation mandate for home care agencies and other practitioners. We've repeatedly engaged New York's Congressional Delegation, which issued an HCA-prompted letter to CMS sharing our recommendations to change the rule. Those recommendations would allow for the requirement to be documented on the existing plan-of-care, as opposed to a separate, duplicative and onerous process insisted by CMS.

Upcoming 2016 Home Health Education Programs

NGS's Christa Shipman reported that NGS will be offering the following home health education programs that will be conducted via conference call and/or webinar:

- October 25 – Home Health Billing Basics
- November 1 – Home Health Certification and Recertification
- November 3 – Home Health Type of Bill (TOB) 34X Billing
- November 3 – Ordering and Certifying Medicare Home Health Services
- November 8 – Home Health Billing Scenarios
- November 17 – J6 Top Home Health Claim Errors
- November 22 – Home Health Billing Scenarios

- November 29 – Home Health TOB 34X Billing
- November 29 – Home Health Qualifying Criteria

NGS requires providers to register for all education sessions through its website at 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 and HCA will notify the membership via our newsletter when the dates and times of these educational sessions are scheduled.

Medical Review and Appeals Data Review

NGS's Lauri Domingo first provided a home health medical review data update by going through the following top three denials for the July through September 2016 time period:

- 55HTW – The physician certification was invalid since the required F2F encounter was missing, incomplete or untimely.

- 55HTP – The initial certification was missing, incomplete or invalid; therefore, the recertification episode was denied.

- 55H2C – Medical necessity not supported as there is no Outcome Assessment Information Set (OASIS) present.

After providing some basic tips and educational resources on NGS's website for avoiding the above mentioned denials, Ms. Domingo then provided the following top three denials that HHAs appealed:

- 55H2B – Documentation submitted does not support homebound status.

- 55HTW – The physician certification invalid since the required F2F encounter was missing, incomplete or untimely.

- 55HTN – The recertification estimate of how much longer skilled services are required is missing, incomplete or invalid.

Pre Claim Review Demonstration

NGS's Michael Davis and Lauri Domingo provided a summary on how CMS has implemented a three-year Medicare pre-claim review demonstration for home health services in the states of Illinois, Florida, and Texas beginning in 2016, and in the states of Michigan and Massachusetts beginning in 2017.

While the demonstration has already gone into effect in Illinois (the first demo state), CMS has temporarily paused expansion into Florida and Texas due to the need for "additional education efforts" that "will be helpful before expansion of the demo to other states."

The start dates for Florida, Texas, Michigan, and Massachusetts have not been announced; however, CMS will provide at least 30 days' notice on its website prior to beginning in any state. CMS continues to expect a staggered start, beginning with Florida.

CMS is testing whether pre-claim review improves methods for the identification, investigation, and prosecution of Medicare fraud occurring among HHAs providing services to people with Medicare benefits. Additionally, CMS is also testing whether the demonstration helps reduce expenditures while maintaining or improving quality of care.

CMS believes the demonstration could also:

- Reduce home health expenditures by avoiding the delivery of services that are not medically necessary or otherwise do not meet Medicare coverage requirements.

- Reduce burden on HHA providers by allowing them assurance that a claim is likely to be paid.

Ms. Domingo stated that the pre-claim review demonstration does not create new clinical documentation requirements. HHAs will submit the same information they currently submit for payment, but will do so earlier in the process. After the first three months of the demonstration in each participating state, if the claim is submitted without a pre-claim review and is determined to be payable, it will be paid with a 25 percent reduction of the full claim amount. This payment reduction is not subject to appeal and cannot be recouped from or otherwise charged to the beneficiary.

Though New York is not one of the states included in the CMS demo, HCA was concerned from the outset of this proposal that CMS would ultimately expand the demo beyond the initial phase to make pre-claim review a national program (or phase it into New York). We have advocated vigorously against the proposal, as a whole, for its onerous intrusion into claims-authorization for duly administered home health services, not just in New York but in other states as well. We submitted comments in opposition to it and to an earlier "prior approval" version. We are also leading efforts to pass legislation to delay its implementation.

New Home Health Job Aids

Ms. Shipman asked Advisory Group participants for feedback on three home health job aids which NGS will be providing for NGS users in the near future.

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

- **Preparing for Pre-Claim Review –** NGS developed this job aid to assist providers in making sure that applicable coverage, payment and coding rules are met before the final claim is submitted. The job aid reminds submitters to include the following data elements in a home health pre-claim review request: (1) Beneficiary information such as name, Medicare number and date of birth; (2) Certifying physician and practitioner information including name and NPI; (3) HHA information including agency name and NPI number as well as the CMS certification number; (4) Contact information of the submitter; (5) All of the documentation from the medical record that supports the beneficiary is confined to the home at the time of service; and (6)

pertinent other information such as the benefit period, submission date and from and through date of the 60-day episode of care.

- **Home Health Claim and Request for Anticipated Payment (RAP) and Final Claim Billing** – NGS developed these two interactive computer based job aids to assist HHAs when submitting RAPs and final claims to Medicare. The job aids remind users of consolidated billing guidelines, other billing requirements, tips on key fields that need to be completed on the RAP and/or final claim, and as well as information on Health Insurance PPS (HHPPS) coding.

Next Meeting

NGS's next Home Health Advisory Meeting has been scheduled for **February 15, 2017** via teleconference. NGS will continue its policy of conducting three Home Health Advisory Meetings for state association representatives during the upcoming fiscal year (FY) 2017. 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 Probe and Educate audits; the pre-claim review demonstration; and HCA's advocacy in these areas.

For further information, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.