

Public Policy

HCA Public Policy No.14-2016



TO: HCA HOSPICE PROVIDER MEMBERS

FROM: PATRICK CONOLE, VICE PRESIDENT, FINANCE & MANAGEMENT

RE: UPDATES FROM NGS HOSPICE ADVISORY MEETING

DATE: OCTOBER 21, 2016

National Government Services (NGS), New York's Medicare Administrative Contractor (MAC) for Jurisdiction 6 (J6), conducted a Hospice Advisory Meeting yesterday for the state associations and particular hospice representatives in U.S. Centers for Medicare and Medicaid Services (CMS) J6 region. HCA participated in the meeting and received important updates, posed questions and advocated on behalf of our hospice membership.

The following memorandum summarizes key updates and/or presentations by NGS staff at the meeting as well as information acquired by HCA on issues of particular importance to New York State, including:

- ForeSee Survey and NGSConnex
- Audit and Reimbursement
- Upcoming J6 Hospice Education
- Medical Review and Appeals Data Findings
- Comprehensive Error Rate Testing (CERT) Information and Data Findings
- Upcoming Hospice Educational Articles
- NGSConnex and the ADR Submission Process

ForeSee Survey and 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 hospices 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. Hospice Local Security Officers for NGSConnex will have one extra “I agree” to click.

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

Audit and Reimbursement

NGS’s Mario Beckham from Medicare Audit and Reimbursement stated that NGS has finalized a three-year look-back on the hospice cap for the periods 2012 through 2014.

Medicare regulation 42 CFR Section 405.1885 provides that all hospice cap calculations may be reopened by the MAC within three years of the cap determination notice. This three year look back review is due to the potential of beneficiary and reimbursement changes.

For J6, NGS completed 3,691 hospice cap reviews for the three-year look-back period. NGS sent letters at the end of September to those providers with an overpayment or an underpayment. If a hospice provider was not affected by the cap for the look back, NGS did not send a letter to those hospices.

For J6, NGS sent 353 letters for a net overpayment of \$19,952,042. 327 letters were for overpayments that totaled \$22,667,285 and 26 letters were for underpayments where NGS paid back \$2,840,952.

NGS plans to complete its 2015 cap reviews in December. In future years, the hospice cap review and look back will be done at the same time. For example the 2016 cap review will be completed in the last quarter of 2017, with a look back review of 2013 to 2015.

Remaining 2016 Hospice Education

NGS’s Corrinne Ball reported that NGS will be offering the following hospice education programs via conference call and / or webinar:

- October 26 – Understanding the Effects of a Medicare Hospice Election (Part A)
- TBD – Hospice Billing Basics Part 1 & 2
- TBD – General Inpatient Level of Care and Documentation
- TBD – Planning, Strategizing and Responding to a Hospice Additional Documentation Request (ADR)
- TBD – Nursing Hospice Documentation Level of Care

Providers must 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 Home Health & Hospice (HH&H) home page before clicking on the Training Events Calendar link under the Education and Training tab.

HCA will notify the membership via our newsletter when the dates and times of these to be determined (TBD) educational sessions are scheduled.

Medical Review and Appeals Data Findings

Ms. Ball first provided a hospice medical review data update for the July through September 2016 time period and noted that provider specific probes and audits were focused in cases where a provider's Calendar Year (CY) 2015 average length of stay (ALOS) increased as compared to peers in the state and in cases where there were significant changes in a hospice provider's CY 2015 reimbursement compared to the previous year.

The following were the top hospice denial reason codes during the second quarter of 2016 (April 1 through June 30, 2016):

- Reason Code 55H1L: Terminal prognosis not supported (88% denial rate);
- Reason Code 55H1Y: Physician narrative was not present or was not valid (5% denial rate);
- Reason Code 55H1F: Physician certification not sent with the documentation (2% denial rate)

Ms. Ball then provided J6 Hospice Appeals Data for the second quarter of CY 2016. During the second quarter of CY 2016, NGS reviewed a total of 536 cases/claims at the redetermination appeal level which resulted in 142 cases (or 26%) being fully reversed and paid and 394 of the cases (74%) being affirmed or dismissed. Also during the second quarter of CY 2016, a total of 724 cases/claims were reviewed at the Qualified Independent Contractor (QIC) level which resulted in approximately 21% of the cases/claims being reversed and paid and 79% of the cases/claims being affirmed, dismissed or partially reversed. Finally, 9 cases reached the Administrative Law Judge (ALJ) level of appeal with 8 cases fully reversed (89%) and 1 case (11%) affirmed.

CERT Information and Data Findings

CMS implemented the CERT program to measure improper payments in the Medicare fee-for-service (FFS) program. Under the CERT program, a random sample of all Medicare FFS claims are reviewed to determine if they were paid properly under Medicare coverage, coding, and billing rules. Once the CERT program identifies a claim as part of the sample, it sends a letter requesting the associated medical records and other pertinent documentation from the provider or supplier who submitted the claim. The submitted documentation is then reviewed by medical review professionals to see if the claim was paid or denied appropriately.

According to Ms. Ball, CMS's national CERT Error Rate Goal for the fiscal year (FY) 2015 reporting period is 12.1%. To accomplish this goal, NGS staff are reaching out to providers to provide information on appealing the claim or faxing additional or missing documentation directly to the CERT contractor with a cover letter (include the CERT ID number) to (804) 261-8100.

The following were the top reasons that hospice claims were denied in J6 during the most current CERT program audit:

- **CERT Error Code 21: Insufficient Documentation** – Missing documentation for the hospice certification and plan of care; insufficient documentation for physician certification of a terminal illness with specified benefit period; and missing beneficiary/representative signed and dated hospice benefit election for hospice services for start of care.
- **CERT Error Code 25: Medical Necessity** – Documentation did not support a terminal prognosis; the beneficiary has chronic CHF which is rather stable; little decline or progression of condition; weight loss appears to be due to loss of edema fluid. Admission weight was 166 LBS, MAC 11.2, KPS/PPS score of 40%, intermittent confusion, required assistance with ADLs. At time of review claim, PPS was still 40%, was

ambulating with walker with SOB after 30 steps, supplemental oxygen used intermittently at 2 LPM. Weight at 150 LBS.

Ms. Ball reminded participants that NGS is part of a CERT A/B MAC Outreach and Education Task Force with 7 other Medicare contractors who have a shared goal of reducing the national improper payment rate as measured by the CERT program. The joint collaboration of Medicare contractors has begun working to educate Medicare providers on widespread topics focusing on reducing their individual error-rates across jurisdictions as well as communicating national issues of concern regarding improper payments to the Medicare program.

NGS's CERT Task Force website can be found by going to the J6 HH& H Homepage, choose the "Medical Policy & Review" and then "CERT." The CERT Task Force link is located towards the right of the new webpage.

Updated Hospice Educational Article on Vaccines

Ms. Ball asked Advisory Group participants for feedback on the following upcoming hospice educational article – related to hospice vaccine billing for influenza, pneumococcal and hepatitis B vaccines – which NGS will make available in the near future.

Medicare covers influenza virus, pneumococcal and hepatitis B vaccines in accordance to coverage requirements when furnished by a hospice to those beneficiaries who request them, including those who have elected the hospice benefit. As of October 1, 2016 per change request (CR) 9052 for claims with an effective date of service on or after October 1, 2016, Medicare hospice providers may bill for vaccine services on institutional claims.

Change request (CR) 7012, as of January 1, 2011, waived all coinsurance and deductibles for certain preventive services; this includes the influenza, pneumococcal and hepatitis B vaccines. The administration of these is not subject to deductibles and coinsurance.

In order for Medicare to cover the flu vaccine the vaccine must be administered in compliance with any state and local laws, and be administered at the request of the beneficiary. Medicare does not require a physician order to administer the influenza vaccine to a beneficiary. Typically Medicare coverage of the influenza vaccine is one per flu season.

NGS staff then went through a detailed Question and Answer (Q&A) section on hospices submitting vaccine billing.

Medicare will cover the pneumococcal vaccine when it's furnished in compliance with any applicable state laws, and is requested by a beneficiary. Medicare does not require a physician order for pneumococcal vaccine. An initial pneumococcal vaccine may be administered to beneficiaries who have never received a pneumococcal vaccine. A different, second pneumococcal vaccine may be administered one year after the first vaccine.

For Medicare coverage of the hepatitis B vaccine, the vaccine must be ordered by a doctor of medicine or osteopathy, or by home health agencies, skilled nursing facilities, end stage renal disease facilities, hospital outpatient departments and persons recognized under the incident to physicians' services provision of law. The beneficiary must also meet one of the criteria in the Intermediate or high risk categories for Medicare coverage of the vaccine.

Other Education Resources: Effects of Errors on the Notice of Election (NOE) and Timely Filing

There have been numerous problems with the hospice beneficiary's NOE and the timely submission of it by hospice providers and CMS is monitoring the situation more closely, NGS is in the process of developing a handout that examines every field on the NOE and then includes the following columns to assist hospice providers: type of errors; outcomes; instructions from CMS or NGS; estimated time frame of return; and, finally, consequences to the provider. Participants on the call gave Ms. Ball numerous suggestions to improve the handout which NGS will be updating in the coming weeks and hopes to make available in the near future.

NGSConnex and the ADR Submission Process

NGSConnex is a secure Internet portal offered at no charge to NGS providers. NGSConnex offers many benefits to save providers time and money. One of most prevalent use of NGSConnex's self-service portal is for provider's to submit to NGS any additional documentation requests (ADRs).

Being able to electronically submit one's documentation into an ADR allows hospice, home health and other Part A providers to respond directly through NGSConnex with no need to mail or fax your response to complete the process. Some of the benefits of using NGSConnex to submit ADRs include:

- Instant acceptance of your documentation;
- Confirmation that your documentation was submitted;
- Acknowledgement email sent;
- Date stamped for easy tracking;
- Reduced time factor for responding to your facility's ADR;
- Secure portal for sending PHI and eliminates the need to utilize the postal services; and
- Review of ADR history

Ms. Ball reminded participants that when submitting ADRs through NGSConnex, providers should ensure their medical records are complete and to follow the signature requirements as described in CMS Medlearn Article MM 6698 at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm6698.pdf>.

Next Meeting

NGS's next Hospice Advisory Meeting has been scheduled for **February 16, 2017** via teleconference and NGS will continue its policy of conducting three Hospice Advisory Meetings for state association representatives during CY 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 new NGS hospice related issues or Medicare payment matters, including future CMS instructions to MACs; CERT audits; payments updates on the two-tier model or SIA adjustments; and upcoming hospice education programs.

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