

Public Policy

HCA Public Policy No. 5-2020



TO: HCA CHHA PROVIDER MEMBERS

FROM: PATRICK CONOLE, VICE PRESIDENT, FINANCE & MANAGEMENT

RE: UPDATES FROM NGS HOME HEALTH ADVISORY MEETING

DATE: JUNE 15, 2020

National Government Services (NGS), New York's Medicare Administrative Contractor (MAC) for Jurisdiction 6 (J6), conducted a Home Health Advisory Meeting this week for the state associations and home health representatives in the 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 Medicare-certified home health membership.

NGS Website Changes

- NGS has revised its Home Health and Hospice Education Tab to include new items such as COVID-19, the Medicare Arcade and News and Alerts.
- NGS has added a COVID-19 banner to its website with all of the latest news articles, information and resources from NGS and CMS.
- A new Medicare University user guide has additional information and how to get credit for completing courses.
- NGS's Interactive Voice Response (IVR) system has developed a call-back process as an alternative so that users do not have to wait in the queue. Another upcoming change will allow providers to schedule appointments with a specific customer service representative.

COVID-19 News from CMS

NGS's Shelly Daily reviewed the following documents provided by CMS that are designed to assist home health from a regulatory standpoint during the COVID-19 Public Health Emergency (PHE):

- April 29 – Home Health Agencies: CMS Flexibility to Fight COVID-19 (<https://hca-nys.org/wp-content/uploads/2020/06/CMS-flexibilities-for-HHAs-April-29.pdf>)
- May 7 – Home Health Plans of Care: Nurse Practitioners and Physician Assistants Allowed to Certify (<https://hca-nys.org/wp-content/uploads/2020/06/NGS-MLN-Connect-Guidance-May-7.pdf>)

- May 11– CMS COVID-19 Emergency Declaration (<https://hca-nys.org/wp-content/uploads/2020/06/NGS-COVID-19-Emergency-Declaration-Waiver-May-11.pdf>)

COVID-19 Impact on Provider Enrollment

CMS has put provider enrollment revalidation on hold due to the COVID-19 PHE. NGS also reported that the multi-factor authentication (MFA) process for the Internet-based Provider Enrollment, Chain and Ownership System (Internet-based PECOS) is also on hold due to the PHE.

NGS has created a COVID-19 news banner on all of its websites at www.ngsmedicare.com as well as a Provider Enrollment Hotline at (888) 802-3898.

CMS has its own PHE Webpage (<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>) and issued a Provider Enrollment Question & Answer document (<https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>).

CERT Results

CMS's Comprehensive Error Rate Testing (CERT) program monitors the accuracy of Medicare fee-for-service (FFS) payments by a random sample selection of paid claims and medical records. CERT contractors also review claims for compliance with Medicare coverage, coding and billing rules.

As of May 15, 2020 (for claims received from July 1, 2018 through June 30, 2019), the unofficial J6 home health CERT error rate was 5.79 percent, which is significantly lower than the 9.95 percent reported at NGS's last meeting in April 2020. The overall error rate for J6 CERT audits of all Part A providers was 3.11 percent which is lower than the 4.24 percent also reported at the April meeting. The most common home health denials to date included:

- **Error 21:** Insufficient or inadequate Face-to-Face (F2F) or plan of care (POC) documentation and/or visit notes.
- **Error 91:** Billing requirement error(s).
- **Error 90:** Other technical errors such as the physician who signed the certification or plan of care does not match the physician on the claim or in the common working file (CWF).
- **Error 21 and 31:** Multiple Error Codes.
- **Error 25:** Not medically necessary.

CMS's overall goal for MACs in 2020 is a CERT denial rate at 7.15 percent, and NGS expects to achieve that overall goal when the November 2020 report is released.

Some resources to assist providers in lowering their CERT denials are available under the "Medical Policy and Review" tab of NGS's Home Health and Hospice (HHA) J6 homepage. CERT also has a public website at www.certprovider.admedcorp.com.

Providers who disagree with a CERT denial are strongly encouraged to exercise their right to appeal. Your appeal should be submitted to NGS via a redetermination; visit “About Appeals” on NGS’s website for more information.

Medical Review

Effective March 26, CMS has suspended all Targeted Probe and Educate (TPE) and general Medical Review activities due to the COVID-19 emergency. Any pending claims – due to additional documentation requests (ADRs) – are being released for payment. CMS has not indicated to NGS when TPE activity may resume.

NGS’s Kathy Gates summarized the following top three denials for the first quarter of 2020 (January 1 through March 31, 2020) and then provided some basic tips on how to avoid them:

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

NGS will review for the certifying physician statement which must indicate the continuing need for services and estimate how much longer the services will be required. If the submitted certification documentation (submitted with the recertification documentation) does not support home health eligibility, the claim associated with the recertification period will not be paid.

- **55H3V** – Skilled nursing services were not medically necessary.

To be considered a skilled service, the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel as provided by regulation, including 42 C.F.R. 409.32.

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

Providers need to ensure there is documentation (a physician or allowed non-physician practitioner’s clinical notes) in the medical record that demonstrates that a face-to-face encounter has occurred within the required timeframe.

Audit and Reimbursement

NGS reported that CMS has extended the Medicare Cost Reporting deadline for all fiscal year (FY) reporting dates. Most Certified Home Health Agencies (CHHAs) in New York file their Medicare Cost Report on a Calendar Year (December 31) basis, meaning the traditional due date is May 31 or June 1. For those CHHAs, the new Medicare Cost Report due date is July 31, 2020.

NGS encourages CHHAs to use the new Medicare Cost Report e-Filing System, known as MCR eF, which is an application that allows all Part A providers (including home health and hospice) to electronically transmit (e-File) their Medicare cost report package. MCR eF was designed to automate and streamline the provider’s submission of the cost report. NGS also encourages CHHAs to submit their Cost Report early, or before the July 31 deadline. Early submission allows providers to have a grace period to correct any significant mistakes that could potentially result in payment suspension.

Upcoming J6 Home Health Education Via Webinar, Computer Based Training and YouTube

NGS will be offering the following home health education programs via webinar:

- June 25 – Home Health Billing Basics
- June 30 – Let’s Chat About Medicare Secondary Payor (MSP)
- July 1 – Understanding the Levels of Appeal
- July 7 – Home Health Billing Basics
- July 16 – NGSConnex New User Orientation

NGS has currently made available the following Computer Based Trainings (CBT)

- Home Health Qualifying Criteria & Eligibility
- Home Health Face to Face (F2F) Encounters & the Plan of Care
- Home Health – Certification & Recertification of Eligibility Criteria
- Home Health – Homebound Status & the Need for Skilled Services
- Home Health – Documentation and the HH Additional Development Request
- Billing the Home Health Episode Claim

NGS has also made available numerous home health YouTube videos on its website to assist providers in determining and documenting the homebound status, determining eligibility criteria, the F2F encounter and documentation, and much more.

All of NGS’s education or training events can be found in the events calendar on NGS’s website at www.NGSMedicare.com. HCA members should be sure to click the “HHH” home page link for the Home Health and Hospice portal and enter their state, then click “Accept” on the HCPCS/CPT code attestation page. Once in the Home Health and Hospice portal, click the education tab, then click the Webinar, Teleconference and Event tab.

2020 Medicare Summit Overview

NGS is holding a Home Health and Hospice Summit at the Rio Convention Center in Las Vegas on September 23-24. The two-day conference will be having two general sessions each day that focus on global issues within the Medicare program, impacting all Part A and B providers including a Meet the Medicare Contractors session and then break-out sessions on each day with home health and hospice tracks. Some of the sessions during the conference include:

- Regulatory and Compliance: Partnering to Meet the Challenges
- Home Health and Hospice Medicare Secondary Payor Billing
- Home Health Certification Requirements
- All-Inclusive Provider Enrollment Processes for Home Health and Hospice
- Hospice Admission through Discharge Documentation
- Home Health Agency Cost Reporting Tips
- Home Health and Hospice Medical Review and Targeted Probe and Educate
- Medicare and Legislative Updates
- Hospice Billing: Avoiding Costly Mistakes

- Best Practices for Home Health Agencies
- Home Health Patient Driven Groupings Model
- Documentation of the Hospice Transfer, Revocation and Discharge
- Hospice Cap and Hospice Cost Reporting Tips

Next Meeting

NGS's next J6 Home Health Advisory Meeting is scheduled for October 27 and NGS will continue its policy of conducting three Home Health Advisory Meetings for state association representatives during the upcoming fiscal year (FY) 2021. 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 on any COVID-19 waivers or information and any news about the resumption of Targeted Probe and Educate (TPE) audits, upcoming education, and HCA's advocacy in these areas.

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