

Public Policy

HCA Public Policy No.6-2020



TO: HCA HOSPICE PROVIDER MEMBERS

FROM: PATRICK CONOLE, VICE PRESIDENT, FINANCE & MANAGEMENT

RE: UPDATES FROM NGS HOSPICE ADVISORY MEETING

DATE: JUNE 19, 2020

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

This memorandum summarizes key NGS updates on:

- NGS Website Changes
- Comprehensive Error Rate Testing (CERT) Results
- COVID-19 Impact on Provider Enrollment
- Medical Review
- Audit and Reimbursement
- Upcoming J6 Hospice Education
- New Education Reviews: Beneficiary Election Statement and Addendum for Fiscal Year 2021

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 the U.S. Centers for Medicare and Medicaid Services (CMS).
- NGS has added a new user guide to its Medicare University Courses to assist users with additional information and how to get credit for completing courses.
- NGS has added a new Computer-Based Training (CBT) Course entitled How to Correct the Admission Date on Hospice Notice of Election.
- 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.

CERT Results

The 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 Hospice CERT error rate was 4.63 percent, which is significantly lower than the 8.46 percent reported at our last meeting in March 2020. The overall error rate for J6 CERT audits of all Part A providers was 3.11 percent, which is also significantly lower than the 7.96 percent reported at the March 2020 meeting. NGS's Laura Brown said the most common hospice denials to date (and reflected in the upcoming November 2020 CERT report) included:

- Insufficient or inadequate documentation such as Physical Therapy and Occupational Therapy (PT and OT) notes for updated plan of care changes for certification or recertification.
- Services incorrectly coded.
- Medically unnecessary service or treatment where documentation does not support that hospice services are reasonable and necessary.
- No response to requested information.

CMS's overall goal for MACs in 2020 is a CERT denial rate at 7.15 percent. NGS said it 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.

COVID-19 Impact on Provider Enrollment

CMS has put provider enrollment revalidation on hold due to the COVID-19 Public Health Emergency (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 at (<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>) and it issued the following Provider Enrollment Question & Answer document:

- Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs): <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>.

Medical Review: Hospice Targeted Probe & Educate (TPE) Initiative

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 provided an update on the following top hospice claim denial codes prior to the medical review suspension:

- 55H1R: The Notice of Election (NOE) is invalid because it does not meet statutory/regulatory requirements. Hospices should review coverage and billing guidelines for the NOE to ensure that your NOEs are accurately billed.
- 55H1L: The documentation does not support terminal prognosis (6 months to live).
- 55H1S: The hospice face-to-face (F2F) requirement has not been met. This often occurs when a beneficiary decides to change hospice provider.

Audit and Reimbursement

NGS's John Stoll reported the 2019 Hospice Cap Year Self Determinations were due on March 2, 2020, as February 29, 2020 fell on a Saturday and NGS has finalized its review for all hospices in J6. Once hospice providers have self-reported, NGS sends a confirmation letter within 45 days of receipt. When applicable, the confirmation letter will also serve as a demand letter for the provider with an amount due to Medicare.

Mr. Stoll then reported that CMS has extended the Medicare Cost Reporting deadline for all fiscal year (FY) reporting dates. Many hospices 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 hospices, 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 MCRReF, 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. MCRReF 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, which allows providers to have a grace period to correct any significant mistakes that could potentially result in payment suspension. CMS will be conducting a webinar on the new Cost Report system on July 9, from 1 to 2:30 p.m., and interested hospice members can register at <https://blh.ier.intercall.com/>.

Finally, Mr. Stoll reminded participants that all providers are responsible for accessing their own Provider Statistical & Reimbursement (PS&R) reports using the CMS Enterprise Identity Management (EIDM) system at <https://portal.cms.gov/wps/portal/unauthportal/home/>. This is a web-based, centralized system housed at CMS. First-time users need to register for a user ID and password. EIDM allows users to obtain one ID and password to access multiple web-based systems. Registration involves a provider verification process that includes submission of supporting documentation. The EIDM website contains information and links to user guides that will assist with registration. The EIDM system is not a NGS system and therefore NGS has limited ability to assist in registration or

system access issues. For all issues in accessing EIDM or PS&R reports, providers should contact the EIDM helpdesk at 866-484-8049 or by e-mail at: EUSSupport@CGI.com.

Upcoming J6 Hospice Education

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

- June 24 – Demystifying Hospice and Physician Billing
- June 30 – Let's Chat About Medicare Secondary Payer (MSP)
- July 1 – Understanding the Levels of Appeal
- July 15 – Hospice Admission Through Discharge Documentation
- July 16 – NGSConnex New User Orientation

NGS was planning to hold a Home Health and Hospice Summit in Las Vegas, Nevada on September 23-24, but this event has been changed to a virtual educational program. Registration for this event should be posted to the NGS website in the coming weeks and HCA will notify the membership via our newsletter when this and other important educational sessions are scheduled.

NGS's education or training events can be found in the events calendar at www.NGSMedicare.com. Providers should 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.

New Education Reviews

- **Beneficiary Election Statement for FY 2021:** When a Medicare beneficiary chooses to elect hospice care, for the duration of the election of hospice, the beneficiary must waive all rights to Medicare payments for any Medicare services related to the terminal illness and related conditions during a hospice election, except:
 - Hospice care provided by, or under arrangement by, the designated hospice.
 - Services by an individual's attending physician if he or she is not employed by the designated hospice.

Medicare services remain available to the patient for a condition completely unrelated to the terminal condition for which hospice was elected as long as the patient is eligible for such care.

While each hospice designs and prints its own election statement, this document must include:

1. **Identification of the particular hospice and of the attending physician** that will provide care to the beneficiary. The individual or representative must acknowledge that the identified attending physician was his/her choice.
2. The beneficiary or representative's (as applicable) acknowledgement that the he or she has been given a **full understanding of the palliative rather than curative nature** of hospice care, as it relates to the individual's terminal illness and related conditions.

3. **Acknowledgement that the individual has been provided information on the hospice's coverage responsibility** and that certain Medicare services, as set forth in paragraph (e) of section 418.30, are waived by the election. For hospice elections beginning on or after October 1, 2020, this would include providing the individual with information indicating that services unrelated to the terminal illness and related conditions are exceptional and unusual and hospice should be providing virtually all care needed by the individual who has elected hospice.
 4. **The effective date of the election**, which may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement. A beneficiary/representative may not designate an effective date that is retroactive.
 5. For hospice elections beginning on or after October 1, 2020, the hospice must provide information on individual **cost-sharing for hospice services**.
 6. For hospice elections beginning on or after October 1, 2020, the hospice must provide **notification of the individual's (or representative's) right to receive an election statement addendum** if there are conditions, items, services, and drugs the hospice has determined to be unrelated to the individual's terminal illness and related conditions and would not be covered by the hospice.
 7. For hospice elections beginning on or after October 1, 2020, the hospice must provide information on the **Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)**, including the right to immediate advocacy and BFCC-QIO contact information.
 8. **The signature of the beneficiary or representative.**
- **Addendum for FY 2021:** Beginning October 1, 2020, Medicare hospice providers will be required to provide a hospice beneficiary with a hospice addendum when items, services or drugs will not be provided under the hospice benefit because they are not related to the beneficiary's terminal diagnosis and related conditions. The hospice addendum is a written statement notifying the beneficiary or representative of the services that are not covered under the hospice benefit.

The purpose of the addendum is to provide information aimed at increasing coverage transparency for patients receiving hospice care under the Medicare hospice benefit. Medicare hospice care services are virtually all-inclusive, and are focused on meeting the physical, emotional, psychosocial and spiritual needs of the terminally ill individual and their family. The addendum has the following key elements:

- Patient Notification of Hospice Non-Covered Items, Services and Drugs.
- Name of the hospice agency.
- Beneficiary's name and hospice medical record identifier.
- Identification of the beneficiary's terminal illness and related conditions.
- List of the beneficiary's current diagnosis and present conditions along with a list of items and services that will not be covered by hospice.
- A written clinical explanation, in language the beneficiary and his or her representative can understand, as to why the identified conditions, items, services and/or drugs are considered unrelated to the terminal illness and related conditions and not needed for pain and symptom management.
- Purpose of the addendum.

- Diagnoses related to terminal illness and related conditions.

Next Meeting

NGS plans to conduct its next Hospice Advisory Meeting via webinar on **December 10** and NGS will continue its policy of conducting at least three Hospice 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 new NGS hospice-related issues or Medicare payment matters, including future CMS instructions to MACs, CERT audits, the TPE initiative and upcoming hospice education programs.

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