

Public Policy

HCA Public Policy No. 10-2020



TO: HCA CHHA PROVIDER MEMBERS

FROM: PATRICK CONOLE, VICE PRESIDENT, FINANCE & MANAGEMENT

RE: UPDATES FROM NGS HOME HEALTH ADVISORY MEETING

DATE: OCTOBER 28, 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.

This memorandum summarizes key NGS updates on:

- NGS Website and Self-Service Tools
- COVID-19 Impact on Provider Enrollment
- Comprehensive Error Rate Testing (CERT) Results
- Medical Review: New Post-Payment Review Initiative
- Audit and Reimbursement
- Upcoming J6 Home Health Education

NGS Website and Self-Service Tools

- NGS has changed the sign-in process of its main website at www.ngsmedicare.com so everyone can answer a few questions in the drop boxes and proceed as a guest. When asked what kind of provider you are, HCA's home health and hospice members should select the Home Health & Hospice (HH&H) tab and not Part A.
- NGS has added a Medical Review Focus Area tab within its Medical Policy & Review that provides information on any ongoing home health and hospice post-payment review audits. The only home health post-payment review audit involves paid Patient Driven Groupings Model (PDGM) claims paid between January 1 and February 29, 2020.
- 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 including how to get credit for completing courses. NGS has recently added a course (PTA-C-0055) to assist providers through the Medicare appeals process.
- NGS has recently added five new YouTube educational videos within its Education Tab.

COVID-19 Impact on Provider Enrollment

CMS has recently extended the public health emergency (PHE) until further notice.

While provider enrollment continues, CMS has put provider enrollment revalidations on hold due to the COVID-19 PHE. NGS also reported that when providers apply for access to the Identity & Access (I&A) Management System, one should select the Access Manager instead of the Delegated Official and NGS recommends having two Access Managers.

CMS has its own PHE Webpage at <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page> and has issued the following Provider Enrollment Question & Answer document:

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

HCA members can reach the Provider Enrollment Hotline at (888) 802-3898.

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 September 30, 2020 (for claims received from July 1, 2018 through June 30, 2019), the unofficial J6 home health CERT error rate was 7.61 percent, which was significantly higher than the 5.79 percent reported at NGS's last meeting in June 2020. The overall error rate for J6 CERT audits of all Part A providers was 3.91 percent, which is slightly higher than the 3.11 percent also reported at the June 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 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.

NGS recently posted two new CERT articles to assist providers in lowering their CERT denials. These articles 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.

Finally, providers that have questions for the CERT contractor about medical record submissions can either contact the CERT Customer Service phone number at (443) 663-2699 or e-mail CERTprovider@nciinc.com.

Medical Review: New Post-Payment Review Initiative

NGS's Kathy Gates reported that CMS has instructed MACs nationally to resume fee-for-service medical review activities in order to protect the Medicare Trust Fund against inappropriate payments. These medical review activities began on August 17 and are for post-payment reviews of items/services provided before March 1, 2020. The Targeted Probe and Educate (TPE) program (intensive education to assess provider compliance through up to three rounds of review) will restart later. The MACs will continue to offer detailed review decisions and education as appropriate.

The basic principles of NGS's post-payment review include the following:

- Reviews will be service-specific rather than provider-specific (a change from TPE).
- Topics for review will be selected based on data analysis activities which identify potential areas of concern.
- Notice of the topics selected will be posted at NGSMedicare.com prior to initiation of the edit under the Medical Review section (a change from TPE).
- Aggregate results of the service-specific review will be analyzed for educational opportunities; there is not an established benchmark/target related to denial rates that the individual provider must meet (different from TPE).
- Additional Development Request (ADR) will be generated for each claim in the sample; providers will have 45 days to respond with the medical record documentation (no change).
- Medical Review will complete the documentation review and render a decision within 60 days of receiving the medical records (a change from 30 days under TPE).
- An individual results letter will be mailed to the provider for each claim that has been reviewed, summarizing the Medical Review decision and offering the opportunity for education.

Ms. Gates stated that NGS's Case Management Team may make a Medical Review educational telephone call to the provider if an issue is identified during the claim review (unchanged from TPE); and while formal education is not required, NGS's CMT is available to provide an educational call for the providers to discuss their findings or on general CMS requirements of the topic under review.

As mentioned previously, the only home health post-payment review audit involves paid PDGM claims paid between January 1 and February 29, 2020.

If HCA CHHA members would like to request education or have any questions, they should contact NGS's Case Management Team at J6Bcasemanagement@anthem.com.

Audit and Reimbursement

NGS's Kim Hitzemann reported that, as of October 8, CMS is no longer allowing MACs to accept any new accelerated process applications from providers. CMS has also recently issued an updated Fact Sheet on the Accelerated Process that includes new information on the payback or recoupment process. The Fact Sheet can be downloaded at <https://www.cms.gov/files/document/accelerated-and-advanced-payments-fact-sheet.pdf>.

Also, due to the COVID-19 PHE, CMS extended the Medicare Cost Report deadlines for many Medicare providers, including CHHAs. The majority of CHHA providers in New York are on a Calendar Year (December 31) filing basis and those due dates were extended until August 31, 2020. Ms. Hitzemann stated that an increased number of CHHAs utilized the new Medicare Cost Report e-Filing System, known as MCReF, which is an application that allows all Part A providers to electronically transmit (e-File) their Medicare cost report package. MCReF was designed to automate and streamline the provider's submission of the cost report. Ms. Hitzemann stated that the deadline for the CY 2020 Cost Report remains May 31, 2021.

Ms. Hitzemann then reminded participants that the NGSConnex Portal has a function for sending requests and correspondence to providers on such items as: audit calculations, tentative settlements, adjustment reports and, even, final cost reports. The portal is secure regarding accounts receivable (AR) inquiries in NGSConnex. In fact, transmission through AR Inquiries in NGSConnex is safer, faster and cheaper than mailing by either the providers or MACs. For those providers that are signed up for NGSConnex, all AR correspondence can go through the portal once implemented.

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

NGS's Janet Woods reported that more than 2,800 individuals attended the 2020 Virtual A/B Home Health and Hospice Medicare summit on September 22-24. NGS plans to hold another Medicare summit in September 2021 in Las Vegas.

Ms. Woods said NGS will be offering the following home health education programs via webinar:

- October 29 – Let's Chat About Medicare Secondary Payor (MSP)
- November 3 – Provider Enrollment Getting Access to PECOS
- November 5 – NGSConnex New User Orientation
- November 11 – NGS's Medicare University

NGS has currently made available the following Computer Based Trainings (CBTs) via Medicare University:

- 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 Home Health Additional Development Request

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.

New Program: Understanding the Medicare Home Health Benefit

NGS's Shelly Dailey reported that she has drafted a new educational program entitled "Understanding the Medicare Home Health Benefit" that is expected to be available in the coming months. The program was designed to offer federal Medicare regulatory direction to home health agency staff, as well as any and all provider types ordering and referring and monitoring home health services, in an effort to provide assistance in the comprehension of documentation requirements required to support home health eligibility criteria.

During the program, NGS will discuss the following: home health & hospice Medicare jurisdictions; home health eligibility requirements, including the homebound status; the plan of care and the face-to-face encounter; and certification and re-certification. HCA will notify the membership when this education session is available.

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, enter their state and 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.

Next Meeting

NGS's next J6 Home Health Advisory Meeting is scheduled for **February 25, 2021** 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 TPE audits, upcoming education, and HCA's advocacy in these areas.

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