

ICD-10 Implementation

- Tabular and index of ICD-10-CM
- Addenda
- Complete list of ICD-10-CM code titles – long and abbreviated
- General Equivalence Mappings
- Reimbursement Mappings
- Duplicate ICD-9-CM and ICD-10-CM codes

<http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>

<http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-PCS-and-GEMs.html>



ICD-10 Implementation

DON'T WAIT UNTIL IT'S TOO LATE
Start Preparing for ICD-10

<http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>

<http://cms.hhs.gov/Medicare/Coding/ICD10/index.html>




ICD-10 Training and Preparedness

- Get to know your top 25 diagnoses in your agency.
- Learn the documentation requirements for these diagnoses first.



HEALTHCARE *Just*

OASIS-C1/ ICD-9 Version



HEALTHCARE *Just* e patients before paperwork

HEALTHCARE *Just*

OASIS-C1 / ICD-9 Version

- Is now known as “OASIS-C1/ICD-9 Version”
- The new implementation date will be January 1, 2015
- All prior published changes remain except the ICD-10 coding questions

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-C1.html>

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQ/OASISUserManual.html>

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-40.pdf>

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OASIS-C1 / ICD-9 Version

OASIS-C Item Number	OASIS-C1/ICD-9 Data Set					OASIS-C1/ICD-9 Guidance Manual				
	OASIS-C1/ ICD-9 Item Number	New or Deleted Item	New Item Number	Item wording Change	Skip Pattern Change	Item Intent	Time Points	Response-Specific Instructions	Data Source/ Resources	
M0080	M0080							X		
M0090	M0090							X		
M0100	M0100				X	X		X		
M0102	M0102						X	X		
M0104	M0104							X		
M0110	M0110							X		
M0140	M0140							X		
M0150	M0150			X		X		X		
*Please note: Items to be Used at Specific Time Points has CHANGED. See OASIS-C1/ICD-9, page 5.										
M0903	M0903							X		
M0906	M0906							X		
M1000	M1000			X	X	X		X		
M1005	M1005							X		
M1010	M1010							X		
M1012	M1012	DELETED								
M1016	M1016							X		
M1018	M1018					X		X		
M1020	M1020					X		X		
M1022	M1022					X		X		
M1024	M1024					X		X		
M1030	M1030					X		X		
M1032	M1032		X	X		X		X		
M1034	M1034							X		
M1036	M1036							X		
M1040	M1041		X	X	X	X		X	X	
M1045	M1046		X	X		X		X	X	

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OASIS-C1 / ICD-9 Version



New Item at Discharge

- M1309 Worsening in Pressure Ulcer Status since SOC/ROC was added to collect information on worsening pressure ulcer status using wording harmonized with the MDS and CARE instruments.



OASIS-C1 / ICD-9 Version



Items Deleted at Discharge

- Item M1350 reports whether the patient has a skin lesion or open wound that is receiving intervention from the home health agency, other than a surgical wound, pressure or stasis ulcer.
- Item M1410 reports the types of respiratory treatments (oxygen, ventilator etc) the patient is receiving at home.
- Item M2110 reports how frequently the patient receives assistance with activities of daily living from caregivers other than the home health agency.



OASIS-C1 / ICD-9 Version



Items Deleted at All Timepoints

- Item M1012, Inpatient Procedures.
- Items M1310, M1312, and M1314, which report the length, width and depth of the pressure ulcer with the largest surface dimension.
- Item M2440 - Reason patient was admitted to a nursing facility. Collected at the time of transfer from home health to a skilled nursing facility.



OASIS Format/Submission Changes



- Effective January 1, 2015, OASIS data will be submitted to CMS via the **national** OASIS Assessment Submission and Processing (ASAP) system.
- In order to transition data from the state databases to ASAP, the OASIS submission system will shut down permanently at 6:00 pm ET on December 26, 2014.
- The OASIS ASAP system will be available at 12:00 a.m. ET on January 1, 2015.
 - From 6:00 p.m. (ET) on December 26, 2014 through 11:59 pm (ET) on December 31, 2014, no OASIS assessments will be accepted.
 - The OASIS ASAP system will become available at 12:00 am ET on January 1, 2015.



2015 HH PPS Proposed Rule



<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Home-Health-Prospective-Payment-System-Regulations-and-Notices-Items/CMS-1611-P.html>



2014 vs. 2015 Payment Rates



CMS projects that Medicare payments to home health agencies in CY 2015 will be reduced by 0.30%, or -\$58 million based on the proposed policies.

2014 Base Rate / Rural Base Rate	2015 Base Rate / Rural Base Rate (Proposed)
\$2,869.27/ \$2,955.35	\$2,922.76/ \$3,010.44



F2F Changes



- Eliminate just the narrative requirement
- Only consider medical records from the patient's certifying physician or discharging facility in determining initial eligibility for the Medicare home health benefit.
- Claims for physician certification/re-certification for home health services be considered a non-covered service if the HHA claim was non-covered because the patient was ineligible for the home health benefit.



Therapy Changes



- Change from 13th/19th/30 day re-assesements to at least every 14 calendar days.
- Would still need to be completed by PT and not a PTA.
- Would apply to all episodes regardless of the number of therapy visits provided.
- Applies to each discipline.



Set Threshold for Quality Reporting Program



- Require HHA's to submit 70 % of OASIS quality assessments beginning July1, 2015
- Increase the threshold each year by 10%, until a 90% threshold is received.

How are you tracking your OASIS Submissions?



Revise COPs for SLP



- Has a masters' or doctoral degree in SLP, and is licensed as a SLP by the state where they furnish services

OR

- Has successfully completed 350 clock hours of supervised clinical practicum (or be in the process of completing), at least nine months of supervised full-time SLP experience, and has successfully completed a national examination approved by the Secretary.



Home Health Value-Based Purchasing Model



- Required as part of the Affordable Care Act
- CMS is proposing a model in which participation by all HHAs in 5-8 selected states would be mandatory.
- Two bills currently introduced for relief:
 - Medicare Home Health Rebasing Relief and Reassessment Act (H.R. 4625)
 - Securing Access Via Excellence Medicare Home Health Act of 2014 (H.R.5110)

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/downloads/stage-2-NPRM.PDF>



Technical Regulations Text Changes



- Make technical corrections to § 424.22(b)(1)
 - Specify that recertification is required at least every 60 days when there is a need for continuous home health care after an initial 60-day episode to coincide with the CoP requirements in § 484.55(d)(1).
 - Specify that recertification is required at least every 60 days unless there is a beneficiary elected transfer or a discharge with goals met and return to the same HHA during the 60 day episode.



Technical Regulations Text Changes



- Clarify § 424.22(b)(1)(ii)
 - If a beneficiary is discharged with goals met and/or no expectation of a return to home health care and returns to the same HHA during the 60-day episode a new start of care would be initiated (rather than an update to the comprehensive assessment) and thus the second episode would be considered a certification, not a recertification, and would be subject to § 424.22(a)(1).



Technical Regulations Text Changes



- Make a technical correction to § 484.250(a)(1)
 - Remove the "-C" after "OASIS" in § 484.250(a)(1), so that the regulation refers generically to the version of OASIS



Submitting Comments



- When commenting, refer to file code CMS-1611-P for Medicare.
- To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on September 2nd, 2014.
- Two of the four ways to submit comments are:
 - Electronically at <http://www.regulations.gov>. Follow the instructions under the "More Search Options" tab.
 - By regular mail using the following address: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1611-P, P.O. Box 8010, Baltimore, MD 21244-8010.



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Important Reminders

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Reminder: Sequestration Still in Effect

- The 2011 Budget Control Act mandates cuts equally over 9 years (2013 – 2021).
- Does not apply to Medicaid.

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Reminder: Additional HH Reporting

- Effective for claims with episodes that began on or after July 1
 - Report the NPI and name of the physician who certifies/re-certifies the patient's eligibility for home health services, if this physician is different than the physician who signs the patient's plan of care ("attending physician")
 - Continue to report the NPI and name of the physician who signs the patient's plan of care.

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8441.pdf>

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Regulatory Timeline Reminder



- MedPAC releases report to Congress
 - Reports are issued in March and June

MARCH ON WASHINGTON

- Recommendations of the HHS become the 2015 Proposed Rule
 - Hospice normally releases in April; Home Health in July
 - Allows for comment period
- Final Rule is normally published in August for Hospice and November for Home Health
 - Hospice Rates take effect October 1, 2014
 - Home Health takes effect January 1, 2015



HETS Transition



CMS Transitioning Eligibility Systems



CMS is in the process of terminating all Eligibility systems other than the HETS 270/271

- PPTN and VPIQ
 - Multi Carrier System (MSC) – **Discontinued April 2013**
 - ViPS Medicare System (VMS) - **Discontinued April 2013**
- FISS/DDE
 - HIQA/HIQH – **Currently still active**
 - ELGH/ELGA – **Currently still active**

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1249.pdf>



Does HETS Return the Same Eligibility Info?



- Part A/B Enrollment info
- Home Health Certifications/Episode info
- Hospice Benefit Period Info
- MSP information
- Part D plan number info
- Medicare Advantage info
- Etc.



Other Items on the Horizon



New Conditions of Participation



- Proposal expected in the near future
- First changes in 15 years
- No information currently available on specific changes



Affordable Care Act Employer Mandate



- Was previously delayed until January 2015
- Bill proposed to change definition of full time employees "Forty Hours Is Full Time Act"
- Bill introduced to delay until January 2016 for Home Health and Hospices



Stay in Tune With Your MAC



Home Health & Hospice Jurisdictions



Medicare currently has four Jurisdictions assigned for Home Health and Hospice Administrative Contractors.

A map of the regions can be found at:
http://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/HomeHealthHospice_JurisdictionMap_OCT2013.pdf

It is important for your agency to be up to date with the instructions from your contractor. So make sure you are signed up for their newsletters and alerts.

You can find links to each of the contractors at the HEALTHCAREfirst Regulatory Blog.



Palmetto GBA

Jurisdiction 11 Home Health and Hospice

CLAIMS PROCESSING ISSUES LOG



Here is a list of current system-related claims processing issues. These issues have been reported to the Centers for Medicare & Medicaid Services (CMS) and/or the Fiscal Intermediary Standard System (FIS). Please check often for updates before contacting the provider contact center. The issues are identified by stand alone articles and will be updated as needed.

NEED HELP FINDING WHAT YOU ARE LOOKING FOR ON THIS PAGE?

> Please Select a Topic: **Current Issues**

New Feature - **Articles** - **Pusher Notifications**

Would you like to receive a notification when one of the CPIL articles is updated? At the bottom of each article, sign up in the new e-news Update Notification box, and we'll send you an email with the new article any time it changes.

Note: You can only sign up for notifications on a per-article basis, if you would like notifications for more than one, please sign up for each article individually.

Home Health Claims Suspended by Status/Location 31 HOSUQ - new	06/18/2014
Claims Suspended - Status Location 31 HOSUQ	05/09/2014

<http://www.palmettogba.com/Palmetto/Providers.nsf/docsCat/Jurisdiction%2011%20Home%20Health%20and%20Hospice-Articles-Claims%20Processing%20Issues%20Log?>



Palmetto GBA HIPPS Code Medical Reviews



- Service Specific HIPPS Codes 1BGP identified as a moderate risk for J11
- Service-specific targeted medical review edits in the Midwest and Southeast, *will be continued* for an additional quarter.
- Service-specific targeted medical review edits in the Southwest and Gulf Coast *will be discontinued*.

http://www.palmettogba.com/palmetto/providers.nsf/ls/Jurisdiction%2011%20Home%20Health%20and%20Hospice-9M5MEC78157?opendocum=ent&utm_source=J11HHL&utm_campaign=J11HHL&utm_medium=email



National Government Services (NGS)

PRODUCTION ALERTS

(Return to Home)

06-202-1016 Home Health Payment Alerts, with Claims Level Code 39234 or 39239 Payment
SUSPENSION TYPE INDICATED: Home Health and Hospice - DATA REQUESTED

DESCRIPTION OF PROBLEM	WHAT THIS MEANS TO YOU	CURRENT STATUS OF PROBLEM
06-202-1016 Home Health Payment Alerts, with Claims Level Code 39234 or 39239 Payment SUSPENSION TYPE INDICATED: Home Health and Hospice - DATA REQUESTED	Providers should receive any denied claims that were received on or after 06/17/14 and reported critical gaps through the ADR process (i.e. send agency did not receive a request for medical records and the denied claim was not received by provider (Review) - Provider should not resubmit the request until claim final reject code 39234 or 39239 is received.	The issue has been sent to the Fiscal Intermediary Standard System (FIS) for review and resolution. Providers should continue to submit claims for review without going through the ADR process. Please watch for email updates and use the Contact Provider Help button on the Contact Provider Help button in our website for additional information on the status of this issue.
06-202-1016 Home Health Payment Alerts, with Claims Level Code 39234 or 39239 Payment SUSPENSION TYPE INDICATED: Home Health and Hospice - DATA REQUESTED	This may cause incorrect patient payments or other amounts not to be paid.	Update 06/17/2014: The Home Health Payment Alerts Inquiry (HHEI) was converted to a 06-202-1016 (HHEI) and was processed from 06/17/14 to 06/18/14 and your claim payment history (HHEI) is shown on our website on 06/18/14. You may contact us regarding any claim amount payment with an initial payment.
06-202-1016 Home Health Payment Alerts, with Claims Level Code 39234 or 39239 Payment SUSPENSION TYPE INDICATED: Home Health and Hospice - DATA REQUESTED	This may cause incorrect patient payments or other amounts not to be paid.	06/04/2014: As far as the Home Health outlier payment process (HHEI) is currently, 06/04/14 is the implementation of the Outlier and Payment Alerts will be made with this for 06/04/14. There are no more required patient certifications and submissions. Claims with information to and interpretation will be submitted along the way in preparation. There is no provider action required at this time. Please watch for e-mail updates and the Contact Provider Help button in our website for additional information on the status of this issue.

<http://www.ngsmedicare.com/wps/portal/ngsmedicare/AllProductionAlerts>



