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Hospice Regulatory Review

August 2013

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Director of Regulatory Compliance



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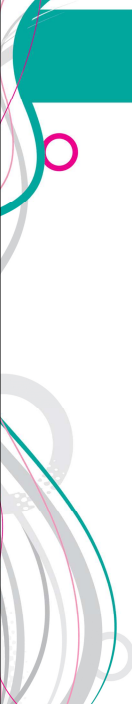
Webinar Agenda

- ICD 10 Update
- Final Rule and Wage Index
 - Quality Reporting
 - Rates
 - Hospice Item Set
 - Diagnosis Coding Clarifications
 - Potential Reform Options
- **Proposed Hospice Cost Report Changes**
- Hospice RAC Audits
- Hospice CGS Widespread Edits
- Medicare Administrative Contractors



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ICD-10 Update

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ICD-10 Files

- Tabular and index of ICD-10-CM
- Addenda (changes since the 2012 version)
- 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://cms.hhs.gov/Medicare/Coding/ICD10/2013-ICD-10-PCS-GEMs.html>

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ICD-10 Files

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

<http://apps.who.int/classifications/icd10/browse/2010/en>

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

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Training and Preparedness Materials Cont.

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

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2014 Hospice Wage Index And Payment Rate Update

<http://www.gpo.gov/fdsys/pkg/FR-2013-08-07/pdf/2013-18838.pdf>
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/index.html>



FY2013 vs. FY2014 Payment Rates w/Quality Data

Code	Description	FY 2013 Payment Rates	Multiply by the FY 2014 final hospice payment update of 1.7 percent	FY 2014 final Payment Rate
651	Routine Home Care	\$153.45	x1.017	\$156.06
652	Continuous Home Care Full Rate = 24 hours of care \$=37.95 hourly rate	\$895.56	x1.017	\$910.78
655	Inpatient Respite Care	\$158.72	x1.017	\$161.42
656	General Inpatient Care	\$682.59	x1.017	\$694.19



FY2013 vs. FY2014 Payment Rates w/out Quality Data

Code	Description	FY 2013 Payment Rates	Multiply by the FY 2014 hospice payment update percentage of 1.7 percent minus 2 percentage points (-0.2)	FY 2014 Payment Rate
651	Routine Home care	\$153.45	x0.997	\$152.99
652	Continuous Home Care Full Rate= 24 hours of care \$=37.20 hourly rate	\$895.56	x0.997	\$892.87
655	Inpatient Respite Care	\$158.72	x0.997	\$158.24
656	General Inpatient Care	\$682.59	x0.997	\$680.54



Wage Index & Hospice Aggregate Cap

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/Downloads/Transmittal-2766.pdf>

Cap Year Ending:
2012 - \$25,377.01
2013 - \$26,157.50

Year	Cap Amount
1984	\$ 6,500.00
1985	\$ 6,884.00
1986	\$ 7,391.00
1987	\$ 7,898.00
1988	\$ 8,406.00
1989	\$ 9,010.00
1990	\$ 9,787.00
1991	\$ 10,712.00
1992	\$ 11,551.00
1993	\$ 12,248.00
1994	\$ 12,846.00
1995	\$ 13,469.00
1996	\$ 13,974.00
1997	\$ 14,394.00
1998	\$ 14,788.00
1999	\$ 15,313.00
2000	\$ 15,916.98
2001	\$ 16,650.85
2002	\$ 17,390.89
2003	\$ 18,143.26
2004	\$ 18,963.47
2005	\$ 19,777.51
2006	\$ 20,585.39
2007	\$ 21,410.04
2008	\$ 22,386.15
2009	\$ 23,014.50
2010	\$ 23,874.98
2011	\$ 24,527.69



Diagnosis Reporting on Claims

- Providers **must** code and report the principal diagnosis as well as all coexisting and additional diagnosis related to the terminal condition or related conditions
- 72% of hospice providers are still only reporting one diagnosis on hospice claims

Use of Nonspecific, Symptom Diagnosis

- “debility”
- “adult failure to thrive”
- CMS’ will return to provider (RTP), effective for claims submitted on or after **Oct. 1, 2014**, hospice claims with either Debility or Adult Failure to Thrive (AFTT) listed as the principal diagnosis

Be careful with Dementia Codes....

- Some Dementia Codes are inappropriate for use as a **principal diagnosis**. A few examples are:
 - 290.0 Senile dementia, uncomplicated
 - 294.8 Other persistent mental disorders due to conditions classified elsewhere
 - 294.10 Dementia in conditions classified elsewhere without behavioral disturbance
 - 294.11 Dementia in conditions classified elsewhere with behavioral disturbance

Hospice Quality Reporting


- The current reported quality measures will be eliminated.
- Existing reported quality measures will be replaced with a standardized assessment instrument called the Hospice Item Set (HIS)
- CMS will begin data collection related to a new Hospice Experience of Care Survey beginning Jan 2015.

Eliminate Existing Measures

- NQF 209: Comfortable dying measure
- Structural / QAPI Measure * *Still required for COPs*


Current Quality Reporting Requirements

Data Collection	Data Submission	Annual Payment Update (APU) Year	Measure Name
1/1/2013 - 12/31/2013	4/1/2014	FY 2015 (10/1/2014)	Structural / QAPI measure NQF #0209



New Hospice Item Set

- NQF #1617 Patients treated with an Opioid who are Given a Bowel Regimen
- NQF #1634 Pain Screening
- NQF #1637 Pain Assessment
- NQF #1638 Dyspnea Treatment
- NQF #1639 Dyspnea Screening
- NQF #1641 Treatment Preferences
- NQF #1647 Beliefs/Values Addressed (if desired by the patient)



New Hospice Item Set

Section A	Administrative Information
A0050. Type of Record	
Enter Code <input type="checkbox"/>	1. Add new record 2. Modify existing record 3. Inactivate existing record
A0100. Facility Provider Numbers. Enter code in boxes provided.	
A. National Provider Identifier (NPI): <input type="text"/>	
B. CMS Certification Number (CCN): <input type="text"/>	
A0205. Site of Service at Admission	
Enter Code <input type="checkbox"/>	01. Hospice in patient's home/residence 02. Hospice in Assisted Living facility 03. Hospice provided in Nursing Long Term Care (LTC) or Non-Skilled Nursing Facility (NF) 04. Hospice provided in a Skilled Nursing Facility (SNF) 05. Hospice provided in Inpatient Hospital 06. Hospice provided in Inpatient Hospice Facility 07. Hospice provided in Long Term Care Hospital (LTCH) 08. Hospice in Inpatient Psychiatric Facility 09. Hospice provided in a place not otherwise specified (NOS) 10. Hospice home care provided in a hospice facility
A0220. Admission Date	
<input type="text"/>	<input type="text"/>
Month	Day
<input type="text"/>	
Year	
A0245. Date Initial Nursing Assessment Initiated	
<input type="text"/>	<input type="text"/>
Month	Day
<input type="text"/>	
Year	
A0250. Reason for Record	
Enter Code <input type="checkbox"/>	01. Admission 09. Discharge

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New Hospice Item Set

Section J	Health Conditions
Pain	
J0900. Pain Screening	
Enter Code <input type="checkbox"/>	A. Was the patient screened for pain? 0. No → Skip to J2030, Screening for Shortness of Breath 1. Yes
B. Date of first screening for pain: <input type="text"/>	
Month Day Year	
Enter Code <input type="checkbox"/>	C. Type of standardized pain screening tool used: 1. Numeric 2. Verbal descriptor 3. Patient visual 4. Staff observation 9. No standardized tool used
Enter Code <input type="checkbox"/>	D. The patient's pain severity was: 0. None 1. Mild 2. Moderate 3. Severe 9. Pain not rated
J0910. Comprehensive Pain Assessment	
Enter Code <input type="checkbox"/>	A. Was a comprehensive pain assessment done? 0. No → Skip to J2030, Screening for Shortness of Breath 1. Yes
B. Date of comprehensive pain assessment: <input type="text"/>	
Month Day Year	
C. Comprehensive pain assessment included:	
↓ Check all that apply	
1. Location	

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New Hospice Item Set

Section Z Record Administration			
Z0400. Signature(s) of Person(s) Completing the Record			
I certify that the accompanying information accurately reflects patient assessment information for this patient and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that reporting this information is used as a basis for payment from federal funds. I further understand that failure to report such information will lead to a 2 percentage point reduction in the Fiscal Year payment determination. I also certify that I am authorized to submit this information by this facility on its behalf.			
Signature	Title	Sections	Date Section Completed
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
Z0500. Signature of Person Verifying Record Completion			
A. Signature: _____		B. Date:	
		<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>
		Month	Day
		<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>
		Year	

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Hospice Quality Reporting

Quality Reporting Requirements			
Data Collection	Data Submission	APU Impact	Measure Name
Hospice Item Set (HIS) 7/1/2014 - 12/31/2014	Rolling	FY 2016 (10/1/2015)	<ul style="list-style-type: none"> ▶ Hospice & Palliative Care – Pain Screening, NQF #1634 ▶ Hospice & Palliative Care – Pain Assessment, NQF #1637 ▶ Hospice & Palliative Care – Dyspnea, NQF #1639 ▶ Hospice & Palliative Care – Dyspnea Treatment, NQF #1638 ▶ Patients Treated with an Opioid who are Given a Bowel Regimen, NQF #1617 ▶ Hospice & Palliative Care – Treatment, NQF #1641 ▶ Beliefs/Values Addressed (if desired by patient), NQF #1647
1 month in 1st quarter 2015 (1/1/2015 – 3/31/2015) & 4/1/2015 – 12/31/2015	TBA	FY 2017 (10/1/2016)	Hospice Experience of Care Survey (Hospice CAHPS)

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Hospice Experience of Care Survey

- Adding a new Hospice Experience of Care Survey “CAHPS” for Hospice
 - Required to contract with a vendor for survey administration and quarterly data submission.
 - Required to participate in a “dry run” for at least 1 month in first quarter of Calendar year 2015
 - Continuous participation will begin April 1, 2015
 - Participation will affect the FY 2017 payment determination
 - Hospices with fewer than 50 deaths from January 1st 2014 through December 31st 2014 will be exempt from requirements for FY 2017 payment determination
 - Hospices who fail to participate in the Hospice CAHPS survey will have a 2% market basket reduction in FY 2017.

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Potential Future Hospice Items

- Reform Options
 - U-Shaped Model of resource use
 - Short stay add-on payment
 - Case mix
- Rebasing the Routine Home Care Rate
- Additional data collection

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/Downloads/Hospice-Study-Technical-Report-4-29-13.pdf>

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Proposed Hospice Cost Report Changes

<http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-1984-14.html?DLPage=1&DLSort=1&DLSortDir=descending>

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Hospice Cost Report Changes

- Free Standing Hospice and Home Health Agency (HHA) – based Hospices
- Segregate all direct patient care costs by multiple cost categories into the respective level of care.
- Modify the manner in which general service costs and statistical information is accumulated by the hospice.
- General service cost centers have been expanded.

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Hospice Cost Report Changes

- Included Worksheet S-2 to incorporate data previously reported on the Provider Cost Report Reimbursement Questionnaire, Form CMS-339.
- Modified Worksheet A to separately identify general service costs.
- Modified Worksheets A-1 through A-4 to identify direct patient care services by level of care.
- Modified Worksheets B and B-1 to separately identify costs by level of care.
- Renamed Worksheet D as Worksheet C.
- Renamed Worksheet G as Worksheet F.

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Audits

Hospice RAC Audits

- Selected at random
- No Guidelines to determine which providers will be selected
- States impacted: Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, Puerto Rico and U.S. Virgin Islands.

<http://blog.healthcarefirst.com/regulatory-blog/bid/96580/Hospice-RAC-Audits-Coming-to-Region-C>

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Widespread Hospice Edits

- Claims with revenue code 0651 (Routine) and a length of stay of greater than 730 days.
- Claims based on a length of stay of 999 days.
- Claims with revenue code 0656 (General Inpatient Services [GIP]) with at least seven or more days in a billing period.

http://www.cqsmedicare.com/hhh/medreview/med_review_edits.html

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Medicare Administrative Contractors

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Home Health & Hospice Jurisdictions

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

Jurisdictions A – D are reserved from the HH & H workloads. A map of the regions can be found at:
<http://www.cms.gov/Medicare/Medicare-Contracting/MedicareContractingReform/Jurisdiction-Maps/HomeHealthHospiceMACJurisdictionMap.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.

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Palmetto GBA

Jurisdiction 11 Home Health and Hospice

CLAIMS PROCESSING ISSUES LOG **CPIL** CLAIMS PROCESSING ISSUE 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 (FISS). 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?

Select a Topic: Please Select

- Please Select
- Current Issues
- Resolved Issues

Home Health Outlier Payments	05/23/2013
Medicare Secondary Payer (MSP) Claims with Reason Codes U6805, U6819, U6826, U6832	05/23/2013
Claims Editing with Reason Codes 39071 - 39074	05/17/2013
Claims Suspending: Status Location SB9099	05/17/2013
Home Health Final (Claim Type 339) Low Utilization Payment Adjustment (LUPA) Claims: Forced Balanced	05/17/2013
Claims Being Returned to Provider (RTP) for Reason Codes 32061 in Error	05/06/2013
Reduction Amount for Part B Outpatient Claims Incorrect on Standard Paper Remittance (SPR) Advice	04/23/2013

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

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NGS

National Government Services

▼ Latest Production Alerts
View Details for All Alerts

252 | Home Health Payment Totals Summary Amounts Not Matching the Home Health Totals Detail | 05/24/2013
 National Government Services, Inc. has identified an issue with the Home Health Payment Totals Summary amounts within the Home Health Payment Totals Inquiry Menu (01/67) not matching the Home Health Totals detail.

246 | [UPDATE] Medicare Secondary Payer Claims Rejecting for Nontrauma Diagnosis Codes | 04/05/2013
 National Government Services, Inc. Part A has identified an issue with the processing of some Part A Medicare Secondary Payer (MSP) claims. Liability, no-fault, and workers' compensation files may be set up in the Common Working File (CWF) with nontrauma diagnosis codes.

(not all issues are listed here)

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

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NHIC

○
Medicare NHIC www.medicarenhic.com
TRANSITIONING TO NGS

Your JK MAC Transition Implementation Schedule

CURRENT MAC	STATE AND WORKLOAD	CUTOVER DATE*
NHIC, Corp. (J14) HH & H – Phase 2	This includes HH & H providers in the state of Connecticut as well as the other J14 states: Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.	10/18/2013

http://www.medicarenhic.com/pa/parta_fiss_issues.shtml



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CGS


○
CGS www.cgsmedicare.com

● Fiscal Intermediary Standard System Claims Processing Issues Send this page to a colleague

Updated: 04.12.13

Provider Types Affected	Reason Code	Issue	Impact	Status	Resolved
Home Health and Hospice	39071, 39072, 39073, U680D, U680E, U680L, U681H, and U6832	Medicare Secondary Payer (MSP) related reason codes are inappropriately being assigned to Requests for Anticipated Payment (RAPs) and claims.	RAPs are inappropriately rejecting or suspending.	4/11/2013—No Update. 3/12/2013—This issue has been reported to the FISS system maintainers, as well as the Common Working File (CWF), and the Centers for Medicare & Medicaid Services (CMS). In addition, reason codes U680D, U680E, U680L, also apply to this issue. NOTE: For RAPs that have rejected (status / location R B9997), providers should cancel the RAP, and wait for this issue to be resolved before resubmitting the RAP. 1/25/2013— CGS staff is currently researching this issue.	

(not all issues are listed here)



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Stay in the Loop



The image shows a screenshot of a blog post from 'Hospice Care Blog'. The article is titled 'Hospice Therapy Dogs' and is dated Dec 02, 2011. It features a photo of a dog and text discussing the use of therapy dogs in hospice care. A grey 'Subscribe to our blog' form is overlaid on the right side of the screenshot, with a text input field for 'Your email:' and a 'Subscribe' button. Below the screenshot, the URL <http://blog.healthcarefirst.com/hospice-care-blog/> is provided. The HEALTHCAREfirst logo is at the bottom left.

<http://blog.healthcarefirst.com/hospice-care-blog/>

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