Webinar Agenda

- CY 2017 Proposed Rule
  - New Payment Rates
  - Diagnosis Code Reminders and Trends
  - Hospice CAP
  - Medicare Care Choices Model
  - Hospice CAHPS
  - Hospice Item Set
  - HQRP Updates and New Measures
  - Hospice Compare
- ICD-10 Diagnosis Updates
- Important Reminders/Upcoming Changes and Mandates
- Medicare Administrative Contractors

FY 2017 Hospice Proposed Rule

https://www.cms.gov/Center/Provider-Type/Hospice-Center.html
**Fiscal Year 2017 Rate Increase**

- Hospital market basket update: 2.8%
- ACA productivity reduction: minus 0.5% points
- Additional ACA mandated reduction: minus 0.3% points
- Net Market Basket update: 2.0%

Wage Index files: [http://www.cms.gov/Center/Provider-Type/Hospice-Center.html](http://www.cms.gov/Center/Provider-Type/Hospice-Center.html)

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**Wage Index Transition Complete**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>CBSA Based on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2000 Census CBSAs</td>
</tr>
<tr>
<td>2016</td>
<td>Transition to 50/50 blend of 2000 and 2010 CBSAs</td>
</tr>
<tr>
<td>2017</td>
<td>Full transition to 2010 Census CBSAs</td>
</tr>
</tbody>
</table>

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**FY2017 Proposed RHC Payment Rates**

<table>
<thead>
<tr>
<th>Code</th>
<th>Days</th>
<th>FY 2016 Rates</th>
<th>SNF Prop. Wage Index Stand.</th>
<th>FY 2017 Prop. Pmt Update %</th>
<th>Prop. FY 2017 Pmt Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>651</td>
<td>Routine</td>
<td>$186.84</td>
<td>$1.018</td>
<td>X1.018</td>
<td>X1.020 $190.41</td>
</tr>
<tr>
<td></td>
<td>Days 1-60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>651</td>
<td>Routine</td>
<td>$146.83</td>
<td>$0.9999</td>
<td>X1.018</td>
<td>X1.020 $149.68</td>
</tr>
<tr>
<td></td>
<td>Days 61+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Service Intensity Add-On Will Continue to Apply

Service Intensity Add-On applies when:

- Patient is in his/her last seven days of care
- Patient is discharged due to death
- Direct/in person patient care is provided by an RN or social worker on the day being billed as RHC
  - Additional rate equivalent to the continuous care rate may be billed up to four hours

FISS Corrections for RHC and SIA

Palmetto GBA Claims Payment Issues Log - Current Issues

FISS Corrections for RHC and SIA

National Government Services

NEWS AND ALERTS

- Issue: When the patient dies within the first seven days of a month, the Medicare system is designed to trigger an automatic adjustment of the prior month's claim. This process does not apply to claims that were previously processed and paid. Providers should contact National Government Services if they have any questions or concerns regarding these claims.

- Issue: The National Government Services has received information that the issue is now being addressed in the July quarterly release. Providers should ensure that their claims are processed correctly.

- Issue: Providers should not report system issue corrections on their Quarterly Medicare Reports. These corrections will be reflected in the next release cycle.

- Issue: The issue has been resolved in the July quarterly release. Providers should ensure that their claims are processed correctly.

- Issue: The issue has been resolved in the July quarterly release. Providers should ensure that their claims are processed correctly.

Updated: 5/5/2015
### FY2017 Payment Rates (GHC, IRC, GIP)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>2016 Pmt Rate</th>
<th>Proposed Wage Index</th>
<th>Proposed Hospice Pmt Update %</th>
<th>Proposed FY 2017 Pmt Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>652</td>
<td>Continuous Home Care Full Rate=24 hours of Care $=39.37/hourly rate</td>
<td>$944.79</td>
<td>X 1.0000</td>
<td>X 1.020</td>
<td>$963.69</td>
</tr>
<tr>
<td>655</td>
<td>Inpatient Respite Care</td>
<td>$167.45</td>
<td>X 1.0000</td>
<td>X 1.020</td>
<td>$170.80</td>
</tr>
<tr>
<td>656</td>
<td>General Inpatient Care</td>
<td>$720.11</td>
<td>X 0.9996</td>
<td>X 1.020</td>
<td>$734.22</td>
</tr>
</tbody>
</table>

### Diagnosis Code Reminders and Trends

- Reminder to report all diagnoses identified in the initial and comprehensive assessments on hospice claims, whether related or unrelated to the terminal prognosis of the individual.
- Increase in the number of claims with two or more diagnoses.
  - FY 2014 – 49% of claims with 1 Dx
  - FY 2015 - 37% of claims with 1 Dx; 63% of claims with two or more; 46% of claims with three or more.

### Annual Live Discharge Rates

Annual Live Discharge Rates

- FY2017 Hospice Regulatory Update
©HEALTHCAREfirst, Inc. 5/19/16
### Palmetto GBA 81X Denials

<table>
<thead>
<tr>
<th>Rank</th>
<th>Denial Code</th>
<th>Denial Code Desc.</th>
<th>Count of Claims</th>
<th>% of Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5CF36</td>
<td>Not Hospice Appropriate</td>
<td>79</td>
<td>24.5</td>
</tr>
<tr>
<td>2</td>
<td>5CFNP</td>
<td>No Plan of Care Submitted</td>
<td>52</td>
<td>16.1</td>
</tr>
<tr>
<td>3</td>
<td>56900</td>
<td>Auto Denial - Requested Records not Submitted</td>
<td>51</td>
<td>15.8</td>
</tr>
<tr>
<td>4</td>
<td>5CNOE</td>
<td>No Valid Election Statement Submitted</td>
<td>41</td>
<td>12.7</td>
</tr>
<tr>
<td>5</td>
<td>5CF01</td>
<td>GIP Inpatient Services Not Reasonable and Necessary _ Beneficiary Liable</td>
<td>29</td>
<td>9.0</td>
</tr>
<tr>
<td>6</td>
<td>55503</td>
<td>LCD Denial - no medical necessity</td>
<td>29</td>
<td>9.0</td>
</tr>
<tr>
<td>7</td>
<td>5CFH9</td>
<td>Physician Narrative Statement Not Present or Not Valid</td>
<td>11</td>
<td>3.4</td>
</tr>
<tr>
<td>8</td>
<td>5CFH6</td>
<td>Initial Certification Not Timely</td>
<td>8</td>
<td>2.5</td>
</tr>
<tr>
<td>9</td>
<td>5CFH2</td>
<td>No Certification Present</td>
<td>6</td>
<td>1.9</td>
</tr>
<tr>
<td>9</td>
<td>5CF7F</td>
<td>F2F Encounter Req Not Met</td>
<td>5</td>
<td>1.5</td>
</tr>
</tbody>
</table>

### Hospice Cap

- The hospice cap amount will be updated to **$28,377.17**
  - Effective October 1, 2016 – September 30, 2017
  - Current FY 2016 cap is $27,820.75

### Hospice Cap Timeframe

<table>
<thead>
<tr>
<th>Cap Year</th>
<th>Beneficiaries</th>
<th>Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Streamlined method</td>
<td>Patient-by-patient method</td>
</tr>
<tr>
<td>2016</td>
<td>1/1/2016 - 6/30/16</td>
<td>1/1/2016 - 6/30/16</td>
</tr>
<tr>
<td>2016/17 (sparsely populated)</td>
<td>7/1/2016 - 6/30/17</td>
<td>12/1/2016 - 12/30/16</td>
</tr>
<tr>
<td>2017</td>
<td>1/1/2017 - 6/30/17</td>
<td>12/1/2016 - 12/30/16</td>
</tr>
</tbody>
</table>
Medicare Care Choices Model Initiative Update

Offers a new option for Medicare beneficiaries with certain advanced diseases who meet the model’s other eligibility criteria to receive hospice-like support services from MCCM participating hospices while receiving care from other Medicare providers for their terminal illness.

- Five-year model that is currently being tested
- Over 130 hospices from 39 states are currently participating
- Model will end on Dec 31, 2020

http://innovation.cms.gov/initiatives/Medicare-Care-Choices/

Hospice CAHPS Submission Deadlines

<table>
<thead>
<tr>
<th>Hospice CAHPS Sample Month</th>
<th>Quarterly Submission Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>January – March 2016 (Q1 2016)</td>
<td>August 10, 2016</td>
</tr>
<tr>
<td>April – June 2016 (Q2 2016)</td>
<td>November 9, 2016</td>
</tr>
<tr>
<td>July – September 2016 (Q3 2016)</td>
<td>February 8, 2017</td>
</tr>
<tr>
<td>October – December 2016 (Q4 2016)</td>
<td>May 10, 2017</td>
</tr>
<tr>
<td>January – March 2017 (Q1 2017)</td>
<td>August 9, 2017</td>
</tr>
<tr>
<td>April – June 2017 (Q2 2017)</td>
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<td>July – September 2017 (Q3 2017)</td>
<td>February 14, 2018</td>
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<tr>
<td>October – December 2017 (Q4 2017)</td>
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<tr>
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<td>May 8, 2019</td>
</tr>
</tbody>
</table>

Hospice Item Set Submission Information

Hospices must submit all HIS records within 30 days of the Event Date beginning

Incremental HIS submission timeliness threshold reminder for admissions and discharges occurring on and after:

- Jan 1, 2016 – Dec 31, 2016 = 70% (FY 2018)
- Jan 1, 2017 – Dec 31, 2017 = 80% (FY 2019)
- Jan 1, 2018 – Dec 31, 2018 = 90% (FY 2020)
NQF-Endorsed HQRP Measures

- **Current:** HQRP measures must be endorsed by NQF unless they meet statutory criteria for exception.

- **Propose:** Measures already used in HQRP that undergo non-substantive changes in measure specifications would not need to go through new notice-and-comment rulemaking. CMS would utilize the new measure with the new endorsed status.

  Examples of non-substantive changes:
  - Updated diagnosis or procedure codes
  - Changes to measure exclusions

CAHPS Hospice Survey Measure (NQF #2651)

- Submitted for NQF endorsement
- Plan to propose as part of HQRP in future rulemaking

New Proposed Quality Measures

1. Hospice Visits when Death is Imminent (paired measures)
   - Percentage of patients receiving at least one visit from RN, MD, RNP or PA in last three days of life
   - Percentage of patients receiving at least two visits from MSW, Chaplain/spiritual counselor, LPN or hospice aides in six days prior to death

2. Composite Process Measure:
   Comprehensive Assessment at Admission
   - Aggregate measure based on the 7 current HIS-based quality measures
   - Begin calculating with April 2017 admissions

HIS V2.00.0 - 7 New HIS Data Elements

<table>
<thead>
<tr>
<th>Item #</th>
<th>Description</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0550</td>
<td>Patient zip code</td>
<td>Public reporting</td>
</tr>
<tr>
<td>A1400</td>
<td>Payor Information</td>
<td>For record matching and management</td>
</tr>
<tr>
<td>J2595</td>
<td>Pain Active Problem</td>
<td>Quality measure calculation</td>
</tr>
<tr>
<td>O5020</td>
<td>Level of care in final 3 days</td>
<td>Ease of use of item set</td>
</tr>
<tr>
<td>O5010</td>
<td>Number of hospice visits in final 3 days</td>
<td>Quality measure calculation</td>
</tr>
<tr>
<td>O5022</td>
<td>Level of care in final 7 days</td>
<td>Ease of use of item set</td>
</tr>
<tr>
<td>O5023</td>
<td>Number of hospice visits in 3-6 days prior to death</td>
<td>Quality measure calculation</td>
</tr>
</tbody>
</table>

Proposed for April 2017
**New HIS Data Elements: Discharge Record**

- **`OASIS`** for hospice
- Gather more detailed clinical information beyond data on hospice claims and HIS
  - Symptom burden
  - Functional status
  - Patient/family/caregiver preferences
- Expansion of HIS tool
- **Assessment vs. Abstraction tool (HIS)**

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**Comprehensive Patient Assessment Tool for Future**

- "`OASIS`" for hospice
- Gather more detailed clinical information beyond data on hospice claims and HIS
  - Symptom burden
  - Functional status
  - Patient/family/caregiver preferences
- Expansion of HIS tool
- **Assessment vs. Abstraction tool (HIS)**

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**Public Reporting of Hospice Data**

- **List of HQRP-Compliant Hospices**
  - Propose to publish a list of hospices who successfully meet the HQRP reporting requirements on CMS HQRP website
  - Updated annually after reconsideration requests have been processed
- **Hospice Compare Website**
  - Beginning spring/summer 2017
  - Public Reporting of Quality Measures (beginning with HIS-based quality measures)
    - Based on 12 months of data
    - Minimum sample size of 20 stays
  - In time, will feature a star rating (1-5 stars)
April 2017 is Closer Than You Think...

- Understand and incorporate all your HQRP data into QAPI efforts NOW
  - Hospice CAHPS and HHS-based quality measures
  - New Composite Measure
- Identify gaps and implement process changes
- Improve your performance before data is public

Source: HEALTHCAREfirst Integrated HQRP Report

Submitting Comments

- When commenting, refer to file code CMS-1629-P for Medicare
- To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 pm on June 20th, 2016
- Two of the four ways to submit comments are:
  - By regular mail using the following address: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1629-P, Mail Stop C4-26-05, 7500 Security Blvd, Baltimore, MD 21244-1850.

Hospice Regulatory Review

ICD-10 Update

http://www.cdc.gov/nchs/icd/icd10cm.htm
ICD-10 Updates

- Regular updates to ICD-10 begin this year,
  - October 1, 2016
- Hospice software vendors normally update their systems prior to October 1st to allow for proper selection of codes for documentation and billing purpose
- Hospice providers should train their staff on new codes/revised codes to ensure proper usage

Hospice Regulatory Review

Important Reminders/Upcoming Changes

Billing of Vaccine Services

- Effective for dates of service on or after 10/1/2016
- Services for vaccines provided by a hospice may be billed on an institutional claim
  - Must be billed on a separate claim that includes on the vaccine and it’s administration
  - Does not count toward the hospice cap

Primary Diagnosis and NOEs

• The MACs currently apply no edits to prevent NOEs from being accepted without a principal diagnosis.
• Effective 10/1/2016, the FISS system will be updated to apply an edit to prevent NOEs from being accepted without a principal diagnosis in accordance with the Medicare Claims Processing Manual.


Hospice Item Set (HIS) Quarterly Q&A

• A new Q&A document is now available
  o Frequently asked HIS-related questions that were received by the Quality Help Desk during first quarter of 2016
  o Quarterly updates and events from the first quarter as well as upcoming updates for the next quarter


Reminder: Sequestration Still in Effect

• 2011 Budget Control Act mandates cuts equally over nine years (2013 – 2021)
• Does not apply to Medicaid
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/HIGH – Currently still active
  - ELGH/ELGA – Currently still active


Hospice Regulatory Review

Medicare Administrative Contractors

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 & Hospice workloads. A map of the regions can be found at:


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