

Mitigating Hot Button Risk Areas in Home Health & Hospice

Kathryn Krenz, RN, CPC, CHC, CHPC, Brookdale Senior Living Kimberly Hrehor, MHA, RHIA, CHC, TMF Health Quality Institute

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Agenda

- What are the risk areas?
- How can you learn/prepare?
- · Resources and tools
- Next steps

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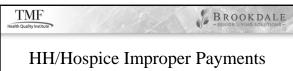


Home Health/Hospice Risk Areas



Who defines risk areas, and how are they looking at them?

- CMS
- Office of Inspector General
- Medicare contractors
- Others: MedPAC, CERT, law enforcement



- Comprehensive Error Rate Testing (CERT)
- Available at CMS.HHS.gov/CERT
- 2016 HH: 42.0%, \$7.65B projected (down from 59%, \$10B projected)
- 2016 Non-hospital based Hospice: 14.6%, \$2.13B projected (up from 10.7%, \$1.4B)
- 2016 Hospital-based Hospice: 31.0%, \$390M projected (up from 18.9, \$250M)

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Home Health Risk Areas

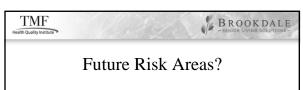
- Pre-claim review demonstration
- Probe & educate
- Conditions of participation
- Quality
- Medical necessity
- Certification/recertification
- · OASIS assessments
- · Code changes

What's HOT?

Hospice Risk Areas

Notices of election, of termination/revocation
Election
Quality
Length of stay

- Levels of care
- Live discharges
- Place of care/site of service
- Services provided last days of life



- Quality measures
- Outcomes
- Patient surveys
- Physician involvement
- Safety



What's a Provider to Do?

OIG Work Plan
CONFUSED
UNGLEAR

OCHS listserv
Contractor websites and listservs
Local coverage determinations
Denial codes
CERT annual report

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Comparative Data

PEPPER
Public Use File (PUF) data
Quality reports
HH Compare



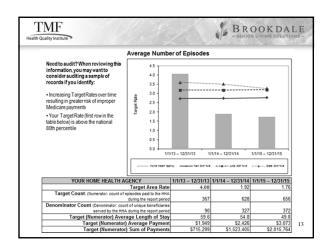
- Available for Home Health Agencies, Hospices
- Summarizes Medicare claims data for areas at risk for improper Medicare payments
- Cannot identify improper payments.....
- How to use it?

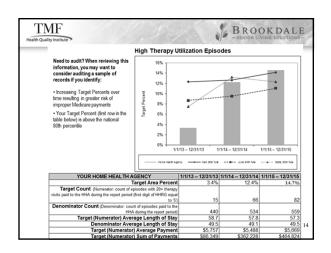
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TMF BROOK DALE -SENIOR LIVING SOLUTIONS-Risk Areas Included in PEPPER • Home Health: • Hospice: - Average Case Mix - Live Discharges Live Discharges Revocations - Average Number of Episodes - Live Discharges LOS 61-179 - Episodes w/ 5 or 6 Visits - Long Length of Stay (>180 days) - NonLUPA Payments - CHC in ALF - High Therapy Utilization - RHC in ALF Episodes - RHC in NF - Outlier Payments - RHC in SNF - Single Diagnosis Coded

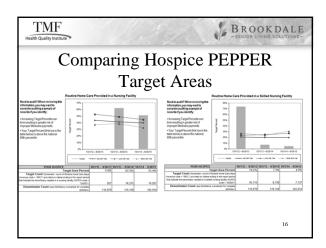
No GIP or CHCLong GIP Stays

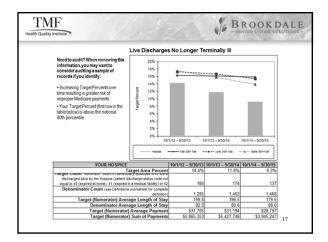
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Home Health A	gency PEPPER					Visit PEP	PERresources.or
Compare Ta	rgets Report, Four Quarters E	nding Q4	CY 2015	5			
	•	maning w	01 2010	,			
002271, Provid	er D02271	Target Count/			Home Health Agency Jurisdict.	Home Health Agency State	Sum of
Target	Description	Amount	Rate	%ile	%ile	%ile	Payments
Average Case Mix	Proportion of the sum of case mix weight for all episodes paid to the HHA during the report period, excluding LUPAs and PEPs, to the count of episodes paid to the HHA during the report period, excluding LUPAs and PEPs	639	1.22	86.6	95.5	92.0	Not Calculated
Average Number of Episodes	Proportion of the count of episodes paid to the HHA during the report period, to the count of unique beneficiaries served by the HHA during the report period	559	1.56	38.2	53.2	80.0	\$1,852,613
Episodes with 5 or 6 Visits	Proportion of the count of episodes with 5 or 6 visits paid to the HHA during the report period, to the count of episodes paid to the HHA during the report period	23	4.1%	14.1	7.2	4.3	\$39,765
Non-LUPA Payments	Proportion of the count of episodes paid to the HHA that did not have a LUPA payment during the report period, to the count of episodes paid to the HHA during the report period	532	95.2%	60.9	78.8	88.0	\$1,843,013
High Therapy Utilization Episodes	Proportion of the count of episodes with 20+ therapy visits paid to the HHA during the report period (first digit of HHRG equal to '5'), to the count of episodes paid to the	82	14.7%	81.5	91.8	89.5	\$464,824
Outlier Payments	HHA during the report period Proportion of the dollar amount of outlier payments for episodes paid to the HHA	\$8,011	0.4%	16.2	11.4		Not Calculated



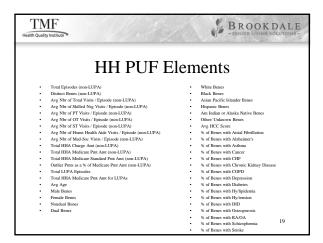


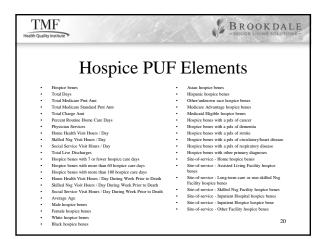
TMF Health Quality Institute				5%		Hospice		KDALE
nearly and and	Target	Description	Target Count	Percent		Jurisdict.	Hospice State %ile	Sum of Payments
		Proportion of beneficiary episodes discharged alive, excluding patient discharge status code 50 or 51 (discharged/transferred to a hospice), excluding counternee code 42 (beneficiary revokes), excluding condition code H2 (beneficiary discharged for cause) or 52 (beneficiary moves out of service area), to ad discharges	137	9.3%	53.1	49.2	58.3	\$3,945,247
	Live Discharges Revocations	Proportion of beneficiary episodes discharged alive with occurrence code 42 (beneficiary revokes), to all discharges	24	1.6%	1.6	2.9	4.8	\$453,273
	Live Discharges LOS 61-179	Proportion of beneficiary episodes discharged alive with LOS 61-179 days, to all live discharges	79	33.5%	57.5	43.8	51.4	\$1,637,877
	Long LOS	Proportion of beneficiary episodes discharged (by death or alive) whose combined days of service at the hospice is greater than 180 days, to total number of beneficiary episodes discharged (by death or alive)	226	15.4%	50.4	58.6	54.5	\$12,520,830
	Routine Home Care in Assisted Living Facility	Proportion of Routine Home Care days (revenue code 0651) provided on claims that indicate the beneficiary resided in an assisted living facility (HCPCS code 05002), to count of all Routine Home Care days (revenue code 0651) provided by the hospice	39,018	26.7%	78.4	78.8	74.1	Not Calculated
	Routine Home Care in Nursing Facility	Proportion of Routine Home Care days (revenue code 0851) provided on claims that indicate the beneficiary resided in a nursing facility (HCPCS code 05003), to count of all Routine Home Care days (revenue code 0851) provided by the hospice	74,927	51.4%	88.8	85.5	93.4	Not Calculated
	Routine Home Care in Skilled Nursing Facility	Proportion of Routine Home Care days (revenue code 0651) provided on claims that indicate the beneficiary resided in a skilled nursing facility (HCPCS code Q5004),	7,137	4.9%	49.6	42.4	36.0	Not Calculated

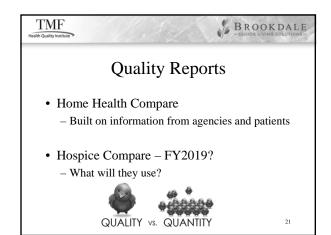




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Publi	c Use Files
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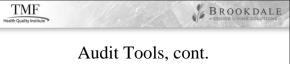




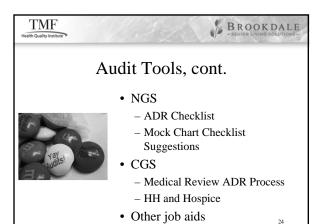




- Palmetto Home Health Medical Review Audit Form
 - $\underline{http://www.palmettogba.com/Palmetto/Provide}$ rs.Nsf/files/Home_Health_Medical_Record_Au dit Form.pdf/\$File/Home Health Medical Re cord Audit Form.pdf



- Palmetto Hospice Documentation Audit
 - http://www.palmettogba.com/Palmetto/Providers.Nsf/files/Hospice
 Documentation Audit Tool.pdf/\$File/Hospice Documentation Audit_Tool.pdf
- Palmetto Hospice GIP Audit Tool
 - $\underline{http://www.palmettogba.com/Palmetto/Providers.Nsf/files/Hospi}$ ce GIP Audit Tool.pdf/\$File/Hospice GIP Audit Tool.pdf



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Customizing Your Audit Tools

- Usual documentation reviews focus on physician face-to-face, certifications, medical necessity
- Outcomes does documentation support outcomes?
- Denials/Probe and Educate analyze what you may need to audit

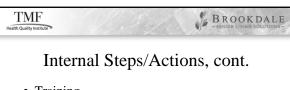
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Customizing Your Audit Tools, cont.

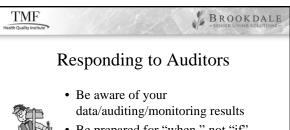
- Use your data to develop further tools PEPPER, PUF
- HH recerts and hospitalizations
- Quality ratings
- Individualize based on your agency's risk assessment

TMF BROOK DALE Internal Steps/Actions • Audit/Monitor medical record

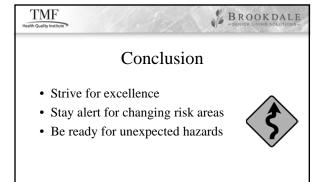
- documentation
- Review your claims data
 - Payments, denials
 - Know your regional idiosyncrasies
- Know your agency's risk

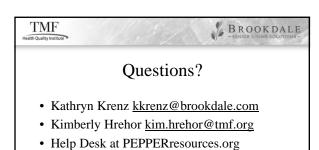


- Training
 - Internal comprehensive/Ongoing
 - Take advantage of what's out there
 - Questions re: policy/regulations/billing?
 - · Contact your MAC
- Be ready for change
 - Follow regulatory talk/trends/final rule



- - Be prepared for "when," not "if"
 - Know your strengths, weaknesses
 - Have subject-matter experts ready
 - Educate all staff members





Resources

- CMS Medicare Learning Network email Listery https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MI.N/MLN/Products/downloads/Mailinglists Factsheet.pdf

- Open Door Forum https://www.cms.gov/Outreach-and-education/Outreach-Open Door Forum https://www.cms.gov/Outreach-and-education/Outreach-OpenDoorForums/ODF-HHHDME.html

- CMS Internet Only Manuals (IOM): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html (100-2 Medicare Benefit Policy Manual, Chapter 1 of Pol HH, Chapter 9 for Hospice and 100-3 Medicare Program Integrity Manual, Chapter 6)

- Medicare Coverage Database (to access MAC LCDs and supplemental articles): https://www.cms.gov/medicare-coverage-database/

- MAC Jurisdiction K and Jurisdiction 6 National Government Services https://www.ngms.gov/medicare-coverage-database/

- MAC Jurisdiction K and Jurisdiction 6 National Government Services https://www.ngms.gov/medicare-coverage-database/

- MAC Jurisdiction S GOS http://www.ngms.gov/medicare-coverage-database/

- MAC Jurisdiction 15 CGS http://www.ngms.gov/medicare-coverage-database/

- MAC Jurisdiction S CGS http://www.cgsmedicare.com/medicare-dynamic/stOI .asp

- MAC Jurisdiction M Palmetto

- MAC Jurisdiction M Palmetto

