Medicare Hospice Billing 2015 & Beyond! Webinar – Part 1

Presented By:

Melinda A. Gaboury, CEO

Healthcare Provider Solutions, Inc.

Eligibility Requirements, Benefit Periods & Notice of Election

Eligibility

- To be eligible to elect hospice care under Medicare, an individual must be entitled to Part A of Medicare and be certified as being terminally ill. An individual is considered to be terminally ill if the medical prognosis is that the individual's life expectancy is 6 months or less if the illness runs its normal course.

Eligibility

- No one other than a medical doctor or doctor of osteopathy can certify or re-certify a terminal illness. Predicting of life expectancy is not always exact.
- The fact that a beneficiary lives longer than expected in itself is not cause to terminate benefits.

*Terminal Condition Reminder

- **CMS expects documentation supporting a 6-month or less life expectancy will be included in the beneficiary's medical record** and available to the MACs when requested.
- **Hospice medical director must assess and evaluate the full clinical picture of the Medicare hospice beneficiary to make the determination whether the beneficiary still has a medical prognosis of 6 months or less, regardless of whether the beneficiary has stabilized or improved.**

Eligibility

An individual must waive all rights to Medicare payments for the duration of the election/revocation of hospice care for the following services:

- Hospice care provided by a hospice other than the hospice designated by the individual (unless provided under arrangements made by the designated hospice);
- Any Medicare services that are related to the treatment of the terminal condition for which hospice care was elected or a related condition or services that are equivalent to hospice care, →

Eligibility

Except for services provided by:

1. The designated hospice (either directly or under arrangement);
2. Another hospice under arrangements made by the designated hospice; or
3. The individual's attending physician, who may be a nurse practitioner *(NP)*

Medicare services for a condition completely unrelated to the terminal condition for which hospice was elected remain available to the patient if he or she is eligible for such care.

Eligibility Verification

CWF PART A INQUIRY

RESPONSE CODE	:	C
CLAIM NUMBER	:	418451275A
SURNAME	:	GABOUR
INITIAL	:	M
DATE OF BIRTH	:	06201941
SEX CODE	:	F
REQUESTOR ID	:	1
PRINTER DEST	:	
INTER NO	:	11004
NPI INDICATOR	:	N N-NPI or Blank
PROVIDER NO	:	1213461982
HOST-ID	:	GL, GW, KS, MA, PA, NE, SE, SO, SW
APP DATE	:	
REASON CODE	:	

Eligibility Verification

```
      HIQACRO    CWF  PART A  INQUIRY REPLY                  PAGE 01 OF 11
IP-REC  CN 753654123A     NM LANE     IT V   DB 04171931   SX F     IN 00380
PN 017149     APP        REAS 1        DATETIME 072508 133610  REQ 1
DISP-CODE 25   MSG UNCONDITIONAL ACCEPT
CORRECT    753654123A     NM          IT     DB           SX
A-ENT 040196 A-TRM 000000 B-ENT 040196 B-TRM 000000 DOD 000000 LRSV 60 LPSY 190

DAYS LEFT FULL-HOSP CO-HOSP FULL-SNF CO-SNF  IP-DED BLOOD  DOEBA   DOLBA
CURRENT      60      30      20      80       000   0    070907  071107
PRIOR
PARTB YR 08 DED-TBM 00000 BLD 3 YR 07 DED-TBM 00000 BLD 3      DI 0000000000
FULL-NAME JARRETT.MARSHA.C
PER 1 PLAN-TYP HMO                CURR  ID H0154 OPT C ENR 020108 TERM
PRIOR PLAN-TYP                  PRIOR ID       OPT   ENR        TERM


PART A YR      BLD  3 PT TBM  1810.00 OT TBM  1810.00
CATASTROPHIC A:   DED-TBM BLOOD CO-SNF  FULL-SNF  DOEBA  DOLBA  DED-APL
YEAR   89        0056000   03   008     142    000000 000000 0000000

ESRD:  CODE-1   EFF DATE         CODE-2    EFF DATE


 PF1=INQ SCREEN   PF3/CLEAR=END            PF8=NEXT
```

Eligibility Verification

```
 HIQACOP                          CWF  PART A  INQUIRY REPLY              PAGE 02 OF 11

IP-REC  CN 334409988A              NM BURGES                IT G          DB 01011919          SX F
PAP:              PAP DATE: 000000

IMMUNO/TRANSPLANT DATA  COV. IND.:      TRANS. IND.:    DISCH. DATE: 000000

HOSPICE DATE   PERIOD 007      OWNER CHANGE 007      PERIOD 006          OWNER CHANGE 006
START DATE1    020211    000000        120410    000000
TERM DATE1     040211                  020111
PROV1          011506                  011506

INTER 1          11004                   11004
DOEBA DATE     020211                  120410
DOLBA DATE     033111                  020111
DAYS USED         058                     060
START DATE2    000000                  000000
PROV2

INTER2
REVOCATION IND 0                  0

 PF1=INQ SCREEN   PF3/CLEAR=END   PF7=PREV   PF8=NEXT
```

Benefit Periods

- An individual (or his authorized representative) must elect hospice care to receive it.
- The first election is for a 90-day period. An individual may elect to receive Medicare coverage for an unlimited number of election periods of hospice care.
- The periods consist of two 90-day periods, and an unlimited number of 60-day periods.

Certification

The hospice must obtain oral or written certification of the terminal illness by the medical director of the hospice or the physician member of the hospice *IDG*, and the individual's attending physician, if applicable.

- For initial election of hospice this must be obtained no later than 2 calendar days after the care is initiated. For subsequent benefit periods it is no later than 2 calendar days after the benefit period starts
- Initial certifications may be completed up to 15 days prior to hospice care being elected. Subsequent benefits period certifications must be completed up to 15 days prior to the next benefit period beginning.

Certification

- Certifications for subsequent benefit periods must be obtained no later than two days after the beginning of the new benefit period.
- Only one physician's signature is required on a subsequent certification.
- Verbal certification may be submitted; however, there must be documentation in the medical records to indicate the certification was obtained within the time frame indicated above.
- Verbal certification must be followed by a written certification, signed and dated by the physician prior to billing Medicare for the hospice care.
- If no verbal certification is present and the written certification is signed later than 2 days after the beginning of the benefit period, allowable days will begin with the date of the physician's signature.

Election of Hospice

The election statement must include the following items of information:

- ✓ Identification of the particular hospice that will provide care to the individual;
- ✓ The individual's or representative's (as applicable) acknowledgment that the individual has been given a full understanding of hospice care, particularly the palliative rather than curative nature of treatment;
- ✓ The individual's or representative's (as applicable) acknowledgment that the individual understands that certain Medicare services are waived by the election;
- ✓ The effective date of the election; and
- ✓ The signature of the individual or representative.

Summary of Final Rule Effective October 1, 2014

1. **The hospice Notice of Election (NOE) and Notice of Termination/Revocation (NOTR) must be filed within 5 calendar days.**
2. **The penalty for not filing the NOE timely is "provider liable" days where the hospice is responsible for providing care and services to the patient from effective date of election until the date the NOE is filed.**
3. **The patient or their representative must choose their attending physician and indicate that choice on the NOE. The hospice must provide a "change of attending physician" form for the patient/representative to complete when the attending physician changes.**
4. **Quality reporting requirements remain as proposed. HIS implementation July 1, 2014 and CAHPS survey implementation in 2015.**
5. **Hospices will be required to self-report the aggregate cap 5 months after the end of the cap year, or March 31 of each year. Overpayments will be required to be paid when the report is submitted, although options for an extended repayment plan are available.**

FY2015 rates include an increase of 2.1%, slightly higher than the 2.0% in the proposed rule. The wage index values have also been updated.

NOE Changes October 1, 2014

- **If an NOE is not filed timely, the hospice will be ineligible for payment** from the effective date of election until the day the NOE is received by the MAC.
- A timely-filed NOE is one that is **submitted to, and accepted by**, the MAC within 5 calendar days after the effective date of election. A timely-filed NOTR is one that is **submitted to, and accepted by**, the MAC within 5 calendar days after the effective date of discharge or revocation.
- MACs will provide hospices with information about exceptions process/policies.
- **NO consequences for late filing of NOTR** will be imposed at this time.
- CMS will explore potential to batch file NOEs.

NOE Changes October 1, 2014

Example of timely/untimely NOE calculation

- Admission date = 10/10/14
- Day 1 = 10/11/14
- Day 2 = 10/12/14
- Day 3 = 10/13/14
- Day 4 = 10/14/14
- Day 5 = 10/15/14 This is the NOE "due date"

If NOE received and accepted before 10/15/14, it is timely

If NOE received and accepted on 10/15/14, it is timely

If NOE received and accepted on/after 10/16/14, it is untimely

NOE Exceptions

- **CMS finalizes an exceptions policy for failure to meet timely filing of the NOE; a hospice may be eligible for an exception to the consequences of late filing of the NOE if it documents and requests an exception based on 4 circumstances listed below and the MAC grants the exception:**
  - **Fires, floods, earthquakes, or other unusual events that inflict extensive damage to the hospice's ability to operate;**
  - **An event that produces a data filing problem due to a CMS or MAC systems issue beyond the control of the hospice;**
  - **A newly Medicare-certified hospice that is notified of that certification after the Medicare certification date, or which is awaiting its user ID from its MAC; or**
  - **Other circumstances determined by CMS to be beyond the control of the hospice.**

Notice of Election

- ✓ **HIC – *Required*:** Enter the beneficiary's Health Insurance Claim Number (HICN)
- ✓ **TOB – *Required:*** Type of bill (system generated). FISS Page 01 defaults the type of bill (TOB) to 81A.
  - You may need to change this depending on the TOB you are entering.

    1st Digit — 8 — Hospice

    2nd Digit — 1 — Hospice (nonhospital based); 2 — Hospice (hospital based)

    3rd Digit — A — Admission/Election Notice; C — Change of Hospice Provider (i.e. hospice transfer)
- ✓ **NPI – *Required:*** Enter your Hospice National Provider Identifier.
- ✓ **PAT.CNTL# - *Optional:*** Up to 20 digits are available for you to enter your internal account number for tracking purposes. This number will display on your Remittance Advice or your Electronic Remittance Advice

Notice of Election

- ✓ **STMT DATES FROM – *Required:*** Enter the FROM date of this hospice election or the date of hospice transfer.
  - ✓ A TO date is not required on NOEs.
- ✓ **LAST – *Required:*** Enter the beneficiary's last name exactly as it appears on the Medicare card or the beneficiary's eligibility file, including any spaces, apostrophes, hyphens or suffixes.
- ✓ **FIRST – *Required:*** Enter the beneficiary's first name exactly as it appears on the Medicare card or the beneficiary's eligibility file.
- ✓ **MI – *Optional:*** Enter the beneficiary's middle initial.
- ✓ **DOB – *Required:*** Enter the beneficiary's date of birth.
- ✓ **ADDR 1-6 – *Required:*** Enter the beneficiary's full mailing address, including street name and number, post office box number or RFD, city and state.
- ✓ **ZIP – *Required:*** Enter the beneficiary's 5- or 9- digit zip code.
- ✓ **SEX – *Required:*** Enter the beneficiary's gender using the appropriate alpha character. M = Male F= Female

Notice of Election

- ✓ **MS – *Optional:*** Beneficiary's marital status
- ✓ **ADMIT DATE – *Required:*** Enter the effective date of the hospice election or date of hospice transfer.
- ✓ **HR – *Required:*** Hour of Admission — Enter the hour of admission (based on a 24-hour clock). If the hour of admission is unknown, enter '01'.
- ✓ **TYPE – *Required:*** Enter the Priority (Type) of Admission code.
  1 — Emergency; 2 — Urgent; 3 — Elective; 4 — Newborn
  5 — Trauma; 9 — Information not available

  Note: The above codes represent those most frequently submitted on hospice NOEs. A complete listing of all codes is accessible from the National Uniform Billing Committee (NUBC) Official UB-04 Data Specifications Manual – http://www.nubc.org

Notice of Election

- ✓ **SRC – *Required:*** Enter a Point of Origin (Source of Admission) code.
  - ✓ 1 — Non-health care facility; 2 — Clinic or Physician's office; 4 — Transfer from hospital (different facility); 5 — Transfer from skilled nursing facility (SNF) or intermediate care facility (ICF);
    6 — Transfer from another health care facility;
    8 — Court/Law enforcement; 9 — Information not available
  - ✓ Note: The above codes represent those most frequently submitted on hospice NOEs.– http://www.nubc.org
- ✓ **OCC CDS/DATE – *Required:*** Occurrence code 27 and the date of certification. This date must match the FROM date and ADMIT DATE, except for transfer NOEs. An occurrence code 27 is not required on a transfer NOE, unless the date of transfer is also the first day of the next benefit period.
- ✓ **FAC.ZIP – *Required:*** Facility zip code of the provider or the subpart (5- or 9-digit).

Notice of Election

```
 MAP1711   PAGE 01        CGS J15 MAC - HHH REGION          ACPFA052 MM/DD/YY
 AB01CD    SC               INST CLAIM ENTRY               C20123YE HH:MM:SS
 HIC             TOB 811  S/LOC S B0100 OSCAR                SV:    UB-FORM
NPI           TRANS HOSP PROV                PROCESS NEW HIC
PAT.CNTL#:                      TAX#/SUB:                TAXO.CD:
 STMT DATES FROM          TO         DAYS COV      N-C       CO      LTR
 LAST                            FIRST                MI    DOB
 ADDR 1                                  2
 3                                  4                                CARR:
 5                                  6                                 LOC:
ZIP          SEX   MS   ADMIT DATE        HR    TYPE   SRC   D HM      STAT
   COND CODES 01    02    03    04    05    06    07    08    09    10
 OCC CDS/DATE 01           02           03           04           05
              06           07           08           09           10
   SPAN CODES/DATES 01                  02                 03
04                  05                  06                 07
08                  09                  10                 FAC.ZIP
  DCN
      V A L U E  C O D E S  -  A M O U N T S  -  A N S I   MSP APP IND
01                      02                      03
04                      05                      06
07                      08                      09
     PLEASE ENTER DATA
      PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF7-PREV   PF8-NEXT
```

Notice of Election

- ✓ **CD – *Required:*** FISS defaults to a "Z". Do not change. NOEs should be submitted with Medicare as the primary payer.
- ✓ **PAYER – *Required:*** FISS will automatically plug "Medicare"
- ✓ **RI – *Required:*** Release of Information.
  Valid values are:
  - ✓ **I -** Informed consent to release medical information for condition or diagnoses regulated by Federal Statutes,
  - ✓ **Y -** Yes, provider has a signed statement permitting release of information.
- ✓ **MEDICAL RECORD NBR – *Optional:*** Beneficiary's medical record number.
- ✓ **DIAG CODES – *Required:*** Enter the ICD-9-CM (ICD-10 effective 10/01/15) diagnosis codes (maximum of 25 codes). Hospices may not report V-codes as the primary diagnosis on hospice claims.

Notice of Election

- ✓ **ATT PHYS NPI – *Required:*** Enter the National Provider Identifier (NPI) of the patient's attending physician. The attending physician is identified by the patient at the time they elect the hospice benefit. If the patient does not have an attending physician, enter the NPI of the certifying physician.
- ✓ **L – *Required:*** Enter the last name of the attending physician. If the patient does not have an attending physician, enter the last name of the certifying physician.
- ✓ **F – *Required:*** Enter the first name of the attending physician. If the patient does not have an attending physician, enter the first name of the certifying physician.
- ✓ **M – *Optional:*** Enter the middle initial of attending physician.
- ✓ **REF PHY NPI - *Conditionally Required:*** Enter the NPI of the physician responsible for certifying the patient as terminally ill, if different than the attending physician.
  - ✓ L - *Conditionally Required: (see above)*
  - ✓ F - *Conditionally Required: (see above)*
  - ✓ M – *Optional: (see above)*

Notice of Election

```
MAP1713   PAGE 03        CGS J15 MAC - HHH REGION          ACPFA052 MM/DD/YY
AB01CD    SC               INST CLAIM ENTRY               C20123YE HH:MM:SS
HIC               TOB 81A  S/LOC          PROVIDER
NDC CODE                                                OFFSITE ZIPCD:
 CD  ID    PAYER                  OSCAR        RI AB             EST AMT DUE
A Z
B
C
DUE FROM PATIENT

MEDICAL RECORD NBR                    COST RPT DAYS      NON COST RPT DAYS
DIAG CODES 01          02          03          04          05
06          07          08          09                END OF POA IND
ADMITTING DIAGNOSIS            E CODE            HOSPICE TERM ILL IND
IDE
PROCEDURE CODES AND DATES 01               02
03               04               05               06
ESRD HOURS     ADJUSTMENT REASON CODE     REJECT CODE        NONPAY CODE
ATT PHYS        NPI              L                   F           M    SC
OPR PHYS        NPI              L                   F           M    SC
OTH OPR         NPI              L                   F           M    SC
REN PHYS        NPI              L                   F           M    SC
REF PHYS        NPI              L                   F           M    SC
      PROCESS COMPLETED  ---   PLEASE CONTINUE
PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF7-PREV  PF8-NEXT  PF9-UPDT
```

To confirm the NOE was received by the FISS system and verify the status of your NOE:

Step 1: Choose FISS Main Menu Option 01 (Inquiries)

Step 2: Choose Inquiry Menu Option 12 (Claim Summary)

Step 3: Enter your hospice's NPI, the patient's HIC number, and TOB (81A or 82A) and press ENTER. NOEs which are received will appear.

Step 4: **Monitor your NOEs daily in FISS.**
If the NOE appears in a status/location (S/LOC) beginning with an "S," it has been accepted.
If the NOE appears in a S/LOC beginning with a "T" (RTP), it requires correction before being considered "accepted."

```
 MAP1741                    CGS J15 MAC - HHH REGION          ACPFA052 MM/DD/YY
XXXXXX   SC                CLAIM SUMMARY INQUIRY              C201443P HH:MM:SS
                              NPI ##########
       HIC XXXXXXXXXX   PROVIDER              S/LOC          TOB 81A
 OPERATOR ID XXXXXXX    FROM DATE          TO DATE           DDE SORT
 MEDICAL REVIEW SELECT
      HIC            PROV/MRN    S/LOC       TOB    ADM DT FRM DT THRU DT  REC DT
SEL  LAST NAME    FIRST INIT  TOT CHG    PROV REIMB PD DT  CAN DT REAS NPC #DAYS
    XXXXXXXXXX  ######          S B0100     81A    MMDDYY MMDDYY MMDDYY  MMDDYY
      LASTNAME          F
```

The REC DT reflects the date Medicare received your NOE.
Note: This date will update when you correct an NOE that was RTPd.

Submitting Claim with Untimely NOE

If the NOE is untimely, provider must submit claim with:

- An occurrence span code 77 with noncovered dates
  - Noncovered dates = admission date to day before NOE received

Example of untimely NOE: ADM DT=0102YY REC DT 0110YY

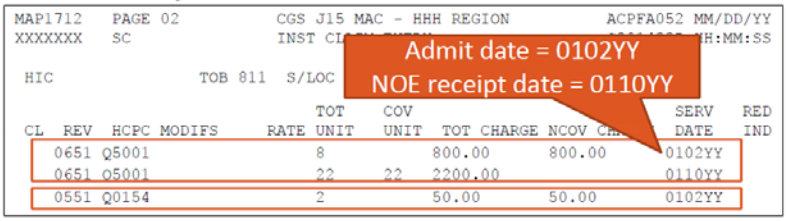
```
 MAP1711   PAGE 01          CGS J15 MAC - HHH REGION          ACPFA052 MM/DD/YY
 XXXXXXX   SC               INST CLAIM ENTRY                  C201433P HH:MM:SS
 HIC                TOB 811  S/LOC S B0100 OSCAR               SV:    UB-FORM
NPI             TRANS HOSP PROV                    PROCESS NEW HIC
PAT.CNTL#:                        TAX#/SUB:                  TAXO.CD:
 STMT DATES FROM          TO          DAYS COV      N-C       CO       LTR
 LAST                              FIRST                  MI    DOB
 ADDR 1                                      2
 3                                       4
 5                                       6
ZIP           SEX    MS   ADMIT DATE 0102YY HR
   COND CODES 01     02    03    04    05    0
 OCC CDS/DATE 01           02          03
              06           07          0
  SPAN CODES/DATES 01 77 0102YY 0109YY 02              03
04                 05                 06              07
08                 09                 10              FAC.ZIP
```

Admit date = 01/02/YY
NOE submitted/accepted on 01/10/YY

Submitting Claim with Untimely NOE

If the NOE is untimely, provider must submit claim with:

- Noncovered level of care days on separate revenue code line from covered days



- Discipline visits and drugs associated with noncovered days must be submitted with
  - Noncovered units; and
  - Noncovered charges
- KX modifier if requesting an exception

Errors on Claims with Untimely NOE

Reason Code	Error
U5194	OSC 77 is missing; OR OSC 77 dates are incorrect
34923	Date on revenue code line is within OSC 77 dates, but units or charges are covered; OR Revenue code line has noncovered units/charges, but service date is outside of OSC 77 dates; OR Total noncovered units do not equal noncovered days indicated by OSC 77 Known Issue: When submitting claims with noncovered charges via 5010, FISS autoplugs covered units, causing claims to hit reason code. To avoid error: 1. Key claim direct data entry (DDE) to show units as noncovered 2. When claim RTPs, correct claim by deleting noncovered revenue code line(s), and re-entering with noncovered units

Untimely NOEs & Subsequent Claims

For subsequent hospice claims, where untimely NOE spans into next billing month, hospice must submit subsequent claim with:

- OSC 77
  - Dates = FROM DATE of claim, and TO DATE = day before NOE received
- KX modifier if requesting an exception
- Noncovered days/services

Example:

- Hospice admission = 1027YY
- NOE submitted untimely = 1118YY
- Initial claim = DOS 1027YY-1031YY with OSC 77 1027YY-1031YY
- Subsequent claim = DOS 1101YY-1130YY with OSC 77 1101YY-1117YY

Questions

Thank You For Listening!

Healthcare Provider Solutions, Inc.
810 Royal Parkway, Suite 200
Nashville, TN 37214
615-399-7499
info@healthcareprovidersolutions.com
www.healthcareprovidersolutions.com