

# Hospice Billing: Timely Filing of the Notice of Election and Notice of Termination/Revocation

# Today's Presenter

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# Today's Presentation

- Presentation is available on our website
  - Go to <http://www.NGS Medicare.com>
  - In the **About Me** drop down box, select your provider type and applicable state, click on **Next, accept the Attestation**. On the Welcome page, click the **Education** tab, then **Webinars, Teleconferences & Events**
  - Under the **Register** button for this event, you will see the **Presentation** link
- Materials from prior webinars are available
  - Click the **Education** tab, then **Past Events**

# Objectives

- To provide an understanding of the instructions outlined in CR8877 pertaining to timely filing of a notice of election (NOE) and notice of termination/revocation (NOTR)

# Agenda

- CR8877
- Timely filing of a notice of election
- Timely filing of a notice of termination/revocation
- Resources
- Q&A forum



# CR8877

- Issued on August 22, 2014
- Effective for dates of service on or after 10/1/2014
  - Hospice claims with through dates on or after 10/1/2014; and NOEs with from dates on or after 10/1/2014

# Hospice NOEs

- NOEs shall be filed within 5 calendar days after the hospice admission date
  - To be timely, the NOE must have a receipt date within 5 calendar days after the hospice admission date, **and** the NOE must subsequently process and finalize in status/location P B9997

# Timely NOE Example

- A patient is admitted on 3/8/2015
  - NOE is submitted on 3/12/2015 and processes on 3/25/2015
    - To be timely, the NOE must have a receipt date of 3/13/2015; and the NOE must subsequently process (P B9997)

# Hospice NOEs

- In instances where an NOE is not timely-filed, Medicare will not pay for the days of hospice care from the hospice admission date to the date the NOE is submitted and accepted
  - Reported as noncovered on the claim with an OSC 77
    - These noncovered days are provider liable, and beneficiary cannot be billed for the noncovered days

# Untimely NOE Example

- A patient is admitted on 3/8/2015
  - NOE is submitted 3/13/2015 and is returned to the provider (RTP'd) on 3/19/2015 due to a billing error
  - The NOE is resubmitted on March 20th and ultimately processes on 3/25/2015
    - This is an untimely NOE
      - Special Billing Requirements for the claim: The OSC 77 is reported along with the dates associated with the late NOE (3/8/2015-3/19/2015), and the revenue code lines associated with the OSC 77 dates are reported as noncovered

# Edit Codes M5052 & F5052

- When a claim has suspended with reason code M5052 or F5052:
- Do not attempt to correct the claim
- Do not submit another NOE

Common Working File System Edit F5052 and M5052 article is located under the job aids on the National Government Services website

# Hospice Timely NOE Exceptions

- If a hospice fails to file a timely-filed NOE, it may request an exception which, if approved, waives the consequences of filing an NOE late

# Hospice Timely NOE Exceptions

- The four circumstances for a possible exception are as follows:
  1. Fires, floods, earthquakes, or other unusual events that inflict extensive damage to the hospice's ability to operate;
  2. An event that produces a data filing problem due to a CMS or Medicare contractor systems issue that is beyond the control of the hospice



# Hospice Timely NOE Exceptions

3. 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 Medicare contractor; OR,
4. Other circumstances determined by the Medicare contractor or CMS to be beyond the control of the hospice.
  - Example: Hospice submits NOE timely, but the NOE cannot be processed due to sequential billing as the previous hospice has not finished their billing

# Hospice Timely NOE Exceptions

- Exceptional circumstance requests still need to be submitted following the OSC 77 late NOE requirements
  - In addition, report a KX modifier with the Q HCPCS code reported on the earliest dated level of care line on the claim; AND
  - Enter remarks explaining the reason for the exception request

# Late NOE Exception Remarks

- For fires, floods, earthquakes, or other unusual events that inflict extensive damage to the hospice's ability to operate
  - Remarks must state "Late NOE due to unusual event"
- For an event that produces a data filing problem due to a CMS or Medicare contractor systems issue that is beyond the control of the hospice
  - Remarks must state "Late NOE due to data filing problem"

# Late NOE Exception Remarks

- For 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 Medicare contractor
  - Remarks must state “Late NOE due to newly certified Medicare hospice”
- For any other circumstances determined by the Medicare contractor or CMS to be beyond the control of the hospice
  - Please state the reason for the late NOE
    - If the late NOE is due to sequential billing either with your own facility (e.g., the patient revokes and re-elects the benefit within a few days) or with another facility
      - Remarks must state “**Late NOE due to sequential billing**”

# Late NOE Exception Remarks

- You may add additional remarks to further explain the late NOE, but please start all remarks with the statements previously mentioned based on your situation.

# Hospice Timely NOE Exceptions

- The KX modifier prompts the MAC to review the remarks to determine if a request for additional documentation is required
  - Late NOEs due to sequential billing won't require additional documentation.
    - Once remarks are reviewed and it's determined late NOE is due to sequential billing, the MAC will approve the exception
      - The MAC will process the claim and remove the submitted provider liable days
        - » Allow payment for the days associated with the late-filed NOE

# Hospice Timely NOE Exceptions

- Any other reason will initiate a nonmedical documentation request
  - Upon receiving the documentation request, providers will send any documentation supporting the request for an exception

# Hospice Timely NOE Exceptions

- Based on the documentation, the MAC shall determine if there is a qualified exception
  - If the request for an exception is approved by the MAC:
    - The MAC will process the claim and remove the submitted provider liable days
      - Which will allow payment for the days associated with the late-filed NOE
  - If the MAC finds that the documentation does not support allowing an exceptional circumstance
    - The MAC shall process the claim as submitted



# Exception NOE Example

- Patient is admitted on 4/8/2015
  - NOE is submitted on 4/10/2015 and RTPs on 4/12/2015 due to sequential billing
  - NOE is resubmitted on April 28, 2015, after the previous hospice finishes their billing, and ultimately processes on 5/1/2015

# Exception NOE Example

- **Special billing requirements:**
  - The OSC 77 is reported on the claim along with the dates associated with the late NOE (4/8/2015-4/27/2015), and the revenue code lines associated with the OSC 77 dates are reported as noncovered
  - In addition, the first level of care revenue line associated with the late NOE will be reported with a KX modifier next to the site of service HCPCS code (location Q code).

# Did You Know?

- Hospice overlap disputes

- If the system does not allow you to submit NOE/claims due to another provider's open benefit period in CWF, you can call the Provider Contact Center for assistance
  - First, always try to work it out with the other provider
    - Document contact attempts
  - Then, if all attempts to work it out with the other provider fail, call the Provider Contact Center and state that you have a CWF hospice dispute

# Hospice NOTRs

- If a hospice patient is discharged alive or revokes the election of hospice care, hospices must file an NOTR within 5 calendar days after the discharge/revocation
  - Hospices continue to have 12 months from the date of service in which to file their claims timely

# Hospice NOTRs

- To be timely, the NOTR must have a receipt date within 5 calendar days after the hospice discharge/revocation date
  - Unless the hospice has already filed a final claim
    - NOTRs are NOT submitted for hospice transfers or death
- There is currently no financial impact if NOTRs are not filed timely; therefore, there is no special coding required for late NOTRs

# Hospice NOTR Notes

- Submission of the NOTR will **not** prevent the final claim from processing
  - Purpose of the NOTR is to ensure that the CWF is updated quickly so other providers may begin to bill Medicare for services
    - Give the hospice providers time to gather all of the information in order to submit a complete final claim

# Hospice NOTR Notes

- NOTR is **not** submitted if the patient dies or transfers to another hospice
  - NOTR is only used for live discharges from the Medicare hospice benefit or revocations
- NOTR is **not** submitted if the hospice submits the final claim within 5 calendar days after the date of discharge/revocation

# NOTR Examples

- **Timely NOTR**

- Patient revokes the hospice benefit on 5/8/2015. The NOTR is submitted on 5/13/2015 and ultimately processes on 5/17/2015

- **Untimely NOTR**

- Patient revokes the hospice benefit on 5/8/2015. The NOTR is submitted on 5/13/2015 and is returned to the provider (RTP'd) on 5/14/2015 due to a billing error
- NOTR is resubmitted on 5/17/2015 and ultimately processes on 5/21/2015
  - No special coding required if the NOTR is not submitted timely



# Scenarios



# Resources



# CMS Resources

- CMS Website, Hospice Center
  - <http://www.cms.gov/center/hospice.asp>
- CMS Transmittals
  - <http://www.cms.gov/Transmittals/>
- CMS Internet-Only Manuals
  - <http://www.cms.gov/manuals>
    - Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 9
    - Publication 100-04, *Medicare Claims Processing Manual*, Chapter 11

# National Government Services Resources

- <http://www.NGS Medicare.com>
  - HHH portal
    - Provider Resources > Acronym Search
    - Education > Job Aids & Manuals
      - Hospice Job Aids
    - Claims & Appeals > Top Claim Errors
    - Claims & Appeals > Claims: Medicare Secondary Payer
    - Education > Webinars, Teleconferences & Events
      - Upcoming education sessions
    - Education > Past Events
      - Presentation materials and event summaries

# CERT A/B MAC Outreach & Education Task Force



# CERT A/B MAC Outreach & Education Task Force

- A joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program
- Shared goal of reducing the national improper payment rate as measured by the CERT program
- Partnership to educate Medicare providers on widespread topics affecting most providers and complement ongoing efforts of CMS, the MLN and the MACs individual error-reduction activities within its jurisdictions
- **Disclaimer:** The CERT A/B MAC Outreach & Education Task Force is independent from the CMS CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.

# Participating Contractors

- Cahaba Government Benefit Administrators, LLC/J10
- CGS Administrators, LLC/J15
- First Coast Service Options, Inc./JN
- National Government Services, Inc./J6 and JK
- Noridian Healthcare Solutions, LLC/JE and JF
- Novitas Solutions, Inc./JH and JL
- Palmetto GBA/J11
- Wisconsin Physicians Service Insurance Corporation/J5 and J8

# CERT A/B MAC Outreach & Education Task Force

- The CERT Task Force educates on common billing errors and contributes educational Fast Facts to the CMS website
  - CMS MLN Provider Compliance Fast Facts web page
    - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html>
  - In addition, the CERT Task Force section on the NGS Medicare.com website provides a link to the CMS MLN Provider Compliance Fast Facts



# CERT A/B MAC Outreach & Education Task Force

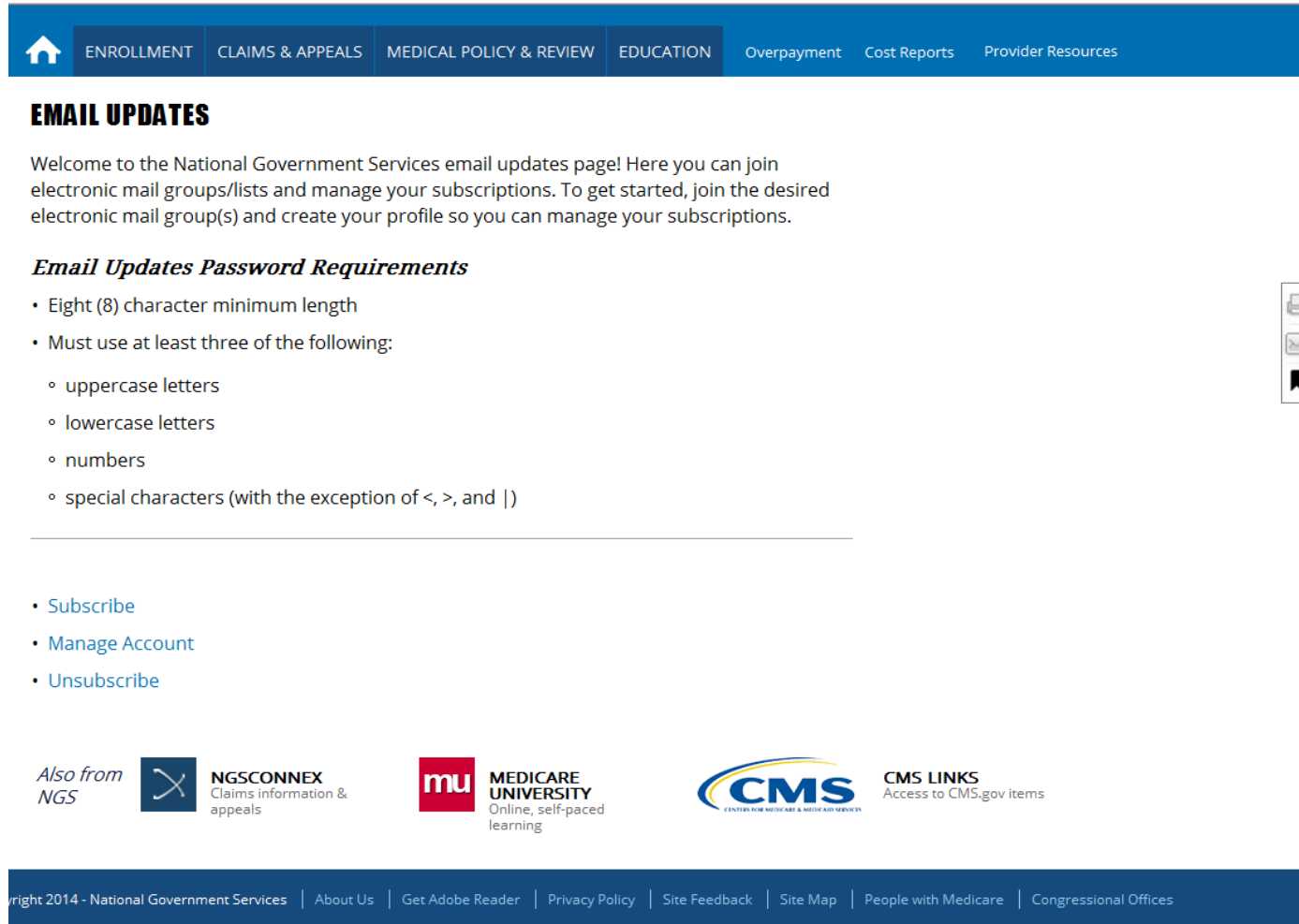
- **CERT Task Force Web Page**
  - Go to our website, <http://www.NGS Medicare.com>; in the **About Me** drop down box, select your provider type and applicable state, click on **Next**, **accept** the **Attestation**. Choose the **Medical Policy & Review** tab, then choose **CERT**, the **CERT Task Force** link is located to the right of the web page.
- **Task Force Scenarios**
  - Complying with medical record documentation requirements
  - Documenting therapy and rehabilitation services
  - Look for new articles added to this page and provided in your Email Updates

# CERT A/B MAC Outreach & Education Task Force

- CMS works closely with the CERT A/B MAC Task Force and the CERT DME MAC Outreach & Education Task Force
  - CMS has a web page dedicated to education developed by the CERT A/B MAC Outreach & Education Task Force
    - <http://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-Outreach-and-Education-Task-Force.html>

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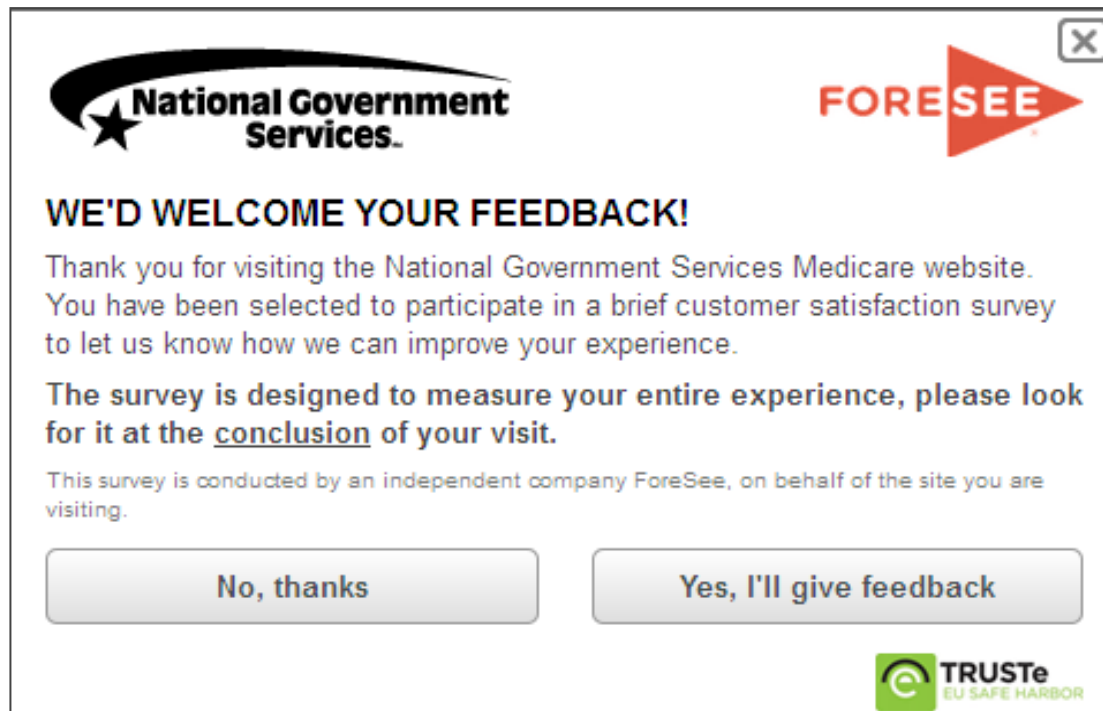
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- Interactive online system available 24/7
- Educational opportunities available
  - Computer-based training courses
  - Teleconferences, webinars, live seminars/face-to-face training
- Self-report attendance
- Website
  - <http://www.MedicareUniversity.com>

# Medicare University Self-Reporting Instructions

- Log on to National Government Services' Medicare University
  - <http://www.MedicareUniversity.com>
    - Topic = **Hospice Billing - Timely Filing of the Notice of Election and Notice of Termination/Revocation**
    - Medicare University Credits (MUCs) = **1**
    - Catalog Number = To be provided
    - Course Code = To be provided
  - Visit our website for step-by-step self-reporting instructions.
    - Click on the **Education** tab, then the **Medicare University Course List** tab, click on the **Get Credit** link. This will open the **Get Credit for Completed Courses** web page.

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- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?