



## Hospice Regulatory Update

August 2016

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## Who is HEALTHCAREfirst?

- Industry leader in Web-based software, outsourced services, and advanced analytics for home health and hospice.
- We enable our customers to:
  - Make timely and accurate decisions for excellent patient care
  - Adapt quickly to changing requirements and needs
  - Automate agency functions quickly and with high value.

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HEALTHCARE *first*

## Hospice Solution Suite

```

    graph TD
      Profitability[Profitability] --- B1[Bill claims more quickly and accurately.]
      Profitability --- B2[Get reimbursed faster.]
      Compliance[Compliance] --- C1[Avoid takebacks.]
      Compliance --- C2[Avoid costly audits and appeals.]
      Quality[Quality] --- Q1[Enhance agency reputation.]
      Quality --- Q2[Improve outcomes using best practices.]
    
```

**Profitability**

- Bill claims more quickly and accurately.
- Get reimbursed faster.

**Compliance**

- Avoid takebacks.
- Avoid costly audits and appeals.

**Quality**

- Enhance agency reputation.
- Improve outcomes using best practices.

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Hospice Solution Suite

*What's Included:*


- Agency Management (EMR) Software
- Coding Services
- Billing Services
- Business Intelligence
- Hospice CAHPS
- HIS Quality Reporting & Analysis
- Payer Connectivity

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Agenda

- CY 2017 Final Hospice 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


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## 2017 Hospice Final Rule

- Information can be found at:
  - <https://www.gpo.gov/fdsys/pkg/FR-2016-08-05/pdf/2016-18221.pdf>
  - <https://www.cms.gov/Center/Provider-Type/Hospice-Center.html>


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## Fiscal Year 2017 Rate Increase

- Hospital market basket update: 2.7%
- ACA productivity reduction: minus 0.3% points
- Additional ACA mandated reduction: minus 0.3% points
- Net Market Basket update: 2.1%
- Wage Index files: <http://www.cms.gov/Center/Provider-Type/Hospice-Center.html>

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**Wage Index Transition Complete**

Fiscal Year	CBSA Based on:
2015	2000 Census CBSAs
2016	Transition to 50/50 blend of 2000 and 2010 CBSAs
<b>2017</b>	<b>Full transition to 2010 Census CBSAs</b>

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**FY2017 Final RHC Payment Rates**

Code	Days	FY 2016 Rates	SBNF	Prop. Wage Index Stand.	FY 2017 Prop. Pmt Update %	Prop. FY 2017 Pmt Rate
651	Routine Days 1-60	\$186.84	x1.0000	X0.9989	X1.021	\$190.55
651	Routine Days 61+	\$146.83	x0.9999	X0.9995	X1.021	\$149.82


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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

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FISS Corrections for RHC and SIA

- **Two Tier Routine Home Care Payments**
  - **CORRECTED:** In some instances, the Medicare system is incorrectly paying at the low rate instead of the high rate. System was updated July 25th with a fix to resolve the issue.
  - **STILL AN ISSUE:** In some instances the Medicare system is incorrectly paying the RHC at a high rate, when the low rate is appropriate. A fix is currently estimated for January 2017.
- **Service Intensity Add-On (SIA) Payment**
  - **STILL AN ISSUE:** In some instances, the Medicare system is not applying the end of life SIA payment to prior month's claims. A fix is currently estimated for January 2017.

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HEALTHCARE <i>first</i>		FY2017 Payment Rates (GHC, IRC, GIP)			
Code	Description	2016 Pmt Rate	Propose d Wage Index Stand.	Proposed Hospice Pmt Update %	Proposed FY 2017 Pmt Rate
652	Continuous Home Care  Full Rate=24 hours of Care  \$=40.19/hourly rate	\$944.79	X 1.0000	X 1.021	\$964.63
655	Inpatient Respite Care	\$167.45	X 1.0000	X 1.021	\$170.97
656	General Inpatient Care	\$720.11	X 0.9996	X 1.021	\$734.94

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HEALTHCARE <i>first</i>		Diagnosis Code Reminders and Trends
<ul style="list-style-type: none"> <li>• 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</li> <li>• Increase in the number of claims with two or more diagnoses <ul style="list-style-type: none"> <li>– FY 2014 – 49% of claims with 1 Dx</li> <li>– FY 2015 - 37% of claims with 1 Dx; 63% of claims with two or more; 46% of claims with three or more</li> </ul> </li> </ul>		


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Hospice Cap

- The hospice cap amount will be updated to **\$28,404.99**
  - Effective October 1, 2016 – September 30, 2017
  - Current FY 2016 cap is \$27,820.75

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Hospice CAHPS Submission Deadlines

Cap Year	Beneficiaries		Payments	
	Streamlined method	Patient-by-patient proportional method	Streamlined method	Patient-by-patient proportional method
<b>2016</b>	9/28/15 – 9/27/16	11/1/15 – 10/31/16	11/1/15 – 10/31/16	11/1/15 – 10/31/16
<b>2017 (Transitional year)</b>	9/28/16 – 9/30/17	11/1/16 – 9/30/17	11/1/16 – 9/30/17	11/1/16 – 9/30/17
<b>2018</b>	10/1/17 – 9/30/18	10/1/17-9/30/18	10/1/17-9/30/18	10/1/17-9/30/18

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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/>


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Hospice CAHPS Submission Deadlines

Hospice CAHPS Sample Month	Quarterly Submission Deadlines
January – March 2016 (Q1 2016)	August 10, 2016
April – June 2016 (Q2 2016)	November 9, 2016
July – September 2016 (Q3 2016)	February 8, 2017
October – December 2016 (Q4 2016)	May 10, 2017
January – March 2017 (Q1 2017)	August 9, 2017
April – June 2017 (Q2 2017)	November 8, 2017
July – September 2017 (Q3 2017)	February 14, 2018
October – December 2017 (Q4 2017)	May 9, 2018
January – March 2018 (Q1 2018)	August 8, 2018
April – June 2018 (Q2 2018)	November 14, 2018
July – September 2018 (Q3 2018)	February 13, 2019
October – December 2018 (Q4 2018)	May 8, 2019


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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)


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NQF-Endorsed HQRP Measures

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


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**HQRP Quality Measures**

- CAHPS Hospice Survey Measure (NQF #2651)
  - Submitted for NQF endorsement
  - Plan to propose as part of HQRP in future rulemaking
- New 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


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**HIS V2.00.0 - 7 New HIS Data Elements**

	Item #	Description	Reason
HIS Admission Record	A0550	Patient zip code	Public reporting
	A1400	Payor Information	For record matching and management
	J0905	Pain Active Problem <i>also updated skip logic to incorporate new data element</i>	Quality measure calculation
HIS Discharge Record	O5000	Level of care in final 3 days	Ease of use of item set
	O5010	Number of hospice visits in final 3 days	Quality measure calculation
	O5020	Level of care in final 7 days	Ease of use of item set
	O5030	Number of hospice visits in 3-6 days <u>prior to</u> death	Quality measure calculation

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**New HIS Data Elements: Admission Record**

Adm  
#1

**A0550. Patient ZIP Code.** Enter code in boxes provided.

Patient ZIP Code:      -


Adm  
#2

**A1400. Payor Information**

↓ Check all that apply

<input type="checkbox"/>	A. Medicare (traditional fee-for-service)
<input type="checkbox"/>	B. Medicare (managed care/Part C/Medicare Advantage)
<input type="checkbox"/>	C. Medicaid (traditional fee-for-service)
<input type="checkbox"/>	D. Medicaid (managed care)
<input type="checkbox"/>	G. Other government (e.g., TRICARE, VA, etc.)
<input type="checkbox"/>	H. Private Insurance/Medigap
<input type="checkbox"/>	I. Private managed care
<input type="checkbox"/>	J. Self-pay
<input type="checkbox"/>	K. No payor source
<input type="checkbox"/>	X. Unknown
<input type="checkbox"/>	Y. Other

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**New HIS Data Elements: Admission Record**

**Pain**

**J0900. Pain Screening**


Enter Code <input type="checkbox"/>	<b>A. Was the patient screened for pain?</b> 0. No → Skip to J0905, Pain Active Problem 1. Yes
Enter Code <input type="checkbox"/>	<b>B. Date of first screening for pain:</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid #ccc; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid #ccc; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid #ccc; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: x-small; margin-top: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>
Enter Code <input type="checkbox"/>	<b>C. The patient's pain severity was:</b> 0. None 1. Mild 2. Moderate 3. Severe 9. Pain not rated
Enter Code <input type="checkbox"/>	<b>D. Type of standardized pain tool used:</b> 1. Numeric 2. Verbal descriptor 3. Patient visual 4. Staff observation 9. No standardized tool used

**J0905. Pain Active Problem**

Enter Code <input type="checkbox"/>	<b>Is pain an active problem for the patient?</b> 0. No → Skip to J2030, Screening for Shortness of Breath 1. Yes
--	---

Adm  
#3

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**New HIS Data Elements: Discharge Record**

DC  
#1

**Section 0**

**Service Utilization**

**05000. Level of care in final 3 days**  
 Complete only if A2115, Reason for Discharge = 01 Expired


Enter Code <input type="checkbox"/>	Did the patient receive Continuous Home Care, General Inpatient Care, or Respite Care during any of the final 3 days of life? 0. No 1. Yes → Skip to Z0400, Signature(s) of Person(s) Completing the Record
--	---

DC  
#2

**05010. Number of hospice visits in final 3 days**  
 Enter the number of visits provided by hospice staff from the indicated discipline, on each of the dates indicated.

	Visits on day of death (A0270)	Visits one day prior to death (A0270 minus 1)	Visits two days prior to death (A0270 minus 2)
A. Registered Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Physician (or Nurse Practitioner or Physician Assistant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Medical Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Chaplain or Spiritual Counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Licensed Practical Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**New HIS Data Elements: Discharge Record**

DC  
#3

**Section 0**

**Service Utilization**

**05020. Level of care in final 7 days**  
 Complete only if A2115, Reason for Discharge = 01 Expired


Enter Code <input type="checkbox"/>	Did the patient receive Continuous Home Care, General Inpatient Care, or Respite Care during any of the final 7 days of life? 0. No 1. Yes → Skip to Z0400, Signature(s) of Person(s) Completing the Record
--	---

DC  
#4

**05030. Number of hospice visits in 3 to 6 days prior to death**  
 Enter the number of visits provided by hospice staff from the indicated discipline, on each of the dates indicated.

	Visits three days prior to death (A0270 minus 3)	Visits four days prior to death (A0270 minus 4)	Visits five days prior to death (A0270 minus 5)	Visits six days prior to death (A0270 minus 6)
A. Registered Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Physician (or Nurse Practitioner or Physician Assistant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Medical Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Chaplain or Spiritual Counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Licensed Practical Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


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**Comprehensive Patient Assessment Tool**

- “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
  - Will 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)

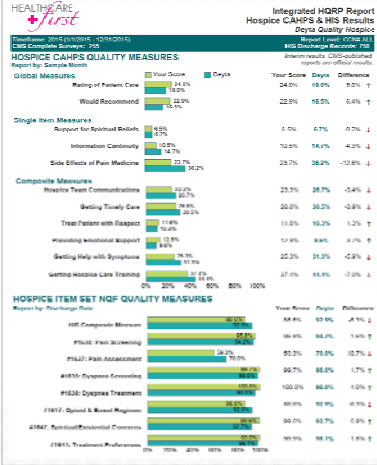
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## April 2017 is Closer Than You Think...

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



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## ICD-10 Update

- 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

<http://www.cdc.gov/nchs/icd/icd10cm.htm>

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**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

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3503CP.pdf>

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**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.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3502CP.pdf>

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Clarified NOE Correction Policy

- Providers are no longer required to cancel the NOE in the instance where the Primary Diagnosis code and or Physician, are miskeyed/incorrect, when entering the NOE:
  - Correcting Diagnosis Codes
    - If an incorrect diagnosis code is mistakenly entered on the NOE and accepted by the system, providers do NOT need to/should NOT cancel and submit a new NOE. A corrected diagnosis would need to be put on the claim.
  - Correcting Attending Physician
    - If an incorrect attending physician NPI is entered on the NOE, the NOE does NOT need to/should NOT be cancelled and resubmitted. The correct attending physician NPI will need to be put on the claim.

[http://www.cgsmedicare.com/hhh/education/faqs/cr\\_8877\\_faqs.html](http://www.cgsmedicare.com/hhh/education/faqs/cr_8877_faqs.html)


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Medicare Administrative Contractors (MACs)

- Stay in tune with your MAC
  - [www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/HomeHealthHospice\\_JurisdictionMap\\_OCT2013.pdf](http://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/HomeHealthHospice_JurisdictionMap_OCT2013.pdf)

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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/HIQH – Currently still active
  - ELGH/ELGA – Currently still active

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1249.pdf>

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Palmetto GBA

## Claims Payment Issues Log - Current Issues

Bookmark
Email
Print
Font -
Font +
f
t
in


Here is a list of current system-related claims payment 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.

**Jump to:** Return to Full List

1. Hold Claims Due to Problem with FISS Maintainer Code in Change Request 9474 'New Condition Code for Reporting Home Health Episodes With No Skilled Visits'
2. Mass Adjustments to Correct Home Health (HH) Claims Priced with Incorrectly Re-Coded Health Insurance Prospective Payment System (HIPPS) Codes
3. Hospice Payment Rates for Routine Home Care (RHC) on and after January 1, 2016

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

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## National Government Services (NGS)

Description of Problem	What This Means to You	Current Status of Problem
<p>NGS is advising home health providers of an issue causing some claims to RTP in error with reason code 31699.</p>	<p>NGS is awaiting official CMS instructions to hold these claims until 8/8/2016, when a fix is scheduled to be installed which will correct the issue. Since the claims are not being paid, denied or rejected in error, providers will be able to resubmit the claims (F9 from Claims Corrections) to NGS for processing once the fix is installed.</p> <p>Please review and</p>	<p><b>7/19/2016:</b> Please watch the Production Alerts and Email Updates for additional information confirming the upcoming fix and date on which these claims can be recycled.</p>

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## CGS Administrators

### Fiscal Intermediary Standard System Claims Processing Issues

Updated: 07.18.16

- Resolved Fiscal Intermediary Standard System Claims Processing Issues.

Listed below are current system-related claims processing issues that have been reported to the Centers for Medicare & Medicaid Services (CMS) and/or the Fiscal Intermediary Standard System (FISS) Maintainer. This information is updated as we receive new information or updates to share. Please check this Web page for updates before calling the Provider Contact Center, and watch for Listserv messages announcing updates to this page.

Provider Types Affected	Reason Code	Issue	Impact	Status	Resolved
Hospice	NA	<b>7/15/2016 Update:</b> <b>5/6/2016</b> – An issue has been identified with the 60 day ‘high’ and ‘low’ Routine Home Care rate being applied incorrectly.	<b>7/15/2016 Update:</b> <b>5/6/2016</b> – Some hospice claims with dates of service on and after January 1, 2016, are having the high RHC rate applied when the low rate should have been applied, and vice versa.	<b>5/6/2016</b> – The Centers for Medicare & Medicaid Services (CMS) is aware of and is researching this issue.	
Home Health	E0419	<b>03/02/2016</b> – The issue involving some adjustments (type of bill XXG), continues as	<b>03/02/2016</b> – Some home health adjustments (type of bill XXG) are	<b>5/6/2016</b> – The April 25, 2016 system implementation failed to fully resolve this issue. The system maintainer has been informed. As mentioned below, CGS will	

[http://www.cgsmedicare.com/hhh/claims/FISS\\_Claims\\_Processing\\_Issues.html](http://www.cgsmedicare.com/hhh/claims/FISS_Claims_Processing_Issues.html)

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**NOE TRACKER**

**NOE TRACKER™**



**Validate Data**

**Easier & Faster**

**Track Status**

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HEALTHCARE *first* **Hospice Solution Suite**

*What's Included:*


- Agency Management (EMR) Software
- Coding Services
- Billing Services
- Business Intelligence
- Hospice CAHPS
- HIS Quality Reporting & Analysis
- Payer Connectivity

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# HOSPICE SOLUTION SUITE



- + Accelerate reimbursement and increase profit.**
- + Minimize the risk of takebacks and audits.**
- + Improve the quality of patient care.**

The HEALTHCARE*first* **HOSPICE SOLUTION SUITE** is the most powerful and only total agency management package in the industry. By leveraging first-in-class software and services, hospice agencies experience elevated success across the organization.

- **Improve your profit margin** by minimizing costs and maximizing reimbursement.
- **Ensure regulatory compliance** with complete and compliant clinical documentation.
- **Protect your agency from the risk of takebacks and audits** by submitting clean and accurate claims.
- **Gain powerful insights** to improve performance for better patient care.
- **Proactively manage business operations** with robust analytics and detailed reporting.
- **Enhance employee satisfaction** with easy program implementation and ongoing support from a dedicated team of individuals specializing in implementation, training, and client service.

## What is included:

- + *first*HOSPICE Agency Management Software**
- + Coding Services**
- + Billing Services**
- + Business Intelligence**
- + *first*CONNECT Payer Connectivity & Eligibility Verification**
- + Quality Actionboards**
- + Hospice CAHPS**

# Hospice Solution Suite

Improve Revenue | Stay Compliant | Provide Quality Care



With the **HOSPICE SOLUTION SUITE** from **HEALTHCAREfirst**, you have everything you need to achieve operational excellence and improve revenue. Pricing is based upon a percent of collections, so we're invested in your success.

## firstHOSPICE

Easy-to-use agency management and Point-of-Care software developed exclusively for hospice care.

- Streamline operations through comprehensive patient care management.

## Coding Services

Ensure coding accuracy so that you are properly paid for your services, while reducing the red flags that may warrant an audit through expert coding services.

- Certified coding staff with a minimum of five years' experience continually trained on the latest regulations and changes.

## Billing Services

Experience a more efficient billing process, faster reimbursement, and a stronger bottom line.

- Expert billers manage the entire billing process, from ensuring that claims are billed quickly to monitoring statuses and posting payments.

## Business Intelligence

Gain valuable insight into your business including receivables and revenue.

- Know the exact status of your claims at all times.

- Quickly and easily track receivables, projected RAs, and NOEs.
- Monitor and analyze financial performance to develop operating targets.

## firstCONNECT Payer Connectivity

Experience a real-time, high-speed payer connection.

- Quickly check the status of your Medicare claims.
- Access benefit and eligibility data for Medicare, Medicaid, and most commercial payers.

## Quality Actionboards

Gain powerful analysis and reporting of your performance on the Hospice Item Set quality measures.

- Quickly identify opportunities for improvement with detailed reporting and comparative analysis with national benchmarks.

## Hospice CAHPS

Simplify hospice CAHPS compliance and improve the hospice experience with unparalleled insights into your performance.

- Detailed insights to improve performance and elevate your quality of care.
- Highly acclaimed, real-time "Verbatim Comment Reporting" groups patient comments by category and type for easy analysis.
- Comment Alert! system quickly notifies your agency of any negative or serious comments for immediate action and follow up.

Contact **HEALTHCAREfirst** to learn more about our  
**HOSPICE SOLUTION SUITE**

[sales@healthcarefirst.com](mailto:sales@healthcarefirst.com)  
**800-841-6095**



# NOE TRACKER by MEDTranDirect™

Many hospices continue to struggle with effectively and efficiently managing the NOE process. Keying errors are prevalent, submission and acceptance delays are common, tracking is a headache, and the financial impact is overwhelming. With NOE Tracker by MedTranDirect, hospices are streamlining NOE processes and capturing full reimbursement for service days.

## Simplifies Data Entry

- Comprehensive and visually pleasing screens make data entry quick and easy.
- Requires as few as five data fields for submission by storing provider and physician defaults.
- Further streamline the process and save valuable time with batch processing through our *first*HOSPICE Agency Management Software (EHR). With batch processing, data from the software is populated within the NOE Tracker.

## Validates Data Before Submission

- Patient data is validated against the Common Working File (CWF) and CMS rules prior to submission, allowing you to make corrections and avoid RTPs.
- Validates diagnosis codes.
- Verifies previous and existing benefit periods, empowering you to take the necessary steps to comply with sequential billing requirements.

## Makes Tracking A Breeze

- Effortlessly track submission date, status, and count of days for each NOE record from a single screen.
- Quickly view all NOE records and corresponding information by provider when you have multiple provider numbers.
- Receive email notifications of RTPs so that you can act instantly to edit the original submission for resubmission.
- Easily compile audit trails and other necessary documentation to support appeals if needed.

*“Starting day one, 80% of my NOE time has been freed up, and we haven’t experienced a single RTP!”*

Contact us to get started!  
[sales@healthcarefirst.com](mailto:sales@healthcarefirst.com) | 800.841.6095