NHPCO Regulatory Recap for Activity from June 2013
Volume 4, Issue No. 6

To: NHPCO Membership  
From: NHPCO Health Policy Team

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Education and Resources

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<th>ITEM</th>
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<td>CGS Updates Notice of Hospice Election Statement Requirements... CGS posted an article on June 3 as a reminder to hospice agencies about the required elements on the election statement when admitting patients under the Medicare Hospice Benefit. <em>The Medicare Benefit Policy Manual</em> (CMS Pub. 100-02) Ch. 9, section 20.2 contains the requirements for a valid election statement.</td>
<td>June 6, 2013 NewsBriefs</td>
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<td>CMS to Release Comparative Billing Report on Hospice Services... CMS will release a national provider Comparative Billing Report (CBR) on Hospice Services. CBRs produced by SafeGuard Services under contract with CMS, contain actual data-driven tables and graphs with an explanation of findings that compare providers’ billing and payment patterns to those of their peers located in the state and across the nation. Not all providers receive these reports. CBRs help providers better understand applicable Medicare billing rules and improve the level of care they provide. CMS has been encouraged to make CBRs available to more providers. For more information visit the CBR Services website, or call the SafeGuard Services’ Provider Help Desk, CBR Support Team at 530-896-7080.</td>
<td>June 20, 2013 NewsBriefs</td>
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<td>CMS Redesigns MSN Statement... As part of the Administration’s efforts to eliminate fraud, waste, and abuse, CMS has redesigned the Medicare Summary Notice (MSN) to make it easier for Medicare beneficiaries to understand benefits, file an appeal, and spot claims for services never received. CMS will send the notices to Medicare beneficiaries on a quarterly basis. More information is available on Medicare.gov.</td>
<td>June 13, 2013 NewsBriefs</td>
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<td>Expedited Determinations for Provider Service Terminations... CMS has issued CR 7903 and MLM Article MM7903 that updates the Medicare Claims Processing Manual. The updates include more detailed instructions to providers about completion of the Notice of Medicare Non-Coverage (NOMNC) forms, when to issue the forms, and effect of QIO Determination on Continuation of Care. A key update allows a provider to deliver the NOMNC electronically and accept a digital signature from the beneficiary/representative. The beneficiary must be given the option of requesting paper issuance over electronic. Regardless of which version is issued and how the signature is digitally captured, the beneficiary must be given a paper copy of the NOMNC, with the required beneficiary and specific information inserted, at the time of notice delivery. Please note that the forms have not been updated, only the guidance. The effective date of CR 7903 is August 26, 2013</td>
<td>June 6, 2013 NewsBriefs</td>
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<td>Final Rule for Long Term Care Facilities: Hospice Services Publishes... On June 28, the Federal Register will publish the final rule for Requirements for Long Term Care Facilities: Hospice Services. This final rule will require long-term care facilities (SNFs and NFs) that arrange for the provision of hospice care through an agreement with one or more Medicare-certified hospice providers have in place a written agreement with the hospice that specifies the roles and responsibilities of each entity. The advance version of the rule is posted at on the Federal Register Public Inspection Desk. The rule is effective 60 days after publication in the Federal Register.</td>
<td>June 27, 2013 NewsBriefs</td>
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<td>HDI RAC Lists New Hospice RAC Audit Issue... HealthDataInsights, Inc, the Recovery Audit Contractor for Region D, recently listed the following audit issue for hospice: <em>Face to Face Evaluation for Re-Certification of Hospice Care</em>. To be eligible to elect hospice care under Medicare, an individual must be entitled to Part A of Medicare and</td>
<td>June 6, 2013 NewsBriefs</td>
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be certified as being terminally ill. Recertification on or after January 1, 2011, requires that the hospice physician or hospice nurse practitioner have a face-to-face encounter with each hospice patient prior to the beginning of the patient’s third benefit period. Failure to meet the face-to-face encounter requirement results in failure to meet the patient’s recertification. Medical documentation will be reviewed to determine timeliness of the face to face re-certification. Region D includes the following states: AK, AZ, CA, HI, ID, IA, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, Guam, American Samoa and Northern Marianas. View the [HDI RAC issues list](#). Members are reminded of the [NHPCO RAC information page](#) online.

### HHS Proposed Rule Increases Rewards for Reporting Fraud...
HHS announced a proposed rule that would increase rewards to as high as $9.9 million to individuals whose tips about suspected fraud lead to the successful recovery of funds. The proposed rule would also strengthen certain provider enrollment provisions. Opportunities for the expansion of Senior Medicare Patrol activities to educate Medicare beneficiaries on how to prevent, detect, and report Medicare fraud, waste and abuse has also been announced. The proposed rule is available on the [Federal Register website](#).

### HIPAA Omnibus Rule Compliance Looming...
September 23, 2013 is the deadline for compliance with many of the requirements in the final HIPAA Omnibus Rule that was released last January. Be sure to see the [Compliance Tip in June NewsLine](#) for a list of the updates you should make by the September 23 deadline. You can also download a text-only PDF of the Compliance Tip to read later or share with staff. Just click the “Print This Article” button in the bottom right of the page.

### Hospice Monthly Billing Requirement Reminder...
As a reminder to hospice billers, [Change Request 8142](#) (PDF) requires hospices to bill monthly, effective for dates of service beginning July 1, 2013. All hospice claims that show the patient is still a patient (patient status code = 30) and the TO DATE of the claim is not the last day of the month, or claims that span two calendar months, will be returned to the provider for correction.

### New resources from CMS...
- “Medicare Learning Network® Suite of Products and Resources for Billers and Coders” Educational Web Guide — Revised
- [Updates to ICD-10-CM Resources](#)
- [Internet-based Provider Enrollment, Chain and Ownership System (PECOS) Contact Information Fact Sheet](#)

### NGS Gets MAC Workload for Home Health and Hospice in the Northeast...
NGS announced that it will be taking over the Jurisdiction 14 (J14) workload for the Northeast, including the states of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont, effective October 18, 2013. [More information](#) is available on the NGS website.

### OIG Upgrades Its List of Excluded Individuals and Entities...
The OIG added new information into the Online Exclusions Database and the LEIE Downloadable Databases, which will be effective in September 2013. The new information is the National Provider Identifier, a Waiver, and Waiver State. They also redesigned the online search of the LEIE. **OIG strongly recommends that users download the entire LEIE Database with the three new fields during the transition period from June to August 2013.** The Monthly
Supplement files only contain information about new exclusions or reinstatements that occurred in a single month. It does not – and will not – offer NPI and Waiver information for the thousands of records already in the LEIE. Monthly Supplement files with the new fields will also be offered. Read more about the LEIE upgrade on the [OIG website](#).

**Palmetto Advisory - Establish a CERT Contact Person for Your Practice or Facility** Providers may designate a specific point of contact to receive CERT information in their billing or medical records office. This is important in ensuring the appropriate contact person receives the correct CERT request as soon as possible and avoids the CERT review from being routed to various departments. Please share with appropriate staff.

**Additional Documentation Requests (ADRs) Can Be Confusing.** Please review your Additional Documentation Requests (ADRs) very closely. They can be confusing! Some include ADR requests for Palmetto GBA mixed in with ADRs for the Recovery Audit Contractor (RAC), the Zone Program Integrity Contractor (ZPIC), and/or the Comprehensive Error Rate Testing (CERT) contractor. Please make sure your records are sent to the correct contractor.

**PERM Cycle Webinar scheduled by CMS in June**... CMS will host four additional Payment Error Rate Measurement (PERM) provider education webinar/conference calls during Cycle 2 (2013). The webinar will help providers of Medicaid and the Children’s Health Insurance Program (CHIP) better understand specific responsibilities during PERM. PERM Cycle 2 is in progress and includes the following states: Alabama, California, Colorado, Georgia, Kentucky, Maryland, Massachusetts, Nebraska, New Hampshire, New Jersey, North Carolina, Rhode Island, South Carolina, Tennessee, Utah, Vermont, and West Virginia. Presentation materials and participant call information will be posted on the CMS [Provider Education Calls](#) page.

**REMININDER – Comments Due for the FY2014 Proposed Hospice Wage Index**... NHPCO’s posted talking points about the FY2014 Proposed Hospice Wage Index Rule last week in the [Regulatory and Compliance Center](#) online. We would like to have a strong response from the hospice industry about the proposed rule content and strongly encourage providers to submit comments to CMS by June 28, 2013. Instruction about how to submit comments are included in the talking points.

**Talking Points for FY2014 Proposed Hospice Wage Index Rule**... NHPCO’s talking points about the FY2014 Proposed Hospice Wage Index Rule are available and have been posted in the [NHPCO Regulatory and Compliance Center](#). All members of NHPCO are strongly encouraged to submit comments to CMS about this proposed rule by June 28, 2013.

**NHPCO Thanks Providers for Comments and Questions**... NHPCO had over 1,000 callers on the two listening sessions regarding the components of the FY2014 Proposed Hospice Wage Index rule. NHPCO’s Regulatory Committee is now working on talking points to share with providers and state organizations. Comments will be available on the regulatory section of the NHPCO website, under “Hot Topics,” on Monday June 10. The June 4 listening session was recorded and can be downloaded to your computer by visiting the [conference call website](#) and clicking the “download recording” link at the bottom of the page.
Alert! Check out your MAC webpage for upcoming educational programs!

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- News and Articles
- Education Events

NHIC, Inc.
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National Government Services
- Hot Topics
- Upcoming Education Events
- Clinical Education
- News Articles

Palmetto, GBA
- News and Articles
- Education Events
- Hospice Articles

- Regulatory Alerts and Regulatory Round-Ups can be viewed in their entirety on the NHPCO Regulatory & Compliance website at nhpco.org/regulatory.
- The past six months of NewsBriefs can be viewed on the NewsBriefs archive page.
- Member inquiries about regulatory and compliance issues may be sent via email to regulatory@nhpco.org