


Getting Ready for 2015




HOSPICE FUNDAMENTALS
KNOWLEDGE • EXPERTISE • COMMON SENSE

Two Key Components of Readiness


1. Ability to identify & prioritize risks
2. Ability to respond to risks

The Good News: An effective compliance framework supports both

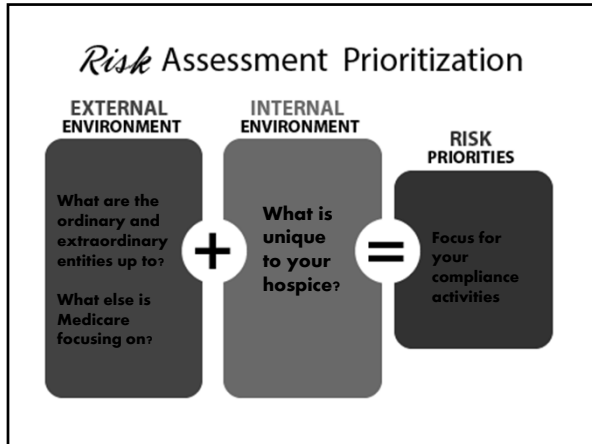
OIG Compliance Program, Guidance for Hospices
<https://oig.hhs.gov/authorities/docs/hospicx.pdf>

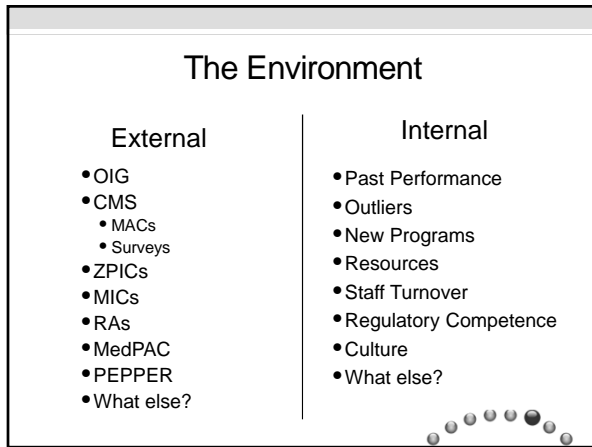


The Two Key Questions

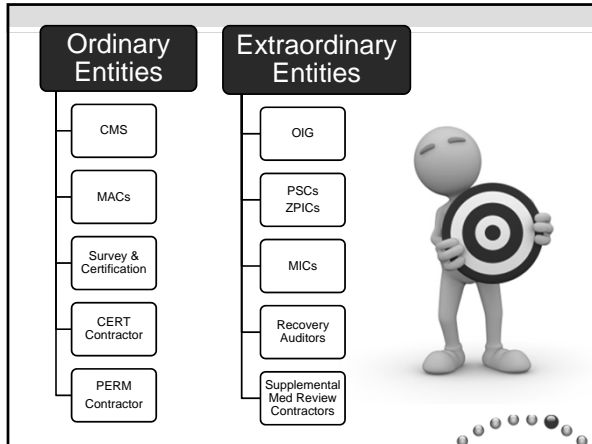


1. What might we expect in 2015?
2. Based on the answer to #1, how can we best allocate scarce resources to meet our compliance needs?









Extraordinary Entities Their Common Interests

OIG	<ul style="list-style-type: none"> • Did the services that Medicare or Medicaid paid for meet the requirements for coverage and payment? • If not, why not? • Was there fraud involved? • How much money should be recouped? • What other penalties should be levied? • CMS Compliance Group Interactive Map www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html
PSCs ZPICs	
MICs	
Recovery Auditors	
Supplemental Med Review Contractor	

Extraordinary Entities OIG FY 2015 Work Plan

OIG	<p>From the Introduction:</p> <p>The Office of Inspector General (OIG) has identified reducing waste in Medicare Parts A and B and ensuring quality, including in nursing home, hospice care, and home- and community-based care, as top management challenges facing the Department. OIG has focused its efforts on reducing improper payments, improving quality and access, and fostering economical payment policies...</p> <p>Hospice Care</p> <ol style="list-style-type: none"> 1. Hospice Care in the ALF Setting 2. Hospices - General Inpatient Care
PSCs ZPICs	
MICs	
Recovery Auditors	
Supplemental Med Review Contractor	

Extraordinary Entities 2014 OIG Reports

- OIG
- PSCs ZPICs
- MICs
- Recovery Auditors
- Supplemental Med Review Contractor

- Five reports released, none significant
- Three state specific
 - Ohio (2)
 - Illinois
- Two provider specific – review of specific claims
- Still waiting for report on the GIP claims - that will be significant

On The OIG's Mind

	Payment	Access & Quality of Care
GIP: Over Utilization	x	
Levels of Care: Ability to Provide		x
Eligibility / Length of Stay	x	
Live Discharges	x	x
Visits in Days Preceding Death	x	x
Meeting State Licensure Requirements		x
Cost Shifting	x	

Extraordinary Entities PSCs > ZPICs

- OIG
- PSCs ZPICs
- MICs
- Recovery Auditors
- Supplemental Med Review Contractor

- Remain an active and challenging extraordinary entity in the hospice world
- Their modus operandi
 - Request medical records and conduct medical review to evaluate the identified potential fraud
 - May also make on-site visits
 - May or may not share what they are looking for or at
 - Utilize sophisticated data mining and analysis techniques
 - Employ extrapolation in determining paybacks
- Good friends with DOJ & law enforcement
- Teams not always well versed in hospice

PSC: Program Safeguard Contractors
ZPIC: Zone Program Integrity Contractors
Transitioning (slowly) from PSCs to ZPICs as part of payment reform

Extraordinary Entities Medicaid Integrity Contractors

- OIG
- PSCs ZPICs
- MICs
- Recovery Auditors
- Supplemental Med Review Contractor

- Similar function to the ZPICs for Medicaid
- Overall program is the Medicaid Integrity Program (MIP) – operated under jurisdiction of Center for Medicaid & State Operations
- Consists of 3 types of contractors
 - Review MICs
 - Audit MICs
 - Education MICs
- Not always well versed in hospice

Extraordinary Entities Recovery Audit Program

- OIG
- PSCs ZPICs
- MICs
- Recovery Auditors
- Supplemental Med Review Contractor

- The bounty hunters of the system; paid a % of identified over or underpayments instead of flat fee
- Projects must receive approval from CMS before initiation
- Currently four RACS; each state assigned to one
- 5th national contractor for home health, hospice and DMEPOS was to have come on line in 2014; will we see it in 2015?

Extraordinary Entities Medicaid RAs

- OIG
- PSCs ZPICs
- MICs
- Recovery Auditors
- Supplemental Med Review Contractor

- By 1/1/2012 all states were to have established their Medicaid RAS
- Function in almost the same way as the Medicare RACs
- Although CMS encourages states to establish a process similar to the Medicare New Issue Review Board, there is no such requirement
- Final rule focused on flexibility for the states so little consistency

Extraordinary Entities

Summing Up

- OIG
- PSCs
ZPICs
- MICs
- Recovery Auditors
- Supplemental Med Review Contractor

- Activities will continue - the days of “it won’t happen to us” are long gone
- What would you do if an extraordinary entity showed up un announced at your door?
- Know when to call a healthcare attorney
- Read: Unexpected Government Investigations: What to Do When the Government Visits Your Health Care Organization

<http://www.reinhartlaw.com/Publications/Documents/ea070112%20HC.pdf>

Ordinary Entities

- CMS
- MACs
- Survey & Certification
- CERT Contractor
- PERM Contractor

Extraordinary Entities

- OIG
- PSCs
ZPICs
- MICs
- Recovery Auditors
- Supplemental Med Review Contractor

The Four Faces of Medicare

S+Cs
State Survey & Certification Agencies
Monitor providers to ensure that they are meeting the standards
SUBPARTS C & D

CMS CENTRAL
Center for Medicare & Medicaid Services
Assure that providers are paid for services
SUBPARTS E & F

ROs
Regional Offices

MACs
Medicare Administrative Contractors

Code of Federal Regulations
Title 42, Volume 2, Parts 400 to 429
PART 418 — HOSPICE CARE
42 CFR 418 Subparts

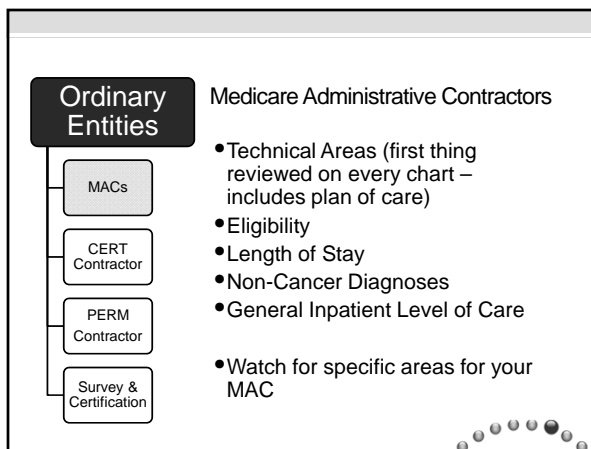
- A. General Provision and Definitions
- B. Eligibility, Election and Duration of Benefits
- C. Conditions of Participation – Patient Care
- D. Conditions of Participation - Organizational Environment
- E. Conditions of Participation – Removed and Reserved
- F. Covered Services
- G. Payment for Hospice Care
- H. Coinsurance

How CMS Spent 2014

	Payment & Coverage	Payment Reform
Working on hospice payment reform & sharing a high level of troublesome data gathered by contractor ABT Associates in the proposed and final FY 2015 Wage Index rules	X	X
Reminding hospices that all claims should include diagnosis codes for the terminal and related diagnoses	X	X
Proposing definitions for "terminal condition" and "related conditions" and soliciting comments	X	

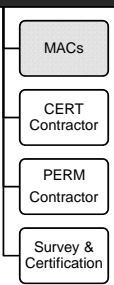
How CMS Spent 2014 (continued)

	Payment & Coverage	Payment Reform
Implementing requirements for increased data on claims		X
RTPing claims with certain principle hospice diagnosis codes	X	
Proposing and implementing timeframe filing rules for NOEs & NOTRs	X	
Creating havoc with crackpot attempts to coordinate benefits between hospice and Medicare Part D	X	
Moving forward on Hospice Quality Reporting		



Ordinary Entities NOE and NOTR Timeframes

- As of 10/1/2014 filing timeframes implemented for each
- Must be "accepted by" the MAC by the 5th day following the effective date of the election
- Appeal in those instances that there is not a timely response from the MAC due to
 - CMS systems not available
 - Delayed response



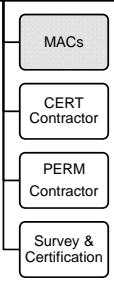
Ordinary Entities Attending Physicians

As of October 1, 2014 elections must include

- Name of beneficiary chosen by attending physician
- Acknowledgment that beneficiary or representative made the choice

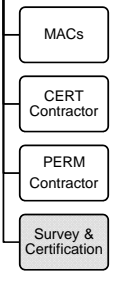
Change in attending requires completion of statement by the beneficiary or representative that identifies

- New attending
- Date the switch is to be made



Ordinary Entities Survey & Certification

- Finally – more surveys! IMPACT legislation includes requirement for Medicare survey no less than every 3 years
- Surveyor protocols for NH companion rules for hospice services expected to be released in Q1 2015
- S&C reads narratives attached to proposed and final rules too



Medicare Payment Advisory Commission

- Independent Congressional agency established by BBA 1997
 - The Thinkers – no regulatory authority
 - Issue reports to Congress in March and June
 - Meeting transcripts available (and searchable)
 - The majority of the changes we have seen in the past few years are a direct result of MedPAC recommendations
 - Pretty quiet in 2014 but did raise the question about the hospice benefit remaining treated as a carve out from Medicare Advantage programs
- <http://medpac.gov/>

Other Activities - PEPPER

- Live Discharge PEPPER issued
- Program for Evaluating Payment Patterns Electronic Report
 - Information only – but the same data is available to all regulatory and investigatory entities
 - 2014 Report: Live Discharges (Take 3)
 - It's the third one – what do you know about your statistics in that area?

Other Activities - HIPAA

- Office of Civil Rights getting geared up to get an on-going auditing program underway
- Will include covered entities and business associates
- What does this mean for hospices?

Where Did the Darts Cluster?



- | | |
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| <p>The Review of Activities</p> <ul style="list-style-type: none"> • Eligibility / LOS • Technical Provisions – New Election Statement Requirements • NOE – NOTR Timeframes • General Inpatient LOC • Payment Obligations / Related Unrelated • Coding • Live Discharges | <p>On the Horizon</p> <ul style="list-style-type: none"> • More Surveys • NH Companion Rule Surveyor Protocols • ICD-10 • Cost Report Changes • HIPAA Audits • Possible move to end hospice carve-out for Medicare Advantage programs |
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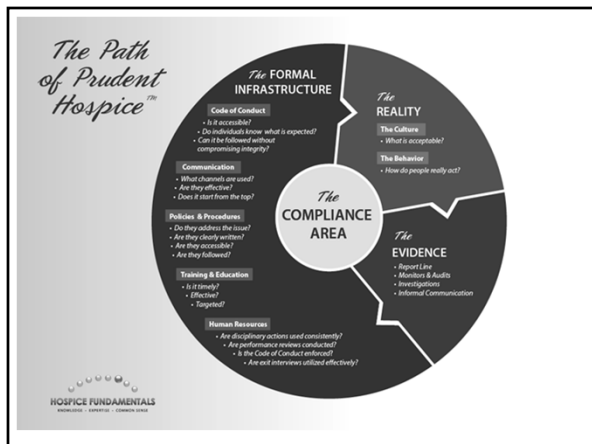
Readiness Component #2

1. Ability to identify & prioritize risks
2. Ability to respond to risks

Once a risk area is identified

- What regulations guide the area?
- How compliant are current operations?
- What changes need to be made?
- How will effectiveness of changes be assessed?
- How will individual compliance with changes be assessed?





Keep These Specific Dates in Mind

When	What
Q1 2015	At least one month dry-run of CAHPS
4/1/2015	CAHPS goes live
10/1/2015	ICD-10-CM Coding

Summing It All Up

1. Assess external and internal risks
2. Prioritize
3. Evaluate readiness using the Path of the Prudent Hospice
4. Establish work plan
5. Adjust plan as needed



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