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National Home Health-POE Advisory Meeting Meeting Minutes Tuesday, May 19, 2008

10:00 AM PST, 12:00 noon, CST 1:00 PM

Attendees: Patrick Conole, Paul Giles, Joe Hafkenschiel, Sarah Myers, Maryann Rayrat, Betty Stacer, Dee Thorp, Sandra Torres, Andrea Dumat, Travis Wattie, Lori Kent, Terri Peterson,

CC: AJ Hanna, Dr James Cope, Sally Roisell, Corrine Ball, John Stoll, Robert Franco

Facilitator/Recorder: Juliette Chenian/ Nona Cleveland

Type (IS/A/C)	Description	Date Due	Date Completed	Responsible Person(s)
IS/IP	Meeting was called to order at 10:00 AM PST, 12:00 PM CST, 1:00 PM EST			Juliette Chenian
IS/IP	Juliette reviewed the agenda and the attendance sheet. She noted those individuals who were present and asked if there were any changes to the agenda. No additional changes.			Juliette Chenian
IS/IP	Anthony (AJ) Hanna gave update of the changes in National Government Services. Medicare Administration Contractor Our bid for J1, which we partnered with NHIC, was not successful. The states that were involved were California, Nevada and Hawaii for Part A, and Part B, Hospital, Skilled Nursing and ESRD. Home Health and Hospice were not included. We did acquire J2 for the states Washington, Oregon, Idaho and Alaska for Part A and Part B that will be for Hospital, Skilled Nursing and ESRD. Home Health and Hospice were not included as they are a part of J6. During the meeting the map for the RHHI was reviewed to identify the award dates. (Map will be attached to the email)			AJ Hanna

Agenda Purpose: IS=Information Sharing IP=Information Processing C=Consensus Decision





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	<p>He also announced management reorganization at the Vice President level. Our VP, Rod King, will continue to be responsible for Provider Outreach and Education, Provider Enrollment and also acquired the Call Center, Appeals, and Internal Adjustment Unit.</p> <p>AJ invited the members to attend the Indiana education seminar in August 2008. We are hosting a convention that will bring together four Medicare contracts (Part A, Part B, Durable Medical Equipment [DME], and regional home health & hospice intermediary [RHII]). The National Government Services 2008 Medicare Convention will be held from August 25 through August 28 at the Indiana Convention Center in Indianapolis, Indiana. The cost is \$175 and Continuing Education Units (CEU's) will be issued. Please look for our Listserv for more information.</p> <p>Education</p> <p>Juliette Chenian reviewed the FY08 educational opportunities, indicating sessions completed and sessions remaining, as well as the recommended FY09 Schedule.</p> <p>FY2008 Events Completed</p> <p><u>Education</u></p> <table border="0"> <tr> <td>Home Health</td> <td>3 Teleconferences 3 Face to Face Sessions (HI, CA & WI)</td> </tr> <tr> <td>Hospice</td> <td>3 Teleconferences 1 Teleconference (HI) 2 Face to Face Sessions (CA & WI)</td> </tr> <tr> <td>Hospice Brown Bag</td> <td>4 Sessions (Hospice Changes effective July 1, 2008)</td> </tr> <tr> <td>Ask the Contractor Advisory Association</td> <td>2 Teleconferences 6 Sessions 2 Meetings</td> </tr> </table>	Home Health	3 Teleconferences 3 Face to Face Sessions (HI, CA & WI)	Hospice	3 Teleconferences 1 Teleconference (HI) 2 Face to Face Sessions (CA & WI)	Hospice Brown Bag	4 Sessions (Hospice Changes effective July 1, 2008)	Ask the Contractor Advisory Association	2 Teleconferences 6 Sessions 2 Meetings			Juliette Chenian
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	<p>FY2008 Events Remaining <u>Education</u></p> <p>Home Health 1 Teleconference Hospice 1 Teleconference Hospice Brown Bag 4 Sessions</p> <p>Ask the Contractor 2 Teleconferences Advisory 4 Sessions</p> <p>We find the teleconferences are effective because they are convenient for providers, and have no related travel cost.</p> <p>FY2009 Recommended Sessions</p> <p>Teleconferences</p> <p> 1/8/09 Home Health Billing 5/7/09 Home Health Billing 5/14/09 Hospice Billing 9/21/09 Home Health Billing 9/10/09 Hospice Billing</p> <p>Face to Face</p> <p> 3/11/09 California Minnesota June Michigan Early May New York 7/15/09 New Jersey</p>			

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	<p>9/30/09 Wisconsin Last week in Oregon and Washington June</p> <p>The group agreed that it works better when the sessions are face to face rather than via teleconference (that only lasts 2 hours). We recommend that only three session be conducted during FY 2009 on the following dates and locations:</p> <p style="padding-left: 40px;">Home Health POE Meetings 1/12/09 CA 5/12/09 WI or IL 9/14/09 NY</p> <p>Juliette suggested that the CA POE on 1/12/09 be half day each, for Home Health and Hospice. The remaining dates will stay the same as before with one day for Home Health and one day for Hospice. Conferencing via telephone will always be available for the members that can not attend in person.</p> <p>The group agreed that the ACT sessions will be conducted on the following day Home Health Ask the Contractor 11/6/08 8/6/09</p> <p>NGS will also participate and present at Association Meetings. We will happy to be onsite but let us know as soon as possible.</p>			

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	<p>Website</p> <p>The goal of our company is “one company one team”, which means we wanted to have one website.</p> <p>April 30, 2008 we have implemented the new website, however we have had some issues. The problems we have seen are missing pages, or some times it works for one person, but not another person. We would like your feedback on the website.</p> <p>Paul Giles - First impression it looks great and user friendly. Did find a problem with Listserv not giving out the correct dates for NPI.</p> <p>John Stoll- In the Provider Audit and Reimbursement section there is the Home Health calculator There is a problem with which dates to use, but they are working on it.</p> <p>Clinical POE</p> <p>The material that will be presented at the Indiana convention was reviewed.</p> <p>Learning Objectives</p> <ul style="list-style-type: none"> • To understand the coverage guidelines for home care • To understand the reasons claims are denied <p>Eligibility Criteria</p> <ul style="list-style-type: none"> • #1: Homebound <p>Comment: Need more detail information on Homebound.</p> <ul style="list-style-type: none"> • #2: Physician established plan of care • #3: Medicare participating Home Health Agency 			<p>Juliette Chenian</p> <p>Sally Roisello</p>

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	<ul style="list-style-type: none"> ● #4: Intermittent Skilled need <p>Homebound</p> <ul style="list-style-type: none"> ● Normal inability to leave ● Considerable and taxing effort ● Absence is of infrequent or of relatively short duration ● To receive health care treatment <p>Skilled Therapy</p> <ul style="list-style-type: none"> ● Physical therapy ● Speech language pathology ● A continuing need for occupational therapy <p>Coverage Guidelines</p> <ul style="list-style-type: none"> ● Specific, safe, and effective treatment of illness or injury –Medical standards –Reasonable type, frequency, and duration 			

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	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> ● Complexity requires the skills of a therapist <p>–Can the services be provided by a nonskilled person?</p> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> ● Potential to improve <p>–Have significant potential to improve in response to therapy</p> <p>–Restoration of a specific loss of function</p> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> ● Maintenance therapy <p>–Where repetitive services that are required to maintain function involve the use of complex and sophisticated procedures, the judgment and skill of a physical therapist might be required for the safe and effective rendition of such services. If the judgment and skill of a physical therapist is required to safely and effectively treat the illness or injury, the services would be covered as physical therapy services.</p> <p>Maintenance Therapy</p> <ul style="list-style-type: none"> ● Evaluation and development of a restorative program if the patient’s condition requires the skills of a therapist <p>–Example: Parkinson’s disease</p> <p>–Example: Rheumatoid arthritis</p> <p>Skilled Nursing</p> <ul style="list-style-type: none"> ● Reasonable and necessary to treat the illness 			

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	<ul style="list-style-type: none"> • Intermittent care • Complexity of services • Accepted professional standards of practice Comment: add Able and body caregiver Observation and Assessment • Likelihood of change • Until condition stabilizes • Modification to POC • Not routine monitoring Evaluation and Management • Complexity of unskilled services • Skilled intervention to promote recovery and medical safety • Supported in the POC 			

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	<p>Teaching and Training</p> <ul style="list-style-type: none"> • Management of a treatment regimen – Administration of medications – Wound care – Diabetic management <p>Documentation</p> <ul style="list-style-type: none"> • Paint a complete picture of the patient • Why does this person need skilled services now? – Describe the significant change of condition <p>Comments: Add Decision Tree on Intermittent and Part Time Nursing Juliette asked Terry to give her the reference in manual.</p> <p>Questions? Remember</p> <ul style="list-style-type: none"> • Documentation is the key to success! <p>References</p> <ul style="list-style-type: none"> • National Government Services Web – www.NGSMedicare.com • CMS Pub 100-02, Benefit Policy Manual, Chapter 7, Home Health Manual, Section 40-50 • CMS Pub 100-02, Benefit Policy Manual, Chapter 15, Covered Medical and Other Health 			

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	<p>Services, Section 220-230</p> <p>Scenarios August</p> <p>August, 2008</p> <p>Scenario #1</p> <ul style="list-style-type: none"> • A 66 yr old female with an order for home care PT with the diagnoses of arthritis and arthropathy. The therapy diagnoses are gait disturbance and muscular weakness. She had a hip replacement at some time in the past. She has a history of falls and osteoporosis. She lives in a senior apartment with her husband. <p>Scenario 1 Cont.</p> <ul style="list-style-type: none"> • She has a bedside commode, tub bench, a wheelchair and rolling walker. She requires min-mod assist for functional mobility and mod-max assist for tub/shower. Her ROM is wfl actively assisted. Her strength is 3-/5. Her hip pain is 5/10. She needs max assist to walk 5 ft with walker. Gait unsteady. <p>Scenario 1 Cont.</p> <ul style="list-style-type: none"> • Does she qualify as homebound? • Does she qualify for therapy? <p>Things to Consider</p> <ul style="list-style-type: none"> • What is her prior level of function? 			

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	<ul style="list-style-type: none"> • Was there a significant change of condition? • How much other therapy has been provided? • What is her potential to improve with therapy? <p>Result of Scenario 1</p> <ul style="list-style-type: none"> • She definitely has limitations. She would be considered homebound. Her prior level of function is not clear. However, claim history shows she has received therapy during several recent episodes for this same diagnosis. Her potential is minimal. No new diagnosis or illness was documented. The therapy was denied. <p>Scenario #2</p> <ul style="list-style-type: none"> • This is the second certification period for a 70+ year old male with bilateral wounds on legs due to cellulitis and a decubitus ulcer on the (R) buttock. Daily nursing visits were ordered for wound care. Orders are to cleanse with saline and apply ointment. Either leave open to air or apply dressing. The patient requires assistance to leave home. <p>Scenario #2</p> <ul style="list-style-type: none"> • Does he qualify as homebound? • Does skilled nursing visits to do wound care daily meet coverage criteria? <p>Things to Consider</p> <ul style="list-style-type: none"> • There are several problems here: <ul style="list-style-type: none"> –The nurse is visiting daily for wound care. Daily nursing visits are only permitted for a finite time. This has been daily for months. –Only one description of one wound is documented. Documentation of the wound 			

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	<p>should be frequent. –Cleansing with saline, pat dry, and applying an ointment really is not a skilled service. Result of Scenario #2</p> <ul style="list-style-type: none"> • He definitely is homebound needing assistance to leave home • Nursing services are being provided daily with no end seen • All of the nursing services were denied <p>Q: Is there way we can a 2 way conversation regarding some problems on the website? A: The Clinical Provider Education has</p> <p>Comment: There were several comments on the slides such as not enough information in scenarios However it was noted that there is only one hour for the presentation. It was suggested that the Clinical have a 100 session with the basic coverage and 200 session for the scenarios.</p> <p>Comment: Ask Dr. Cope to write an article about wound care for physicians.</p>			
IS/IP	<p>Audit & Reimbursement Update</p> <p>Topics to Be Covered</p> <ul style="list-style-type: none"> • PS&R Report Update • Cost Report Acceptance Tips • Remittance Advice Verification 			John Stoll

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IS/IP	<ul style="list-style-type: none"> • PPS Refinement • Wrap up <p>PS&R Report Update Provider Statistical & Reimbursement Reports Provider Statistical & Reimbursement Reports</p> <ul style="list-style-type: none"> • CMS total redesign of the PS&R system underway –Web-based system with online request capability • Various report formats (PDF and CSV) • Online retrieval • Enhanced security • Faster turnaround times <p>Provider Statistical & Reimbursement Reports</p> <ul style="list-style-type: none"> • Cost report vendors have been notified of the PS&R redesign and the new CSV extract files • Vendors will need to update software programs to allow providers to load PS&R data directly into the cost report <p>Provider Statistical & Reimbursement Reports</p> <ul style="list-style-type: none"> • Anticipated roll out in 2008 • Web Based training for providers • Providers/FI's/MAC's will be directed to a CMS web site to sign up for access to the system 			

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	<p>Provider Statistical & Reimbursement Reports</p> <ul style="list-style-type: none"> •The redesigned PS&R will be rolled out by provider fiscal years •First impacted cost reports expected to be 4/30/08 with the system up around August, 2008. •Providers at this time should consider who is going to be the Security Official, back up Security Official and User Administrator <p>Provider Statistical & Reimbursement Reports</p> <ul style="list-style-type: none"> •IACS-Individuals Authorized Access to CMS Computer Services •IACS will be used to gain access to the new PS&R. •Providers must sign up for IACS to obtain the PS&R •IACS will also be used for PECOS Web (CMS 855A). •CMS has issued Med Learn Matters articles SE 0753 revised and 0754 on IACS <p>Provider Statistical & Reimbursement Reports</p> <ul style="list-style-type: none"> • IACS Registration Process <p>—Providers can begin to make decisions on who is going to be the Security Official, User Group Administrator & End Users.</p> <p>—For further details see MLN SE 0747</p> <ul style="list-style-type: none"> • Providers need to be signed up in IACS in time to get the PS&R for cost report filing <p>Cost Report Acceptance Tips</p> <ul style="list-style-type: none"> •New P.O. Box for mailing reports-See next slide 			

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	<ul style="list-style-type: none"> • Go to the Audit & Reimbursement section of the website for current information • National Government Services, Inc Medicare Audit & Reimbursement P.O. Box 7149 Indianapolis, IN 46207-7149 • For hand deliveries, Federal Express or Courier, use this address: (No longer acceptable) –National Government Services, Inc Medicare Audit & Reimbursement 6775 West Washington Street Milwaukee, WI 53214 <p>Cost Report Acceptance Tips</p> <p>1) Low and No utilization Cost Reports Provider do not send the entire Cost Report, because it can cause a lot of rejects. 2) File early because if there something wrong with Cost Report you can get a grace period.</p> <p>RAP Payments</p> <ul style="list-style-type: none"> • RAP payments for certain rejected or denied final claims erroneously recovered –For period 10/1/2007 – 2/10/2008 –Payment system corrected going forward <p>Verification</p> <ul style="list-style-type: none"> • Review “adjustment to balance” field on RA –If no adjustment, no review necessary • If “adjustment to balance” amounts exist, review remittances 			<p>Robert Franco</p> <p>John Stoll</p>

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	<p>–Tie adjustment to RAP monies recovered on a patient-by-patient basis</p> <ul style="list-style-type: none"> ● For more information on how to read remittance advice –www.ugsmedicare.com/providers/edi/EDI_Remit_Advice.asp <p>PPS Refinement CY 2008 Rate Update</p> <ul style="list-style-type: none"> ● Effective January 1, 2008, rate updated by 3% market basket percentage increase <p>–Providers who do not report quality data subject to 2% reduction</p> <ul style="list-style-type: none"> ● Calculation of Outlier Payment <p>–Fixed dollar loss ratio changed from .67 in CY 2007 to .89 in CY 2008 –Loss sharing ratio of .80 remains unchanged</p> <p>CY 2008 Rate Update</p> <ul style="list-style-type: none"> ● Change in labor and non-labor percentages applied in the wage-index adjustment <p>–Labor portion applied is .77082 –Non labor portion applied is .22918 –Labor adjustment will continue to be based on site of service of the beneficiary</p> <ul style="list-style-type: none"> ● For further details see MLN 5879 <p>Wrap Up Web Sites</p> <ul style="list-style-type: none"> ○ <u>Manuals and cost report instructions</u> http://www.cms.hhs.gov/manuals/pbm/itemdetail.asp ○ <u>Regulations</u> http://www.cms.hhs.gov 			

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	<p>http://www.cms.hhs.gov/quarterlyproviderupdates/ ^oFI training materials and other information http://www.ugsmedicare.com/provider_education/training.asp</p> <p>California HHA's and Hospice</p> <ul style="list-style-type: none"> • The California workload HHA's and Hospices are included in MAC J6 • Provider based and freestanding HHA's and Hospices will remain with NGS until MAC J6 is determined. • For Audit & Reimbursement the California workload HHA's and Hospice will be serviced out of the Milwaukee office. <p>California HHA's and Hospice</p> <ul style="list-style-type: none"> • Cost reports with fiscal year ends 1/31/08 and later will file the cost report to the appropriate PO Box in Indianapolis. • Cost report reminder letters for fiscal year ends 1/31/08 and after will come out of the Milwaukee office. • These cost reports will accepted and finalized in the Milwaukee office. • Any audit or reimbursement questions will be directed to the Milwaukee office starting 8/1/08 and after. • <p>California HHA's and Hospice</p> <ul style="list-style-type: none"> • PS&R reports starting with the July 2008 month end will be distributed out of the Milwaukee office. • The Milwaukee office will be trying to obtain e-mail addresses for the California workload HHA and Hospice providers so that PS&R summary reports can be e-mailed. 			

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	<p>California HHA's and Hospice</p> <ul style="list-style-type: none"> Any request for PS&R detailed reports would be made to the Milwaukee office effective August 1, 2008. NGS will develop a PS&R data exchange so that the MAC will have access to the PS&R for the provider based HHA's and hospices. <p>California HHA's and Hospice</p> <ul style="list-style-type: none"> Hospice Cap calculation have been completed through the 2006 cap period for freestanding hospice providers. The Milwaukee office will be mailing out the 2007 cap questionnaire for freestanding hospices in the California workload. The Milwaukee office will calculate the 2007 cap for all freestanding Hospice providers in the California workload. <p>Cost Report Acceptance and Reimbursement Hub Contacts in Milwaukee, WI Cost Report Acceptance Dean Ziemendorf Manager, Medicare Audit & Reimbursement Phone: (414) 459 -6956 Email: Dean.Ziemendorf@ugswlp.com</p> <p>Beverly Rader-Eggert Medicare Provider Reimbursement Lead Phone: (414) 459-6986 Email: Beverly.Rader-Eggert@ugswlp.com</p>			

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	<p>Reimbursement: John Stoll Manager, Medicare Audit Reimbursement Phone: (414) 459 6953 Email: John.Stoll@ugswlp.com</p> <p>Polly Liebl Medicare Provider Reimbursement Lead Phone: (414) 459 6938 Email: Polly.Williams@ugswlp.com John Stoll discussed the Medicare A PS&R Electronic Request Form and passed it out to everyone.</p> <p>Dr. Cope discussed the HHA Utilization dates for Paid Claims Period: July 2007 – December 2007, the statistics discussed during the meeting will be posted on the new NGS website.</p> <p>Recover Audit Contract (RAC)</p> <ul style="list-style-type: none"> • The 3 year Demo Project for CA, NY and Florida is completed • They can review any claim type up to 3 years • they are paid a percentage of the money they recover • No restriction which means they review Home Health and Hospice <p>Update on the Home Health Demonstration Project Juliette explained that his project only impacts the Agencies in four counties in California. The enrollment application request was mailed to 382 providers; the response was received from all but except 14 providers. Out of the total 14 providers that needed to be deactivated 11 were not providing any services (no longer in business) and they were deactivated since 855 applications were not received. The three providers that were deactivated will have to re-start the process as a new provider.</p>			<p>Dr. Cope</p> <p>Dr. Cope</p> <p>Juliette Chenian</p>

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