

## NEWS

### IL HPCO GOES TO SPRINGFIELD



*Kate Protcor, Kristin James, Kim Downing, Ronda Dudley, Kellie Newman, Pam Cramer, Nancy Sehy*

In November during the fall Legislative Veto Session several IL-HPCO members who serve on the Legislative and Reimbursement Committees traveled to Springfield, Illinois to discuss pending Medicaid issues with public officials.

### *In this issue*

IL HPCO Goes to Springfield

Medicare Part D

Annual Educational Conference  
2017

Palmetto TIPS

CMS Policy/Payment Changes



## SAVE THE DATE

IL HPCO Annual  
Educational  
Conference

October 11-12, 2017

Northern Illinois  
University

## IL HPCO GOES TO SPRINGFIELD...cont.

The first meeting was with Senator Heather Steans (D/Chicago), Senate Appropriations I Committee Chair, Senator Dale Righter (R/Mattoon), Senate Appropriations I Committee Minority Spokesperson, and Senator Pam Althoff (McHenry), Senate Revenue Minority Spokesperson. We also met with the Acting Medicaid Director, the Assistant Hospice Billing Officer, and the Medicaid billing officer.

In both meetings, IL-HPCO discussed delayed Medicaid payments to hospice providers and how it has reached a critical stage. In addition, we were there to seek assistance with immediate and continued billing issues with Medicaid and the MCOs (Managed Care Organizations). Many billing issues were presented and discussed, including 'room & board issues' with nursing homes.

Background information and an update on the need for clinical Medicaid support surrounding concurrent care for children were also presented on behalf of GIPPC. In addition, the possibility of re-introducing Pediatric Palliative Care legislation was discussed. Both of these issues received positive responses and will be further reviewed for possible action. *See more photos of meeting at the end of this newsletter.*

IL-HPCO is working every day for YOU. For more information contact Pam Cramer at [pcramer@il-hpc.org](mailto:pcramer@il-hpc.org).

## Legislative Update – *Betsy D. Mitchell, IL-HPCO Legislative Consultant*



From both of these meetings it was determined that IL-HPCO needed to have a joint meeting Medicaid and the Managed Care Organizations. This meeting is set for later in January.

Prior to this meeting with the MCOs and Medicaid, IL-HPCO conducted an intense survey to ask members to provide any specific examples of issues they may be having with the Managed Care Organizations. Some of you did respond to this important survey with very detailed problems you are experiencing. These specific problems are to be addressed by the MCOs at our meeting

later this month. We will report the responses we receive from the MCOs.

IL-HPCO expects this to be the first of many meetings with the MCOs. It is our hope to establish a good working relationship with the MCOs so that all of us can provide the best care to our patients as we move forward with this system.

### Lame Duck Session

The Illinois Legislature met in Springfield for its Lame Duck Session on January 9 and 10, 2017 to discuss a possible budget. The Senate brought forth a series of bills however put them on hold until after the new legislature is sworn in. The 100th General Assembly will be sworn into office on January 11, 2017 at noon. New legislation will begin to be introduced. The adjournment date for this session has been set for May 31, 2017.

## Medicare Part D- *Mary Sheehan, RN, MSN, MBA, CEO Joliet Area Community Hospice*



On November 15, 2016 CMS issued new communication on the Medicare Part D and hospice interface. An analysis began after the OIG report published in March 2016 which identified instances where drugs were paid by Part D when they should have been covered under the Hospice Part A benefit.

The analysis targeted 4 categories: analgesic, anti-nausea, laxative and anti-anxiety drugs. The payment for these drugs by Part D after the hospice election is 75% less than in 2013 but there is still concern by CMS about a lack of coordination between hospices and Part D sponsors. All necessary drugs are not being coordinated and paid for by the hospice.

The 2 major improvements needed are as follows:

- Hospice providers must respond to inquiries from Part D sponsors who are seeking recovery for claims in the 4 categories.
- Hospice must immediately notify Part D sponsors about a hospice election. CMS has a standardized form for Medicare Part D plans; OMB 0938-1269. The form should be faxed immediately to Part D sponsor to avoid inappropriate payment.

**Overtime Rule** -- On November 22, 2016, a federal judge in Texas [blocked](#) implementation of a change in the Department of Labor's "overtime rule". Scheduled to go into effect Dec. 1, the change would have required employers to pay time-and-a-half to their employees who work more than 40 hours in a given week and earn less than \$47,476 a year. Please make sure your HR department is monitoring this issue.

## HOSPICE TIPS from Palmetto

JM Home Health and Hospice//Hospice

<http://www.palmettogba.com/registration.nsf/HTML%20Email?OpenForm&pamcram>

Local Coverage Determination (LCD) Updates: Home Health and Hospice

The Home Health Plans of Care: Monitoring Glucose Control in the Medicare Home Health Population with Type II Diabetes Mellitus L35132 JM HHH LCD was revised. Please share with appropriate staff.

<http://www.palmettogba.com/palmetto/providers.nsf/vMasterDID/9DGMCT8285?opendocument>

Applies to:

JM Home Health and Hospice//Home Health Agencies JM Home Health and Hospice//General JM Home Health and Hospice//Hospice

## Home Health and Hospice December 2016 Quarterly Updates Webcast

Palmetto GBA will host the Home Health and Hospice December 2016 Quarterly Updates Webcast on December 15, 2016, at 10:00 a.m. ET. The Quarterly Update Webcasts are intended to provide ongoing, scheduled opportunities for providers to stay up to date on Medicare requirements. This webcast is designed to provide pertinent updates, changes, and reminders to assist the provider community in staying compliant with Medicare rules and regulations. Please plan to attend!

[http://www.palmettogba.com/palmetto/providers.nsf/ls/JM%20Home%20Health%20and%20Hospice~AE3M836240?opendocument&utm\\_source=JMHHHL&utm\\_campaign=JMHHHLs&utm\\_medium=email](http://www.palmettogba.com/palmetto/providers.nsf/ls/JM%20Home%20Health%20and%20Hospice~AE3M836240?opendocument&utm_source=JMHHHL&utm_campaign=JMHHHLs&utm_medium=email)

Applies to:

JM Home Health and Hospice//Hospice

JM Home Health and Hospice//Home Health Agencies JM Home Health and Hospice//General

<http://www.palmettogba.com/registration.nsf/HTML%20Email?OpenForm&pamcram>

## Updates to the Hospice Payment Rates, Hospice Cap, Hospice Wage Index, and Hospice Pricer for Fiscal Year 2017

Change Request (CR) 9729 updates the hospice payment rates, hospice wage index, and Pricer for FY 2017. The CR also updates the hospice cap amount for the 2017 cap year ending September 30, 2017. These updates apply to Chapter 11, section 30.2 of the Medicare Claims Processing Manual. Make sure that your billing staffs are aware of these changes.

[http://www.palmettogba.com/palmetto/providers.nsf/ls/JM%20Home%20Health%20and%20Hospice~AB7FPL8473?opendocument&utm\\_source=JMHHHL&utm\\_campaign=JMHHHLs&utm\\_medium=email](http://www.palmettogba.com/palmetto/providers.nsf/ls/JM%20Home%20Health%20and%20Hospice~AB7FPL8473?opendocument&utm_source=JMHHHL&utm_campaign=JMHHHLs&utm_medium=email)

Applies to:

JM Home Health and Hospice//General

JM Home Health and Hospice//Hospice

## NHPCO Advocacy

### Exceptions for Late Hospice Notices of Election Delayed by Medicare Systems

#### **Exceptions For Late Hospice Notices of Election Delayed by Medicare Systems**

*December 2, 2016 reprinted from NHPCO*

#### **Summary at a Glance**

In December CMS issued a [MLN article \(SE1633\)](#) announcing changes in what is eligible for an exception request when an NOE is submitted timely and cannot be immediately corrected due to Medicare system constraints. This includes inadvertent errors and other errors not detected as errors by the Medicare

system. CMS has determined that these errors are **outside the control of the hospice and so qualify for an exception to the timely filing requirement.**

This also means that, upon approval by the MAC, the claim will be paid **back to the date of election** and considered as an exception to the timely filing requirements.

**NHPCO Advocacy:** For more than a year, NHPCO has been working to change the sub-regulatory guidance that depends on the MAC acceptance of the NOE before payment is allowed back to the date of election, arguing that no other Medicare provider type does not get paid for services provided due to an inadvertent error, such as a transposed number or clerical error. This MLN article is the direct result of NHPCO's extensive work on this issue – from surveys, to meetings with CMS staff and leadership, to discussions with staff of members of Congress and relevant Congressional committees.

**Current Policy:** Current policy requires the hospice to file a Notice of Election (NOE) for each patient within 5 calendar days after the effective date of the election. If the NOE is submitted but not accepted by the Medicare Administrative Contractor (MAC) within 5 days, Medicare will not cover and pay for the days of hospice care from the effective date of the election to the date the NOE is accepted by the MAC.

**NHPCO Dialogue with MACs:** NHPCO has been in touch with each of the three MACs about this change and expect that there will more detail and specifics from each MAC available in coming days.

**New Policy, effective November 16, 2016:** In an email from CMS leadership to NHPCO today, CMS states that they (CMS): *“agree that hospices should have a process for correcting clerical errors other than having to appeal denials due to the 5-day election period expiring. Therefore, on November 16, 2016, we issued instructions to our Medicare Administrative Contractors (MACs) to allow timeliness exceptions for NOEs that are submitted with errors that cannot be immediately corrected and that are delayed by Medicare systems. The days which Medicare systems prevent the hospice from correcting their submission are included under the existing exception for circumstances beyond the hospices' control.”*

CMS has instructed MACs to have their systems in place to implement this change no later than today, December 2, 2016

**New Exception Request Policy:** The MACs will grant an exception for a late NOE if the hospice is able to provide the MAC with documentation showing:

1. When the original NOE was submitted.
2. When the NOE was returned to the hospice for correction or was accepted and available for correction; and
3. When the hospice resubmitted the NOE.

**Using the Remarks Section on the Claim:** If the hospice should provide “sufficient information in the Remarks section of its claim to allow the MAC to research the case, then MACs will make a determination without requesting the additional supporting documentation described above.” **Comments may be submitted in the Remarks section to substitute for the documentation requirement above.**

**Documentation Required:** If a hospice does not use the Remarks section on the claim, documentation should consist of “printouts or screen images of any Medicare systems screens that contain the information shown above.” If the MAC suspects that a hospice has a high volume of exception requests for inadvertent errors that suggests abuse, the MAC may request documentation for every exception request rather than allow the use of the Remarks section of the claim.

**Timeframes for Correction:** The MLN article states the timeframes for providers to provide documentation and resubmit. Pay particular attention to the short timeframe, but also note that it is 2 **business days** rather than calendar days.

Task	Deadline
Provide documentation	2 business days
Once NOE is returned for correction	2 business days to resubmit
Once NOE is posted to CWF and must be cancelled and resubmitted	2 business days to cancel
New NOE resubmitted after cancellation	2 business days to submit the new NOE AFTER the date that the cancellation NOE finalizes

**Dark Days:** Some hospices have reported that there are system delays beyond their control when Medicare systems are not available – “dark days”. In most cases, the 5 day filing period should allow enough time to submit an NOE when Medicare systems are available. CMS states:

*“However, hospices report cases in which an NOE is submitted on the day before a dark day period and the NOE does not receive a receipt date until the day following the dark days. If the hospice can provide documentation showing this situation occurred, MACs will grant an exception to the timely filing requirement. The Centers for Medicare & Medicaid Services (CMS) expects these cases to be very rare.”*

**Situations where an exception will not be granted:**

1. If a hospice waits until an NOE is returned to correct an error, when the error could be corrected when first identified.
2. If a partial NOE was submitted to meet the timely-filing requirement.
3. If a hospice with multiple provider identifiers submits the identifier of a location that did not actually provide the service.

## Photos....Springfield in November



**Betsy Mitchell speaking to Senators Dale Righter and Heather Staines**



*Senator Righter with IL HPCO Leaders*



**IL HPCO's Cherry Meier, Kellie Newman meeting with HFS staff  
Teresa Hursey , Marshelle Rose and Aimee Isham**