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Disclaimer

The information provided in this handout was current as of the date of this presentation. Any changes or new information superseding the information in this handout will be provided in articles and publications with publication dates after this presentation are posted at www.PalmettoGBA.com/HHH.



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Agenda

- 2024 Final Rule Summary
 - Fiscal Year 2024 Hospice Payment Rate Update Final Rule
 - 2024 Home Health Prospective Payment System Proposed Rule (CMS-1780-P)
- Hospice Updates/Reminders
 - Period of Enhanced Oversight for New Hospices in Arizona, California, Nevada, & Texas
 - Billing Manual Updates
 - Top Billing Errors
- 2023 Hospice Benefit Component, Value-Based Insurance Design (VBID) Model



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Agenda

- Palmetto GBA's eServices Portal
 - Medicare Beneficiary Identifier (MBI) Lookup
 - How to Use the eServices' Eligibility Tabs
 - Using eServices' Newest Self-Service tools
- Overview of the Targeted Probe and Educate (TPE) Process
- Comprehensive Error Rate Testing (CERT)
- Resources for Providers



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Fiscal Year 2024 Hospice Payment Rate Update Final Rule

2024 Home Health Prospective Payment System Proposed Rule



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Fiscal Year 2024 Hospice Payment Rate Update Final Rule

- Fact sheet for the [Fiscal Year 2024 Hospice Payment Rate Update Final Rule \(CMS-1787-F\) | CMS](#)
 - Published July 28, 2023
- FY 2024 Routine Annual Rate Setting Changes
 - The FY 2024 hospice payment update percentage is 3.1% (an estimated increase of \$780 million in payments from FY 2023)
 - 2.8% was proposed
 - The hospice cap amount for FY 2024 is \$33,494.01, which is equal to the FY 2023 cap amount (\$32,486.92), updated by the FY 2024 hospice payment update percentage of 3.1%



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Fiscal Year 2024 Hospice Payment Rate Update Final Rule

Hospice Certifying Physician Enrollment

- CMS is finalizing our proposal that these two categories of physicians must be enrolled in or opted out of Medicare for hospice services to be paid. Requiring enrollment or opt-out will allow us to screen the physician to ensure they are qualified (e.g., licensed) to certify the terminal condition.
- In response to concerns raised by commenters, we will not implement or enforce this requirement until May 1, 2024, to give unenrolled and non-opted-out physicians more time to enroll in or opt-out of the Medicare program.



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Fiscal Year 2024 Hospice Payment Rate Update Final Rule

- Hospice Quality Reporting Program
 - CMS codified the HQRP data completion threshold policy at §418.312 and provided several updates relative to the development of a patient assessment instrument, titled HOPE, and future quality measures
 - CMS also provided updates on health equity related to HQRP and future efforts to develop health equity measures



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2024 Home Health Prospective Payment System Proposed Rule

- Proposed Rule [Fact Sheet](#)
- Hospice Enrollment Provisions
 - Subjecting hospices to the highest level of provider enrollment application screening, which includes fingerprinting all 5 percent or greater owners of hospices
 - Expanding the HHA change in majority ownership provisions in 42 CFR § 424.550(b) to include hospice changes in majority ownership; and
 - Clarifying that the definition of “Managing Employee” in 42 CFR § 424.502 includes the administrator and medical director of a hospice



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2024 Home Health Prospective Payment System Proposed Rule

- Other Provider Enrollment Provisions
 - Reducing the period of Medicare non-billing for which a provider or supplier can be deactivated from 12 months to 6 months
 - Strengthening the program integrity safeguards associated with a provisional period of enhanced oversight



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2024 Home Health Prospective Payment System Proposed Rule

- Hospice Special Focus Program (SFP) and Informal Dispute Resolution (IDR)
 - Create an SFP for poor-performing hospices that, through increased regulatory oversight, would address issues that place hospice beneficiaries at risk of receiving unsafe and poor-quality care.
 - The IDR for hospice programs would allow hospice providers an opportunity to refute one or more condition-level deficiencies cited in the Statement of Deficiencies survey report, which would align with the established IDR for Home Health Agencies.



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Hospice Updates/Reminders



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Period of Enhanced Oversight for New Hospices in Arizona, California, Nevada, & Texas

- [MLN7867599 - Period of Enhanced Oversight for New Hospices in Arizona, California, Nevada, & Texas \(cms.gov\)](#)
- The goal of enhanced oversight is to reduce hospice fraud, waste, and abuse
- The provisional period of enhanced oversight will include medical review such as prepayment review
- The period of enhanced oversight can be 30 days – 1 year



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Period of Enhanced Oversight for New Hospices in Arizona, California, Nevada, & Texas

- For the period of enhanced oversight, new hospices include those
 - Newly enrolling in the Medicare Program (starting July 13, 2023)
 - Submitting a change of ownership (CHOW) that meets all the regulatory requirements under 42 CFR 489.18
 - Undergoing a 100% ownership change that doesn't fall under 42 CFR 489.18



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Period of Enhanced Oversight for New Hospices in Arizona, California, Nevada, & Texas

- If we're placing you in a period of enhanced oversight, we'll mail a letter to the correspondence address on file in PECOS. It will include
 - Effective date of the enhanced oversight period
 - Duration of the enhanced oversight period
 - Notice that we may do a medical review of all your claims. If you don't respond to our requests, we may deny claims or revoke your Medicare enrollment



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Internet Only Manual Update, Pub. 100-04, Chapter 11
(Processing Hospice Claims)

- [Change Request 13238](#)
- Effective date: May 15, 2023
- Implementation date: July 17, 2023



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Internet Only Manual Update, Pub. 100-04, Chapter 11
(Processing Hospice Claims)

- 20.1.1 – Notice of Election (NOE)
- Hospices can reduce the number of errors and exception requests related changes to the beneficiary identifier by performing an eligibility check immediately before admission.
- A/B MAC (HHH) MACs will not grant exceptions based on MBI changes that were accessible to the hospice more than two weeks prior to the admission date.



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Internet Only Manual Update, Pub. 100-04, Chapter 11
(Processing Hospice Claims)

- 30.2.1 - Payments to Hospice Agencies That Do Not Submit Required Quality Data
- Beginning with the FY 2024 and for each subsequent year, failure to submit required quality data shall result in a 4 percentage point reduction to the market basket percentage for any hospice that does not comply with the quality data submission requirements for that FY.



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Gap Billing Between Hospice Transfers

- CR 12619 creates a new CWF edit that no longer allows gaps of care to occur during a transfer.
- The CWF edit will reject the hospice transfer if the transfer doesn't occur immediately and there's a gap in the number of billing days between one hospice and the next.
 - If the receiving hospice's claim "from date" is not the same as the transferring hospice's "through date" with "patient status" indicating a transfer (codes 50 or 51), the transfer will be rejected.
 - The 8XC date will need to match the transferring hospice's "through date"



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Gap Billing Between Hospice Transfers

CMS considers any gap, even of one day, to be a discharge and readmission rather than a transfer, and the beneficiary would have to re-elect hospice care with the new hospice. A discharge without an immediate transfer also triggers restart of Medicare benefits waived under 42 CFR 418.24(d).

- If a gap occurs, the transferring hospice needs to submit their final claim with an appropriate Patient Status discharge code, rather than 50 or 51 (hospice transfer codes)
- Apply condition code 52
- Document occurrence in discharge summary



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Gap Billing Between Hospice Transfers

Additionally, CR 12619 states:

- Transfers aren't allowed from the same provider. Hospices must not send an 8XC if the CMS Certification Number (CCN) is the same. In this case, the patient isn't transferred to another hospice, they're transferred to another location of the same hospice.
- CR 12619 also updates Pub 100-04, chapter 11, section 20.1.3 - Change of Provider/Transfer Notice to include additional instructions about hospice transfers.



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Reminder - Report Live Discharges Timely

- If a hospice beneficiary is discharged alive or if a hospice beneficiary revokes the election of hospice care, the hospice shall file a timely-filed Notice of Election Termination/Revocation (NOTR), unless it has already filed a final claim.
- **DO NOT** file NOTRs or final claims with revocation indicators in transfer situations

[Hospice Notice of Termination/Revocation of Election • TOB 8XB](#)



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Reminder - Report Live Discharges Timely

- A timely-filed NOTR is a NOTR that is submitted and accepted by the A/B MAC (HHH) within 5 calendar days after the effective date of discharge or revocation.
- While a timely-filed NOTR is one that is submitted to and accepted by the A/B MAC (HHH) within 5 calendar days after the hospice election, posting to the CWF may not occur within that same timeframe.
- The date of posting to the CWF is not a reflection of whether the NOTR is considered timely-filed.



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Reminder - Report Live Discharges Timely

- Failure to report a live discharge timely may occur a late NOE penalty for a reelection with the same hospice.
- For example:
 - Patient discharges alive 6/1/XX
 - No discharge submission is received until 6/14/XX
 - Patient reelects 6/10/XX
 - NOE for 6/10/XX reelection received 6/13/XX, but is returned for the open earlier election
 - The late discharge submission will cause a late NOE penalty to be applied



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Hospices are to Report Post-Mortem Visits with the Modifier PM

- Medicare is finding through the Medical Review process that hospices are not correctly reporting post-mortem visits with the modifier PM on their claims.
 - These reporting errors will be counted as an error in the review process and may cause service intensity add-on (SIA) payments to be applied incorrectly on the claim.
- The reporting of post-mortem visits, on the date of death, should occur regardless of the patient’s level of care or site of service.

[Hospices are to Report Post-Mortem Visits with the Modifier PM](#)



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CMS Model Examples of the Hospice Election Statement and Election Statement Addendum

The Centers for Medicare & Medicaid Services (CMS) has published model examples of the Hospice Election Statement and Election Statement Addendum in the download section of the [Hospice spotlight web page](#).

- The model examples are not mandatory to use
- The CMS and HHH MACs highly recommend hospice agencies compare or model their forms to the examples CMS has provided. Non-compliant hospice election statements continue to be identified as a top denial reason by review contractors, including the MAC’s Targeted Probe and Educate process.



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Reason Code Help Tool

- This lookup tool does not contain all reason codes found in the Direct Data Entry (DDE) Reason Code file.
- This Reason Code Help Tool is designed to aid you in reviewing, understanding, and resolving the most frequent reason codes, or for determining if other actions are needed.
- You may search the tool by reason code, keyword or phrase.
- All records matching your search criteria will be returned for your review. You may also use the “Show All” button to view a complete list of reason codes available.



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Coronavirus Waivers & Flexibilities

- The federal Public Health Emergency (PHE) for COVID-19, declared under Section 319 of the Public Health Service Act, expired at the end of the day on May 11, 2023.
- [Hospice: CMS Flexibilities to Fight COVID-19](#)
 - COVID-19 Vaccines
 - Medicare Telehealth and Telecommunications Technology
 - RHC services through telecommunications technology
 - This waiver expired at the end of the PHE



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Coronavirus Waivers & Flexibilities

- Face-to-face encounters for purposes of patient recertification conducted via telehealth
- The Consolidated Appropriations Act, 2023 extended telehealth flexibilities through December 31, 2024, regardless of the status of the PHE
- Comprehensive Assessments
 - CMS has been waiving certain requirements for Hospice related to update of the comprehensive assessments of patients
 - The timeframes for updating the assessment may be extended from 15 to 21 days
 - This waiver expired at the end of the PHE



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Hospice Benefit Component of the Value-Based Insurance Design (VBID) Model

What You Need to Know About Calendar Year (CY) 2023



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Overview of Hospice Benefit Component

Goal: Enables a seamless care continuum that improves quality and timely access to palliative and hospice care in a way that fully respects beneficiaries and caregivers

- 1. Maintains the full scope of the current Medicare hospice benefit
- 2. Focuses on improved access to palliative care
- 3. Enables transitional concurrent care for enrollees
- 4. Introduces additional hospice-specific supplemental benefits
- 5. Promotes care transparency and quality through actionable, meaningful measures
- 6. Maintains broad choice and improves access to hospice
- 7. Utilizes a budget neutral payment approach to facilitate all of the above aims



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Key Policies and Requirements for CY 2023

As in CY 2021 and CY 2022:

- Participating MAOs must continue to cover hospice care for enrollees who choose to elect hospice through an in-network or out-of-network hospice provider.
- Participating MAOs must continue to pay for out-of-network hospice care at 100% of Original Medicare rates, including physician services and the service intensity add-on (SIA) payments.
- Participating MAOs must continue to pay for any unrelated services and/or post-hospice live discharge costs, **as long as** they are deemed to be appropriate and medically necessary.
- Participating MAOs continue to be prohibited from applying any prior authorization to hospice care related to the enrollee's terminal condition.



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CY 2023 Participating MAOs

- There are 15 Medicare Advantage organizations participating with a total of 119 plan benefit packages with service areas that cover 806 counties.
 - Please Note: Only certain plan benefit packages (PBPs) offered by the participating MAOs are part of the Hospice Benefit Component.
- Only enrollees with coverage from one of the participating PBPs are part of the Hospice Benefit Component.
- CMS published a spreadsheet listing all PBPs participating in the Model: <https://innovation.cms.gov/media/document/vbid-cy2023-hospice-contact-info-geo>



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CY 2023 Participating MAOs

- New Participants**
- Highmark Health with plans in select counties in Pennsylvania
 - Louisiana Health Service & Indemnity Company with plans in select counties in Arkansas, Louisiana, and Mississippi
 - Marquis Companies I, Inc. with plans in select counties in Oregon
 - SCAN Group with plans in select counties in California
- Returning Participants**
- Cambia Health Solutions, Inc. with returning plans in select counties in Oregon, Utah, and Washington
 - Catholic Health Care System with returning plans in select counties in New York
 - CVS Health Corporation with new and returning plans in select counties in Ohio and Pennsylvania
 - Elevance Health, Inc. with new and returning plans in select counties in Puerto Rico
 - Guidewell Mutual Holding Corporation with new and returning plans in select counties in Puerto Rico
 - Hawaii Medical Service Association with returning plans in select counties in Hawaii
 - Humana Inc. with new and returning plans in select counties in Colorado, Florida, Georgia, Indiana, Kentucky, Ohio, Virginia, and Wisconsin
 - Kaiser Foundation Health Plan, Inc. with new and returning plans in select counties in California
 - Presbyterian Healthcare Services with returning plans in select counties in New Mexico
 - UnitedHealth Group with new and returning plans in select counties in Alabama, Illinois, Oklahoma, and Texas
 - Visiting Nurse Service of New York with returning plans in select counties in New York



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eServices – Medicare Advantage

Search Medicare ID Gender Female ZIP 43084 Birth

Eligibility Deductible/Copay Prescription Plan Coverage MSP Hospital/HomeHealth Hospital OMB All services

Plan Coverage

Medicare Advantage

Plan Type: Health Maintenance Organization (HMO) Medicare Risk
 Enrollment Date: 01/01/2020 Disenrollment Date: 06/30/2022
 Contract Number: 40528 Contract Name: AETNA MEDIC OF OHIO INC
 Plan Number: 0002 Plan Name: Aetna Medicare Premier
 Address Line 1: 7200 West Campus Road Phone Number: 800-5287750
 Address Line 2: City: New Albany
 State: OH Zip Code: 43054
 Website: https://www.aetna.com/medicare Website: BA Code: C

View Model Hospital Benefit Component Links
 Includes the associated underlying plan
 Includes the associated plans for plans associated with the Health Benefit Component of the Model



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Participating MAOs by Year

Year	MAO	Company	Plan Name	Plan Type	State
12	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
13	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
14	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
15	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
16	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
17	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
18	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
19	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
20	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
21	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
22	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
23	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
24	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
25	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
26	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
27	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
28	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
29	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
30	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
31	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
32	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
33	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
34	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
35	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
36	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
37	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
38	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
39	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
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43	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
44	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
45	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
46	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
47	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
48	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
49	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA
50	100184	Easton Foundation Health Plan, Inc.	Easton Permanente Senior Advantage (Senior) (Senior)	HMO	VA



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Billing and Claims Under the Hospice Benefit

- Hospice providers must continue (as they have in CYs 2021-2022) to send all notices and claims to both the participating MAO and the relevant MAC on a timely basis
- The MAO will process payment, and the MAC will process the claims for informational and operational purposes and for CMS to monitor the Model



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How the MAC will Process the Submissions

- NOE approves like normal (PB9997 location)
 - A hospice would not know a patient is in a VBID MAO with the processing of the NOE
 - The NOE will open the election in eligibility systems, as how Original Medicare would
- Claims will reject w/ Reason Code (RC) U523A
 - RC Narrative: The Dates of Service are during both a Hospice Election Period and a MA Plan's Period that is in a VBID Model
- The claims will open/close benefit periods in eligibility systems



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Important Notes Related to MACs' Payments

- Reimbursement for "Unrelated Care"
 - Any unrelated care associated with an enrollee's hospice stay which is covered by a plan participating in the Hospice Benefit Component is now the financial responsibility of the participating plan.
 - MACs should *not* process any claims for unrelated care for an enrollee which is covered by a plan participating in the Hospice Benefit Component.
- Calculation of the Aggregate Cap and the Inpatient Cap
 - All billing related to care provided to an enrollee who have coverage through a plan participating in the Hospice Benefit Component should *not* be included in calculating a hospice's progress towards the aggregate and inpatient cap.



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Important VBID Resources

- [CY 2021 VBID Hospice Benefit Component Frequently Asked Questions \(PDF\)](#)
- [Calendar Year 2021 Hospice Benefit Component Technical and Operational Guidance](#)

Note: Although titled 2021, both resources are valid for all years of the model



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Contacting Information

- All stakeholders can reach out to the VBID Model Team with any questions, comments, or concerns about the Hospice Benefit Component at VBID@cms.hhs.gov
- For general contact information for the participating MAOs, see: <https://innovation.cms.gov/innovation-models/vbid-hospice-benefit-participating-plans>
- For a downloadable spreadsheet that contains a list of the participating PBPs in CY 2023 along with the contact information of key plan staff involved in the Hospice Benefit Component, see: <https://innovation.cms.gov/media/document/vbid-cy2023-hospice-contact-info-geo>



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VBID Extension

The VBID Model will be extended for calendar years 2025 through 2030 and will introduce changes intended to more fully address the health-related social needs of patients, advance health equity, and improve care coordination for patients with serious illness.

- [Medicare Advantage Value-Based Insurance Design Model Extension Fact Sheet](#)



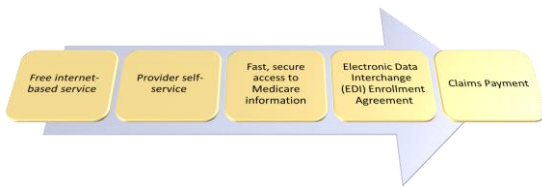
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Palmetto GBA's eServices Portal



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What Is eServices?



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eServices Functions



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Important eServices Security Update

- Effective March 3, 2023, Palmetto GBA changed our login messaging to remain compliant with Palmetto GBA and CMS security guidelines.
- You will see an increase in the use of email to resolve logon issues.
- We've also enhanced our email messages to contain more information.



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Important eServices Security Update

Effective March 3, 2023, if you encounter login issues (deactivation, incorrect password, invalid User ID, etc.), you will be prompted to take the following steps:

- Review information in pop-up box. You will be prompted to:
 - Follow the instructions in the pop-up box to correct login error; or
 - Access the email address associated with your eServices account to view further instructions

[Important eServices Security Update: Your Login Information is Safe with Us!](#)



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eServices Password Requirements Have Changed

New password requirements took affect in early June, when you create or reset your password. These changes are designed to make the portal more secure and offer users more flexibility with their passwords.



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Change in Password Requirements

Here are the changes

- Suggested passwords are available via a random generation tool if you don't want to create your own
 - You will notice the suggested password is longer, making it more secure
- More special characters are permitted to be used in passwords
 - &, /, %, ?, +, *
- Spaces are allowed in passwords and count as characters
 - The space cannot be in the first or last position
- Passwords are checked against a database containing invalid, weak, or previously compromised passwords to prevent them from being used



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Password Requirements

Many of the current password requirements are still in place

- Must start with a letter
- Must be at least 8 characters in length
- Must have at least one number, one special character, one lower case letter, and one upper case letter
- Must contain at least 75 percent changed characters from the previous password
- Must be changed every 60 days



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Using eServices' Newest Self-Service tools

- Checking Your Overpayment Status Is Now Easier
 - [Jurisdiction M HHH - Financial Tools: Checking Your Overpayment Status Is Now Easier \(palmettogba.com\)](#)
- Find your GreenMail eLetters and latest Form Submission Status
 - [Jurisdiction M HHH - Find your GreenMail eLetters and latest Form Submission Status \(palmettogba.com\)](#)



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Medicare Beneficiary Identifier (MBI) Changes

- Requests to change a MBI may occur if a Medicare beneficiary, their authorized representative, requests it or CMS suspects a number is compromised.
 - If CMS reissues MBIs, it is possible your patients will seek care before receiving a new card with their new MBI.
- When an MBI changes, the beneficiary is advised to share the new MBI with their providers.
 - If you cannot obtain the new MBI from the patient, you can get it from the eServices MBI Lookup Tool.



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eServices MBI Lookup

- How to successfully perform an MBI lookup?
 - When you click on the MBI Lookup tab, you will be presented with the MBI Lookup screen
- The following fields are required
 - Beneficiary Last Name
 - Beneficiary First Name
 - Beneficiary Date of Birth
 - Beneficiary's Social Security Number (not a spouse's SSN)
- Only the current MBI will populate



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eServices MBI Lookup



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MBI Changes

You can find the termination date of the old MBI by doing a historic eligibility search in eServices. The termination date will be returned in the MBI End Date field of the Eligibility tab.

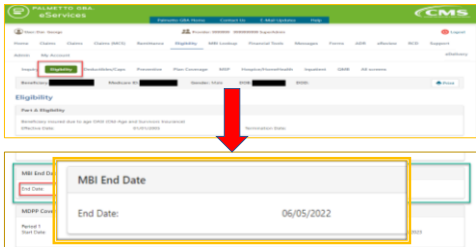
- Use a date range in the Eligibility tab search
 - The entered date range **may include a future date** (up to (4) months in the future) to insure the MBI is not pending an upcoming change.

[Jurisdiction M HHT - Home Health and Hospice Billing When a New Medicare Beneficiary Identifier Is Assigned \(palmettogba.com\)](#)



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MBI End Date



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MBI Changes

- NOEs and claims will be returned to the provider if they are not submitted with the current MBI
- Highly recommended that prior to submitting the NOE, the hospice confirms the MBI is current using the eServices MBI Lookup tool
- This would prevent NOEs being returned for this issue and submitting late NOE exception requests



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HETS

- With this update, the Hospice **Election Period** information for each election may include (new/updated components are bolded & italicized):
 - Hospice Election Date
 - **Hospice Election Receipt Date**
 - **Hospice Election Revocation Date**
 - **Hospice Election Revocation Indicator**
 - Hospice Election NPI



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eServices Eligibility Tab –Date Range a Must!

The screenshot shows the 'New Inquiry' form for the eServices Eligibility Tab. The 'Eligibility' tab is highlighted in the navigation menu. The form includes fields for Beneficiary Information (Last Name, First Name, Medicare ID, Birth Date) and Beneficiary Name Suffix. There are also optional fields for requesting historical data using a date range (Date From, Date To). A red arrow points to the 'Eligibility' tab in the navigation menu.



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eServices – Hospice

No date range entered in the Eligibility Tab – No Response

Hospice						
Hospice Episodes:						
Effective Date	Termination Date	Start Date (DOEBA)	End Date (DOLEA)	Hospice Days Used	Provider Number	Provider Number Type
Notices of Election (NOE):						
Date	Election Receipt Date	Provider Number	Provider Number Type	Revocation Code	Election Revocation Date	



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Targeted Probe and Educate



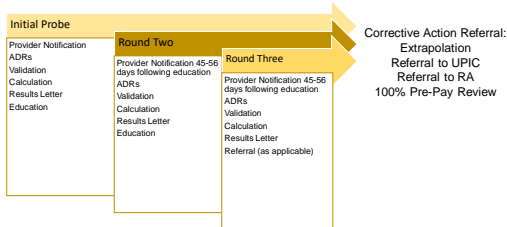
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Targeted Probe and Educate



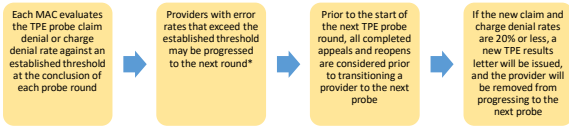
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Targeted Probe and Educate Process



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Is There a Documented Threshold to Determine if the Provider Should Move to the Next Round?






*This information is communicated to the provider via the probe results information that all providers are issued at the conclusion of the 20 – 40 claim review for each probe



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Results and Education

-  Upon completion of the 20 – 40 claim sample, Medical Review will provide you written notification to include your probe results
-  This letter will include the number of claims reviewed, the number of claims allowed in full, the number of claims denied in full or in part and education on the results
-  After the written notification has been issued, the Reviewer or Clinical Educator will contact you to schedule a 1:1 educational session via teleconference regarding any errors noted during the claim review



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Additional Documentation Request (ADR)

Per the Social Security Act, Sections 1815(a), 1833(e), and 1862(a)(1)(A), providers are required to submit medical record documentation to support claims for Medicare services to the MAC program upon request.

- Requests are considered ADRs
- No response to ADRs counts as error when calculating error rate
 - Utilize Palmetto GBA eServices web portal
 - Register to use eServices, if not already registered: [Welcome to Palmetto GBA eServices \(onlineproviderservices.com\)](https://www.palmettogba.com/welcome-to-palmetto-gba-eservices)
 - Review User Manual for additional information: [User Manual \(palmettogba.com\)](https://www.palmettogba.com/user-manual)



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Point of Contact

- When submitting the requested medical record documentation in response to the ADR, submit the following information:
 - Point of contact for the agency
 - Name and phone number
- This allows for follow up during the review if missing documentation is identified



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Point of Contact

Please use the table below as a guide for submitting point of contact information.

NPI		
PTAN		
Group/Practice Name		
Provider Name		
Contact Name		
Title		
Contact Number		
Hours of Availability	Time Zone	<input type="checkbox"/> Pacific <input type="checkbox"/> Mountain <input type="checkbox"/> Central <input type="checkbox"/> Eastern



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Targeted Probe and Educate Process

What are some common claim errors?

- The signature of the certifying physician was not included
- Documentation does not meet medical necessity
- Encounter notes did not support all elements of eligibility
- Missing or incomplete initial certifications or recertification



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Medical Review ADR Extension

If you are unable to reply within the required timeframe, please submit an extension request to Palmetto GBA using your preferred submission method listed at the end of this presentation.

- What will a provider need to request an extension?
 - The identifying claim information (date of service, claim number, beneficiary name/MBI)
 - The identifying provider information (provider number, provider name and name of requestor)
 - In addition to your preferred submission methods, you may also reach out to the Provider Contact Center listed at the end of this presentation



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Submission Methods



eServices Portal

Visit our website at www.PalmettoGBA.com/eServices for more information



Electronic Submission of Medical Documentation (esMD)

Include a copy of the ADR with your documents
More information on esMD can be found at: www.cms.gov/esMD



Fax

JM HHH: (803) 699-2436
Include a copy of the ADR with your documents



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Submission Methods

Via U.S. Mail

- Include a copy of the ADR with your documents
- Mail to the following:

US Mail:
 Palmetto GBA
 HHH Medical Review
 Mail Code: AG-230
 P.O. Box 100238
 Columbia, SC 29202-3238

OR

FedEx, USPS, or Overnight Courier:
 Palmetto GBA
 Mail Code: AG-230
 2300 Springdale Drive,
 Building One
 Camden, SC 29020-1728



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What Is the Process to Appeal a TPE Denial?



The appeals process has not changed due to TPE



If you have a review determination during TPE that results in a claim denial, we encourage you to review the medical records you submitted. If you disagree with that determination, you should follow the established appeal's process.



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Who Should Participate in the 1:1 Education?

There are no requirements for who should participate

Anyone the organization chooses to participate in the call is welcome

Recommend including participant(s) that can benefit from the education and can facilitate implementation of any necessary changes



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References and Resources

Medicare Program Integrity Manual	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/gem8603.pdf
Hospice Documentation Audit Tool	https://www.palmettoqa.com/palmetto/qafiles/nd/files/hospice_documentation_audit_tool.pdf?file=hospice_documentation_audit_tool.pdf
Notice of Election	https://www.palmettoqa.com/palmetto/mhhh.nf/DID/RC6KPD1187
Certification	https://www.palmettoqa.com/palmetto/mhhh.nf/DID/9CW5WZ3718
GIP Reduction	https://www.palmettoqa.com/palmetto/mhhh.nf/DID/8C6K632967
CERT	https://www.cms.gov/files/document/2020-medicare-fee-service-supplemental-impoper-payment-data.pdf



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Comprehensive Error Rate Testing (CERT) Reminders



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Responding to CERT Requests



- Responding to a CERT request is not optional
- A reply is still required if records can not be located
- This is not a HIPPA violation
- Contact the CERT Documentation Center at 888-779-7477, if you have questions regarding requested documentation



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Responding to CERT Requests

Avoid general payment errors by ensuring that:

- You are aware of CERT requests
- Updates are made to your contact information when necessary
- The original barcoded cover sheet is used when responding to request



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Hospice On Demand Webinars/Webcasts

- [Hospice Length of Stay Webinar Available On Demand](#)
- [Hospice Routine Home Care Webinar On Demand](#)
- [New Hospice Medicare Providers Webcast On Demand](#)
- [Hospice General Inpatient Care Webcast On Demand](#)



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CMS Hospice Resources

- [Medicare Contractor Beneficiary and Provider Communications Manual](#)
- [Medicare Benefit Policy Manual-Hospice](#)
- [Medicare Claims Processing Manual-Hospice](#)
- [Hospice Code of Federal Regulations](#)
- [Model Hospice Election Statement Example](#)
- [Model Hospice Election Statement Addendum Example](#)



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Palmetto GBA Hospice Resources

- [Palmetto GBA Jurisdiction M Home Health and Hospice MAC Homepage](#)
- [Hospice Certification of Terminal Illness](#)
- [Palmetto GBA Medical Review Home Page](#)
 - [Responding to a Hospice Additional Documentation Request](#)
- [Hospice Beneficiary Election Statement Addendum Frequently Asked Questions \(FAQ\)](#)
- [Value-Based Insurance Design Model Hospice Benefit Component Overview](#)
- [Billing Hospice Physician, Nurse Practitioner \(NP\) and Physician Assistant \(PA\) Services \(Related to Terminal Diagnosis\) Job Aid](#)
- [Hospices are to Report Post-Mortem Visits with the Modifier PM](#)



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Hospice Notice Job Aids

- [Notice of Election \(NOE — TOB 8XA\) Billing Job Aid](#)
- [Notice of Termination/Revocation of Election \(TOB 8XB\) Job Aid](#)
- [Notice of Transfer \(TOB 8XC\) Billing Job Aid](#)
- [Notice of Cancellation \(TOB 8XD\) Billing Job Aid](#)
- [Hospice Notice of Change of Ownership \(TOB 8XE\) Billing Job Aid](#)
- [Hospice Transfer Requirements](#)
- [Hospice Change of Ownership](#)



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Connect With Us

<p>FACEBOOK</p> <p>Follow us on Facebook to learn about upcoming events and ask us general questions</p> 	<p>TWITTER</p> <p>#StayConnected on Twitter for quick access to news and information</p> 
<p>YOUTUBE</p> <p>Go to YouTube for educational videos, tips and strategies</p> 	<p>LINKEDIN</p> <p>LinkedIn is your source for the latest Palmetto GBA news</p> 

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Rewind Podcast

In case you've missed it, we've launched a new podcast, "Rewind: Palmetto GBA Medicare in Review" to keep you informed on the ins and outs of Medicare. Check it out on Spotify, Apple and Google podcasts!



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Questions?





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Customer Experience Survey



Don't forget to complete the [feedback](#) survey!



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Thank You!

**THANKS
FOR ATTENDING!**



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