Mitigating Hot Button Risk Areas in Home Health & Hospice

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HCCA Compliance Institute
March 27, 2017

Agenda

• What are the risk areas?
• How can you learn/prepare?
• Resources and tools
• Next steps
Home Health/Hospice Risk Areas

Who defines risk areas, and how are they looking at them?

- CMS
- Office of Inspector General
- Medicare contractors
- Others: MedPAC, CERT, law enforcement

HH/Hospice Improper Payments

- Comprehensive Error Rate Testing (CERT)
- Available at CMS.HHS.gov/CERT
- 2016 HH: 42.0%, $7.65B projected (down from 59%, $10B projected)
- 2016 Non-hospital based Hospice: 14.6%, $2.13B projected (up from 10.7%, $1.4B)
- 2016 Hospital-based Hospice: 31.0%, $390M projected (up from 18.9, $250M)
Home Health Risk Areas

- Pre-claim review demonstration
- Probe & educate
- Conditions of participation
- Quality
- Medical necessity
- Certification/recertification
- OASIS assessments
- Code changes

Hospice Risk Areas

- Notices of election, of termination/revocation
- Election
- Quality
- Length of stay
- Levels of care
- Live discharges
- Place of care/site of service
- Services provided last days of life
Future Risk Areas?

- Quality measures
- Outcomes
- Patient surveys
- Physician involvement
- Safety

What’s a Provider to Do?

- OIG Work Plan
- CMS listserv
- Contractor websites and listservs
  - Local coverage determinations
  - Denial codes
- CERT annual report
Comparative Data

- PEPPER
- Public Use File (PUF) data
- Quality reports
- HH Compare

PEPPER

- Available for Home Health Agencies, Hospices
- Summarizes Medicare claims data for areas at risk for improper Medicare payments
- Cannot identify improper payments…..
- How to use it?
Risk Areas Included in PEPPER

• Home Health:
  – Average Case Mix
  – Average Number of Episodes
  – Episodes w/ 5 or 6 Visits
  – NonLUPA Payments
  – High Therapy Utilization Episodes
  – Outlier Payments

• Hospice:
  – Live Discharges
  – Live Discharges Revocations
  – Live Discharges LOS 61-179
  – Long Length of Stay (>180 days)
  – CHC in ALF
  – RHC in ALF
  – RHC in NF
  – RHC in SNF
  – Single Diagnosis Coded
  – No GIP or CHC
  – Long GIP Stays

<table>
<thead>
<tr>
<th>Target</th>
<th>Description</th>
<th>Target Count/Amount</th>
<th>Percent/Rate</th>
<th>Home Health Agency National %ile</th>
<th>Home Health Agency Jurisdiction %ile</th>
<th>Home Health State %ile</th>
<th>Sum of Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Case Mix</td>
<td>Proportion of the sum of case mix weight for all episodes paid to the HHA during the report period, excluding LUPAs and PEPs, to the count of episodes paid to the HHA during the report period</td>
<td>639</td>
<td>1.22</td>
<td>86.6</td>
<td>95.5</td>
<td>92.0</td>
<td>Not Calculated</td>
</tr>
<tr>
<td>Average Number of Episodes</td>
<td>Proportion of the count of episodes paid to the HHA during the report period, to the count of unique beneficiaries served by the HHA during the report period</td>
<td>569</td>
<td>1.56</td>
<td>38.2</td>
<td>63.2</td>
<td>80.0</td>
<td>$1,862,613</td>
</tr>
<tr>
<td>Episodes with 5 or 6 Visits</td>
<td>Proportion of the count of episodes with 5 or 6 visits paid to the HHA during the report period, to the count of episodes paid to the HHA during the report period</td>
<td>23</td>
<td>4.1%</td>
<td>14.1</td>
<td>7.2</td>
<td>4.3</td>
<td>$39,765</td>
</tr>
<tr>
<td>Non-LUPA Payments</td>
<td>Proportion of the count of episodes paid to the HHA that did not have a LUPA payment during the report period, to the count of episodes paid to the HHA during the report period</td>
<td>532</td>
<td>95.2%</td>
<td>60.9</td>
<td>78.8</td>
<td>88.0</td>
<td>$1,843,013</td>
</tr>
<tr>
<td>High Therapy Utilization</td>
<td>Proportion of the count of episodes with 30+ therapy visits paid to the HHA during the report period (first digit of HCPCS equal to 5), to the count of episodes paid to the HHA during the report period</td>
<td>82</td>
<td>14.7%</td>
<td>81.5</td>
<td>91.8</td>
<td>89.5</td>
<td>$464,824</td>
</tr>
<tr>
<td>Outlier Payments</td>
<td>Proportion of the dollar amount of outlier payments for episodes paid to the HHA</td>
<td>$8,011</td>
<td>0.4%</td>
<td>16.2</td>
<td>11.4</td>
<td>Not Calculated</td>
<td>Not Calculated</td>
</tr>
</tbody>
</table>
Need to audit? When reviewing this information, you may want to consider auditing a sample of records if you identify:

- Increasing Target Rates over time resulting in greater risk of improper Medicare payments
- Your Target Rate (first row in the table below) is above the national 80th percentile

### Average Number of Episodes

<table>
<thead>
<tr>
<th>Target Area Rate</th>
<th>1/1/13 – 12/31/13</th>
<th>1/1/14 – 12/31/14</th>
<th>1/1/15 – 12/31/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Count</td>
<td>367</td>
<td>628</td>
<td>656</td>
</tr>
<tr>
<td>Denominator Count</td>
<td>156</td>
<td>139</td>
<td>153</td>
</tr>
<tr>
<td>Target (Numerator) Average Length of Stay</td>
<td>59.6</td>
<td>54.8</td>
<td>49.8</td>
</tr>
<tr>
<td>Target (Numerator) Average Payment</td>
<td>$1,945</td>
<td>$2,426</td>
<td>$3,673</td>
</tr>
<tr>
<td>Target (Numerator) Sum of Payments</td>
<td>$715,299</td>
<td>$1,523,405</td>
<td>$2,015,764</td>
</tr>
</tbody>
</table>

### High Therapy Utilization Episodes

<table>
<thead>
<tr>
<th>Target Area Percent</th>
<th>1/1/13 – 12/31/13</th>
<th>1/1/14 – 12/31/14</th>
<th>1/1/15 – 12/31/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Count</td>
<td>3.4%</td>
<td>12.4%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Denominator Count</td>
<td>440</td>
<td>534</td>
<td>559</td>
</tr>
<tr>
<td>Target (Numerator) Average Length of Stay</td>
<td>59.7</td>
<td>57.8</td>
<td>57.3</td>
</tr>
<tr>
<td>Denominator Average Length of Stay</td>
<td>49.5</td>
<td>49.1</td>
<td>49.5</td>
</tr>
<tr>
<td>Target (Numerator) Average Payment</td>
<td>$5,757</td>
<td>$5,488</td>
<td>$5,690</td>
</tr>
<tr>
<td>Target (Numerator) Sum of Payments</td>
<td>$86,549</td>
<td>$302,228</td>
<td>$464,624</td>
</tr>
</tbody>
</table>
Comparing Hospice PEPPER Target Areas

### Target Areas

#### Live Discharges Not Terminally Ill
- **Description**: Proportion of beneficiary episodes of care discharged alive, excluding patient discharge status code 0 or 51 (discharged/transferred to a hospice), excluding occurrence code 42 (beneficiary discharged for cause) or 52 (beneficiary moves out of service area) to all discharges.
- **Target Count**: 137
- **Target Percent**: 9.3%
- **Hospice National %ile**: 53.1
- **Hospice Jurisdiction %ile**: 40.2
- **Hospice State %ile**: 58.3
- **Sum of Payments**: $5,045,257

#### Live Discharges Revocations
- **Description**: Proportion of beneficiary episodes of care discharged alive with occurrence code 42 (beneficiary revoked), to all discharges.
- **Target Count**: 24
- **Target Percent**: 1.6%
- **Hospice National %ile**: 1.6
- **Hospice Jurisdiction %ile**: 2.9
- **Hospice State %ile**: 4.8
- **Sum of Payments**: $453,273

#### Live Discharges LOS 61-179
- **Description**: Proportion of beneficiary episodes of care discharged alive with LOS 61-179 days, to all discharges.
- **Target Count**: 79
- **Target Percent**: 33.3%
- **Hospice National %ile**: 57.5
- **Hospice Jurisdiction %ile**: 43.8
- **Hospice State %ile**: 94.1
- **Sum of Payments**: $1,637,887

#### Long LOS
- **Description**: Proportion of beneficiary episodes of care discharged (by death or alive) whose combined days of service at the hospice is greater than 100 days, to total number of beneficiary episodes discharged (by death or alive).
- **Target Count**: 226
- **Target Percent**: 15.4%
- **Hospice National %ile**: 50.4
- **Hospice Jurisdiction %ile**: 56.6
- **Hospice State %ile**: 54.5
- **Sum of Payments**: $12,529,830

#### Routine Home Care in Assisted Living Facility
- **Description**: Proportion of Routine Home Care days (revenue code 9551) provided on claims that indicate the beneficiary resided in an assisted living facility (HCPCS code G0304). To count all Routine Home Care days (revenue code 9551) provided by the hospice.
- **Target Count**: 39,018
- **Target Percent**: 26.7%
- **Hospice National %ile**: 78.4
- **Hospice Jurisdiction %ile**: 78.8
- **Hospice State %ile**: 74.1
- **Sum of Payments**: Not Calculated

#### Routine Home Care in Nursing Facility
- **Description**: Proportion of Routine Home Care days (revenue code 9551) provided on claims that indicate the beneficiary resided in a nursing facility (HCPCS code G0350). To count all Routine Home Care days (revenue code 9551) provided by the hospice.
- **Target Count**: 74,927
- **Target Percent**: 51.4%
- **Hospice National %ile**: 88.8
- **Hospice Jurisdiction %ile**: 85.5
- **Hospice State %ile**: 90.4
- **Sum of Payments**: Not Calculated

#### Routine Home Care in Skilled Nursing Facility
- **Description**: Proportion of Routine Home Care days (revenue code 9551) provided on claims that indicate the beneficiary resided in a skilled nursing facility (HCPCS code G0354). To count all Routine Home Care days (revenue code 9551) provided by the hospice.
- **Target Count**: 7,137
- **Target Percent**: 4.9%
- **Hospice National %ile**: 49.6
- **Hospice Jurisdiction %ile**: 42.4
- **Hospice State %ile**: 36.0
- **Sum of Payments**: Not Calculated
Public Use Files

- Publicly-available via CMS website
- CY2014 most recent currently available
- Anticipate updated annually
- Use as a validation data source
HH PUF Elements

- Total Episodes (non-LUPA)
- Distinct Benes (non-LUPA)
- Avg Nbr of Total Visits / Episode (non-LUPA)
- Avg Nbr of Skilled Nsg Visits / Episode (non-LUPA)
- Avg Nbr of OT Visits / Episode (non-LUPA)
- Avg Nbr of ST Visits / Episode (non-LUPA)
- Avg Nbr of PT Visits / Episode (non-LUPA)
- Avg Nbr of Med-Soc Visits / Episode (non-LUPA)
- Total HHA Charge Amt (non-LUPA)
- Total HHA Medicare Pmt Amt (non-LUPA)
- Total HHA Medicare Standard Pmt Amt (non-LUPA)
- Outlier Pmts as a % of Medicare Pmt Amt (non-LUPA)
- Total LUPA Episodes
- Total HHA Medicare Pmt Amt for LUPAs
- Total Charge Amt
- Total Medicare Pmt Amt
- Total Medicare Standard Pmt Amt
- Percent Routine Home Care Days
- Physician Services
- Home Health Visit Hours / Day
- Skilled Nsg Visit Hours / Day
- Social Service Visit Hours / Day
- Total Live Discharges
- Hospice benes with 7 or fewer hospice care days
- Hospice benes with more than 60 hospice care days
- Hospice benes with more than 180 hospice care days
- Home Health Visit Hours / Day During Week Prior to Death
- Skilled Nsg Visit Hours / Day During Week Prior to Death
- Social Service Visit Hours / Day During Week Prior to Death
- Average Age
- Male hospice benes
- Female hospice benes
- White hospice benes
- Black hospice benes
- Asian Pacific Islander Benes
- Hispanic Benes
- Am Indian or Alaska Native Benes
- Other Unknown Benes
- Avg HCC Score
- % of Benes with Atrial Fibrillation
- % of Benes with Alzheimer's
- % of Benes with Asthma
- % of Benes with Asthma
- % of Benes with Cancer
- % of Benes with Chronic Kidney Disease
- % of Benes with COPD
- % of Benes with Depression
- % of Benes with Diabetes
- % of Benes with Hypertension
- % of Benes with Hypertension
- % of Benes with IHD
- % of Benes with Osteoporosis
- % of Benes with RA/OA
- % of Benes with Schizophrenia
- % of Benes with Stroke

Hospice PUF Elements

- Hospice benes
- Total Days
- Total Medicare Pmt Amt
- Total Medicaid Pmt Amt
- Percent Routine Home Care Days
- Physician Services
- Home Health Visit Hours / Day
- Skilled Nsg Visit Hours / Day
- Social Service Visit Hours / Day
- Total Live Discharges
- Hospice benes with 7 or fewer hospice care days
- Hospice benes with more than 60 hospice care days
- Hospice benes with more than 180 hospice care days
- Home Health Visit Hours / Day During Week Prior to Death
- Skilled Nsg Visit Hours / Day During Week Prior to Death
- Social Service Visit Hours / Day During Week Prior to Death
- Average Age
- Male hospice benes
- Female hospice benes
- White hospice benes
- Black hospice benes
- Asian hospice benes
- Hispanic hospice benes
- Other/unknown race hospice benes
- Medicare Advantage hospice benes
- Medicaid Eligible hospice benes
- Hospice benes with a pdx of cancer
- Hospice benes with a pdx of dementia
- Hospice benes with a pdx of stroke
- Hospice benes with a pdx of circulatory/heart disease
- Hospice benes with a pdx of respiratory disease
- Hospice benes with other primary diagnoses
- Site-of-service - Home hospice benes
- Site-of-service - Assisted Living Facility hospice benes
- Site-of-service - Long-term-care or non-skilled Nsg Facility hospice benes
- Site-of-service - Skilled Nsg Facility hospice benes
- Site-of-service - Inpatient Hospital hospice benes
- Site-of-service - Inpatient Hospice hospice benes
- Site-of-service - Other Facility hospice benes
Quality Reports

- Home Health Compare
  - Built on information from agencies and patients

- Hospice Compare – FY2019?
  - What will they use?

Audit Tools

- Palmetto Home Health Medical Review Audit Form
  - http://www.palmettogba.com/Palmetto/Providers.Nsf/files/Home Health Medical Record Audit Form.pdf/$File/Home Health Medical Record Audit Form.pdf
Audit Tools, cont.

- Palmetto Hospice Documentation Audit Tool
  - [Link](http://www.palmettogba.com/Palmetto/Providers.Nsf/files/Hospice_Documentation_Audit_Tool.pdf/$File/Hospice_Documentation_Audit_Tool.pdf)
- Palmetto Hospice GIP Audit Tool
  - [Link](http://www.palmettogba.com/Palmetto/Providers.Nsf/files/Hospice_GIP_Audit_Tool.pdf/$File/Hospice_GIP_Audit_Tool.pdf)

- NGS
  - ADR Checklist
  - Mock Chart Checklist Suggestions
- CGS
  - Medical Review ADR Process
  - HH and Hospice
- Other job aids
Customizing Your Audit Tools

- Usual documentation reviews – focus on physician face-to-face, certifications, medical necessity
- Outcomes – does documentation support outcomes?
- Denials/Probe and Educate – analyze what you may need to audit

Customizing Your Audit Tools, cont.

- Use your data to develop further tools – PEPPER, PUF
- HH recerts and hospitalizations
- Quality ratings
- Individualize based on your agency’s risk assessment
Internal Steps/Actions

- Audit/Monitor medical record documentation
- Review your claims data
  - Payments, denials
  - Know your regional idiosyncrasies
- Know your agency’s risk

Internal Steps/Actions, cont.

- Training
  - Internal comprehensive/Ongoing
  - Take advantage of what’s out there
  - Questions re: policy/regulations/billing?
    - Contact your MAC
- Be ready for change
  - Follow regulatory talk/trends/final rule
Responding to Auditors

- Be aware of your data/auditing/monitoring results
- Be prepared for “when,” not “if”
- Know your strengths, weaknesses
- Have subject-matter experts ready
- Educate all staff members

Conclusion

- Strive for excellence
- Stay alert for changing risk areas
- Be ready for unexpected hazards
Questions?

- Kathryn Krenz kkrenz@brookdale.com
- Kimberly Hrehor kim.hrehor@tmf.org
- Help Desk at PEPPERresources.org

Resources

  100-2 Medicare Benefit Policy Manual, Chapter 7 for HH, Chapter 9 for Hospice and 100-4 Medicare Claims Processing Manual, Chapter 10 for HH, Chapter 11 for Hospice and 100-8 Medicare Program Integrity Manual, Chapter 6)
- MAC Jurisdiction K and Jurisdiction 6 National Government Services [https://www.ngsmedicare.com/ngs/portal/ngsmedicare/news/news/entry/http/a1/0d_SjOPy/ksvx0xPLnMz0vMAGz0INHD1d0Q28d8e+dTNDNzNXAkDH11DPS2pYxKoEJHAAARwNC.+0p1c1VC-Bv7WwCuDmsuAOGLGk7GUEV4LhDFCINNRUTEAsE888g1!d5/5/L2dBiSvZ0FBI9wOSeh/](https://www.ngsmedicare.com/ngs/portal/ngsmedicare/news/news/entry/http/a1/0d_SjOPy/ksvx0xPLnMz0vMAGz0INHD1d0Q28d8e+dTNDNzNXAkDH11DPS2pYxKoEJHAAARwNC.+0p1c1VC-Bv7WwCuDmsuAOGLGk7GUEV4LhDFCINNRUTEAsE888g1!d5/5/L2dBiSvZ0FBI9wOSeh/)
Resources, cont.

- CGS Hospice Medicare Billing Codes Sheet  
- CGS HHA Medicare Billing Codes Sheet  
- Hospice Public Use File:  
- HHA Public Use File:  
- PEPPER email list: “Join Now” at https://pepperresources.org/
- National Hospice and Palliative Care Organization  
  http://www.nhpco.org/
- National Association of Home Care and Hospice  
  http://www.nahc.org/
- LeadingAge  
  http://www.leadingage.org/
- VNAA  
  http://www.vnaa.org/
- HCCA Compliance Weekly News:  
- McKnight’s Newsletters:  
  http://www.mcknights.com/newsletters/