WHY IS COMPLIANCE SO IMPORTANT?

- Home Health & Hospice highly regulated
- Growing trend of the government scrutinizing documentation
- OIG $$ Recoveries increasing
  - $2.9 Billion 1st half of FY 2007 compared to
  - $732 Million 1st half of FY 2006
  - $20+ Billion reported FY 2009
- Increase in “Whistleblowers” and Corporate Integrity Agreements (CIAs)

COMPLIANCE ESSENTIALS

- Be Aware of the Regulatory Trends & Government Activities
- Know the Compliance Risk Areas
- Identify and Recognize Your Agency’s Compliance Pitfalls
- Have & USE a Compliance Program
REGULATORY TRENDS

HEALTHCARE REFORM
- **Focus on Fraud & Abuse**
  - Increase of Oversight and Resources
    - MACs, MICs, RACs, ZPICs, HEAT

TECHNOLOGY
- Real-time data access (HEAT)
- Automated Reviews (RACs)
- Data Mining
  - Measurable data (DX, OASIS, LOS)
- Outcome Reporting

COMPLIANCE ESSENTIAL: GOVERNMENT ACTIVITIES

- Recent Investigations (OIG, DOJ)
  - OIG Reports
  - Corporate Integrity Agreements
- The “Enforcers” (RACs, ZPICs, HEAT)
- Annual OIG Work Plan
- Visit your MAC/RHHI Website
  - [http://www.medicarenhic.com/RHHI/RHHI_index.shtml](http://www.medicarenhic.com/RHHI/RHHI_index.shtml)

RECENT INVESTIGATIONS

- Recent OIG Reports
  - **Home Health**
    - Deficiency History & Recertification
    - Therapy Medical Necessity
    - Physician Care Plan Oversight
  - **Hospice**
    - Focus on Hospice & SNF Relationships
    - Compliance with Medicare Coverage Requirements in Nursing Facilities
    - Comparison of beneficiaries services
RECENT INVESTIGATIONS

- US Senate Committee on Finance (5/13/10)
  - Investigation after data suggests HHA intentionally increased visit frequency to trigger higher reimbursement rates.
  - 4 Agencies: Almost Family, Amedisys, Gentiva Health Services and LHC Group

CIAs

- OIG Corporate Integrity Agreements
  - [http://oig.hhs.gov/fraud/cia/cia_list.asp](http://oig.hhs.gov/fraud/cia/cia_list.asp)
  - Result of “Whistleblowers”
    - Admission of ineligible patients
    - Backdating &/or alteration of documentation
    - Offering free goods & services
    - 5 years + IRO + payback

HHS & DOJ

- Patient Protection and Affordable Care Act (PPACA)
  - Joint efforts to expand combating fraud, waste & abuse
- Health Care Fraud Prevention & Enforcement Action Team (HEAT)
  - DOJ and HHS announced the creation of the new HEAT team
  - Fighting Medicare Fraud has become a Cabinet-level priority for both DOJ and HHS.
RACs

Recovery Audit Contractors
- Diversified Collection Services, Inc. of Livermore, California, in Region A, initially working in ME, NH, VT, MA, RI, and NY.
- Paid on contingency basis (9-12%)
- Must get issues approved to review:
  - Active: Region D – 2 hospice related issues
    - DME while in hospice
    - Hospice related services (Medicare A&B)

RACs

- RACs review claims on a post-payment basis
- Two types of review:
  - Automated (no medical record needed)
  - Complex (medical record required)
- RACs will not be able to review claims paid prior to October 1, 2007
  - RACs will be able to look back 3 yrs date claim paid
- Record Request:
  - HH: 1% (max 200/45 days to reach max - 20,000 claims/mo)
  - Hospice: 10% (max 200 to reach max – 2000 claims/mo)
  - Can NOT review claims already under scrutiny

ZPICs

Zone Program Integrity Contractors
- Consolidation of PSCs
- Perform pre & post audit reviews with ability to refer to law enforcement entities
  - e.g. OIG, DOJ, CMS, , ZPIC/PSC, State Agencies
  - Refer quality issues to QIOs
- Use of claim sampling & extrapolation
- Recent investigations focus:
  - Therapy
  - Re-certifications (at least 2 in past 2 yrs)
COMPLIANCE ESSENTIAL:
WHAT TO DO:
- Know where previous improper payments have been found
- Know if you are submitting claims with improper payments
- Prepare to respond to medical record requests
  - Automated tracking system

OIG WORK PLAN
HOME HEALTH - 2010
- Outlier Payments
  - Review calculation methodology (WIP)
  - Insulin injections (New Start-FY 2010)
    - Examine billing patterns in geographic areas
- Part B Payments (New Start-FY 2010)
  - Examine adequacy of controls to prevent inappropriate payments to outside suppliers for services & medical supplies included in HHA PPS payment

OIG WORK PLAN
HOME HEALTH - 2010
- HHA Profitability (New Start-FY 2010)
  - Review cost report data to analyze HHA profitability trends
  - Determine whether methodology should be adjusted.
- Payments for Diabetes Self-Management Training Services (New Start-FY 2010)
  - Examine billing patterns in geographic areas with high utilization of DSMT
OIG WORK PLAN
HOME HEALTH - 2010
- Coding Accuracy for HHRGs (WIP)
  - Assess accuracy of HHRG assignment & identify patterns of miscoded HHRGs.
- Review Compliance various aspects PPS
  - Billings for appropriate location of services
  - Trends i.e. # claims, # visits, ownership info.
- Review CMS’s Oversight of OASIS data submitted (New Start-FY 2010)

2010 OIG WORK PLAN:
HOSPICE
- Physician Billing for Medicare Hospice Beneficiaries – (WIP-FY 2010)
  - Determine the frequency of and total expenditures for physician services (Part A&B)
  - Identify whether physicians double-billed hospice services
  - Follow-up recent OIG Studies

2010 OIG WORK PLAN:
HOSPICE
- Trends in Medicare Hospice Utilization
  - Review Medicare Part A hospice claims to identify trends in hospice utilization.
  - Examine characteristics of hospice
    - Beneficiaries
    - Geographical variations in utilization
    - Difference between profit & non-for profit
  - Should we return to the original 210 day limit???
**MEDICAL REVIEW – MACs/RHHI**

- Additional Documentation Requests (ADRs)
- Probe audits
  - Provider specific
  - Widespread
- Target Medical Review
  - >10% payment error rate
- Retrospective review (post payment)
- Claim submission errors HH & Hospice
  - [http://www.medicarenhic.com/RHHI/RHHI_claimerrors.shtml](http://www.medicarenhic.com/RHHI/RHHI_claimerrors.shtml)

**MAC FOCUS AREAS: HOME HEALTH**

- Utilization
  - High therapy
  - 5-7 visit episodes
  - Outliers (DM, Wounds)
- Medical Necessity
  - Re-Certs, Long Length of Stay (LLOS)
- Homebound Status
- Diagnosis
  - HTN, CV, Parkinson’s, Dementia

**MAC FOCUS AREAS: HOSPICE**

- Eligibility
  - Admission & Re-Cert (LLOS)
- Terminal diagnosis
  - Non-cancer diagnoses
  - Ill-defined diagnoses (AFTT, Deblity)
- Location & Level of Care
  - Nursing Home
  - Inpatient care (GIC)
  - Continuous Home Care (CHC)
COMPLIANCE ESSENTIALS: MACs/RHHI

- Directives from CMS
  - “MedLearn Matters”
- Website & Publications
  - Clarification of Regulations
  - Questions & Answers
    - Tips on answering OASIS $$ questions
- Helpful Documentation Resources
  - Local Coverage Determination (LCDs) - Hospice
  - Documentation Tools (Cahaba-Hospice)
  - Therapy Associations

TOP HOME HEALTH DENIALS

- No Response to ADRs
- Homebound status
- Medical necessity
- Physician Orders
- Home Health Aide Supervisory visits

COMPLIANCE ESSENTIALS: AVOID PITFALLS - ADRs

- Define process:
  - Identify ADRs
  - Assign responsibilities
  - Timelines
  - Review
  - Return receipt
  - Accountability and reporting
**COMMON DOCUMENTATION ERRORS: HOMEBOUND**
- Inconsistent descriptions
- Vague descriptions

**TAXING EFFORT** + **SHORT INFREQUENT ABSENCES** = **HOMEBOUND**

**COMPLIANCE ESSENTIALS: AVOID PITFALLS - HOMEBOUND**
- Educate patients/caregivers
- Documentation to support homebound status throughout episode
- Objective and measurable
  - Measure distance
  - Physical symptoms
  - Why difficult and taxing? What happens to patient?

**COMPLIANCE ESSENTIALS: AVOID PITFALLS - DOCUMENTATION**
- Reasonable and necessary
  - Document WHY is skilled home care necessary?
- Documentation must support OASIS
  - Diagnosis codes
  - Inconsistent answers — for e.g. IDDM - "NA" injections
- Therapy
  - Must document objective & measurable goals AND discuss in visit notes
- Wounds
COMMON DOCUMENTATION ERRORS:

PHYSICIAN ORDERS
- No date/signature
- Dated after billing
- Verbal order on POC (Field 23)
- Amount, frequency, & duration (all orders)
- CMS Transmittal 327 (CR6698) – effective April 16, 2010
  - No signature – disregard the order
  - Handwritten signature
  - Electronic signature
  - Signature dating

COMPLIANCE ESSENTIALS:

AVOID PITFALLS - ORDERS
- Date stamp received
- Establish POC verbal order protocol
  - Do NOT enter more than 1 date
- Pre-bill audit or edit
  - All orders present
  - All orders signed AND dated
- Avoid late entry orders
- Don’t write unnecessary orders

COMMON HH SURVEY DEFICIENCIES
- Condition level
  - G122: Organization, services and administration
- Standard level
  - G143: Coordination of Patient services
  - G145: Written summary to MD every 60 days
  - G144: Documentation that effective interchange, reporting and coordination does occur
- Repeat deficiencies
TOP HOSPICE CLAIM DENIALS

- Documentation does not support terminal illness
- No response to ADRs
- Required physician certification or recertification was not received
- Notice of Election was not received
- Respite days exceeded 5 days

COMPLIANCE ESSENTIALS: HOSPICE

- Avoid Hospice Common Pitfalls
  - DATES (Benefit Election, COTI)
  - USE of LCD Criteria
  - NHIC – Uni-policy
  - Admission & Re-Certification
  - Cahaba Documentation Tools
  - Missing supporting documentation
  - Objective lab reports, Diagnostic Tests (prior)
  - Physician H & P, Recent Assessment of Patient

COMMON HOSPICE SURVEY DEFICIENCIES

- L543-545: Individualized POC for each patient established by the IDG in collaboration with MD, patient & family
- L591: Ensure that nursing needs are met as identified in the assessments
- L629: HHA Supervision by RN at least every 14 days
- L533: Update of the comprehensive assessment by the IDG at least every 15 days
- L548: Plan of Care, measurable outcomes
- L523: Timeframe for completion of the comprehensive assessment
- L679: All entries legible, clear, complete, authenticated & dated
COMPLIANCE ESSENTIAL: HAVE A PLAN

- Establish a Compliance Plan & USE IT
- Implement 7 Fundamental Elements
- Need to coordinate your P & P with appropriate training & educational programs
- Identify All Risk Areas:
  - Clinical, Billing, Financial, Administrative, HR
  - Home Health: 31 OIG Risk Areas
  - Hospice: 29 OIG Risk Areas
    Documentation, Billing, Cost Reports, Marketing, Referrals, Contractual Relationships.

COMPLIANCE STRATEGIES

- Evaluate effectiveness of the Program
  - Conduct Routine Pre & Post Billing Audits
    - Audit Tools
      - Customize Audits
      - Collect data specific to the issue &/or “red flags”
    - Results: Do the Right Thing!
      - Trend the Data
    - DON’T underestimate historical compliance issues
      - Internal Audits
      - ADRs - Probes
      - Survey Deficiencies

COMPLIANCE STRATEGIES

- Claim Development and Submission Process
  - MOST FREQUENT RECOVERIES (technical)
  - MUST have a process in place for reviewing basic billing requirements
    - Documentation Prior to Claim Submission
      - MD Orders, COI, Consents
    - Process requires frequent, open communication between billing, clinical & quality departments
QUESTIONS????

TO CONTACT US
Laura Gramenelles, RN, BSN, COS-C, HSC-D
Senior Manager
lgramenelles@simione.com

Robin N. Seidman, RN, MSN, MBA, LNCC, HCS-D
Director, Compliance Division
rseidman@simione.com

176 East Main Street Suite 8
Westborough, MA 01581
Tel: (800) 653-4043
Fax: (508) 870-5587
www.simione.com