

## Eli's Hospice Insider

### Regulations: Notice Of Election Submission Finally Running Smoothly

**Plus: Patients, referral sources now can look up your patient satisfaction marks on Hospice Compare.**

Hospices have one less billing headache to worry about.

The EDI glitch that was preventing Notices of Election from being accepted electronically was fixed Feb. 5, as scheduled.

The fix means hospices should be able to submit their NOEs electronically without error, said a **Centers for Medicare & Medicaid Services** official in the Feb. 28 Open Door Forum for home care and hospice providers.

**Reminder:** The problem was that when an NOE was submitted via EDI, the data included in the non-required Patient Status and Source fields was not being removed and were causing the NOE to suspend with reason code E2101 (see Eli's Hospice Insider, Vol. 11, No. 2).

**Do this:** If you submitted NOEs that were rejected due to this problem, resulting in claim denials, you can resubmit the claims and request an exception due to the system error, a CMS staffer explained in the forum. That means you'll need to include a KX modifier on the claim.

Other hospice issues in the forum include:

**Hospice Compare.** Your patient satisfaction scores are now up for the world to see on Hospice Compare - if you meet the minimum data standard.

CMS updated the site with CAHPS data Feb. 20, an official confirmed in the forum. "Survey results are published for all Medicare-certified hospices that had at least 30 completed surveys during the eight quarters from Quarter 2, 2015 (April 1, 2015) through Quarter 1, 2017 (March 31, 2017)," CMS explains. A section titled "Family Experience of Care" and "Family caregivers' survey results" runs through the stats for eight measures (see box, p. 26).

**Preview reports.** Don't wait until it's nearly too late to make sure your Hospice Item Set data reporting is accurate. CMS has seen "an increase in the number of modifications/corrections and inactivation of HIS assessment data following the release of the Hospice Provider Preview Reports," the agency says in a message to providers.

"As a friendly reminder, it is the provider's responsibility to ensure that records are complete and accurate prior to submission to the QIES ASAP system."

CMS encourages providers to review their HIS quality measures "early and often" via their CASPER reports, urged a CMS official in the forum. For one, data updated after viewing the preview reports won't be reflected on Hospice Compare immediately. "It takes a little longer" to make it onto Hospice Compare, the staffer noted.

And hospices shouldn't just be trying to polish their outcomes. Modifications and inactivations should occur only when the HIS record doesn't accurately reflect clinical record, the CMS official stressed.

And remember, you should be checking to make sure your HIS records have been accepted by the system as you submit them.

Info on how to use your CASPER reports is online at

[www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HQRP-Requirements-and-Best-Practices.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HQRP-Requirements-and-Best-Practices.html).



**CTI.** A hospice provider asked CMS about a situation when two physicians sign the Certification of Terminal Illness. Do both providers need to furnish a narrative supporting the certification? No, responded a CMS official. Only one of the signing physicians must develop and write the narrative

**Hospice Compare's 8 CAHPS-Based Measures**

- Communication with family (national average 80 percent)
- Getting timely help (78 percent)
- Treating patient with respect (91 percent)
- Emotional and spiritual support (89 percent)
- Help for pain and symptoms (75 percent)
- Training family to care for patient (75 percent)
- Rating of this hospice (80 percent)
- Willing to recommend this hospice (84 percent)