

Eli's Hospice Insider

Reimbursement: Medicare Claims System May Lighten Your Load For Service Intensity Add-On Billing

Plus: Quality reporting penalties clarified in Open Door Forum.

Hospices had many questions about the 2016 proposed rule for hospice payment in a recent Open Door Forum.

For example: Jennifer Handel of Hospice of Michigan asked the Centers for Medicare & Medicaid Services how the claims system would handle a previous claim that would include Service Intensity Add-on-eligible visits. One such scenario would be if a patient expired on May 5 but the hospice submitted its April claim already, which included RN or Social Worker visits on April 29 and 30.

Reminder: CMS proposes the SIA payment for RN or SW visits in the last seven days of life (see Eli's Hospice Insider, Vol. 8, No. 6).

The plan is for the system to identify hospice claims where death occurs and there are not seven days included, explained Wil Gehne in the May 6 forum for home care and hospice providers. In such cases, the system will go back and adjust the prior claim for SIA payments if applicable.

How it will work: Remember, you won't have to specifically bill for those SIA payments. "We'll be looking at the claim data, we'll be looking for the visits that would apply to those SIA payments and comparing the line item date of service to the date of death," CMS's Wendy Tucker explained.

Counting hours: When the system counts up the hours for the SIA payment, it will include both the SW and RN hours, Thronset clarified in response to a question. It's not either/or.

Watch for more operational details about billing and payment in the transmittals CMS will issue following the final rule, the agency officials said in the forum.

Days Follow The Patient

Multiple hospices asked CMS to clarify how to count the 60 days at the beginning of a patient's episode. That matters because CMS proposes to pay hospices a higher Routine Home Care payment rate for the first 60 days of care, then a lower amount for days 61 and on (see Eli's Hospice Insider, Vol. 8, No. 6).

Under the proposed system, the days will follow the patient, explained CMS's Randy Thronset in the forum. If the patient has received days of care from another hospice or from your own hospice, the 60-day clock has begun.

Exception: If there is a 60-day gap in care before you pick up or readmit the patient, then the clock starts over for payment purposes, Thronset said. It doesn't matter how many times the patient is discharged, revokes the hospice benefit, or anything else, he emphasized. Only a 60-day gap in care will restart the 60-day clock for reimbursement.

Concern: One hospice representative expressed worry that they would be able to determine a hospice patient's status at admission.

As it is now, the information in the common Working File will be as current as the Notices of Election and Notices of Termination/Revocation hospices have filed, Gehne noted.

"That's ... the concern I have," the provider said. "We're depending a little bit on people being efficient."

Hospices Won't Face Double Penalty For Lack Of Quality Data

CMS also addressed the issue of the 2 percent reimbursement reduction if hospices don't submit required Hospice Item Set or CAHPS data, as it set out in the 2016 proposed rule. The cut won't be 2 percent for each type of quality data, clarified CMS's **Michelle Brazil** in the forum. If you fail to submit either HIS or CAHPS data, you'll see the 2 percent cut. But if you fail to submit both types of data, you will not see a 4 percent reduction, it will still only be 2 percent.

Note: The proposed rule is at www.gpo.gov/fdsys/pkg/FR-2015-05-05/pdf/2015-10422.pdf.