

Strategies for Decreasing Hospice's Most Common Denial Reasons

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Objectives

In this presentation the learner will be expected to be able to:

- 1) Identify 5 of the most common hospice denial reasons
- 2) Identify 3 Medicare audit entities
- 3) Identify 3 actions that will assist with preventing technical denials
- 4) Identify 3 actions that will assist with avoiding clinical denials

What We Know

AUDIT REVIEWS ARE HERETO STAY

- Types of audits
 - Additional Development Requests (ADRs)
 - Recovery Audit Contractors (RACs)
 - Medicare Part D Audits
 - Medicaid Integrity Contractors (MICs)
 - Zone Program Integrity Contractors (ZPICs)

What We Know



RAC Recovery as per CMS:

In Fiscal Year (FY) 2013, Recovery Auditors collectively identified and corrected 1,532,249 claims for improper payments, which resulted in \$3.75 billion dollars in improper payments being corrected. The total corrections identified include \$3.65 billion in overpayments collected and \$102.4 million in underpayments repaid to providers and suppliers (see Table 1). After taking into consideration all fees, costs, and first level appeals, the Medicare FFS Recovery Audit Program returned over \$3.0 billion to the Medicare Trust Funds (Appendix B). These savings do not take into account program costs and administrative expenses incurred at the third and fourth levels of appeal (Office of Medicare Hearings and Appeals (OMHA) and Medicare Appeals Council within the Departmental Appeals Board (DAB), respectively), as these components do not receive Recovery Audit Program funding for those appeals.

What We Know



Hospice has remained fairly consistent regarding the types of denials programs receive as a whole with the majority related to supporting a limited prognosis.

Point to remember

- With the new change with the Service Intensive Add-On (SIA) – this is likely to become a new edit.

Denial Reasons



Let's start with the easiest denial reason to address

- Provider failed to submit documentation requested by the intermediary

Denial Reasons

- Not responding to a request could be perceived as not actually having evidence of visit notes
- When a provider files a claim with Medicare they must always be able to support that care was provided

Point to remember

- Even if you feel you might not or can't get paid as a Medicare or Medicaid provider you must always respond to requests.
- Failure to respond is likely to place even greater scrutiny on a program.

What You Can Do

RESPOND

- Respond to all Medicare/Medicaid requests for medical records.

READ

- Carefully read each request and note due dates in order to respond timely

NOTE

- Note any specific list of necessary documents

What you can do

Points to remember

- Review the technical pieces not just for dated signatures but timely dates
- Be very familiar with what is required for payment and what elements of your documentation meet those requirements
- Review Election of Benefits/ Consents for dates, signatures and attending physician information/identification
- Be very familiar with all pieces of the patient's Plan of Care

What You Can Do



• Track your submission either electronically, certified mail, FEDEX etc



• Confirm your submission has been received



• Keep a common file where evidence of your confirmation receipt can be easily obtained and found by others

Denial Reason



Missing incomplete or untimely hospice certification/recertification of terminal illness

Denial Reason

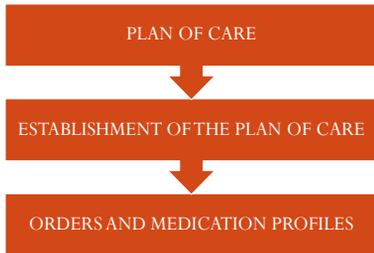


Physician certification was invalid since Face-to-Face Encounter was missing/incomplete/untimely

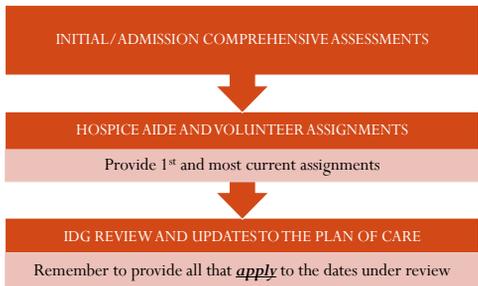
What you can do

- Track**
 - Track all certifications/recertifications and Face-to-Face documents to assure they are present in the medical record
- Audit**
 - Audit certifications/recertification and Face-to-Face documents to assure they are complete, and signed and dated timely
- Notify**
 - Notify your Compliance leadership if any error/omission is found on any of these documents.

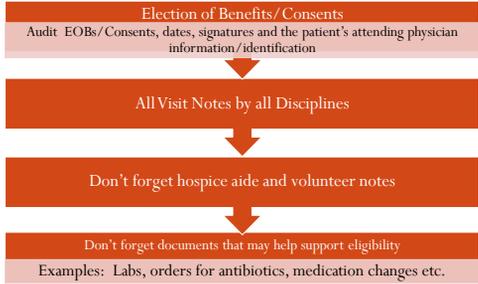
Necessary Documents



Necessary Documents



Necessary Documents



Denial Reasons

IDG Review and Updates to the POC

How well does your team understand:

Title 42: Public Health

Part 418 – Hospice Care

§418.54 and §418.56

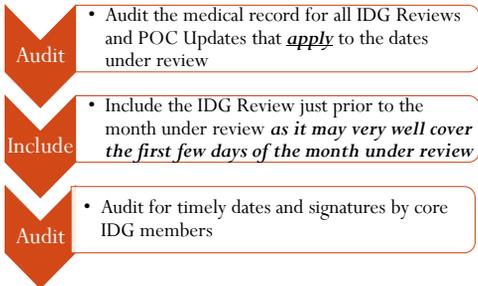


<https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Hospice.html>

Point to remember

- No one can remember everything – review your resources frequently

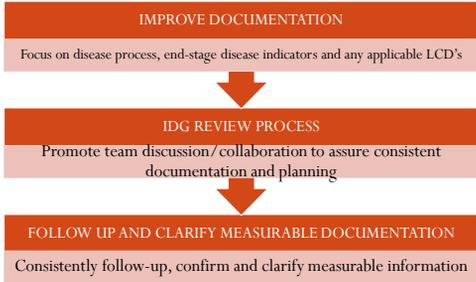
What you can do



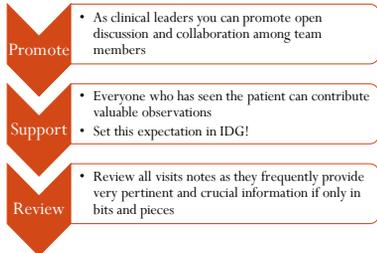
1# Denial Reason

Terminal prognosis not supported

What you can do



What you can do



What you can do

Points to remember

- The hospice aides frequently have the most intimate relationship with the patient
- Hospice aides frequently note subtle changes in the patient that can head off an ER visit or hospitalization
- Train the social worker, spiritual care counselor and hospice aides regarding the FAST, PPS and NYHA – they aren't responsible for scoring, but should be aware of the criteria
- Assist them with identifying simple ways to document their observations when applicable towards those criteria

You Will Succeed!



Always keep your team
 focused on the ***executing***
the basics well and you will
 succeed in avoiding denials!

Bibliography

- Centers for Medicare and Medicaid Services, "Recovery Auditing in Medicare for Fiscal Year 2013," <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Downloads/FY-2013-Report-To-Congress.pdf>
- <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Hospice.html>

Questions?

Thank you all for attending today!
