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PART OF THE HEARST HEALTH NETWORK

ADRs, SMRCS, CERTs, Oh My!

Navigating the New World of Oversight and Scrutiny

Agenda

- Introduction
- Hospice Audits Overview
- Strategies and Mitigating Risks
- Highest Risks in Documentation
- Leveraging Your EMR and Technology
- Favorite Dashboards/Analytics
- Q&A

Meet the Panelists

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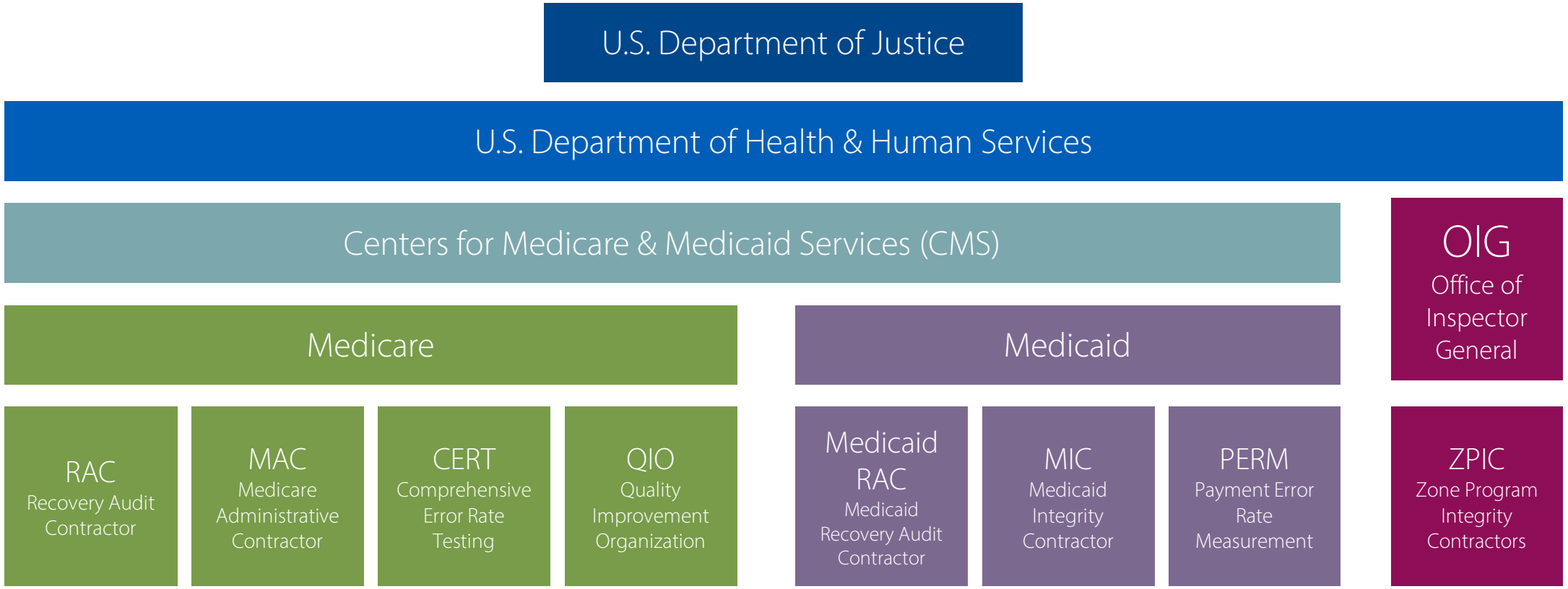
Hospice Audits Overview

State and Federal Auditors



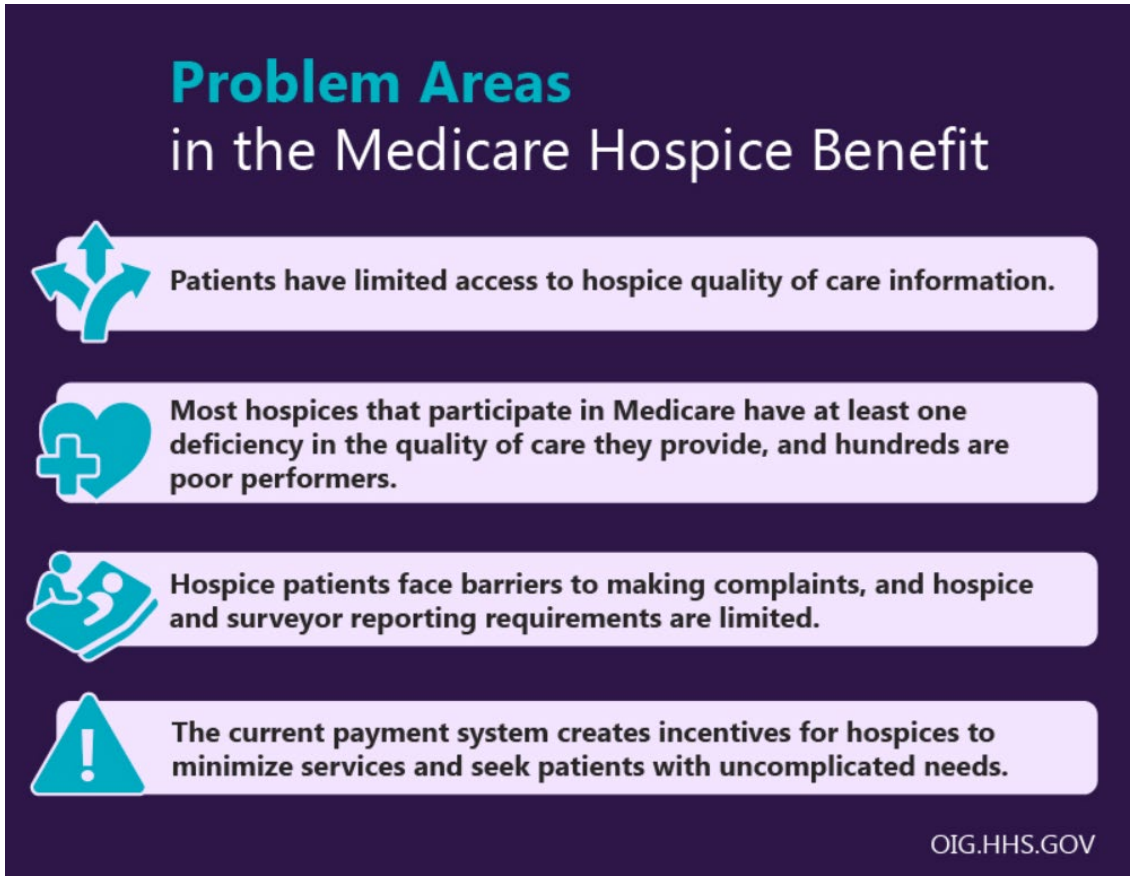
Audits, Acronyms and Aims

- **OIG** - Established in 1976; purpose to fight waste, fraud and abuse and to improve the efficiency of Medicare, Medicaid and other Department of Health and Human Services programs.
- **MAC** - A private health care insurer that has been awarded a geographic jurisdiction to process Medicare Part A and Part B medical claims or Durable Medical Equipment claims for Medicare Fee For Service beneficiaries
- **TPE** - Program through the MAC to help you identify errors and correct them; goal is quick improvement. Use claim data or areas that are financial risk to Medicare
- **CERT** - Program to monitor and report the accuracy of Medicare fee for service payments; measures error rates for claims
- **RAC** - Contractors who identify improper Medicare payments on healthcare claims, limited to claims approved through the CMS "new issue review" process
- **UPIC** - Created to perform program integrity functions for Medicare

Simply put…

OIG - Office of Inspector General

- Strategic Plan for 2020-2025
- Budget Increase to $514.8 million, which is an $82.3 million increase!



OIG Work Plan 2022-2023

Nationwide Review of Hospice Beneficiary Eligibility

Hospice care can provide comfort to beneficiaries, families, and caregivers at the end of beneficiaries' lives. To be eligible for hospice care, they must be entitled to Medicare Part A and be certified as being terminally ill. The certification of terminal illness for hospice benefits shall be based on the clinical judgment of the hospice medical director or physician member of the interdisciplinary group, and the beneficiaries' attending physician, if they have one, regarding the normal course of their illness. OAS has performed several compliance audits of individual hospice providers in recent years, and each of those audit reports identified findings related to beneficiary eligibility. We will perform a nationwide review of hospice eligibility, focusing on those hospice beneficiaries that haven't had an inpatient hospital stay or an emergency room visit in certain periods prior to their start of hospice care.

Announced or Revised	Agency	Title	Component	Report Number(s)	Expected Issue Date (FY)
January 2022	Centers for Medicare and Medicaid Services	Nationwide Review of Hospice Beneficiary Eligibility	Office of Audit Services	W-00-22-35883	2023

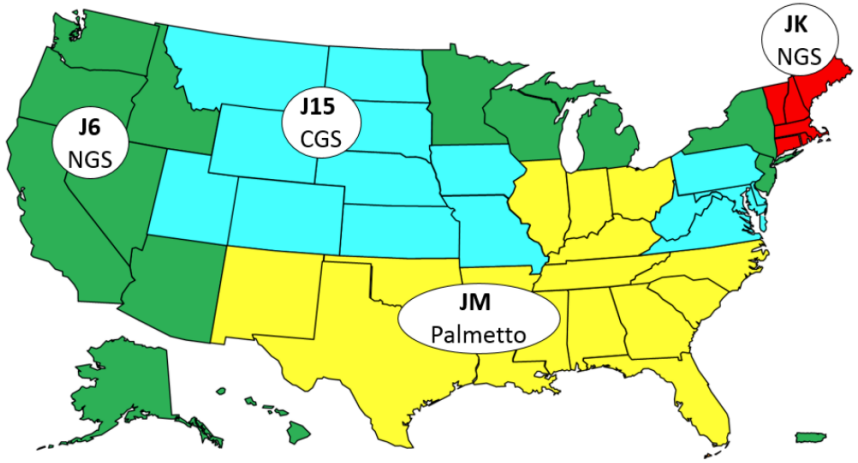
Hospice Audits Overview - Who is Your MAC?

MACs- Medicare Administrative Contractors.

Audits are directed by CMS and can lead to more serious reviews if non-compliance is identified. ADRs and TPE Audits currently ongoing

- ADR- Additional Documentation Request
- Targeted, Probe, & Educate
  - TPE- Homecare
  - TPE- GIP
- ADR and TPEs are generally individual claim review (versus entire stay)

Home Health & Hospice MAC Jurisdictions
as of June 2021



Targeted Probe & Education (TPE) Audits

- Goal is more education vs punitive per CMS
- 1150 hospice providers participated in TPE in fiscal 2022
- Typically involves between 20-40 claims

Hospices Climbing 'Steeper Stairs' as UPIC, TPE Audits Spike - Hospice program integrity has been in the spotlight for at least the past two years, ...

hospicenews.com

Comprehensive Error Rate Testing (CERT)

- The CMS CERT program measures improper payments in the Medicare fee-for-service (FFS) program. The CERT program is not a measure of fraud. Since the CERT program uses random samples to select claims, reviewers are often unable to see provider billing patterns that indicate potential fraud when making payment determinations. The CERT program does not, and cannot, label a claim fraudulent
- The CERT Documentation Contractor (CDC) randomly selects claims, and sends a letter to the provider, requesting specific documentation for the services billed
- Providers are required to respond to all CERT requests for additional information within the time-frame outlined in the request letter.
- Providers have the same appeal rights under CERT they would have under traditional Medicare.

RAC, UPIC & SMRC

RAC, UPIC & SMRC Similarities

- Less common, but increasing in frequency
- Higher risk
- Hospice GIP common targets
- Short list of contractors that handle these audits.
  - Noridian only nation-wide contractor for SMRC Audits

Key Takeaways

- **Know the players** in your area
- **Inform your team immediately** if you hear from these players
- **Time sensitive,** get your plan of action together

Highest Risk Areas and Denials Prioritizing Documentation Risks

- Certification of Terminal Illness
  - Initial CTI must be by *both hospice MD AND attending if there is one
  - Entire claim denied if CTI not present
  - Physician signing narrative must also sign certification statement
  - F2F missing required elements (i.e. attestation)
  - F2F not completed timely
  - Recertification narrative missing
- Wrong date on election
- Wrong election form used
- Addendum not sent as there were no non-covered items
- Documentation on addendum not complete (date furnished, signatures, if not returned)

Mitigating Risks

The OIG issued general health care guidance including 7 recommended elements of a Compliance Program.

Keep in mind: You can employ all 7 elements and *still* perform poorly on audits due to poorly designed documentation systems.

What Can You Do?

Design systems that improve compliance and audit preparedness. These systems:

- Automate workflows (no spreadsheets, no reliance on human memory or performance)
- Detect issues
- Minimize audit risk
- Use analytics to improve the organization

Then and Now - An EMR Conversion Story

- Eligibility Denials
  - Clinical discussion; provider vs provider

- Technical Denials
  - Election Forms – dates, etc.
  - CTI not on chart
  - Face to Face not on chart
  - Face to Face not completed on new admission in 3rd benefit
  - Face to Face completed one day too early
  - CTI narrative completed separately and not signed, no signed certification statement
  - Request for Addendum not passed along, not provided
  - No updated POC, or >15 days
  - Missing MD signature on POC

What Role Does Your EMR Have in Promoting Compliance?

Technical Denials

- Electronic Point-of-Care Documentation
- Task delegation and clearly defined roles
- Automated Workflows and Tasks

Eligibility Denials

- Electronic Point-of-Care Documentation
- Ability to customize the clinical documentation
- Clinical decision support features

Leveraging the EMR With Task Delegation

Key - Aligning the right task to the right worker at the right time!

- Not every tasks needs to be addressed by a clinician
- Promote the use of administrative and back-office staff as appropriate

- As a part of a recent Workflow Analysis we conducted, we were able to reroute a significant number of tasks from the Clinical Staff to our Administrative Staff
  - This has enabled the clinical staff to focus on clinical related tasks, quality, and compliance

Move from person-dependent to system/process driven

Leveraging the EMR for Effective Workflows

Workflow Analysis

- Conduct analysis of all workflows (clinical and non-clinical) on a consistent basis and as often as needed with EMR changes, regulatory changes, etc., to ensure the "sequence and personnel needed to undertake a series of tasks for clinical care."
- Process mapping, or flowcharting
- Identify a multidisciplinary team responsible for this analysis
- Develop a clear process for review, proposed changes, roadmap, and communication plan

Leveraging the EMR for Automation

Manual (person-dependent) processes and tasks put your agency at risk – STOP!!

- Manual tracking of:
  - Face-to-Face
  - IDG meetings
  - paper consents and documentation

Workflow automation

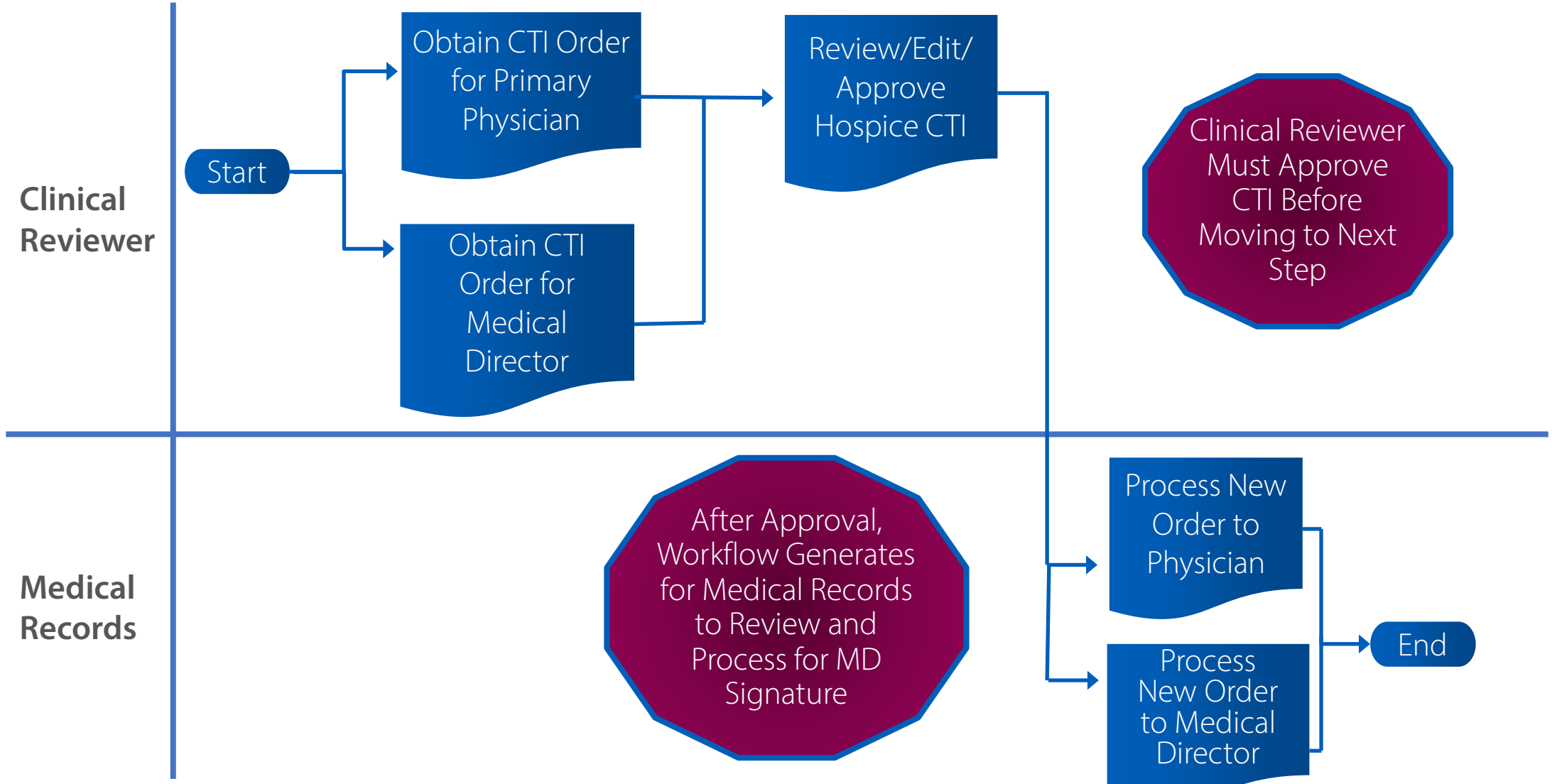
- Focus on tasks that are routine and ongoing - triggered by an event or date
- Minimize errors and boost productivity by getting the right task to the right responsible position at the right time
- Workflow that will trigger additional steps as appropriate and prevent a task from being completed prior to the compliance measure being met.

Key: Must have Assigned Roles and Task Delegation completed before you can move towards automating tasks and workflows

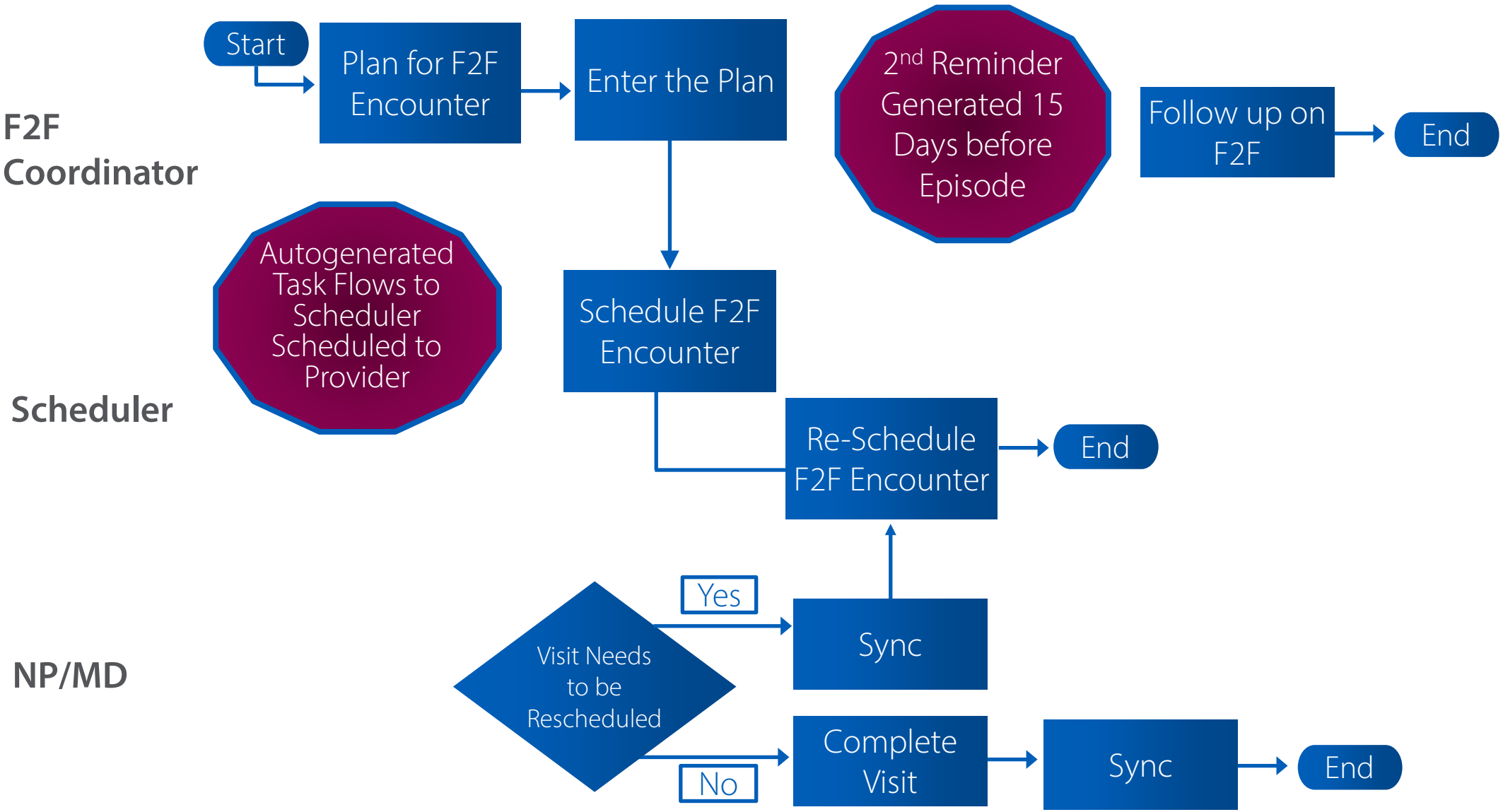
Example – Autogenerated Tasks

Autogenerated Tasks	Triggers
Initial Plan of Care	Workflow tasks generate when admission is completed
Recert Order	System setting – 14 days prior to end of cert period
Recert Plan of Care Update Order	System setting – 14 days prior to end of cert period
IDG Meeting Types	
New Admission	Autogenerated with event
Discharges	Autogenerated with event
Deaths	Autogenerated with event
Recerts	Autogenerated with event
Recurring Meetings	Autogenerated with IDG date
CTIs	After a referral has been approved or 14 days before the end of episode
F2Fs	Upon referral or recert if in 3rd benefit period or greater, system generates workflow; prevents scheduling of admission prior to obtaining F2F

Example of Workflow Automation- CTI

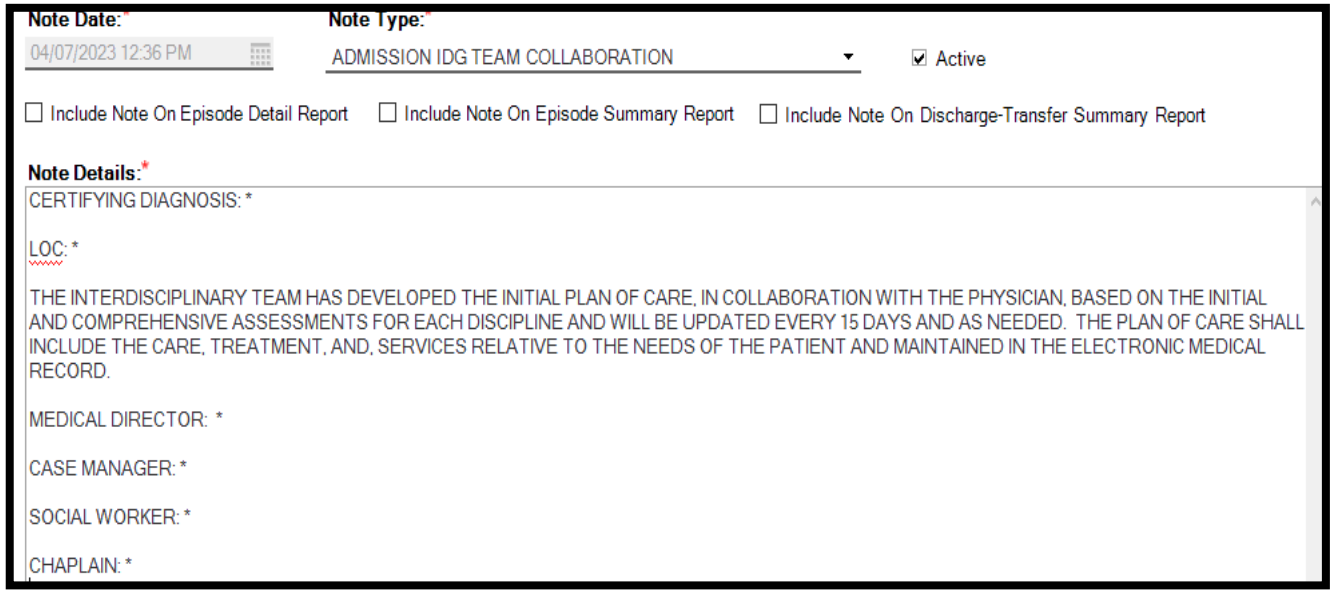


Example of Workflow Automation - F2F

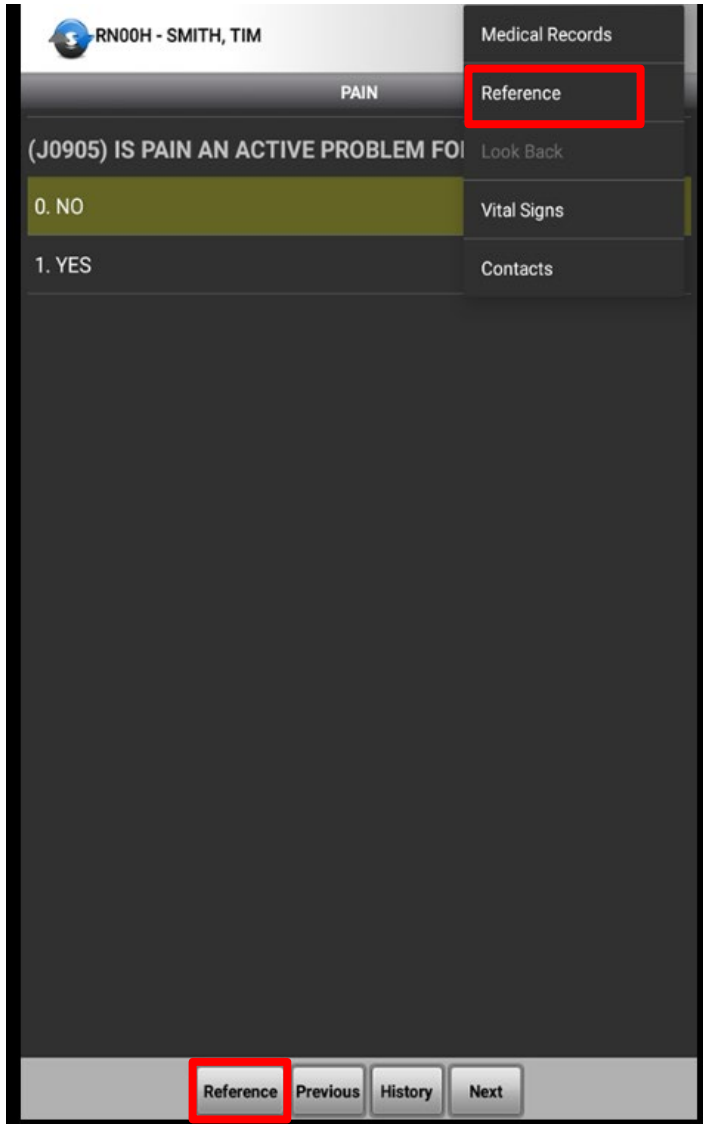


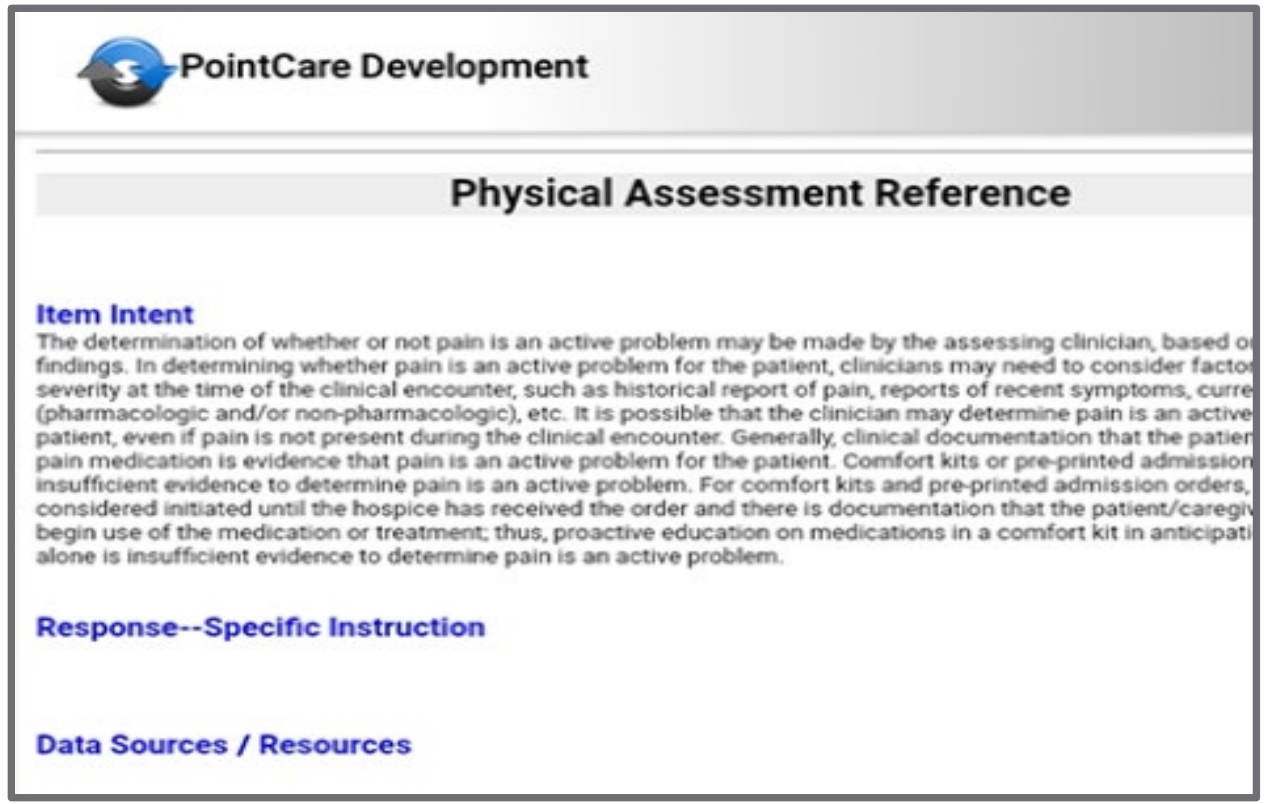
Customizable Templates Documentation

- Customizable templates
- Embedded within documentation to prompt the clinician to address key clinical components
- Utilized as a guide and does not force a specific answer



Example of a Clinical Decision Support Feature





Consideration - Leveraging Technology for Automation

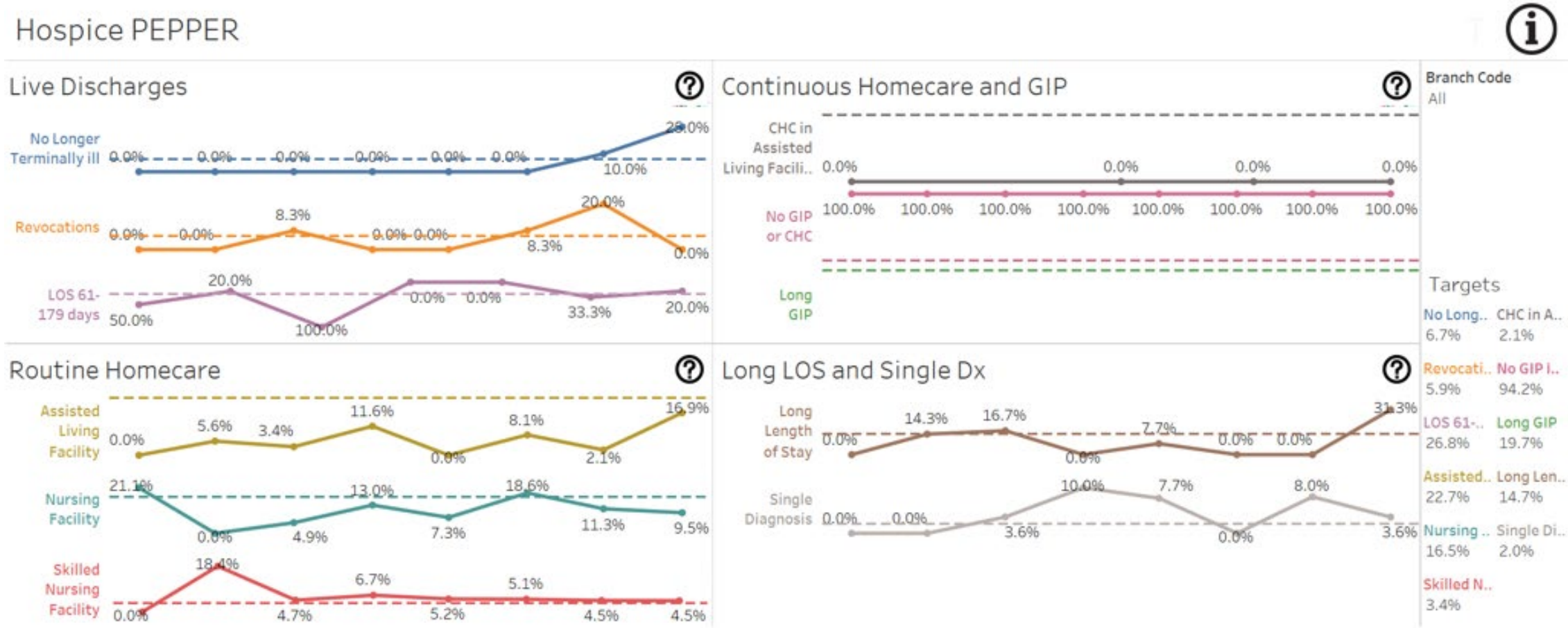
Once you fully maximized your EMR's ability with process optimization and workflows, you may consider taking an additional step with leveraging technology with automation that your EMR may not provide.

- Consider robot process automation (RPA) - "software that uses artificial intelligence and machine learning to automate a variety of menial, repetitive tasks"(Silverstein, 2021, para. 3).
  - Examples, intake, compliance and quality audits, billing and revenue cycle

- Utilize RPAs to audit for compliance and quality
  - Can be built to gather data and input information
  - Build dashboards that show audit results more globally to then determine trends and risk areas

- Removes these tasks from your staff which enables them to focus on the critical components of quality & compliance

Dashboards



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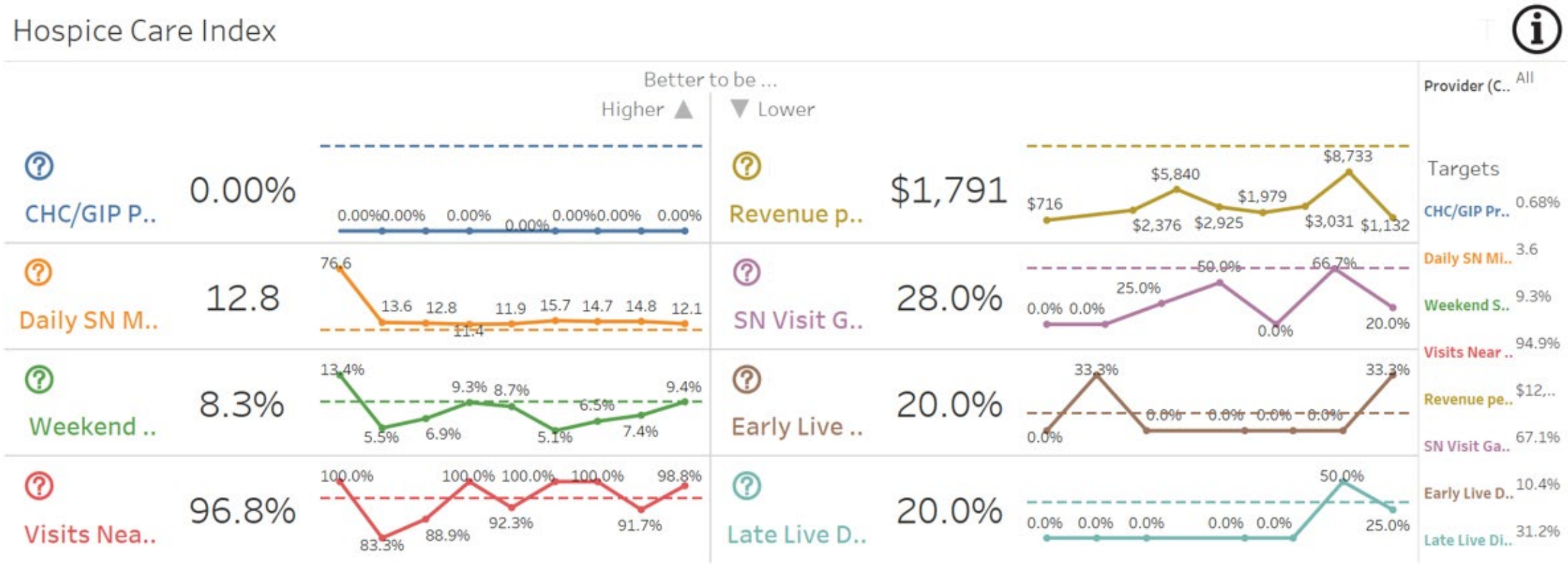
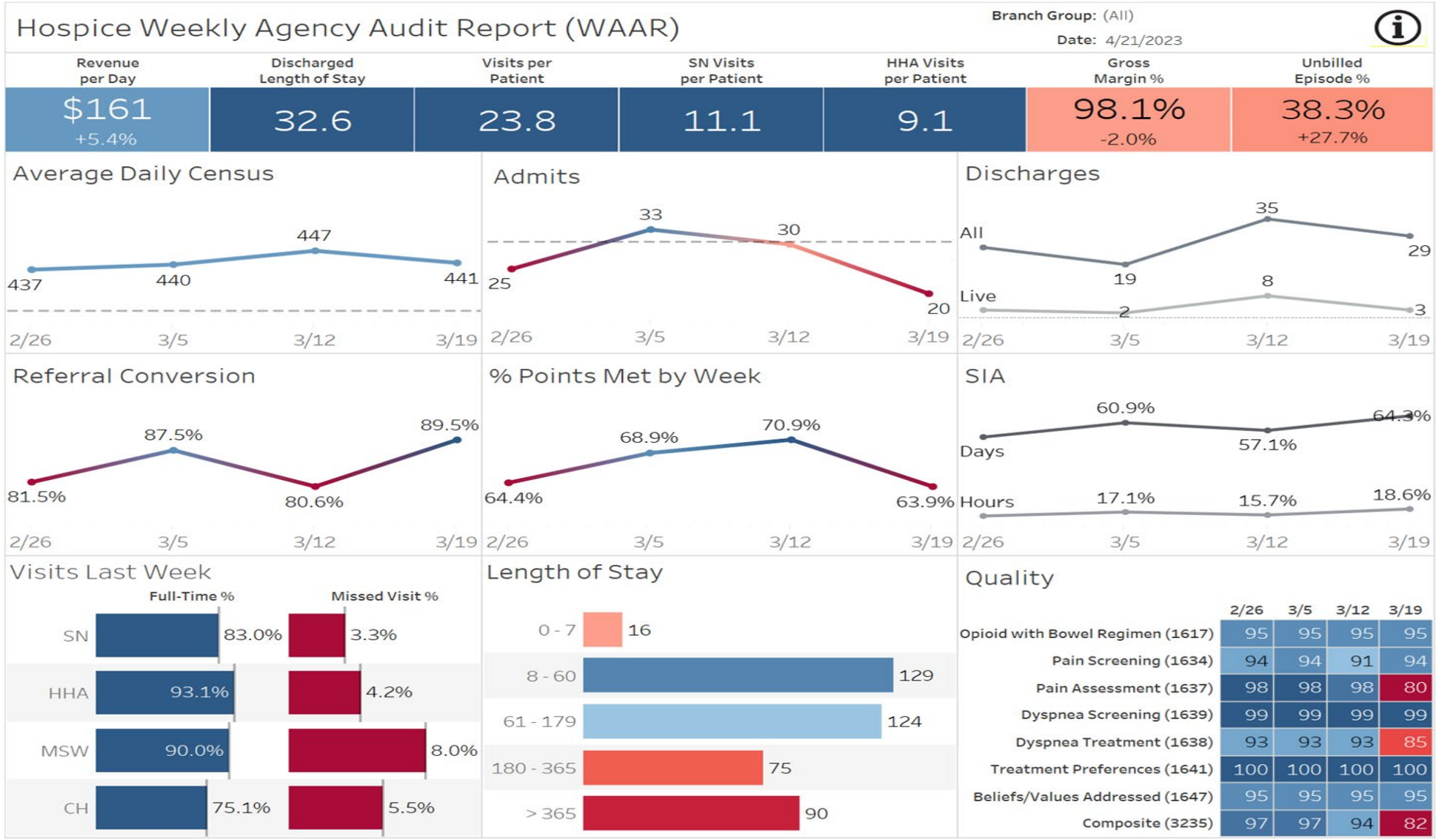


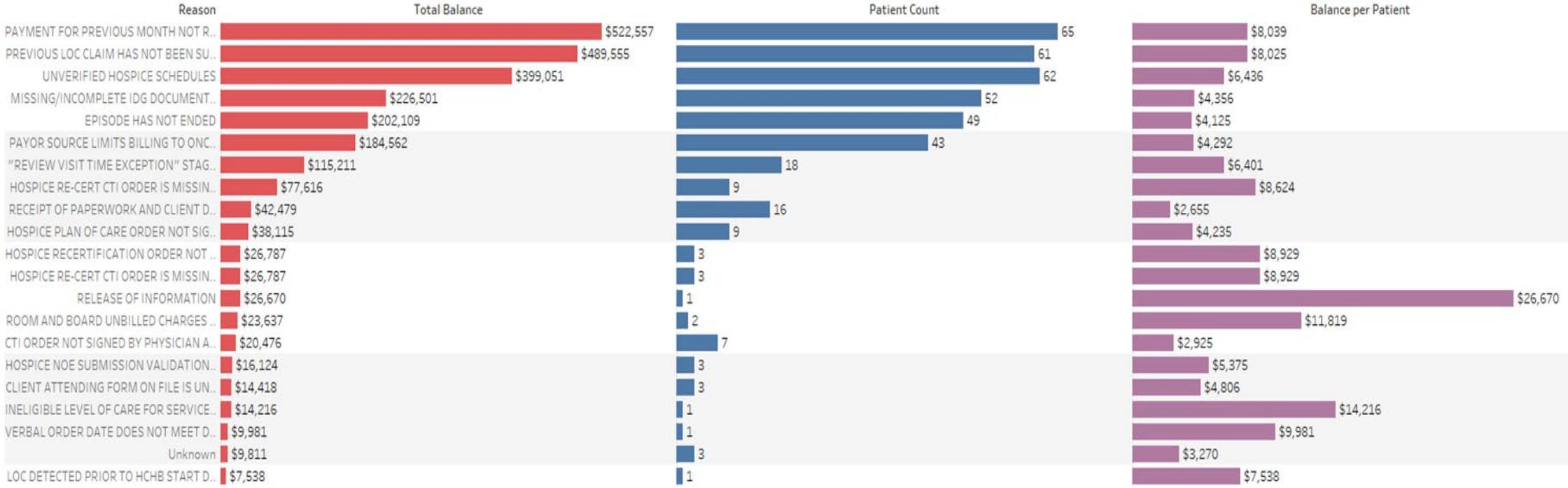
Dashboards



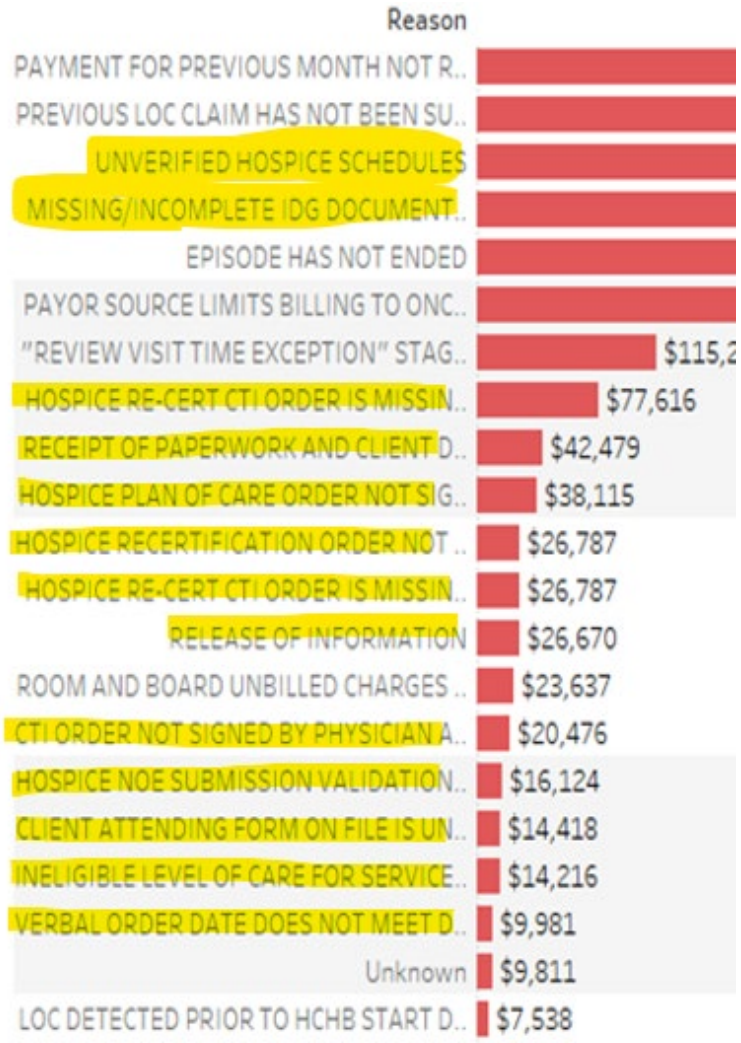
Dashboards

Hospice Unbilled - Agency Scorecard

$571.3K	82	$6,967
Total Balance	Patient Count	Balance per Patient



Dashboards



UNVERIFIED HOSPICE SCHEDULES

Patient	SOE	Branch	Payor Type	Payor Source	Balance	Days Since SOE
			MEDICARE	MEDICARE, HOSPICE ..	$12,909	88
			MEDICARE	MEDICARE, HOSPICE ..	$5,052	48
			MEDICARE	MEDICARE, HOSPICE ..	$9,606	71

Incomplete Visits

Visit Date	Service Code	Status	Worker
4/22/2023	SN-PRNH	Requested	N/A
4/22/2023	SN-PRNH	Requested	N/A
4/22/2023	SN-PRNH	Requested	N/A
4/22/2023	SN-PRNH	Requested	N/A
4/22/2023	SN-PRNH	Requested	N/A
4/22/2023	SN-PRNH	Requested	N/A
4/22/2023	SN-PRNH	Requested	N/A
4/22/2023	MSPRNH	Requested	N/A
4/22/2023	MSPRNH	Requested	N/A
4/22/2023	MSPRNH	Requested	N/A
4/22/2023	MSPRNH	Requested	N/A
4/22/2023	MSPRNH	Requested	N/A
4/22/2023	CHPRNH	Requested	N/A
4/22/2023	CHPRNH	Requested	N/A
3/1/2023	SN-PRNH	Missed	
4/13/2023	SN11H	Missed	

Webinar Takeaways

Why it All Matters and What You Can Do

- The focus of surveys is changing in the future
  - Utilize mock surveys
- Workflow and Process automation affects your success with surveys
- Get optimization help from your EMR team
  - HCHB Customers: reach out to your Account Executive
  - Reach out to our Sales team 1-866-535-4242 (HCHB)

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Q&A

Sources

- Slide 8 – OIG Work Plan, (*Nationwide Review of Hospice Beneficiary Eligibility*, n.d., U.S. Department of Health and Human Services Office of Inspector General., para. 1, Retrieved April 7, 2023, from https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000648.asp)
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- Slide 10 – TPE Audits, (*Hospices Climbing 'Steeper Stairs' as UPIC, TPE Audits Spike*, Hospice News, Vossel, H., 2023 March 7, Retrieved May 19, 2023 from https://hospicenews.com/2023/03/07/hospices-climbing-steeper-stairs-as-upic-tpe-audits-spike/#:~:text=Unified%20Program%20Integrity%20Contractor%20(UPIC,actors%20in%20the%20hospice%20industry.)
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- Slide 24 – Documentation example, (HCHB Online Learning Hub (OLH), 2020, Retrieved April 7, 2023
- Slide 26 – RPA, (*4 Benefits of Robot Process Automation in Home-based Care*, Silverstein, J., Home Health Care News, 2021 June 2, para. 3, Retrieved April 6, 2023, from https://homehealthcarenews.com/2021/06/4-benefits-of-robot-process-automation-in-home-based-care/)