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OPERATIONAL BEST PRACTICES FOR MANAGING REVIEW CHOICE DEMONSTRATION

SPEAKERS

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Why Review Choice is Happening

The Review Choice Demonstration would help make sure that payments for home health services are appropriate through either pre-claim or post-payment review.

Prevent and identify potential fraud, waste, and abuse

Protect Medicare Trust Fund from improper payments

Reduce Medicare appeals

RCD Timepoints

ILLINOIS:
Cycle 1 started: June 1, 2019
Cycle 2 selection period: December 31, 2019 – January 13, 2020
Cycle 2: February 1, 2020 – July 31, 2020

OHIO:
Cycle 1 started: September 30, 2019

TEXAS:
Cycle 1 selection period: January 15, 2020 – February 13, 2020
Start date: March 2, 2020

NORTH CAROLINA and FLORIDA:
Cycle 1 selection period: March 20, 2020 – April 19, 2020
Start date: May 4, 2020

E-services

- Agencies will need to use e-services to select their choice for the demonstration
- Use this link to create an account on e-service:

https://www.onlineproviderservices.com/ecx_improvev2/processLogin.do?actionpath=Add

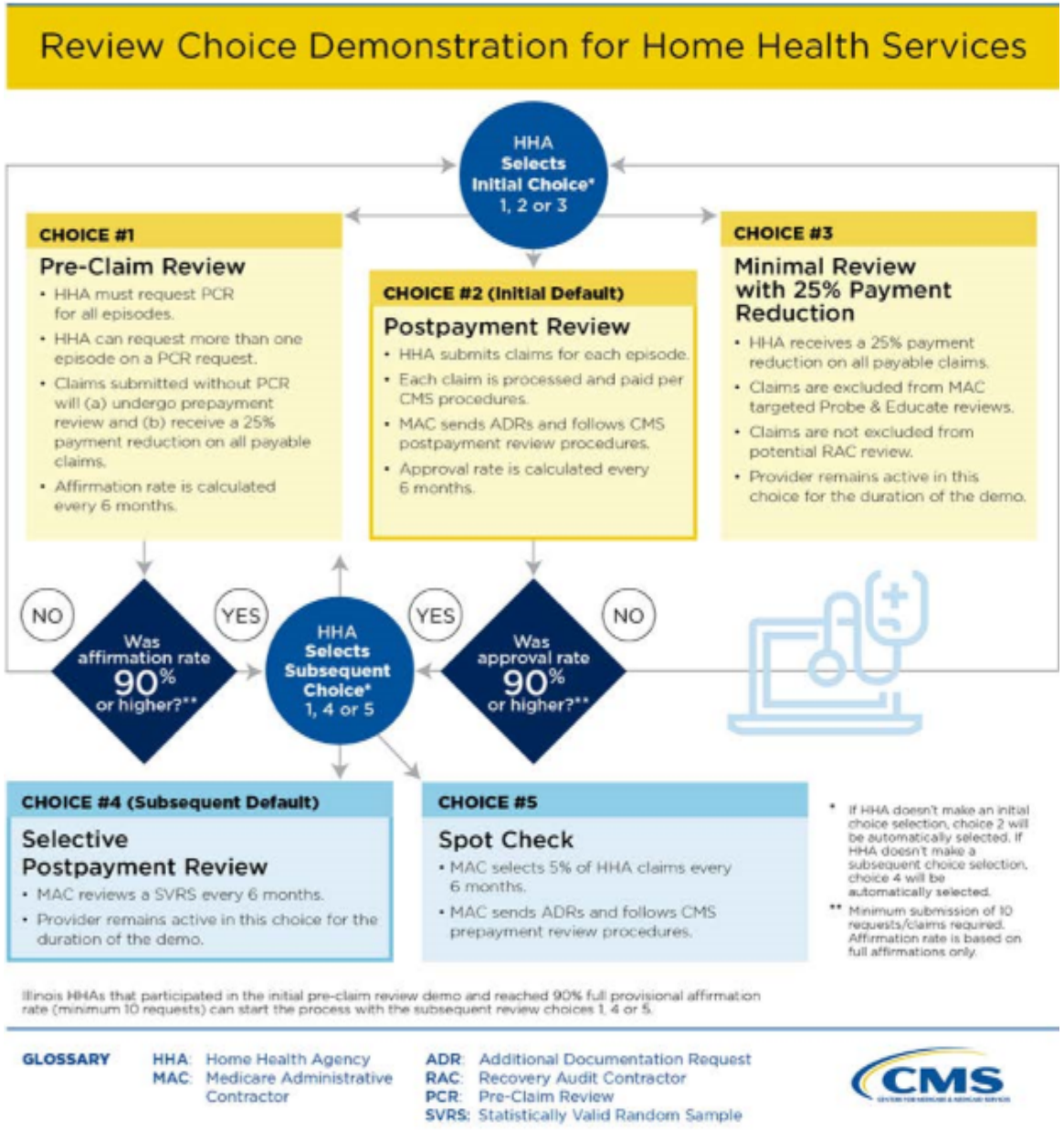
  - Demographics (email address, physical address, contact name and number)
  - Provider number
  - NPI
  - Tax ID

5 years — Length of RCD

6 Months — Affirmation Rate is calculated

10 Busines s days — Receive a decision letter from MAC

20 busines s days — Receive a decision letter once resubmitted



RCD Compliance Issues/Concerns

What are the initial review choices?

Choice 1: Pre-claim review

- All episodes of care are subject to pre-claim review.
- Unlimited resubmissions are allowed for non-affirmed decision prior to submission of the final claim for payment.
- More than one episode of care may be requested on one pre-claim review request for a beneficiary.
- Claims associated with a provisionally affirmed request will not undergo further medical review, except in limited circumstances.

RCD Compliance Issues/Concerns

Choice 2: Post-payment review

100 percent of claims are reviewed after final claim submission.

- Updated 01/06/20 this is the default selection if no initial review choice is made
- Once the claim is submitted, Palmetto GBA will process the claim for payment then ask via an Additional Documentation Request (ADR) for the HHA to submit medical records.
- If a response to the ADR is not received, an overpayment notification will be issued. After each six month period, a claim approval rate will be calculated and communicated to the HHA.

RCD Compliance Issues/Concerns

Choice 3: Minimal review

A 25 percent payment reduction (HHAs remain in this option for the duration of the demonstration)

All claims have a 25 percent payment reduction.

Providers who make this selection will be excluded from regular MAC targeted probe and educate reviews, but may be subject to potential Recovery Audit Contractor (RAC) review.

Note: Providers who select this option will remain in this option for the five year duration of the demonstration.

Ongoing Issues/Recommendations

- Non-affirmation is NOT a ‘denial’
- Tracking RCD responses
- Face-to-face issues
- Homebound status
- Training of referral sources

Operational Best Practices

Task 1: ***Face-to-face clinical encounter notes***
(if the certifying physician is not the one who provided F2F, there needs to be a statement of collaboration or agreement from the certifying physician)

Task 2: ***Agency-generated records*** that support the F2F encounter and that have been signed, dated, and incorporated into the certifying physician's medical record

- OASIS
- Therapy evaluations
- Physician orders
- Coordination of care notes

Task 3: ***Plan of Care*** signed and dated by certifying physician

Task 4: Signed and dated ***physician's certification***

Task 5: Documentation to meet ***criteria 1 and 2 of homebound status***.

Operational Best Practices

- RCD reinforces the efficiency and urgency needed for success in the new PDGM reimbursement model

  - **Timing:** The new 30-day billing period means physician signatures need to occur ASAP
    - Follow-up windows with physicians need to be smaller

  - **Documentation:** F2F in the 90 days prior to the SOC is key even though the F2F requirement allows up to 30 days after the SOC.
    - It is imperative for Intake staff to understand all referral documentation to determine whether the F2F requirement may be met in progress reports and discharge summaries and eliminate the need for a follow up physician visit when possible.

  - **Accuracy:** Intake should take extra measures to ensure the dx listed on F2F documentation reflects the admitting home health diagnosis.
    - If follow up with physician is needed later, PCR submission and billing is further delayed.

  - **Appropriateness:** The primary diagnosis for home health needs to be specific enough to be placed into one of the PDGM Clinical Groups

PDGM/RCD Impact

What happens if a Change in Focus is completed in the first 30-day billing period?

If I only submit a PCR for the first 30-day billing period, then later submit a PCR for the second 30-day billing period AND the diagnosis changes from the first to the second billing periods, will the documentation provided with the first 30-day billing period suffice? YES

- The episode of care is still 60 days and the certification/recertification is viable for that length of time.
- If a provider submits a PCR and the diagnosis changes mid-way through the episode, a new POC or recertification would not be expected until the start of the new 60-day episode.
- The same POC (as long as the dates cover the entire 60 days) used for the first 30-day billing period would be used.

Important Considerations

- Physicians can bill for the certification and recertification of patient eligibility for Medicare-covered HH services under a HH POC (patient not present), including contacts with the HHA and review of reports of patient status required by physicians to affirm the initial implementation of the POC that meets patients' needs, per certification period.

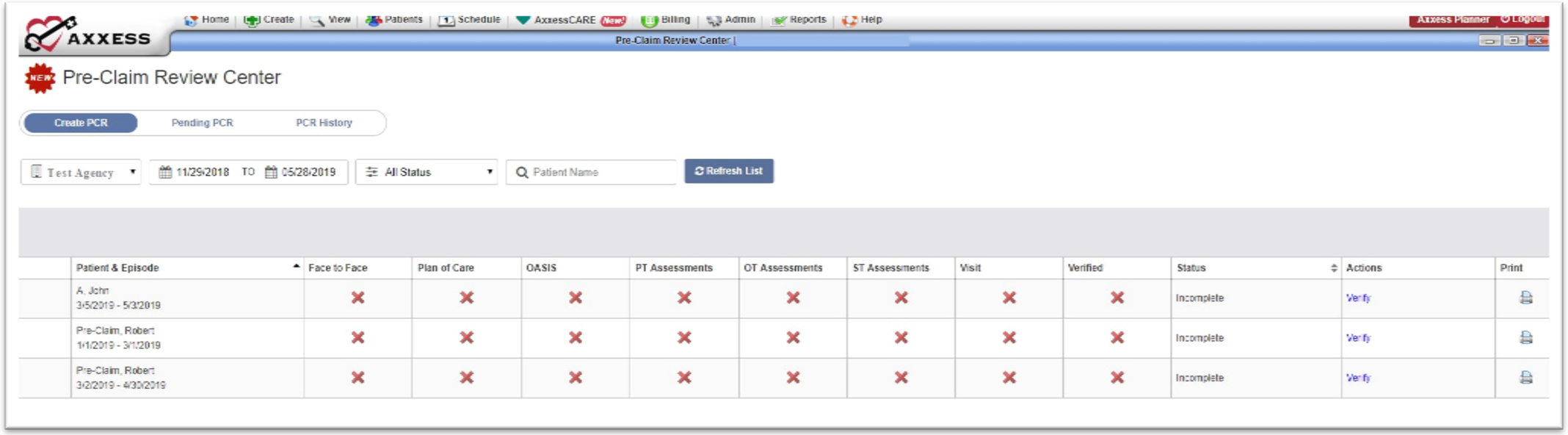
- The following codes should be used by physicians when billing:

  HCPCS G0180 (Certification)
  HCPCS G0179 (Recertification)

Resources

- Special Open Door Forum: November 27, 2018
- Review Choice Demonstration for Home Health Services FAQs
- MLN Matters SE1436
- Illinois Homecare & Hospice Council: PCR and RCD in Illinois
- Review Choice Demonstration Flowchart
- Pre-Claim Review Start of Care/ Early Period Checklist
- Pre-Claim Review Late Period Checklist

Pre-Claim Review Center



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