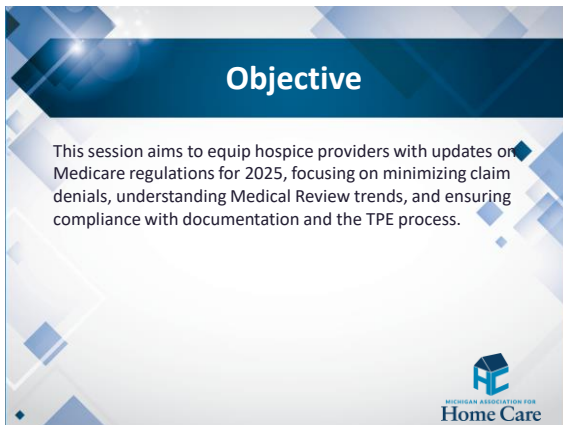
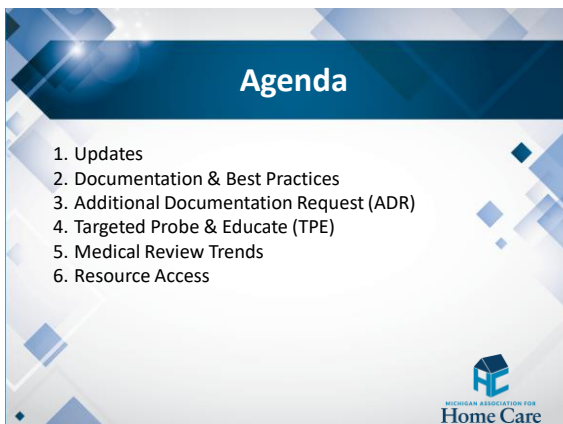




1



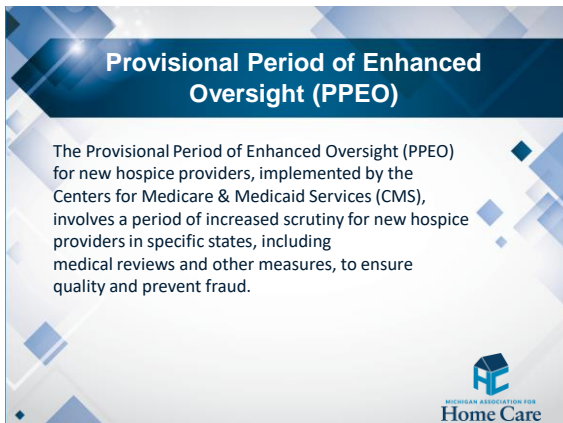
2



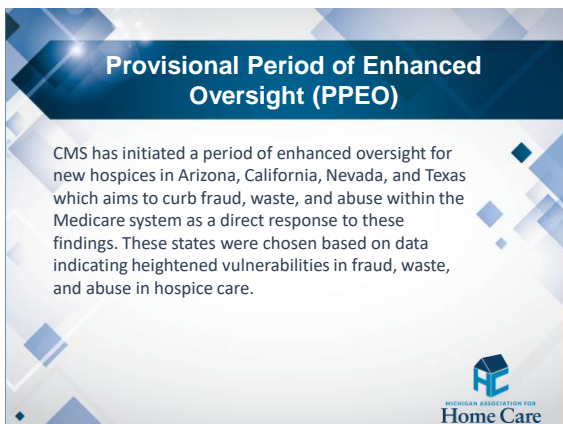
3



4



5



6


Provisional Period of Enhanced Oversight (PPEO)

The criteria defining a new hospice include:

- Newly enrolled in the Medicare Program as of 07/13/2023.
- Submitted a CHOW that meets the regulatory requirements under 42 CFR 489.18.
- Underwent a 100% ownership change that does not qualify under 42 CFR 489.18.
- Reactivating after a period of deactivation.

Your hospice facility may be subject to this enhanced oversight if it fits any of the following conditions:

- Received final approval for Medicare enrollment on or after 07/13/2023.
- Began the enrollment or certification process before 07/13/2023 but has not yet received final approval from your MAC.
- Obtained approval for a change of ownership request on or after 07/13/2023.



7

Provisional Period of Enhanced Oversight (PPEO)


The enhanced oversight will include medical review, such as prepayment review, and can last from 30 days up to a year, depending on the findings of CMS review and audits.

The goal of this oversight is to ensure compliance and protect the integrity of Medicare services provided by hospice care facilities.

If you have questions, email: ProvisionalPeriod@cms.hhs.gov

Related Content

- MLN Fact Sheet® [Period of Enhanced Oversight for New Hospices in Arizona, California, Nevada, & Texas](#)
- [Code of Federal Regulations: 42 CFR 489.18](#)
- [CMS is Taking Action to Address Benefit Integrity Issues Related to Hospice Care](#)
- [NGS Provider Enrollment Contact Numbers](#)



8


Documentation & Best Practices



9

Supporting Terminality

- Documentation *must* support Physician CTI, life expectancy <6 months
 - Focus on patient deterioration and decline
 - Use objective data
- Consider and Document:
 - Patient's end stage disease trajectory
 - Comorbid and related secondary conditions and their impact on the terminal prognosis
 - Any relevant laboratory and other test values
 - Decline in performance status
 - Amount of assistance required for ADLs
 - Decline in nutritional status
 - Any changes in status/condition over time



10


Supporting Terminality

Measurable Objectives

- ✓ Weights
- ✓ Mid Arm Circumference
- ✓ Abdominal Girths
- ✓ Food and fluid intake
- ✓ Signs and symptoms
- ✓ Diagnostic studies
- ✓ Lab Values

❖ Specific to the patient

❖ Supports the trajectory of decline related to the terminal prognosis



11

Supporting Terminality


ADLs

- Ambulation
- Continence
- Transfers
- Feeding
- Bathing
- Dressing

Amount of assistance required

- Independent
- Uses device
- Requires personal assistance
- Completely dependent


Determine the amount needed for each ADL and any increase in need over the past three -- six months



12

Supporting Terminality


<u>Avoid</u>	<u>Use</u>
<ul style="list-style-type: none"> ✗Stable ✗No change ✗Same as last visit 	<ul style="list-style-type: none"> ✓Comparisons ✓Stable because of... ✓Unchanged how? ✓Detailed Descriptions



13

Supporting Terminality


- **Vague documentation**
 - Patient having dyspnea on exertion
- **Objective documentation**
 - Patient ambulates ten feet between chair and bed before experiencing dyspnea and weakness; with one assist.
 - One month ago, patient ambulated slowly from room to room with walker.
 - Family reports that the patient is only able to sit up with family for 30 minutes before returning to bed.



14

Supporting Terminality

- **Vague documentation**
 - Overall weakness
- **Objective documentation**
 - Patient is unable to independently hold head up this visit which lasted 45 minutes.
 - Patient is unable to dress or bathe self this week.
 - Patient was able to assist with dressing last month.
 - Patient experienced a fall last week; now using walker for assistance with ambulating.



15

Supporting Terminality

Vague documentation

- Poor appetite; eating less

Objective documentation

- Appetite declined from eating 50% of a sandwich one month ago, now eating two-three bites at a meal. Family is concerned that the patient refuses her favorite meal.
- Eating three to four bites of food with difficulty, last week was eating two full meals per day. Drinks two-three sips of thickened liquids and aspirates easily, last week was drinking two glasses per day.



16

Additional Documentation Request (ADR)




17

What is ADR?

Generated when documentation is necessary to support a Medicare claim to:

- ✓ Support payment of items or services reported on the claim
- ✓ Ensure compliance with Medicare's coverage, coding, payment and billing policies


[Additional Documentation Request \(ADR\) Quick Reference Guide \(ngsmedicare.com\)](https://ngsmedicare.com)



18

ADR Best Practice Tips


- Check for ADRs daily.
- Ensure all contact information is correct within Provider Enrollment, Chain, and Ownership System (PECOS)
 - ✓ Report a Change of Information in PECOS
 - ✓ Resolving PECOS Common Errors and Warnings
- Respond timely.
 - ✓ ADR Timeline Calculator



19

ADR Best Practice Tips

- Utilize all Free NGS self-service resources:
 - ✓ NGSConnex
 - ✓ NGSMedicare.com
 - ✓ ADR Letters Guide
- Start conversations with your internal staff / patient care team and ensure everyone is involved, and aware. Review policy checklist items.



20

Targeted Probe & Educate (TPE)



21

TPE Process

HOW DOES IT WORK?

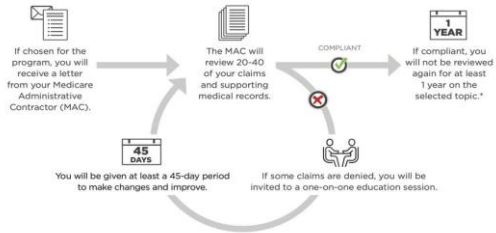


Image Credit: CMS
*MACs may conduct additional review if significant changes in provider billing are detected.

22

Getting Started with TPE

- Utilize [NGSMedicare.com](https://www.ngsmedicare.com) for information on TPE letters and resources.
- Monitor review topics, denial trends, and FAQs for J6 Hospice.
- Ensure address accuracy in PECOS; follow instructions to update if needed.
- Utilize [NGS Connex](https://www.ngsconnex.com) to find and respond to ADRs, check claim status, and verify beneficiary eligibility.



23

Notification Letter

- Respond promptly with a point of contact for Medical Review team communication.
- Provide phone and email for effective intra-probe communication and scheduling post-probe education.
- Engage relevant teams (patient care, compliance, billing) in the review process.



24

During the Review Process

- Ask questions early; contact the CMT via email: J6ACaseManagement@ElevanceHealth.com
- Utilize [Provider Contact Center](#) for assistance with claims, Medicare info, billing questions, and website guidance.



25

TPE Results Letter

- Contact Case Management Team (CMT) within seven days of receiving Results Letter to schedule education.
- Educational session tailored to your needs to identify improvement areas.
- Failure to schedule education may result in the next round of review within 45 days.
- [Results Letter Information](#)

If error rate is over 15% and you do not seek education, it will be marked as a refusal



26

Prepare for Post Probe Education

- Monitor appeal deadlines; submit appeals promptly, even before education.
- Ensure key staff are available for educational calls; share Results Letter for preparation.
- Review denial rationales thoroughly; reach out to CMT if challenges arise.




27

Referral to CMS

Referrals to CMS may result in:

- Additional rounds of TPE
- Referral for revocation
- Corrective action
- Extrapolation
- Referral to Unified Program Integrity Contractor (UPIC)
- Referral to the Recovery Auditor (RA)
- 100% Pre-pay review

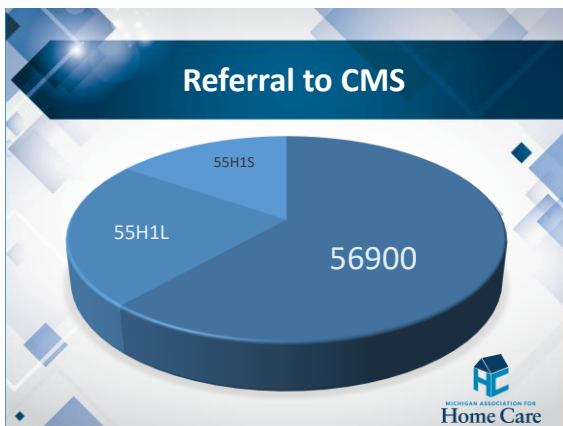


28

Medical Review Trends



29



30

56900


56900 — Requested medical records were not received within the 45-day time limit; therefore, we are unable to determine the medical necessity of the services billed and this claim has been denied.



31

Tips for Avoiding 56900


- When received, respond accordingly to the date listed in the ADR.
- Start gathering the documentation being requested immediately.
- Depending on what is being requested, providers may need to go outside of their agency to get the supporting documentation and this may require additional time.
- The ADR letter will indicate you have 45 days (Medical Review ADR) to respond.



32

56900 Best Practices

1. Track ADR Requests:
 - Implement a system to track and manage ADRs and their deadlines. This ensures that requests for documentation are promptly addressed.
2. Ensure Timely Submission:
 - Establish internal processes to ensure records are gathered and submitted well before the 45-day deadline. This includes preparing records as soon as an ADR is received.
3. Organize Documentation:
 - Maintain organized and easily accessible patient records to expedite assembly and submission for ADRs.
 - Use standardized formats for documentation to ensure consistency and completeness.
4. Staff Training:
 - Train staff on the importance of ADR deadlines and accurate documentation submission processes.
5. Communication with NGS:
 - Foster communication with NGS to promptly clarify any uncertainties about documentation requirements and submission methods.



33

55H1L

55H1L – According to the Medicare Hospice requirements, the information provided does not support a terminal prognosis of six months or less.



34

Tips for Avoiding 55H1L

- Clinical progress notes should show evidence of a steady decline or downward trajectory in the beneficiary's clinical status over time.
- Documentation should be objective, measurable and must support a life expectancy of six months or less.
- Beneficiaries who have improved or stabilized over time and no longer have a reasonable expectation of six months or less prognosis should be discharged.
- There should be consistency between the certification documentation and the hospice clinical progress notes.



35

55H1L Best Practices

1. Training and Education:
 - Train staff on how to write clear, concise, and complete documentation that meets Medicare standards.
2. Collaborate with Healthcare Teams:
 - Work closely with physicians, therapists, and other care providers to ensure that documentation reflects interdisciplinary involvement and supports the necessity of skilled nursing services.
3. Regular Reviews and Audits:
 - Implement regular auditing processes to review the quality and completeness of medical necessity documentation.
 - Provide feedback and conduct corrective actions as necessary to improve documentation practices.



36

55H1S

55H1S - The documentation submitted does not support a valid face-to-face (FTF) encounter occurred.



37

Tips for Avoiding 55H1S

- Include all FTF attestations for the third benefit period and any thereafter. Include your medical records in response to the ADR.
- Ensure CMS requirements for FTF have been met per [Medicare Benefit Policy Manual, Ch 9, Section 20.1](#)
- Verify the benefit period that the beneficiary is in with every admission, as the beneficiary may have received hospice services in the past.



38

Steps to Resolve 55H1S

- Include all FTF attestations for the third benefit period and any thereafter. Include your medical records in response to the ADR.
- Ensure CMS requirements for FTF have been met per [Medicare Benefit Policy Manual, Ch 9, Section 20.1](#)
- Verify the benefit period that the beneficiary is in with every admission, as the beneficiary may have received hospice services in the past.



39

Resource Access



40

Resources

[NGSMedicare.com](https://www.ngsmedicare.com)
[NGSConnex](#)
[Medicare Benefit Policy Manual, Ch 9, Section 20.1](#)
[ADR Timeline Calculator](#)
[ADR Letters Guide](#)
[Results Letter Information](#)
[Provider Contact Center](#)
[PECOS Enrollment Chain](#)
[CMS PPEO](#)
[NGS PPEO Article](#)



41

References

[CMS Internet Only Manual \(IOM\) Pub. 100-02, Medicare Benefit Policy Manual Chapter 9 - Hospice Services](#)
[42 Code of Federal Regulations \(CFR\) Section 418 - Hospice Care Hospice Center | CMS](#)
[NGSMedicare.com](#) - Job Aids, Webinars, Medicare University Computer Based Training (CBT)



42



Speaker Information

Jessica Bewley-Smith, LPN
 Provider Outreach and Education Consultant
 National Government Services (NGS)
 ngshhpo@elevancehealth.com
 www.ngsmedicare.com



43



The End



44
