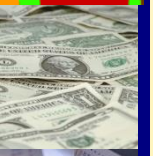




TAD
TheAccountingDepartment

August 2018

News

OUTSOURCE YOUR BILLING AND ACCOUNTING TO THE HOME HEALTH CONSULTANTS AT TAD!

CMS PROPOSES SPLIT PERCENTAGE PAYMENT APPROACH FOR A 30-DAY UNIT OF PAYMENT

Given program integrity concerns and the reduced timeframe for the unit of payment (30-days rather than 60-days), CMS is proposing not to allow newly-enrolled HHAs, that is HHAs certified for participation in Medicare effective on or after January 1, 2019, to receive RAP payments beginning in CY 2020. This would allow newly-enrolled HHAs to structure their operations without becoming dependent on a partial, advanced payment and take advantage of receiving full payments for every 30-day period of care. These HHAs would still be required to submit a "no pay" RAP at the beginning of care in order to establish the home health episode, as well as every 30-days thereafter. RAP submissions are currently operationally significant as the RAP establishes the HHA as the primary HHA for the beneficiary during that timeframe and alerts the claims processing system that a beneficiary is under the care of an HHA to enforce the consolidating billing edits required by law under section 1842(b)(6)(F) of the Act. CMS invites comments on whether the burden of submitting a "no-pay" RAP by newly-enrolled HHAs outweighs the risks to the Medicare program and providers associated with not submitting them.

We propose that existing HHAs, that is HHAs certified for participation in Medicare with effective dates prior to January 1, 2019, would continue to receive RAP payments upon implementation of the 30-day unit of payment and the proposed PDGM case-mix adjustment methodology in CY 2020. However, we are again soliciting comments on ways to phase-out the split percentage payment approach in the future given that CMS is required to implement a 30-day unit of payment beginning on January 1, 2020 as outlined above. Specifically, we are soliciting comments on reducing the percentage of the upfront payment incrementally over a period of time. If in the future the split percentage approach was eliminated, we are also soliciting comments on the need for HHAs to submit a notice of admission (NOA) within 5 days of the start of care to assure being established as the primary HHA for the beneficiary during that timeframe and so that the claims processing system is alerted that a beneficiary is under a HH period of care to enforce the consolidating billing edits as required by law. As outlined above, there are significant drawbacks to both Medicare and providers of not establishing a NOA process upon elimination of RAPs.

To be assured consideration, comments must be received at one of the addresses provided in the link below, no later than 5 p.m. on August 31, 2018.

Source: https://www.federalregister.gov/documents/2018/07/12/2018-14443/medicare-and-medicaid-programs-cy-2019-home-health-prospective-payment-system-rate-update-and-cy

Medicare and TAD Offices will be closed on Monday, September 3rd in observance of the holiday.

Announcement of Revisions to the Provider Enrollment Moratoria Access Waiver Demonstration (PEWD)

The revisions to the waiver demonstration are effective August 20, 2018

On July 29, 2016, CMS expanded county specific moratoria by implementing statewide moratoria on newly enrolling HHAs in Medicare, Medicaid, and CHIP. Concurrently, CMS implemented the PEWD Demonstration in order to improve methods for the investigation and prosecution of fraud, and to ensure that program integrity enforcement actions did not impact beneficiary access to care in rural areas that could be impacted by the statewide expansion. By implementing this Demonstration, CMS created a process that allows for need-based waivers to the moratoria in areas with access to care issues. Recently, CMS re-evaluated the continued need for statewide moratoria on the enrollment of new HHAs in Florida, Illinois, Michigan, and Texas, and determined that the conditions that caused CMS to implement the moratoria have not abated. As a result, on July 29, 2018 (see the August 2, 2018 Federal Register (83 FR 37747), we extended the statewide moratoria on HHAs in the impacted states.

CMS is further revising the Demonstration to include two different options for eligibility: (1) The existing option requiring that the provider or supplier demonstrate that access to care issues exist; or (2) the new alternative option requiring that the provider or supplier establish that it had submitted an enrollment application prior to implementation of the moratorium that was denied as a result of implementation of such moratorium. Approval of a waiver would be based primarily on either the provider or supplier demonstrating an access to care issue exists or that the provider or supplier submitted an enrollment application prior to implementation of a moratorium on July 29, 2016, or later that was denied as a result of implementation of such moratorium, and secondarily on passing the enhanced screening measures in the approved service area.

When CMS determines that there is a beneficiary access to care issue in the counties where the provider or supplier has proposed to enroll, or when CMS verifies that the provider or supplier had submitted an enrollment application prior to implementation of a moratorium that was denied as a result of implementation of such moratorium, CMS will move forward with processing the application. CMS will utilize the ownership information in the submitted CMS-855 application, in conjunction with the revised Demonstration, to perform numerous screening measures, which will include the following: •License verification •Background investigations including evaluation of affiliations •Federal debt review •Credit history review •Fingerprint-based criminal background checks (FCBC) of persons with a 5% or greater direct or indirect ownership interest, partners, and managing employees •Enhanced site visits •Ownership interest verification •Evaluation of past behavior in other public programs.

Source: https://www.federalregister.gov/documents/2018/08/20/2018-17809/medicare-medicaid-and-childrens-health-insurance-programs-announcement-of-revisions-to-the-provider

Visit us at www.tad-usa.com for helpful links to information you need to know for your agency!!!

TAD FREE WEBINARS

TAD Webinars include a variety of topics that will help agency owners and administrators keep current on the latest topics that impact Home Health Agencies. The following Webinars held from 2-3pm EST are open for registration:

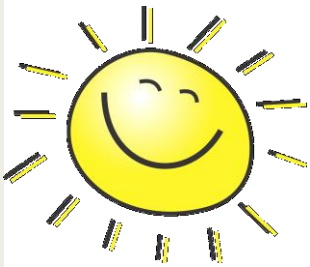
Outliers; the Good, the Bad, the Ugly: Friday, September 14th

For more information about these webinars, or to register, visit us at www.tad-usa.com and select "Free Webinars." Space will be limited, so please be sure to register early. Registration for webinars is only available on line. Please note that Webinars are scheduled based on the **Eastern** time zone. New webinars and dates will be posted regularly, so visit us often at www.tad-usa.com. We hope you will join us!!!!

INSPIRATIONAL THOUGHT:

"Along with success comes a reputation for wisdom."

- Euripides



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