



▶ CMS Takes Action to Modernize Medicare Home Health...1

▶ Insurance Verification is Critical to Your Business...2

▶ TAD Free Webinars...2

TAD

July 2018



The Accounting Department

News

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

CMS Takes Action to Modernize Medicare Home Health

On July 2, CMS proposed significant changes to the Home Health Prospective Payment System (PPS) to strengthen and modernize Medicare, drive value, and focus on individual patient needs rather than volume of care. Specifically, CMS is proposing changes to improve access to solutions via remote patient monitoring technology, and to update the payment model for home health care.

“Today’s proposals would give doctors more time to spend with their patients, allow home health agencies to leverage innovation and drive better results for patients,” said CMS Administrator Seema Verma. “The redesign of the home health payment system encourages value over volume and removes incentives to provide unnecessary care.”

CMS’s proposed changes promote innovation to modernize home health by allowing the cost of remote patient monitoring to be reported by home health agencies as allowable costs on the Medicare cost report form. This is expected to help foster the adoption of emerging technologies by home health agencies and result in more effective care planning, as data is shared among patients, their caregivers, and their providers. Supporting patients in sharing this data will advance the Administration’s MyHealthEData initiative.

As required by the Bipartisan Budget Act of 2018, this proposed rule would also implement a new Patient-Driven Groupings Model (PDGM) for home health payments. The proposed rule also includes information on the implementation of home infusion therapy temporary transitional payments as required by the Bipartisan Budget Act of 2018. In addition, the proposed rule solicits comments on elements of the new home infusion therapy benefit category and proposes standards for home infusion therapy suppliers and accrediting organizations of these suppliers as required by the 21st Century Cures Act.

Physicians who order home health services for their patients would also see administrative burden reduced under this rule. CMS is proposing to eliminate the requirement that the certifying physician estimate how much longer skilled services would be needed when recertifying the need for continuing home health care, as this information is already gathered on a patient’s plan of care.

The proposed rule helps advance the Trump Administration’s Meaningful Measures Initiative. CMS is proposing changes to the Home Health Quality Reporting Program (HH QRP). The cost impact related to updated data collection processes as a result of the proposed implementation of the PDGM and proposed changes to the HH QRP are estimated to result in a net \$60 million in annualized cost savings to Home Health Agencies (HHAs), or \$5,150 in annualized cost savings per HHA, beginning in CY 2020.

In the proposed rule CMS is releasing a Request for Information to welcome continued feedback on the Medicare program and interoperability. CMS is gathering stakeholder feedback on revising the CMS patient health and safety standards that are required for providers and suppliers participating in the Medicare and Medicaid programs to further advance electronic exchange of information that supports safe, effective transitions of care between hospitals and community providers.

Source: CMS

INSURANCE VERIFICATION IS CRITICAL TO YOUR BUSINESS

In home health we service our patients, bill our claims and then wait for the anticipated payment. Claim payment delays can severely impact your company's cash position. Yet you can easily avoid most payment delays and insure a quicker turn around time by thoroughly screening and verifying your patient's insurance information prior to the start of each episode.

First, make sure you are collecting complete and accurate insurance information from your patients. Many patients, especially the elderly, still do not fully comprehend the changes that have occurred when they register with Medicare replacement plans or HMO's. Therefore, you must make sure you ask the patient for ALL of their insurance cards and ask if there have been any recent changes.

Next, verify the information received with the patient's insurance company. To verify Medicare coverage, you must go through the Passport system. Make sure to check for current or prior home care episodes and see if there is any Medicare secondary payer information. To verify commercial coverage, contact the individual carrier to obtain eligibility/coverage, preauthorization requirements, payment amounts, claims billing address and confirm the patient's contract numbers.

Failure to confirm the patient's correct insurance information or billing address *before* you bill, can have a tremendous effect on how quickly you receive payment. The requirements for every insurance company will vary. In many cases, if you do not meet their requirements, they can refuse payment with no right to appeal. Taking the time to train your staff on how to obtain the correct insurance information will help avoid payment delays.

Finally, you must diligently follow-up every claim and investigate every discrepancy in payment. TAD clients have the confidence of knowing that we follow up on every claim to insure full payment is received timely. If you are not a TAD client and you are not completely confident that you are properly verifying insurance information or receiving correct payment for your claims, give us a call at 248.624.0123, ext. 2222 and see how TAD can help you get all of the money you are entitled to!!



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:

Billing at a Glance: Wednesday, August 15th

Outliers: the Good, the Bad and 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:

**"Generosity consists not of the sum given,
but the manner in which it is bestowed."**

- GANDHI

