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2016 hospice PEPPER report educational training set for april 28

MARK YOUR CALENDARS!

Every year, the TMF Health Quality Institute issues a hospice-specific Program for Evaluating Payment Patterns Electronic Report (PEPPER) that identifies areas where the provider may be vulnerable to potential improper payments. The PEPPER includes statistics for "target areas" that compare the performance of the hospice with state, Medicare Administrative Contractor (MAC) jurisdiction and national statistics. As reported previously in NAHC Report, the 2016 Hospice PEPPER, which will include data from the fourth quarter for Fiscal Year 2015, is scheduled for release in mid-April and will include the following new target areas:

- Live Discharges – Revocations
- Live Discharges with Length of Stay between 61 and 179 days
- Claims with a Single Diagnosis Coded
- No General Inpatient Care or Continuous Home Care

All of the new target areas are ones which CMS has identified (through its data analysis on hospice payment reform) as areas of concern, making the new Hospice PEPPER a useful tool for agencies that want to know how they compare in these areas to peers in their state and MAC jurisdiction, as well as how they rank on a national basis. Some materials related to the forthcoming Hospice PEPPER are available **here;** these include an updated Hospice PEPPER User's Guide and a spreadsheet with information about the number of hospice programs per state that will be included in the 2016 Hospice PEPPER Report. Additional materials will be added as they become available.

The following is information on a Hospice PEPPER Update WebEx presentation being offered by the TMF Health Quality Institute **at no charge.** Please mark your calendars for this important session.

+ WHAT:
Hospice PEPPER Update WebEx
Presented by Kimberly Hrehor, TMF Health Quality Institute

+ WHEN:
Thursday, April 28
1–2 p.m. CST (2–3 p.m. EST)

+ CONTENT:
An update on what is new in the Q4FY15 Hospice PEPPER

Registration is not required.

JOIN THE EVENT

EVENT NUMBER: 921 780 666
EVENT PASSWORD: lavender

reminder:

APRIL 2016 QUARTERLY RELEASE TEMPORARY HOLD

Each quarter, the Fiscal Intermediary Shared System (FISS) is updated to include new logic for claims processing, pricing, etc.

When the release is installed, Palmetto GBA places a temporary "hold" to ensure the release is installed properly. During this time, claims with dates of service of April 1, 2016 or later will be held in the status and locations listed below. Claims will be released on or about April 18, 2016 to continue processing.

This process does not apply to home health requests for accelerated payments (RAPs) or hospice notices of election (NOEs).

REASON CODE	LOCATION STATUS	DESCRIPTION
36452	SMHOSP	Hospice
37230	SMHOME	Home Health PPS Claims
WW999	SMFISS	Holds All Claims

Providers should be reminded that Medicare claims processed by the 30th day from claim receipt are considered timely. Beginning on the 31st day from receipt, interest will be applied to claims that have not been processed.

NAHC announces the march on washington conference

MAYFLOWER RENAISSANCE HOTEL, APRIL 3–5, 2016

NAHC is hosting the 2016 March on Washington Conference in the splendid city of Washington, DC. Now is a critical point, as we face new rules that could challenge our mission to serve America's aged, disabled and ill. Join us as we work to make home care and hospice the center of healthcare in our country.

The nation's capital is the heart of legislative activity that affects home care and hospice. That makes it the perfect place to raise awareness of the vital work we do. Together, we can deliver a unified message to those who make the policies that shape our business. Take advantage of this chance to lobby your lawmakers, connect with colleagues and attend educational sessions led by experts in our field.

claim selection process

FOR THE HOME HEALTH PROBE AND EDUCATE MEDICAL REVIEW

When a claim is selected for possible Probe and Educate review, it will go into an S B6000 location in Direct Data Entry (DDE). When the claim goes to this location, there will be a narrative that indicates the claim was selected and documentation is requested. However, you should not respond with medical documentation until the claim moves to S B6001 location. When a claim goes into S B6001 location, it generates an ADR, and it will hold in that location until the records are received.

For the Home Health Probe and Educate edit, more than five claims may be initially pulled into the S B6000 location to ensure the review criteria are met. Only claims that are selected for review will move from S B6000 to S B6001. Do not send in medical documentation unless the claim suspends to location S B6001, when the ADR will be generated.

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