**COMING UP**

“Unpack the Home Health CoPs”
April 5, 2017
Albany Marriott
189 Wolf Road,
Albany, NY

**IMPORANT NOTE:** HCA on Friday experienced a major technical issue with the hosting service for our website. As of press time for *The Situation Report*, our website remains suspended. If members need information that they would otherwise obtain from our website, please contact HCA’s Communications Director Roger Noyes at rnoyes@hcany.org. We thank you for your patience as we work through this technical issue.

**Governor Issues State Budget Extender Bill as Impasse Continues Past April 1 Deadline**

As of press time for *The Situation Report* this morning, negotiations over the state budget remained stalled through the April 1 deadline and into today. See BUDGET p. 4

**CoPs Delay: HCA’s Advocacy Secures a Win for Providers**

Just a week ago, New York Rep. John Faso issued an HCA-prompted letter to the U.S. Centers for Medicare and Medicaid Services (CMS) calling for a six-month delay in the final Medicare home health Conditions of Participation (CoPs) changes.

On Friday, CMS posted a proposed rule doing just that: a six-month delay. See CoPs p. 2

**Annual Conference Hotel Deadline Extended: Now April 9**

The deadline has been extended for discounted hotel reservations connected to HCA’s Annual Conference on May 3 to 5 in Saratoga Springs. **The deadline is now April 9**. Please be sure to make your reservations now and register for the conference. Links to our brochure, online registration and hotel reservations are on the conference website at [www.hcaannualconference.com](http://www.hcaannualconference.com).

HCA’s Annual Conference is our biggest gathering of New York’s home care, hospice and managed long term care community for learning and networking. We’ll be featuring several specific sessions in alerts to the membership in the coming days. In the meantime, please register today.

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**SEPSIS TOOL**

Life-saving HCA sepsis tool is now available for members to license. Please sign the user agreement today.

**OASIS**

CMS sends out a reminder about OASIS reporting requirements that impact payments starting April 1.

**VACCINATION REQUIREMENT**

Providers have until May 1 to complete the required healthcare vaccination reports covering the period of Oct. 1, 2016 to March 31, 2017.

**EMERGENCY PREP**

HCA continues to bring home care emergency preparedness issues to the fore, plus new info on training and testing requirements under federal rule.
CoPs from p. 1

The proposed rule, published in the Federal Register (see https://www.gpo.gov/fdsys/pkg/FR-2017-04-03/pdf/2017-06540.pdf), would delay implementation of the new CoPs until January 13, 2018. The CoPs are otherwise slated to go into effect on July 13, 2017, for most provisions.

CMS’s proposed six-month delay is subject to a 60-day comment period, and HCA members are strongly urged to weigh-in with your support for the delay, as HCA will be doing so.

CMS is also proposing to delay the CoPs’ implementation of the performance improvement project requirement from January 13, 2018 to July 13, 2018; and to not apply new home health agency administrator requirements in cases where administrators are employed by home health agencies prior to January 13, 2018 (instead of July 13, 2017).

As extensively reported, the CoP revisions are the most extensive changes in Medicare home health regulations in over 20 years, affecting all aspects of an agency’s operation. HCA was the first state or national home care association that publicly called for a delay in the CoPs, and was quickly joined by dozens of state home care associations across the nation and then later by the National Association for Home Care and Hospice.


Congressman Faso, more than a month ago, drafted legislation to secure a delay. Last week, at HCA’s urging, he sent a Congressional letter to CMS asking specifically for an extra six months. The letter can be read at http://hcaannualconference.com/wp-content/uploads/2017/03/FasoLetterCoPDelay.pdf.

“I believe providers and state regulators need greater time to fully understand and implement what are a wide range of changes to the CoPs,” Rep. Faso wrote in the March 27 letter. “Home care
providers understand the rationale and goals of the CoP changes, and they report vigorous and hurried efforts to get their staff trained and ready. Moving back implementation by six months will allow for all parties involved to be better prepared to operate and ultimately provide quality care to home care beneficiaries.”

We greatly appreciate Rep. Faso’s influential efforts, as well as the work of HCA members, to substantiate and help compel this action by CMS. The letter was shared to and reported Friday by Home Health Care News in an article about the delay. Please see http://homehealthcarenews.com/2017/03/cms-proposes-six-month-delay-for-home-health-cops/.

Other regulatory changes on the horizon?

Inside Health Policy also reported on the CoP delay while noting other regulatory changes that appear under consideration. Citing national sources, Inside Health Policy provided word that CMS has indicated it will consider making the pre-claim review process optional for home health agencies. It “intends to initiate a more targeted approach to pre-claim reviews that will focus on the first episode of care, certain diagnoses and home health agencies that don’t have a high enough compliance rate,” the report stated. Changes to pre-claim review are among several regulatory issues that HCA has targeted in our advocacy, including our comments arguing against pre-claim reviews.

While pre-claim review is not effective nor is it lined up for activation in New York State under the current demo, it is nevertheless a major regulatory and fiscal burden that must be forestalled from further implementation in other states. Inside Health Policy also mentioned the prospect of other policy changes, including the expectation that face-to-face legislation is likely to be introduced soon, yet another area of HCA’s continued advocacy for regulatory and documentation relief.

April 5 CoP education program

The CoP delay proposal is good news for home care, yet the proposal (for delay) still needs to be finalized by CMS, and providers still face a very compressed timetable to prepare for implementation, even by January 2018.

It’s not too late to join HCA on April 5 (later this week) for our education program on Unpacking the Home Health CoPs in Albany.

This program is presented by Trish Tulloch, a seasoned clinician and home care operational management consultant who works with multiple health care organizations to meet regulatory and accrediting standards.

Don’t miss this opportunity for further insights and tools to set your agency on a path to success in CoP readiness.

Unpacking the New Home Health CoPs:
Setting Your Agency Up for Success
April 5, 2017
Albany Marriott
189 Wolf Road
Having been unable to reach agreement over the weekend, the Governor has said he will send an extender bill to the Legislature as a means of keeping the government running into the new state fiscal year.

The Governor indicated that leaders of both houses agreed to pass the extender bill later today, though press reports over the weekend suggested that it is still possible for a final budget agreement to take shape, preempting the need for an extender bill. Nevertheless, the situation remains incredibly fluid and more developments will be known later today.

This extender bill would continue the current budget spending and appropriations levels through May 31, buying more time for the Legislature and Governor to decide on the status of top-tier focus issues that remain unresolved, such as an affordable housing initiative, a proposal to raise the age for teenagers tried in the criminal justice system, from 16 to 18, and other lingering issues. These and other issues impact the entire budget process and all of its moving pieces, including the priority items for home care, hospice and Managed Long Term Care that HCA has championed throughout the past several weeks.

HCA has worked continuously to press these priority items and, if a longer opportunity is provided due to the extension, HCA will use this to try to gain traction on all of these issues.

Late last week, HCA learned that Assembly negotiators were now disinclined to include in the final budget the language advanced in the Senate budget bill, and derived from HCA, to create a collaborative hospital-homecare-physician-EMS model for community paramedicine (which all the major associations had indicated they would support), as well as language to provide Essential Personnel status to home care and hospice personnel in emergencies. Additionally, HCA learned of the Governor’s strenuous pushback on MLTC and home care rate adequacy language, including workforce support. Moreover the fate of the $125 million infrastructure fund for community based providers, which HCA had recommended and advocated, and other home care/hospice items, remained unknown in the fluid environment.

In a statement announcing the extender bill yesterday, Governor Cuomo specifically cited the political instability in Washington as a driving force in this decision, specifically the ongoing uncertainty of federal Medicaid dollars as the Trump Administration and Republican Congressional leaders regroup on their intent to repeal and replace the Affordable Care Act. However, it is unclear to what degree the current state impasse is due to federal proposals or political disagreement on the finer points of major budget issues in New York.

“The looming threats from Washington leave us with two options: Our state budget must either fully anticipate and address our human and financial needs or we must keep working to reach compromise on the reform issues and remain financially cautious so we can adapt to federal actions once they are determined,” the Governor said.

HCA expects to learn more about these developments later today and will report back to the membership.
HCA Home Care Sepsis Screening Tool Now Available for Agency Use

Rollout begins for HCA members, with full statewide availability to follow.

HCA is now making available to home care agencies its first-in-the-nation home care initiative for sepsis screening, early recognition, prevention, intervention and education.

HCA’s rollout follows multiyear work in development, vetting and refinement of the tool, and nearly six months of preparatory webinars and educational information for the provider community.

While often misunderstood as an “in-hospital” occurrence, the vast majority (over 80%) of sepsis-related infections occur in the home and community. Anyone can develop sepsis from illness or injury. However, the patient population served by home care is among the highest risk for sepsis occurrence.

These are among the reasons why we believe that home care can make an enormous difference in saving health and lives, while mitigating health care system costs. At more than $24 billion, sepsis is one of the single most expensive medical conditions nationwide, and it is the number-one driver of hospital Medicare and Medicaid readmissions.

HCA urges all providers to adopt this critical life, health and cost-saving tool! Further information on access is provided on the next page.

HCA’s new tool guides home care clinicians on sepsis-risk identification, screening and protocols. In a series of recent webinars, HCA also provided examples of how the tool can be readily integrated into a home care agency’s electronic medical records (EMRs). Participation in these webinars, conducted by HCA and IPRO, is a prerequisite for using the tool.

HCA is offering the tool as a free, direct benefit to HCA Members. HCA will soon make the tool available for non-HCA members at a modest fee.

Members using the tool also benefit from technical assistance, marketing support (to highlight this proactive initiative with partner organizations and payors), among other benefits for HCA members in support of their efforts on sepsis prevention.

Further background

The screening tool, as reported extensively in member communications, was developed by clinician leaders in HCA’s Quality Committee and membership, the HCA executive team, and in partnership with
organizations like IPRO, the National Sepsis Alliance and both state and national physician experts. Critical partners include the Rory Staunton Foundation for Sepsis Prevention, the U.S. Centers for Disease Control and Prevention (CDC), the state Department of Health, and the U.S. Centers for Medicare and Medicaid Services (CMS).

HCA has provided the sepsis tool to the State Commissioner of Health, Governor’s Office and Legislature. HCA will continue seeking further support from state, federal and philanthropic sources to aid provider adoption and training. HCA has been asked to present this tool at the upcoming National Leadership Conference of the Visiting Nurse Associations of America, has presented at the National Sepsis Blue Print Conference of the Rory J. Staunton Foundation, and many hospital systems, medical practices, other state associations, and home care providers are seeking use of this innovation.

**How to access the tool**

To access the tool, HCA members must first complete the user agreement, which is required by HCA to help ensure preparation for use, standardization and quality.

The user agreement is available at [http://hcaannualconference.com/wp-content/uploads/2017/03/HCA-Sepsis-Tool-User-Agreement.pdf](http://hcaannualconference.com/wp-content/uploads/2017/03/HCA-Sepsis-Tool-User-Agreement.pdf). By signing it, licensees attest that they have viewed all of the HCA/IPRO instructional webinars for use of the tool, which is a prerequisite. (Users may view archived versions of the webinars to satisfy this requirement. The archived webinars are available at [http://atlanticquality.org/initiatives/sepsis-initiative/educational-events/webinars/](http://atlanticquality.org/initiatives/sepsis-initiative/educational-events/webinars/).

The user agreement also establishes important legal prohibitions on sharing the tool with outside entities. Licensees also agree to submit de-identified data in connection with using the tool, unless an agency lacks capacity to provide such data. A secure data portal managed by IPRO will be made available for data sharing. The data sharing will be used by HCA to further support provider use, implementation, effect, evaluation and improvements to the process. It will also assist providers and HCA in promoting the value of this tool both clinically and fiscally. Please see the user agreement for further details on these and other requirements.

HCA, IPRO and partners will conduct initial teleconference meetings (anticipated to be approximately monthly) to review questions, answers and experiences.

**To take the next step**, please do the following:

- Read the user agreement, assure that your agency meets the requirements, and sign the agreement.
- E-mail an attached version of the signed user agreement to [sepsistool@hcanys.org](mailto:sepsistool@hcanys.org).
- Upon receipt of the user agreement, HCA will check your membership status, and, once confirmed and accepted, send you the approved user agreement, the tool itself, and further instructions.

If you have any additional questions, please contact [sepsistool@hcanys.org](mailto:sepsistool@hcanys.org).

HCA thanks the partners who participated in the development and support of this initiative, in particular: Amy Bowerman, RN, Mohawk Valley Health System/VNA of Utica and HCA Sepsis Workgroup clinical leader;
Sara Butterfield, Senior Quality Director, and Eve Bankert, Sepsis Project Director, both of IPRO; Thomas Heyman, Executive Director, and Steven Simpson, M.D. and Board Member, both of the Sepsis Alliance; Martin Doerfler, M.D., Associate Chief Medical Officers, Northwell Health System; and the Rory J. Staunton Foundation.

Beginning April 1, CMS to Deny Medicare Home Health Payments when OASIS is Not Received

The U.S. Centers for Medicare and Medicaid Services (CMS) has issued Change Request (CR) No. 9585, which directs Medicare Administrative Contractors (MACs) to automate the denial of home health Prospective Payment System (HH PPS) claims when the condition of payment for submitting patient assessment data has not been met.

CR9585 is effective on April 1, 2017. CMS issued the article as a reminder of the upcoming change and provides further information to assist home health agencies in avoiding problems with these Medicare requirements. CMS encourages home health agencies (HHAs) to make sure that their billing staffs are aware of this change.

Further details

Outcome Assessment and Information Set (OASIS) reporting regulations require that HHAs transmit the OASIS within 30 days of completion.

In many cases, this 30-day period will have elapsed by the time a 60-day episode of services is completed and the HHA submits the final claim for that episode to Medicare. Upon receipt of a final claim with service dates after April 1, 2017, Medicare systems will check whether the corresponding OASIS assessment is present in the Quality Information and Evaluation System (QIES). If the OASIS assessment is not found and the receipt date of the claim is more than 30 days after the assessment completion date reported on the claim, Medicare systems will deny the home health claim.

While the regulation requires the assessment to be submitted within 30 days of completion, the initial implementation of this process will allow 40 days. Medicare systems will check for assessments used to determine the HIPPS code on the claim (Start of Care, Recertification and...
certain Resumption of Care assessments). Again, for the claim to be denied, the assessment must be both missing and past due. When denying the claim, Medicare will apply the following remittance messages:

- Group Code of CO
- Claim Adjustment Reason Code 272

Before submitting a home health claim to your Medicare Administrative Contractor (MAC), the HHA should ensure the OASIS assessment has completed processing and was successfully accepted into the QIES National Database. HHAs can verify this by reviewing their OASIS Agency Final Validation Report or OASIS Submitter Final Validation Report for the submission which included the assessment. This may require communication between the HHA’s billing office and its clinical staff that submits the OASIS to CMS.

The OASIS Agency Final Validation Report and OASIS Submitter Final Validation Report provide all the information needed (that is, confirmation of an assessment’s receipt, the date of receipt, and any fatal or warning errors encountered) in order to prevent claims denials or to understand why a denial occurred.

HHAs should ensure, prior to submission of the OASIS assessment and the claim, that the following information is correct:

- HHA CMS Certification Number (OASIS item M0010)
- Beneficiary Medicare Number (OASIS item M0063)
- Assessment Completion Date (OASIS item M0090)
- Reason for Assessment (OASIS Item M0100) equal to 01, 03 or 04

MACs will use these items to match claims and assessments, so accuracy of submission can help prevent claim denials.


For further information, contact NGS’s Interactive Voice Response (IVR) system at 1-866-275-3033.

**Billing Codes Update**

Discussions continued this week with the state Department of Health, HCA and other associations on uniform billing codes for community-based long term care services under managed care.

The implementation of this requirement from the 2015-16 state budget has been postponed while the state, providers and plans try to address outstanding issues. These include: revised codes and modifiers as required by the U.S. Centers for Medicare and Medicaid Services (CMS) for HIPAA compliance; further changes to reflect agency and plan practices; potential effect on submission of encounter data by plans; and others.

At this week’s meeting, HCA and all of the associations discussed very specific issues related to services, codes, modifiers and definitions. HCA raised: whether separate billing codes were needed for continuous personal care or continuous consumer directed care services; changes to the “live-in” definition; separate
codes or modifiers for the UAS assessment and reassessment; separate codes or modifiers for telehealth; and problems with using 3-digit modifiers.

HCA is pressing the Department to ensure that both plan and provider needs and workable procedures are forged in the implementation.

DOH intends to make some revisions to the codes and modifiers which the Department will share with us at a meeting to be scheduled in two weeks.

*For more information, contact HCA policy staff.*

**HCA to Participate in DOH LHCSA Statistical Report Workgroup**

The state Department of Health (DOH) Division of Home and Community Based Services has invited HCA staff to participate in a Workgroup that is charged with reviewing the existing Annual Statistical Report required of Licensed Home Care Services Agencies (LHCSAs).

The goal of the Workgroup is to redesign and restructure the report to increase the timely and accurate submission of information by identifying areas of reporting that can be streamlined to increase compliance and accuracy in data reporting. This data is necessary to allow the Department to formulate policy decisions and verify worker shortages and potentially assist in developing methods to attract and retain individuals providing home care services.

DOH anticipates having four meetings in 2017 with the first one on May 1, 2017. HCA LHCSA members that have any concerns or thoughts on how the Statistical Report should be revised can contact Patrick Conole at pconole@hcanys.org.

**Reporting Period Ends for Healthcare Personnel Vaccination Report**

The period covered by the Healthcare Personnel Vaccination Report ends on March 31. The report, however, will remain open through May 1, 2017 for completion.

As covered in past HCA communications, home care, hospice and other health care providers are required to document the number and percentage of personnel vaccinated against influenza for the current season and to report this data through the Healthcare Personnel Vaccination Report.

The report asks for: number of staff vaccinated against influenza after July 1, 2016; the number that declined influenza vaccination; and the number with unknown influenza vaccination status.

This season’s report covers health care personnel employed by or affiliated with your agency from October 1, 2016 through March 31, 2017 and will remain open through May 1, 2017. If health care personnel work in or are affiliated with more than one agency or facility, then they must be counted in the total number of personnel for each agency or facility where they work.

Agencies that already submitted the report prior to March 31, but who have hired more employees since that time, can revise and resubmit the report up until the May 1 deadline.

*Continued on next page*

Questions about the report should be directed to the state Department of Health’s Bureau of Immunization at either (518) 473-4437 or immunize@health.ny.gov. Technical questions about the report or HERDS should be directed to the Health Emergency Preparedness Program at (518) 408-5163 or hseppny@health.ny.gov.

HCA Participates In Panel at Health Emergency Preparedness Coalition Strategy Meeting

HCA participated in a “State of Affairs” panel discussion at the state Department of Health’s (DOH) Statewide Health Emergency Preparedness Coalition Strategy Meeting on Thursday, and attended the remainder of the meeting Friday morning. This annual meeting is geared toward strategizing about increasing the value and effectiveness of the regional Health Emergency Preparedness Coalitions (HEPC) for partners across the continuum.

HCA on behalf of home care, along with representatives from other long term care sectors and hospitals, discussed current issues their constituents face in regard to health emergency preparedness and strategies to address challenges. HCA cited issues such as:

- Lack of understanding of home care and related challenges by key partners
- Unique nature of the home care setting, both ordinarily and during emergencies
- The increasing number and acuity of home care patients
- Navigation of staff and access to patients, including necessity of essential personnel status
- Transportation issues
- Lack of meaningful connection with critical Emergency Management partners
- Lack of funding for Emergency Preparedness efforts
- Regulations

Much of the meeting then focused on the structure and utilization of the HEPCs as information sharing and relationship building vehicles for all types of partners in the emergency preparedness and response areas. On Thursday morning, an additional panel focused on needs of all partners for stronger collaboration. HCA reiterated points made the day before, and the group strategized about how to continue to better position home care agencies in terms of preparedness and response.

Considerable debriefing will take place in the coming weeks with DOH Office of Health Emergency Preparedness (OHEP) staff at our monthly meeting with their representatives. HCA will report once those discussions conclude and OHEP grant deliverables for the coming year are finalized.

Please contact Alex Fitz Blais, ablais@hcanys.org, or Al Cardillo, acardillo@hcanys.org, with any questions.
CMS Releases Information on New Training and Testing Requirements of the Emergency Preparedness Requirements

The U.S. Centers for Medicare and Medicaid Services (CMS) has released a memorandum regarding questions about the new training and testing requirements for the Emergency Preparedness Requirements of the final rule impacting participating agencies.

CMS states that many providers have asked for clarification about whether they will be expected to have completed the “exercises” per the training and testing requirements by the implementation date. CMS confirms that because the Final Rule has an implementation date of November 15, 2017, one year following the effective date, providers and suppliers are expected to meet the requirements of the training and testing program by the implementation date.

CMS is also encouraging providers to engage in full-scale community-based exercises with their local and state emergency management agency partners and health care coalitions. If an agency is unable to do this, they should be documenting why a full-scale exercise was not possible.


Additionally, CMS issued a Save the Date for the following related provider call:

Medicare Learning Network (MLN) Conference Call National Provider Call (NPC) for Emergency Preparedness Requirements for Medicare & Medicaid Participating Providers and Suppliers Final Rule

Date: Thursday, April 27, 2017
Time: 2:30 to 3:30 p.m.


OIG Releases Compliance Guide


This guide can be found at https://oig.hhs.gov/compliance/101/files/HCCA-OIG-Resource-Guide.pdf.

Included are sections on the following seven elements:

- Standards, Policies and Procedures
- Compliance Program Administration

Continued on next page
The guidance includes individual compliance program metrics to “give health care organizations as many ideas as possible, be broad enough to help any type of organization, and let the organization choose which ones best suit its needs.”

Additional OIG compliance guidance materials are at https://oig.hhs.gov/compliance/101/index.asp#measuring.

Most Home Care Applications Approved by PHHPC Committee

At the March 22 meeting of the Public Health and Health Planning Council (PHHPC) Committee on Establishment and Project Review, all but one of the home care-related applications were approved. These included applications by:

- Eight entities to establish a Licensed Home Care Services Agency (LHCSA);
- Five entities to establish a LHCSA affiliated with an Assisted Living Program; and
- Seven LHCSAs for a change of ownership.
- A Certified Home Health Agency (CHHA) to become the new operator of an existing CHHA (was deferred at the request of the state Department of Health);

The Committee’s recommendations on these applications will be forwarded to the full PHHPC, which will consider them at its April 6 meeting.

State Health Profiles Data Updated

The latest data update to the New York State Health Profiles website (profiles.health.ny.gov) has been published. It includes updates to hospital, nursing homes and home care hospice data.

Home Care/Hospice data is updated to include:

- Facility information, services, and counties served for CHHAs, LTHHCPs, and Hospices Services

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- Branches/satellites for CHHAs, LTHHCPs, and Hospices
- LHCSA facility information, services, and counties served
- Quality data: CMS home health quality data
- Inspections data: enforcement and surveillance data, deemed agencies update

FIDA Expands to Westchester and Suffolk Counties

The state Department of Health (DOH) has announced the expansion of the Fully Integrated Duals Advantage (FIDA) Demonstration to Suffolk and Westchester Counties.

Eligible individuals can enroll now through NY Medicaid Choice.

The FIDA Demonstration was originally approved to run January 1, 2015 through December 31, 2017. In November, it was extended through December 2019.


NGS Updates

National Government Services (NGS), New York’s Medicare Administrative Contractor (MAC), has recently posted the following information to its website.

Register for NGS’s Home Health & Hospice Virtual Conference on April 13

Registration for NGS’s Home Health and Hospice Virtual Conference is now open. This free virtual education will take place on Thursday, April 13, 2017 from 2 to 7 p.m. The Virtual Conference will include the following eight topics:

- NGS Resources (website);
- Medicare as a Secondary Payer;
- Home Health Documentation and the Additional Documentation Request (ADR);
- Introduction to PEPPER Reports;
- Home Health Certification and Recertification;
- PEPPER Preview (Hospice);
- Home Health Billing Reminders; and
- Planning Strategizing and Responding to a Hospice ADR

NGS requires providers to register for all education sessions through its website at: www.ngsmedicare.com. Users will need to enter their User ID and Password and make sure they are in
the Jurisdiction 6 Home Health & Hospice home page before clicking on the Training Events Calendar link under the Education and Training tab.

**Provider Enrollment Status Inquiry Tool**

NGS reminds all Part A providers, including home health agencies, that they can now check the status of their U.S. Centers for Medicare and Medicaid Services (CMS) 855 enrollment application without calling NGS’s Provider Contact Center. NGS encourages providers to use NGS’s new self-service option tool by visiting the NGS website. The Provider Enrollment Status Inquiry Tool can be found in the Provider Resources section under Calculators & Tools.

Providers can use either of the following two options to search:

- Option 1: Enter the valid case number, and click the Submit button; or
- Option 2: Enter a valid NPI, and TIN combination. Click the Submit button.

**Medicare Cost Report Filing Address Change**

NGS reminds providers that the Medicare Cost Report filing address and contacts has recently changed. The following changes will take place for cost reports submitted after April 1, 2017 for all home health and hospice providers in NGS’s Wisconsin workload (New York is part of NGS’s Wisconsin workload). Providers submitting Cost Reports by regular mail should use the following new address:

National Government Services, Inc.
Attn: Cost Reporting Unit
P.O. Box 9731
Portland, ME 04104

Providers submitting Cost Reports via FEDEX or Courier should use the following address:

National Government Services, Inc.
Attn: Cost Reporting Unit
2 Gannett Dr.
South Portland, ME 04106

Questions relating to cost report filing should be directed to: J6_Cost_Report_Filing@Anthem.com.

For further information, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.
Resources

- “Denial of Home Health Payments When Required Patient Assessment Is Not Received – Additional Information,” by the U.S. Centers for Medicare and Medicaid Services

- “Medicare Home Health Benefit,” by the U.S. Centers for Medicare and Medicaid Services

- “Recommendations on NYC Health + Hospitals’ Transformation,” by the Commission on Health Care for Our Neighborhoods

For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcany.org.