





# CGS Regulatory Updates for Home Health + Hospice (HHH) Providers


Working Together  
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This publication is a general summary that explains certain aspects of the Medicare Program but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference.

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## Objectives



Discuss Recent Medicare HH&H Updates



Examine HH&H Billing Requirements and Guidelines



Analyze Data to Improve Provider Reimbursement



Explore Available Self-Service Options & Tools



Review CGS & CMS Resources

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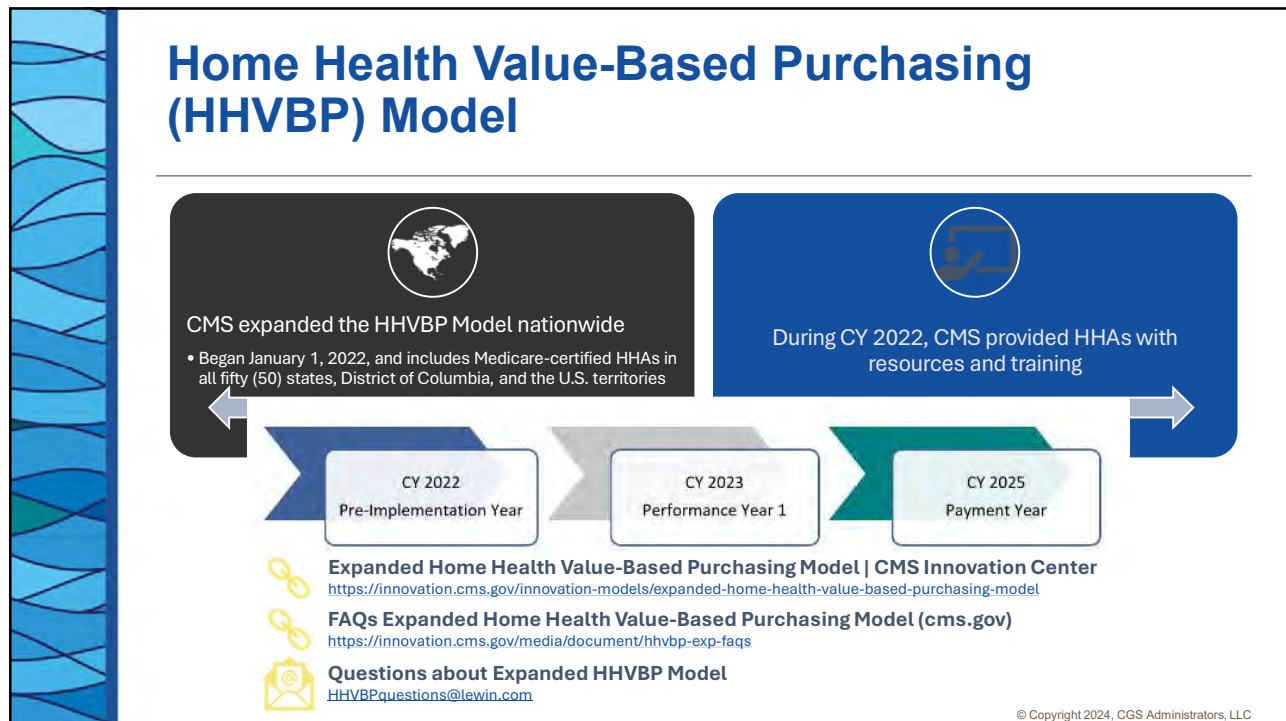


**Home Health Updates & Reminders**


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HOME CARE AND HOSPICE  
CONFERENCE AND EXPO  
PURPOSE  
DRIVEN

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## Home Health Value-Based Purchasing (HHVBP) Model



**CMS expanded the HHVBP Model nationwide**

- Began January 1, 2022, and includes Medicare-certified HHAs in all fifty (50) states, District of Columbia, and the U.S. territories





During CY 2022, CMS provided HHAs with resources and training


CY 2022  
Pre-Implementation Year

CY 2023  
Performance Year 1

CY 2025  
Payment Year

 **Expanded Home Health Value-Based Purchasing Model | CMS Innovation Center**  
<https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model>

 **FAQs Expanded Home Health Value-Based Purchasing Model (cms.gov)**  
<https://innovation.cms.gov/media/document/hhvp-exp-faqs>


 **Questions about Expanded HHVBP Model**  
[HHVBPquestions@lewin.com](mailto:HHVBPquestions@lewin.com)

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## Expanded HHVBP Model Sample Reports Available Now


For learning purposes only, CMS provided two sample reports:



Interim Performance Report (IPR)




Annual Performance Report (APR)



**Information Includes:**

- An overview of the IPR and APR;
- Achievement, Improvement, Care Points, Measure Scorecard, and TNC Change Reference tabs;
- Annual Payment Adjustment tab in the APR;
- Formulas and Notes to explain the calculations of the Total Performance Score (TPS) in both reports, and the Final TPS-adjusted payment percentage in the APR; and
- Sample percentile rankings reflecting the agency's performance relative to the performance of other CCNs in their cohort.



**Expanded HHVBP Model Webpage**  
<https://www.cms.gov/priorities/innovation/innovation-models/expanded-home-health-value-based-purchasing-model>


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## CMS HHVBP Training


- [The HHVBP CY 2024 Annual Performance Report \(APR\) \(cms.gov\)](#)

Each CY, HHAs receive **two types of reports**:



**Interim Performance Reports (IPRs)**

Four quarterly IPRs published in January, April, July, and October.



**Annual Performance Reports (APRs)**

One APR published in August.

\*TPS = Total Performance Score

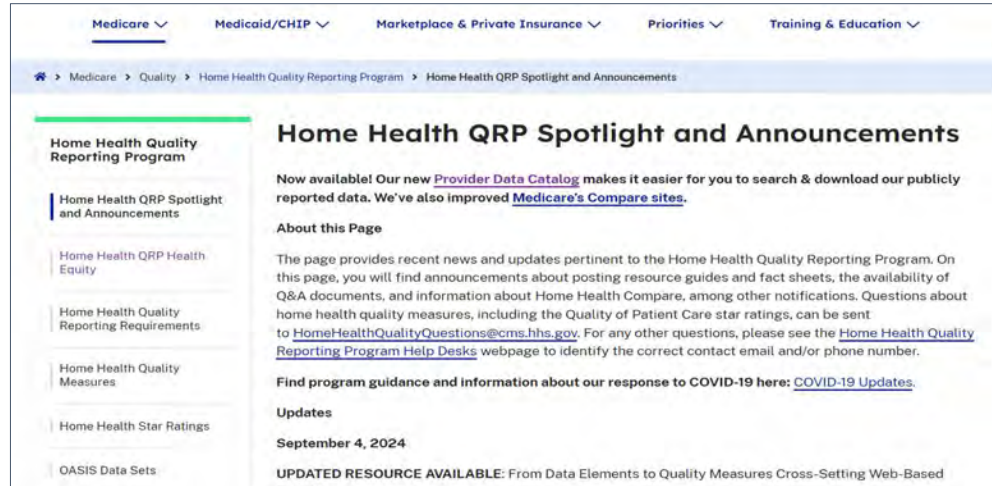
**CY 2024 APR Eligibility**

- HHAs receive an APR and APP if they:
  - Were Medicare-certified prior to January 1, 2022, **and**
  - Had sufficient data for at least five quality measures to calculate a TPS.

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# Home Health Quality Reporting Program (HHQRP)



[Home Health QRP Spotlight and Announcements | CMS](#)

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## HHQRP Updates

- **September 4, 2024**
- **UPDATED RESOURCE AVAILABLE:** From Data Elements to Quality Measures Cross-Setting Web-Based Training
- The Centers for Medicare & Medicaid Services (CMS) is offering an updated web-based training course that provides a high-level overview of how data elements are used to construct quality measures used across post-acute care settings.
- This resource can be accessed through the [Home Health Quality Reporting Training](#) page.
- **August 26, 2024**
- **UPDATED RESOURCE AVAILABLE:** Section GG Web-Based Training Series
- The Centers for Medicare & Medicaid Services (CMS) is offering an updated series of web-based training courses that provide an overview of the assessment and Section GG guidance found in the OASIS E-1 to promote accurate coding of the post-acute care (PAC) cross-setting data elements.
- This resource can be accessed through the [Home Health Quality Reporting Training](#) page.

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## Negative Pressure Wound Therapy Devices (NPWT)

HHA's will submit their period of care claims with an applicable disposable NPWT device using the additional coding below.

Claim Field	Code	Description
TOB	032X	4th Digit - Definition <ul style="list-style-type: none"> <li>9 - Final Claim for an HH PPS Period</li> <li>7 - Replacement of Prior Claim</li> </ul>
Revenue Code	027x (other than 0274)	Medical/Surgical Supplies
HCPCS	A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each.
Service Date	Any date within the billing period is acceptable. The HHA may enter the date the device was applied or if there were more than one device applied during the period, the HHA may enter the date the first date the device was applied.	Required
Units	Represent the number of disposable devices provided during the billing period	Representing the number of disposable devices provided during the billing period
Charges	Report charges per the HHA's internal policy for determining charges	Required

 **CGS Article – Separate Payment for Disposable NPWT Devices on HH Claims**  
 Separate Payment for Disposable Negative Pressure Wound Therapy Devices on Home Health Claims (cgsmedicare.com)

 **CGS Home Health Special Claims Filing Situations**  
 Separate Payment for Disposable Negative Pressure Wound Therapy Devices on Home Health Claims (cgsmedicare.com)


 **MM13244** - Separate Payment for Disposable Negative Pressure Wound Therapy Devices on Home Health Claims (cms.gov)

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## 2025 Home Health Prospective Payment System Proposed Rule

- Final Rule expected late October/ early November

 Jun 26, 2024

### Calendar Year (CY) 2025 Home Health Prospective Payment System Proposed Rule Fact Sheet (CMS-1803-P)

[Billing & payments](#) [Policy](#) [Home health agencies](#)

Share    

[Calendar Year \(CY\) 2025 Home Health Prospective Payment System Proposed Rule Fact Sheet \(CMS-1803-P\) | CMS](#)

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A presentation slide with a white background and a blue wavy pattern on the left side. The title "FY 2025 Hospice Final Rule" is in large blue font. Below the title is a URL: <https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/hospice-center>. To the left of the main content, there is a smaller URL: <https://public-inspection.federalregister.gov/2024-16910.pdf>. A large blue arrow points from the text "Effective Date: 10/1/2024" to the right. On the right, there is a screenshot of the CMS-1810-F regulation page, which includes the following information:

CMS-1810-F	
Regulation No.	CMS-1810-F
Title	FY 2025 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Update, Hospice Quality Reporting Program Requirements
Display Date	2024-07-30
Publication Date	2024-08-06

Below the table, there is a note: "The final rule went on display at the Office of the Federal Register's Public Inspection Desk on July 30, 2024 and will be available until the regulation is published on August 6, 2024. See CMS-1810-F in the 'Related Links' section below." Under the "Downloads" section, there is a link: [FY 2025 Final Hospice Wage Index](#). Under the "Related Links" section, there is a link: [CMS-1810-F](#).

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## Medicare Hospice Payment Policies

Rule finalizes policy to adopt most recent Office of Management and Budget (OMB) statistical area delineations, which revise existing core-based statistical areas (CBSA) based on data collected during the 2020 Decennial Census.

Hospices negatively affected by the change to their geographic wage index will only experience a maximum 5% reduction to their 2024 wage index, as there is a 5% cap on any decrease to the wage index from the prior year.

<https://www.cms.gov/medicare/payment/fee-service-providers/hospice/hospice-wage-index/fy-2025-final-hospice-wage-index>

This permanent cap, finalized in the FY 2023 Hospice Final Rule, prevents a geographic area's wage index from falling below 95% of its wage index calculated in the prior FY.

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## FY 2025 Routine Annual Rate Setting Changes



The FY 2025 hospice payment update percentage is 2.9% (an estimated increase of \$790 million in payments from FY 2024).



The FY 2025 payment rates for hospices that do not submit the required quality data would reflect the finalized FY 2025 hospice payment update percentage of 2.9%, minus four percentage points, which results in a -1.1% update.

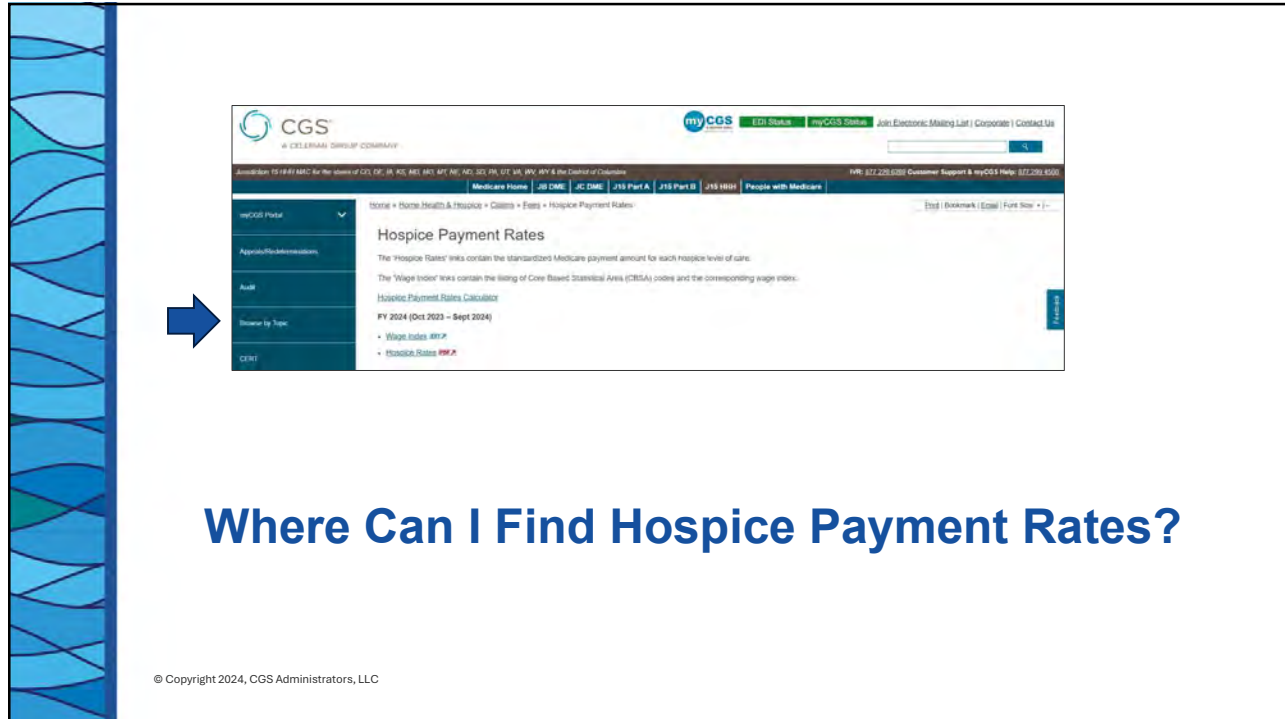


The hospice payment update includes a statutory aggregate cap that limits the overall payments per individual that may be made annually to a hospice. The finalized hospice cap amount for FY 2025 is \$34,465.34 (FY 2024 cap amount of \$33,494.01, increased by the FY 2025 hospice payment update percentage of 2.9%).

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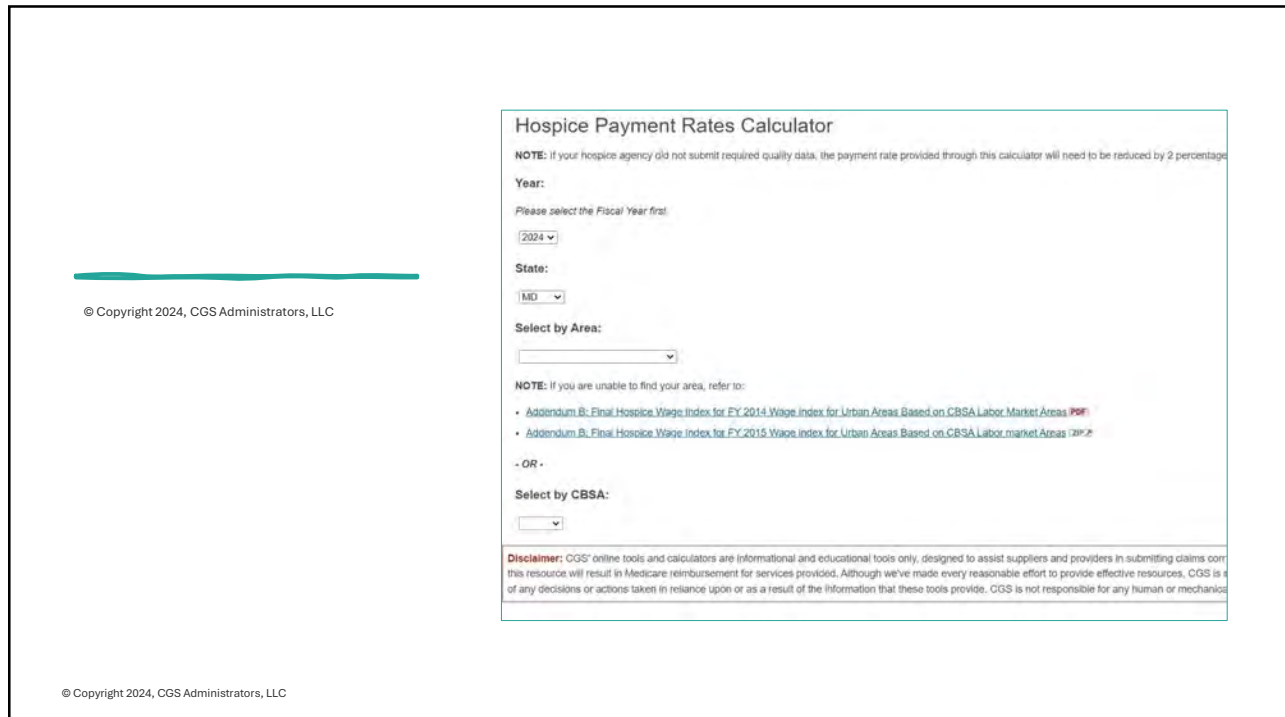


The screenshot shows the CGS website interface. The top navigation bar includes the CGS logo, a search bar, and links for EDS Status, myCGS Status, and a Join Electronic Mailing List button. Below the navigation bar, there are tabs for Medicare Home, J15 CMO, J15 Part A, J15 Part B, J15 HMO, and People with Medicare. The main content area is titled "Hospice Payment Rates" and includes a description of the rates, a link to the Hospice Payment Rates Calculator, and a list of links for FY 2024 (Oct 2023 - Sept 2024), Wage Index, and Hospice Rates.

## Where Can I Find Hospice Payment Rates?

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The screenshot shows the "Hospice Payment Rates Calculator" tool. It includes a note about the payment rate reduction if quality data is not submitted. The calculator has fields for Year (2024), State (MD), and Select by Area. It also provides links to the Final Hospice Wage Index for FY 2014 and FY 2015. A disclaimer at the bottom states that the tool is informational and educational only.

### Hospice Payment Rates Calculator

**NOTE:** If your hospice agency did not submit required quality data, the payment rate provided through this calculator will need to be reduced by 2 percentage.

**Year:**  
Please select the Fiscal Year first:  
2024

**State:**  
MD

**Select by Area:**  
[Dropdown menu]

**NOTE:** If you are unable to find your area, refer to:

- [Addendum B: Final Hospice Wage Index for FY 2014 Wage Index for Urban Areas Based on CBSA Labor Market Areas PDF](#)
- [Addendum B: Final Hospice Wage Index for FY 2015 Wage Index for Urban Areas Based on CBSA Labor Market Areas PDF](#)

- OR -

**Select by CBSA:**  
[Dropdown menu]

**Disclaimer:** CGS' online tools and calculators are informational and educational tools only, designed to assist suppliers and providers in submitting claims and this resource will result in Medicare reimbursement for services provided. Although we've made every reasonable effort to provide effective resources, CGS is not responsible for any decisions or actions taken in reliance upon or as a result of the information that these tools provide. CGS is not responsible for any human or mechanical errors.

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## Hospice Outcome and Patient Evaluation (HOPE)

- The rule also adopts and implements the HOPE patient-level data collection tool, beginning with FY 2025, and functionally replaces, upon implementation, the existing Hospice Item Set (HIS) structure.
  - **Expected to be available October 1, 2025**
- HOPE will collect data at multiple time points across the hospice stay, including admission, the HOPE Update Visit (HUV), and discharge. Compared to the HIS (which only collects data at hospice admission and discharge), HOPE will enable CMS to gather patient-level data during their hospice stay to improve patient quality of care. In addition, HOPE includes several domains that are new or expanded relative to HIS, including:
  - Sociodemographic (updated)
  - Diagnoses (expanded)
  - Symptom Impact Assessment
  - Skin Conditions
  - Imminent death

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## New CMS HOPE Video



CMS is offering a 4-minute, animated explainer video for hospice providers.



This video describes HOPE, the timepoints, their data collection timeframes, and introduces the symptom follow-up visit (SFV), if triggered during a HOPE timepoint.



HOPE data collection will be required for the Hospice Quality Reporting Program (HQRP) beginning on October 1, 2025 (FY 2026)



[HOPE Data Collection Timepoints Explainer Video – YouTube](#)

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## Hospice Quality Reporting Program (HQRP)



- Rule finalizes two new process measures to HQRP, expected to begin in FY 2028.
  - *Timely Follow-up for Pain Impact*
  - *Timely Follow-up for Non-Pain Symptom Impact*
- Reporting of these two measures would be through the new HOPE instrument.
- These process measures address hospice care delivery as they document whether a follow-up visit occurred within 48 hours of an initial assessment where there was an impact of moderate or severe symptoms with and without pain.
- <https://www.cms.gov/medicare/quality/hospice>

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## Did You Know?



Notice of Election: Commonly known as the NOE – billing transaction



Election Statement: To receive hospice services under the Medicare Hospice Benefit, the patient (or authorized representative) must elect hospice care by signing an election statement.

[https://cgsmedicare.com/hhh/coverage/coverage\\_guidelines/election\\_requirements.html](https://cgsmedicare.com/hhh/coverage/coverage_guidelines/election_requirements.html)

Additionally, CMS is proposing regulation text changes related to clarify the requirements related to the election statement and NOE in the CoPs. These regulation text changes do not change current policy but are intended to reorganize and more clearly distinguish the separate requirements for the “election statement” and the NOE.

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## Value Based Insurance Design (VBID) – Hospice Benefit Component

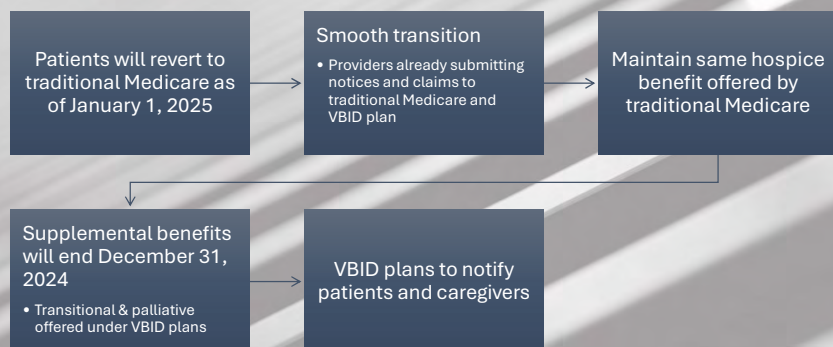
- **Hospice Benefit Component**
- The Centers for Medicare & Medicaid Services announced in January 2019 that beginning in CY 2021, through the VBID Model Hospice Benefit Component, participating MAOs could include the Medicare hospice benefit in their Part A benefits package.
- After careful consideration, **CMS has decided to terminate the Hospice Benefit Component as of 11:59 PM, December 31, 2024.**
- CMS will not be accepting applications to the previously released CY 2025 Request for Applications for the Hospice Benefit Component of the VBID Model.

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## VBID Transition

[CY2024 VBID-Hospice Technical and Operational Guidance \(cms.gov\)](https://www.cms.gov)



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## Hospice Certifying Physician Enrollment Background

- “Under our existing regulations, (1) the hospice medical director or the physician member of the hospice interdisciplinary group (hereafter the “hospice physician”) and (2) the attending physician (if the beneficiary has one) must initially certify the patient’s terminal condition. (For subsequent periods, only the hospice physician must do so.) As part of CMS’ larger strategy to address hospice program integrity and quality of care, and under our authority under section 6405 of the Affordable Care Act, we are finalizing our proposal that these two categories of physicians must be enrolled in or opted out of Medicare for hospice services to be paid. Requiring enrollment or opt-out will allow us to screen the physician to ensure they are qualified (e.g., licensed) to certify the terminal condition.”
- In response to concerns raised by commenters, we will not implement or enforce this requirement until **May 1, 2024**, to give unenrolled and non-opted-out physicians more time to enroll in or opt-out of the Medicare program.

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## Reason Code 17729

- **Subject**

Effective **June 3, 2024**, (delayed from May 1, 2024), for claim "from" dates on or after this date, CMS implemented edits to enforce a new rule that would deny hospice claims if the certifying physician entered in the **Attending** field on the claim is not in the Provider Enrollment Chain and Ownership System (PECOS) as an enrolled or opted-out physician.

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## Reason Code 17729 Description

The attending physician's National Provider Identifier (NPI) data on the claim does not match the PECOS Enrolled Physicians File, or the dates do not fall within the physicians effective/termination dates.

- This reason code will edit the claim's attending physician's NPI data against the PECOS Enrolled Physicians File for hospice claims, type of bill 81X and 82X (excluding 8XA, 8XB, 8XC, 8XD and 8XE) with a statement "from" date on or after June 3, 2024, and will assign when:
  - Occurrence Code 27 and associated date (hospice certification or recertification date) are present, and the Occurrence Code 27 date does not fall on or after the physician's effective date but before the termination date on the PECOS Enrolled Physicians File
  - Occurrence Code 27 and associated date are not present and the claim statement "from" date is not on or after the physician's effective date but before the termination date
  - The attending physician's NPI and/or the first four characters of the physician's last name does not match the NPI and/or the first four characters of the physician's last name

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## Reason Code 17729 Resolution



The [CMS Order and Referring Dataset](#) provides information on all physicians, as well as nurse practitioners (NPs) or physician assistants (PAs) by their NPI, who are of a type/specialty that is legally eligible to order, certify and refer in the Medicare program and who have current enrollment records in Medicare. Check the dataset to ensure the attending physician entered on the claim is:

- Listed on the CMS Order and Referring Dataset with a "Y" in the hospice column. If the physician has an "N" in the hospice column, they are not eligible to certify for hospice and the claim cannot be approved for payment.
- Their NPI is correct
- Their first four (4) characters of their last name exactly matches the dataset. Ensure the first and last name are not entered in reverse on the claim.
- For initial benefit periods, complete the **Attending Physician** and **Other** fields (with the hospice certifying physician listed in the latter field) unless the patient's designated attending physician is the same as the hospice physician certifying the terminal illness
  - When the attending physician is also the hospice certifying physician, only populate the **Attending Physician** field
- For subsequent benefit periods, the hospice certifying physician may be listed in the claim's **Attending Physician** field to avoid this denial
  - Leave the **Other** field blank

- [Reopenings \(cgsmedicare.com\)](https://cgsmedicare.com)



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## HH+H Data Analytics



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## Data Analytics: Claims Submission Errors (CSEs)

### Effects of CSEs

#### Costs your agency money

- Staff time
- Delayed Medicare payment
- No Medicare payment

#### Costs your agency time

- To check for claim errors
- To research problem
- To resolve issue
- To correct claim or rebill

### Benefits of Reducing CSEs

#### Timely Medicare payments

- Consistent cash flow
- Avoiding no payment for services, interruptions in payment for services

#### Increased productivity

- Decreased repetition of errors/staff hours needed for rework

#### Avoiding negative consequences of appearing in Medicare Administrative Contractor (MAC) data analysis

- Inappropriate billing/payment
- Unnecessary Medicare program costs

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## HH+H CSE Data: June – August 2024

June - Dec 2024

Month	# of HH Claims Submitted	Total # of HH CSEs	HH CSE Error Rate	# of Hospice Claims Submitted	Total # of Hospice CSEs	Hospice CSE Error Rate	# of HH+H Claims Submitted	Total # of HH+H CSEs	HH+H CSE Error Rate
Jun-24	113,834	19,065	16.75%	98,085	11,351	11.57%	211,919	30,416	14.35%
Jul-24	120,085	24,492	20.40%	104,715	15,260	14.57%	224,800	39,752	17.68%
Aug-24	118,109	58,380	49.43%	103,009	42,411	41.17%	221,118	100,791	45.58%
<b>Total</b>	<b>352,028</b>	<b>101,937</b>	<b>28.96%</b>	<b>305,809</b>	<b>69,022</b>	<b>22.57%</b>	<b>657,837</b>	<b>170,959</b>	<b>25.99%</b>

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## Home Health Top 5 CSEs: June – August 2024

Reason Code	Billing Error	# of Errors
U537F	From date on Notice of Admission (NOA) falls w/in an existing HH admission period	18,847
19963	Statement From Date is on or after 01/01/2022 and less than 24 months from claim Admit Date and a matching Home Health NOA cannot be found	8,336
U5233	Services within HMO Period and NO Hospice involvement or services not within Hospice Period. No Medicare Payment can be made.	7,757
37253	No OASIS assessment	7,211
31755	HIPPS DOS Mismatch	4,166

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## Hospice Top 5 CSEs : June – August 2024

Reason Code	Billing Error	# of Errors
37402	Hospice sequential billing error	8,398
17729	Physician certification/Occ cd 27 Issue	7,947
U5106	NOE falls within current hospice election	4,482
U523A	Patient enrolled in VBIID	4,424
38200	Duplicate claim	2,839

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## Reason Code Search and Resolution

[Reason Code Search and Resolution Tool \(cgsmedicare.com\)](https://cgsmedicare.com)

Reason Code Search and Resolution

**Disclaimer: This is not a complete list of reason codes.**

The Reason Code Search and Resolution tool allows you to view a reason code description and determine how to prevent/resolve the edit. You may search by reason code or keyword. All records matching your search criteria will be returned for your review. You may also select "Show all Reason Codes" to view the complete list.

If the reason code you enter does not display here, you may access any reason code description in the Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE) Reason Codes Inquiry Menu (Option 17). For additional information, please reference the [FISS DDE User Manual](#).

Search by:
☒ Reason Code
☐ Keyword

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## Medical Review Denials

- [Home Health Denial Reason Codes \(cgsmedicare.com\)](https://cgsmedicare.com)
- [Hospice Denial Reason Codes \(cgsmedicare.com\)](https://cgsmedicare.com)
- [Home Health Top Medical Denial Reason Codes \(cgsmedicare.com\)](https://cgsmedicare.com)
- [Hospice Top Medical Denial Reason Codes \(cgsmedicare.com\)](https://cgsmedicare.com)

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## myCGS Portal

All the resources and tools for success at your fingertips!

[myCGS \(cgsmedicare.com\)](https://cgsmedicare.com)

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## myCGS Portal webpage



[myCGS \(cgsmedicare.com\)](https://cgsmedicare.com)

[myCGS Tutorial Video](#)

[myCGS User Manual \(cgsmedicare.com\)](https://cgsmedicare.com)

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## What Does myCGS Offer?

Beneficiary eligibility

Claims status

View and print Remittance Advices

Access to financial information

Submit Redetermination requests

Receive correspondence from CGS

Obtain a patient's Medicare Beneficiary Identifier (MBI)

Check eligibility dates for Medicare-covered preventive services

Determine Medicare Secondary Payer (MSP) status

Identify Medicare Advantage (MA) enrollment

Respond to claims and Medical Review Additional Documentation/Development Request (ADR) letters

Request Comparative Billing Reports (CBRs)

Submit roster claims for mass immunizers

And MUCH more!

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## Why Use myCGS?

myCGS is THE solution to moving toward a totally automated office, focusing on efficiency and convenience.

The top reasons we reject claims is due to beneficiary eligibility issues. Using myCGS to query your patient's status will save you TONS of time and money by submitting claims to the correct payer the first time!

myCGS offers a wide range of information and features to make your Medicare lives a whole lot easier! Most functions are available to you 24 hours a day, seven days a week! And – it's completely FREE!

Check the status of claims

Check the [Claims section of the myCGS User Manual](#) for navigation steps!

Need Assistance? Call toll-free 866.276.9558

Home **Claims** Medical Review Remit Eligibility MBI Lookup Financial Messages Forms Support Admin My Account

User: Provider: Log Out

Get Status Retrieve Messages Help Go To Page Select Form

Claims Claims Submission Rejected Claims

Claim Status Inquiry

To view claim data for a patient, please enter the Medicare ID or Claim Number

Medicare ID: Enter the patient's Medicare Beneficiary Identifier (MBI) and the Date of Service range.

Search claims by patient's Medicare ID or Claim ICN/DCN!

Claim Number: Enter the claim ICN/DCN. A Date of Service range is not required.

To view claim data for a patient, please enter the Medicare ID or Claim Number

Medicare ID: Claim Number

From To

Submit

To view claim data for a patient, please enter the Medicare ID or Claim Number

Claim Number

From To

Submit

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## myCGS – MBI Look Up Tool

Used to obtain your patients' Medicare Beneficiary Identifier (MBI)

myCGS Website

Home Claims Medical Review Remit Eligibility **MBI Lookup** Financial Messages Forms Support Admin My Account

User: Provider: Log Out

Get Status Retrieve Messages

MBI Lookup

Select all options with buses

Starting in April 2018, to make it easier for health care providers and those working on their patients' MBI when they don't or can't give them, providers can use a PASC secure portal to bring the portal. Providers must key the Medicare patient's first name, last name, date of birth, and gender.

Beneficiary Information

First Name: Last Name: SSN: Date Of Birth: I'm not a robot

Check Submit Request

Enhanced reCAPTCHA security function to display at certain intervals.

Must enter the **PATIENT'S**

- First and last name
- Social security number
- Not the HICN
- Date of birth

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## Systems for Checking Medicare Eligibility

Features	FISS/DDE (Option 10)	myCGS	HETs
Verify Eligibility	√	√	√
Check Claim Status		√	
View/Print Remittance Advices		√	
Access Financial Information		√	
Submit Redetermination Request		√	
General Medicare Information		√	

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## CGSMedicare.com

Every department, resource, and self-service options in one spot!



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# CGSMedicare.com

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Medicare Home | JB DME | JC DME | J15 Part A | J15 Part B | J15 HHH

Contact Us  
Electronic Mailing List  
Website Tutorial  
People with Medicare

Are you a person with MEDICARE?  
Go paperless and receive electronic Medicare Summary Notices (eMSNs)

## A/B MAC Jurisdiction 15

Select Part A or Part B in the map below

Part A  
Part B

## HHH MAC Jurisdiction 15

Print | Bookmark | Email | Font Size: - | +

- J15 Part A Home
- J15 Part A Contact Information
- J15 myCGS Web Portal
- J15 Part A News
- J15 Part B Home
- J15 Part B Contact Information
- J15 myCGS Web Portal
- J15 Part B News
- J15 HHH Home
- Contact J15 HHH
- J15 myCGS Web Portal
- J15 HHH News

myCGS A/B MAC Jurisdiction 15

EDI Status | myCGS Status | Join Electronic Mailing List | Corporate | Contact Us

IVR: 877.220.6289 Customer Support & myCGS Help: 877.299.4500

J15 HHH

<https://www.cgsmedicare.com/index.html>

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# CGS HH&H Web Page

Home Health and Hospice (cgsmedicare.com)

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Medicare Home | JB DME | JC DME | J15 Part A | J15 Part B | J15 HHH

Download the CGS Medicare app today!

Change Healthcare Security Incidents: Click here for updates on this topic.

### Recent News

- MUN Connects Newsletter: March 7, 2024 - v1.07.24
- Change Healthcare Security Incident - 02.28.24
- NAH Order: J15 COE RPTM Application/Reactivation Form - 01.26.24
- NAH Connects Newsletter: February 29, 2024 - v1.06.24
- J15 POC Closure Schedule - March 2024 - v1.07.24
- April 2024 Release "Data Days" - 04.01.24

Visit the HHH News page for all articles, alerts and updates.

A/B MAC Jurisdiction 15 Contract the Awarded to CGS HHC - Please visit our Jurisdiction 15 Contract Implementation web page for more information.

### Provider Education At-A-Glance

sign up for upcoming education events!

- February 27: All You Need to Know About the Physician Certification of Terminal Illness
- February 27: Intu's New Interview CGS
- February 28: Navigating the RAC Process
- March 6: New to Medicare - (CGS Medicare Care) Welcome Week
- March 13: Home Health Billing - Troubleshooting Errors in Reported Claims
- March 27: Hospice Clinical - Agencying Details Related to Terminal Program Documentation

### QUICK LINKS

- Claims Processing Status Log
- Credit Balance Report
- PGS COE User Manual
- Forms
- LCDE
- WEB Connect
- myCGS User Manual
- HHA
- HOTI
- Dates and Fee Schedules
- Reason Code Search and Resources
- Signatures

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## Self-Service Tools & Resources

LCDs / Medical Policies

Medical Review

News & Publications

Overpayments & Refunds

Provider 360 – Lean Process Improvement Education

Provider Enrollment

Self-Service Options

**Self-Service Options**

The following tools are designed for home health and hospice providers who submit claims to CGS.

**Disclaimer:** CGS' online tools and calculators are informational and educational tools only, designed to assist Medicare (Providers or Suppliers) with submitting claims correctly. CGS makes no guarantee that this resource will result in Medicare reimbursement for services provided. Although every reasonable effort has been made to provide effective resources to assure correct claim submission, CGS is not responsible for the consequences of any decisions or actions taken in reliance upon or as a result of the information provided by these tools. CGS is not responsible for any human or mechanical errors or omissions.

**Note:** Hover your mouse over the title to display a complete description.

<p><b>Appeals</b></p> <ul style="list-style-type: none"> <li>Appeals Decision Tree</li> <li>Appeals Timeliness Calculator</li> </ul> <p><b>Medical Review</b></p> <ul style="list-style-type: none"> <li>Additional Documentation Request Timeliness Calculator</li> <li>CERT Claim Identifier Tool</li> </ul> <p><b>myCGS</b></p> <ul style="list-style-type: none"> <li>myCGS</li> <li>myCGS Comparative Billing Reports (CBR) for Home Health and Hospice Providers</li> </ul>	<p><b>Claims</b></p> <ul style="list-style-type: none"> <li>Home Health Low Utilization Payment Adjustment (LUPA) Threshold Calculator</li> <li>Home Health Patient-Driven Groupings Model (PDGM) 30-Day Period of Care Billing Calculator</li> <li>Home Health Patient-Driven Groupings Model (PDGM) Admission Source 14-Day Calculator</li> <li>Home Health Patient-Driven Groupings Model (PDGM) Final Claim Timeliness Calculator</li> <li>Hospice Occurrence Code 27 Calculator</li> <li>Hospice Payment Rates Calculator</li> <li>Medicare Secondary Payer (MSP) Online Tool</li> </ul>	<p><b>Electronic Data Interchange (EDI)</b></p> <ul style="list-style-type: none"> <li>277CA Edit Lookup Tool</li> <li>EDI Report Request Tool</li> <li>EDI Online Applications Status Check</li> </ul> <p><b>Provider Enrollment</b></p> <ul style="list-style-type: none"> <li>Average Provider Enrollment Applications Processing Time</li> <li>CGS Provider Enrollment Application Status</li> <li>Provider Enrollment Interactive Help Tool</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>CGS Medicare® App</li> <li>Interactive Medicare Electronic Remittance Advice (ERA)</li> <li>Interactive Medicare Statement Paper Remittance (SPR) Advice</li> <li>Interactive Voice Response (IVR) System - IVR User Guide PDF</li> <li>Medicare Beneficiary Identifier (MBI) and Name to Number Converter</li> <li>Medicare Deductible / Coinsurance Look-Up</li> <li>Reason Code Search and Resolution</li> </ul>
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Updated: 12.10.21

[Top](#)

[Self-Service Options \(cgsmedicare.com\)](https://www.cgsmedicare.com)

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## CGS Virtual Education Platform

[https://www.cgsmedicare.com/medicare\\_dynamic/wrkshp/pr/hhh\\_report/hhh\\_report.aspx](https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/hhh_report/hhh_report.aspx)

myCGS Portal

Appeals/Reimbursements

Audit

Browse by Topic

CERT

CGS Medicare® App

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CMS Mail Connection

COVID-19

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Home » pr » hhh\_report » Home Health & Hospice Calendar of Events

**J15 Calendar of Events**

**WELCOME!**

Have you registered to access our live and on demand education sessions yet?

1. Register here [HERE](#) to create your personal schedule.
2. Add any sessions you want to attend. No additional registration is required.
3. Log in to view/modify your schedule anytime.

Keyword

Search

Date

**Filter Events**

**Intended Audience**

☐ All

☐ Part A

☐ Part B

☒ Home Health

☐ Hospice

**March 2024**

**J15 Home Health Billing: Resolving Errors in Rejected Claims (3/13/24)**

March 13, 2024 at 12:00 PM – 1:00 PM ET

This session will provide guidance on how to maintain compliance in Home Health Claims Billing. View More Details

**J15 Hospice Clinical: Appealing Denials relating to Terminal Prognosis Documentation (3/27/24)**

March 27, 2024 at 12:00 PM – 1:00 PM ET

What an Appealing topic! This session was developed in direct response to provider survey requests. View More Details

**April 2024**

**J15 HHH: New to Medicare - CGSMedicare.com Welcome Week! (4/3/24)**

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# New Provider Resource Center

Home Health and Hospice New Provider Resource Center

**Education & Resources**

- Advisory Group
- Calendar of Events
- Educational Resources
- Frequently Asked Questions
- New Providers**
- Video Education
- Workshop Refund Policy

**Share Education Feedback**

**Feedback**

**Home Health and Hospice New Provider Resource Center (cgsmedicare.com)**

**Are you new to Medicare, or to billing Medicare claims to CGS? CGS is here to help, and we welcome you to the Medicare program.** This page contains basic information and resources to get you started. Home health and hospice providers should become familiar with all of the resources listed on this page as well as the Centers for Medicare & Medicaid Services (CMS) website. Please share this information with your staff as appropriate.

If you submitted your completed CMS 855-A enrollment application and received a letter from CGS welcoming you as a Medicare-certified provider, please proceed on with the steps detailed below. If not, please review the Provider Enrollment web page for information on becoming a Medicare-certified provider.

**To Get Started**

**Step 1: Enroll in the CGS and CMS Electronic Mailing List (Listserve)**

Access the CGS Email Registration, which is the primary means used by CGS to communicate new or changing Medicare information with providers. CGS also communicates information via Facebook and LinkedIn. In addition, sign up for the weekly MLN Connects for all Medicare program news, including MLN Matters Article and MLN product updates.

**Step 2: Become familiar with the CGS and CMS Websites**

Access the Home Health & Hospice CGS website for a variety of educational, billing, and coverage information. Take the Home Health & Hospice website video tour for a brief overview of our website and how to navigate. Please note the "Search" function on the web site. Use this to receive a listing of CGS web pages or documents containing the word(s) entered in your search.

Familiarize yourself with important information found on the CMS Web site.

- Official site for CMS, the federal agency that administers Medicare
  - Current updates and information regarding Medicare
  - Medicare Learning Network (MLN)
    - MLN Matters Articles
    - The Affordable Care Act (ACA) included new statutory authority for a provisional period of enhanced oversight for new providers and suppliers to the Medicare program. New HHAs that are placed on a provisional period of enhanced oversight will be subject to enhanced oversight that includes a suppression of Request for Anticipated Payment (RAP) payments for 30 days to 1 year. Refer to SE19033 for additional information.
  - MLN Web-Based Training, offered by CMS
  - Become familiar with the information accessible from the "main pages"
    - Medicare
    - Regulations and Guidance
    - Outreach & Education
    - All Fee-For-Service Providers Web pages
    - Home Health Agency (HHA) Center
    - Hospice Center

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# New Hospice Provider Resources

Hospice Quick Resource Tools

The files offered below are in Adobe PDF format. [Download a free copy of Acrobat Reader.](#)

General	Billing	Clinical
<ul style="list-style-type: none"> <li>Enrollment Medical Review Additional Development Request (MS ADR) Tool</li> <li>Postpayment Medical Review Additional Development Request (MS ADIS) Tool</li> <li>Hospice Call</li> <li>Hospice Face-To-Face (FTF) Encounters for Recertification</li> <li>Hospice References</li> <li>Medicare Hospice Benefit Facts</li> <li>Success with Medical Record Requests</li> <li>Summary of Hospice Changes</li> </ul>	<ul style="list-style-type: none"> <li>Billing Hospice Physician and Nurse Practitioner (NP) Services</li> <li>ELGA and ELGH Overview of Key Fields</li> <li>Hospice Medicare Billing Codes Sheet</li> <li>Hospice Prescription Drug Reporting Table</li> <li>Medicare Resources for New Billers</li> <li>Medicare Secondary Payer (MSP) Billing &amp; Adjustments</li> <li>Notice of Election (NOE) Timely Filing and Exclusion Circumstance Guidelines</li> <li>Resources for Submitting or Correcting Hospice Notices (SXA, SXB, SXC, SXD, SXE)</li> <li>Submitting a Hospice Notice of Election (NOE - TOB SXA)</li> <li>Submitting a Hospice Notice of Termination/Revocation of Election (TOB SXB)</li> <li>Submitting a Hospice Notice of Transfer (TOB SXC)</li> <li>Submitting a Hospice Notice of Cancellation (TOB SXD)</li> <li>Submitting Hospice Notice of Change of Certificate (TOB SXE)</li> </ul>	<ul style="list-style-type: none"> <li>Accommodate Clinical Factors to Consider During Recertification of Medicare Hospice Patients</li> <li>Targeted Probe and Educate Post Probe Education Call Tool</li> <li>Hospice Face-To-Face Encounter Calendar</li> <li>Hospice Documentation Checklist Tool</li> <li>Hospice Guidelines of the ADN of Noncoverage and Expedited Determination</li> <li>Hospice Length of Stay Analysis Tool</li> <li>Hospice Terminal Prognosis           <ul style="list-style-type: none"> <li>Hospice Terminal Prognosis: Amyotrophic Lateral Sclerosis</li> <li>Hospice Terminal Prognosis: Dementia Due to Alzheimer's Disease</li> <li>Hospice Terminal Prognosis: Heart Disease</li> <li>Hospice Terminal Prognosis: HIV Disease</li> <li>Hospice Terminal Prognosis: Liver Disease</li> <li>Hospice Terminal Prognosis: Non-Disease Specific</li> <li>Hospice Terminal Prognosis: Pulmonary Disease</li> <li>Hospice Terminal Prognosis: Renal Disease</li> <li>Hospice Terminal Prognosis: Stroke and Cerebral</li> </ul> </li> <li>Medicare Resources for New Clinicians</li> <li>Standard Guidelines for Medical Review</li> <li>Suggestions for Improved Documentation to Support Medicare Hospice Services</li> <li>Hospice Denial Facts Sheets           <ul style="list-style-type: none"> <li>SPC06 - Face-to-Face Encounter</li> <li>SPC01 - SPC07 - Certification/Recertification</li> <li>SPX06, SPX06 and SPX07 - Election Statement</li> <li>SPC09 - Plan of Care</li> <li>SPM02/SPX03 - Reduced Level of Care</li> <li>SPM01 - Six-month Terminal Prognosis</li> </ul> </li> </ul>

**Home Health and Hospice New Provider Resource Center (cgsmedicare.com)**

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# New Home Health Provider Resources

## Home Health Quick Resource Tools

General	Billing	Clinical
<ul style="list-style-type: none"> <li>• Face-To-Face (FTF) Encounters for Home Health Certification <a href="#">PDF</a></li> <li>• Prepayment Medical Review Additional Development Request (MRADR) Tool <a href="#">PDF</a></li> <li>• Postpayment Medical Review Additional Development Request (MRADR) Tool <a href="#">PDF</a></li> <li>• Success with Medical Record Requests <a href="#">PDF</a></li> </ul>	<ul style="list-style-type: none"> <li>• Avoiding Billing Errors Caused By Overlapping Home Health Episodes <a href="#">PDF</a></li> <li>• Avoiding Reason Code 38107 <a href="#">PDF</a></li> <li>• Demand Billing Information Sheet for Home Health Providers <a href="#">PDF</a></li> <li>• ELGA and ELGH Overview of Key Fields <a href="#">PDF</a></li> <li>• Home Health Medicare Billing Codes Sheet <a href="#">PDF</a></li> <li>• Medicare Resources for New Billers <a href="#">PDF</a></li> <li>• Medicare Secondary Payer (MSP) Billing &amp; Adjustments <a href="#">PDF</a></li> <li>• Ordering/Referring Checklist for Home Health Agencies <a href="#">PDF</a></li> <li>• Special Billing Situations Under HH FPS <a href="#">PDF</a></li> <li>• Telehealth Home Health Services: New G-Codes – Updates</li> <li>• Treatment Authorization Code Structure <a href="#">PDF</a></li> </ul>	<ul style="list-style-type: none"> <li>• Targeted Probe and Educate Post Probe Education Call Tool <a href="#">PDF</a></li> <li>• Advance Beneficiary Notice (ABN) vs Home Health Change of Care Notice (HHCCN) <a href="#">PDF</a></li> <li>• Face-To-Face Encounter Calendar <a href="#">PDF</a></li> <li>• Home Health Documentation Checklist Tool <a href="#">PDF</a></li> <li>• Home Health Wound Care Flow Sheet <a href="#">PDF</a></li> <li>• Medicare Resources for New Clinicians <a href="#">PDF</a></li> <li>• Provider Compliance Tips for Home Health Services (Part A Non DRG) <a href="#">PDF</a></li> <li>• Signature Guidelines for Medical Review <a href="#">PDF</a></li> <li>• Home Health Denial Fact Sheets               <ul style="list-style-type: none"> <li>• SHC01 – Missing / Incomplete / Untimely Face-to-Face Encounter <a href="#">PDF</a></li> <li>• JHH01 – Homebound status <a href="#">PDF</a></li> <li>• JHH01 – Medical necessity <a href="#">PDF</a></li> <li>• JHS01 – No OASIS <a href="#">PDF</a></li> </ul> </li> <li>• Denial Reason: Missing/Incomplete/Untimely Plan of Care or Certification <a href="#">PDF</a></li> </ul>



[Home Health Quick Resource Tools \(cgsmedicare.com\)](https://cgsmedicare.com)

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## Are you signed up for our email list?



<https://cgsmedicare.com/hhh/index.html>



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# CGS Medicare Mobile App

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[Appeals/Determinations](#)
[Audit](#)
[Browse by Topic:](#)
[CERT](#)
[CGS Medicare™ App](#)
[Claims](#)
[CMS MLN Connect@](#)
[COVID-19](#)
[Customer Service](#)
[Electronic Data Interchange \(EDI\)](#)
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[FAQs](#)
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## CGS Medicare App

**Access key information from your smartphone!**

The CGS Medicare app allows you to read Physician Letters, use the MBI Name to Number Converter, access disaster resources, and more. Search "CGS Medicare" in the App Store or Google Play store and download the app today!

To download CGS Medicare:

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# CGS Resources

## STAY CONNECTED

**CHECK OUT OUR WEBSITE:**  
<https://www.cgsmedicare.com/>

**GET EVEN MORE RESOURCES:**

- CMS MLN Web page: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNgenInfo>. This includes the MLN Connects, MLN articles, and more.
- Electronic Mailing List page at: <https://www.cms.gov/Outreach-and-Education/Outreach/FSP/PartD/PartD-Electronic-Mailing-List>
- CMS e-mail updates at: [https://public.govdelivery.com/accounts/USCMS/subscribe/new?pop=t&topic\\_id=USCMS\\_7619](https://public.govdelivery.com/accounts/USCMS/subscribe/new?pop=t&topic_id=USCMS_7619)

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Download the CGS Medicare<sup>SM</sup> app today!

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## CMS Resources

### Internet-Only Manuals (IOMs) | CMS

Publication #	Title
<a href="#">100</a>	Introduction
<a href="#">100-01</a>	Medicare General Information, Eligibility and Entitlement Manual
<a href="#">100-02</a>	Medicare Benefit Policy Manual
<a href="#">100-03</a>	Medicare National Coverage Determinations (NCD) Manual
<a href="#">100-04</a>	Medicare Claims Processing Manual
<a href="#">100-05</a>	Medicare Secondary Payer Manual
<a href="#">100-06</a>	Medicare Financial Management Manual
<a href="#">100-07</a>	State Operations Manual
<a href="#">100-08</a>	Medicare Program Integrity Manual
<a href="#">100-09</a>	Medicare Contractor Beneficiary and Provider Communications Manual

### MLN Homepage | CMS

#### The Medicare Learning Network®



Free educational materials for health care providers on CMS programs, policies, and initiatives. Get quick access to the information you need.

#### Publications & Multimedia

- Publications
- MLN Matters® Articles
- Multimedia

#### Training

- Calls & Webcasts
- Web-Based Training

#### News & Updates

- MLN Connects® Newsletter
- Electronic Mailing Lists



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## Resources

- Medicare Benefit Policy Manual, CMS Pub. 100-02 Ch. 9, §40.1.5**  
 Medicare Benefit Policy Manual (cms.gov) <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c09.pdf>
- Medicare Claims Processing Manual (CMS Pub. 100-04) Ch. 11 §30.1 and 30.3**  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c11.pdf>
- Expanded HHVBP Model Webpage**  
<https://www.cms.gov/priorities/innovation/innovation-models/expanded-home-health-value-based-purchasing-model>
- CMS | MLN Homepage**  
<https://www.cms.gov/training-education/medicare-learning-network/resources-training>
- CMS Resource - Medicare Claims Processing Manual, Section 40.2 HH PPS Claims**  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c10.pdf>

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# Thank You!

**CGS Provider Contact Center: 1.877.299.4500**

- Option 1: Customer Service
- Option 2: Electronic Data Interchange (EDI)
- Option 3: Provider Enrollment (PE)
- Option 4: Overpayment Recovery (OPR)

**POE Mailbox:** [J15\\_HHH\\_Education@cgsadmin.com](mailto:J15_HHH_Education@cgsadmin.com)

**TPE Mailbox:** [J15HHProbeandEducation@cgsadmin.com](mailto:J15HHProbeandEducation@cgsadmin.com)

## We Value Your Feedback!



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