





Medicare Home Health Coverage and Tips

Michael Dorris, Jurisdiction Affairs

Manager



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Acronyms

 Please access the <u>Acronyms</u> page on the NGSMedicare.com website to view any acronym used within this presentation



Objectives

 Review of basic coverage, billing, reviews, and resources for Medicare home health (HH) claims



Medicare and NGS Overview

- National Government Services, Inc. (NGS) has served as a Medicare Administrative Contractor (MAC) with the Centers for Medicare & Medicaid Services (CMS) since 1966
 - Jurisdiction 6 and K (J6 & JK) MAC for Home Health & Hospice for Alaska, Arizona, California, Connecticut, Hawaii, Idaho, Maine, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, New Jersey, New York, Oregon, Rhode Island, Vermont, Washington, Wisconsin, and the U.S. Territories of American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and U.S. Virgin Islands
 - Serves nearly 24 million Medicare beneficiaries
 - Serves over 4,000 home health & hospice providers in the J6 and JK states



Medicare and Palmetto GBA Overview

- Palmetto GBA has served as a MAC with the CMS since 1966
 - Jurisdiction M (JM) A/B and HH+H MAC
 - A/B MAC for North Carolina, South Carolina, Virginia, and West Virginia
 - Home Health + Hospice MAC for Florida, Georgia, South Carolina, North Carolina, Alabama, Tennessee, Kentucky, Mississippi, Louisiana, Ohio, Illinois, Indiana, Arkansas, Texas, New Mexico, and Oklahoma



 Medicare HH providers bring a wide array of skilled services directly to a patient's residence to meet the needs of Medicare beneficiaries who are homebound



To be Eligible for HH Care Services, These Five Conditions Must be Met:

- Must be homebound
- Must need skilled care on a part-time or intermittent basis
- Must be under the care of a doctor
 - Receiving services under a plan of care (POC)
- Have a face-to-face (F2F) encounter with a Medicare enrolled provider/doctor
 - Prior to start of care (90 days) or within 30 days after start of care (SOC)
- > Home Health Agency (HHA) must be Medicare-approved



- Definition of homebound A Medicare patient shall be considered "confined to the home" (homebound) if the following criteria are met:
- (1) The patient must either, because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or assistance of another person to leave their place of residence



- Definition of homebound A Medicare patient shall be considered "confined to the home" (homebound) if the following criteria are met:
- (2) Have a medical condition such that leaving his or her home is medically contraindicated



 Definition of homebound – A Medicare patient shall be considered "confined to the home" (homebound) if the following criteria are met:

Note: If the patient meets only 1 of the 2 previous conditions, then the patient must ALSO meet the following two additional requirements:

- There must exist a normal inability to leave home and
- Leaving home must require considerable and taxing effort



 A POC is developed by the doctor, the HHA, and the Medicare patient. It must be reviewed on or before every 60 days.



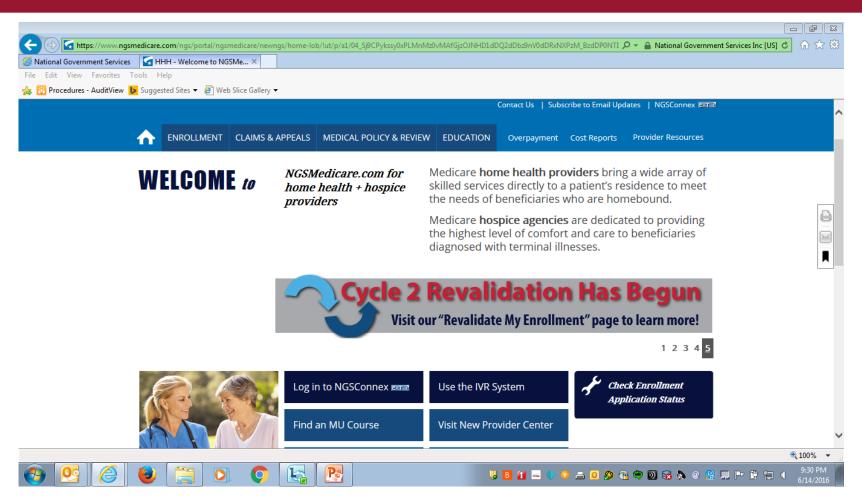
- Under Original Medicare, Medicare pays the Medicare-certified HHA one payment for covered services during a 60-day period. This 60-day period is called an "episode of care".
- People with Medicare pay nothing for covered home health care services and 20% of the Medicareapproved amount for durable medical equipment (DME)



 The Medicare DME benefit will not consider coverage of routine and nonroutine medical supplies (diabetic test strips, catheters, tracheostomy care kits, ostomy supplies, etc.) while a patient is receiving home health care because these items are considered part of the HHAs consolidated billing role

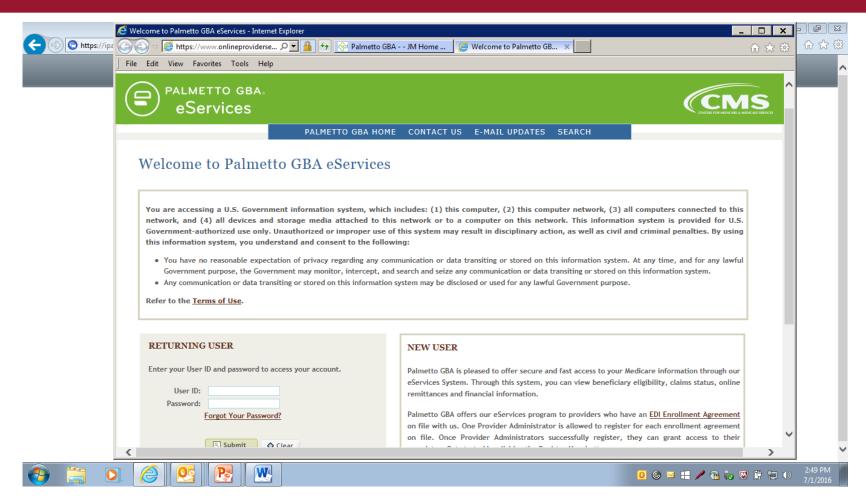


NGS Home Health Provider Web Portal





Palmetto GBA eServcies Online Provider Portal





Billing Requirement

Mandatory Medicare Claim Submission



Billing Requirement

- The Social Security Act (Section 1848(g)(4))
 requires that claims be submitted for all
 Medicare patients for services rendered on or
 after September 1, 1990
- This requirement applies to all physicians and suppliers who provide covered services to Medicare beneficiaries, and the requirement to submit Medicare claims does not mean physicians or suppliers must accept assignment



Billing Requirement

- Compliance to mandatory claim filing requirements is monitored by CMS, and violations of the requirement may be subject to:
 - A civil monetary penalty of up to \$2,000 for each violation,
 - A 10 percent reduction of a physician's/supplier's payment once the physician/supplier is eventually brought back into compliance, and/or
 - Medicare program exclusion. Medicare beneficiaries may not be charged for preparing or filing a Medicare claim



Home Health Agency Agreement

- Agree to abide by the Medicare laws, regulations and program instructions that apply to this provider
- The Medicare laws, regulations, and program instructions are available through the Medicare contractor
- Understand that payment of a claim by Medicare is conditioned upon the claim and the underlying transaction complying with such laws, regulations, and program instructions (including, but not limited to, the Federal anti-kickback statute and the Stark law), and on the provider's compliance with all applicable conditions of participation in Medicare

Source: Department of Health & Human Services | Centers for Medicare & Medicaid Services | MEDICARE ENROLLMENT APPLICATION | INSTITUTIONAL PROVIDERS | CMS-855A



Signature Requirements

- Medicare requires a legible identifier for services provided/ordered - this may be handwritten or electronic
- If a signature is missing, the order is invalid
- Stamped signatures and signature dates are not acceptable



NGS Top Home Health Claim Errors:

 Order and referring doctor is not a Medicare enrolled provider

 Documentation submitted does not support homebound status



Palmetto GBA Top Home Health Claim Errors:

 MR HIPPS Code Change Due to Partial Denial of Therapy

 Absence of short and/or long term goals within the initial (PT/OT/ST as appropriate) therapy evaluation documentation



Medicare Review Contractors

- MAC Medical Review
- Medicare Recovery Audit Program
- Comprehensive Error Rate Testing (CERT)
- Supplemental Medicare Review Contractor (SMRC)
- Zone Program Integrity Contractors (ZPIC)



Spectrum of Errors to Fraud

- Results in improper payments based on the allowable charge
- Targeting causes of improper payments
 - From honest mistakes to intentional deception
- 3–10% of health care funds are lost due to improper payment rates, not just fraud





Section 6401 (a) of the Affordable Care Act

- Revalidation of all providers and suppliers
- The MACs will mail letters to the providers that need to be revalidated, so please wait for the letter before submission of the application to revalidate
- Providers can check their revalidation date at: <u>https://data.cms.gov/revalidation</u>



Medicare Summary Notice (MSN)

- Mailed quarterly
- Medicare will crossover to another insurance
- Thousands of MSNs are returned to each MAC weekly/monthly due to bad address
- Correct mailing address with Social Security Administration (SSA)
- New Redesign of MSN and could get sooner via mymedicare.gov - Electronic Medicare Summary Notice (eMSN)



NGS Education and Resources

- Encourage HHAs and Part B Physicians to engage with their MAC for their ongoing education needs – you can engage too!
- Many various types of education with the MAC
- Visit the following NGS websites and web pages:
 - www.ngsmedicare.com
 - www.MedicareUniversity.com



Palmetto GBA Education and Resources

- Encourage Medicare providers to engage with their MAC for their ongoing education needs!
- Visit the following website for Palmetto GBA JM MAC education and information:
 - www.PalmettoGBA.com/Medicare



CMS Education and Resources

- Many various types of education with CMS
- Visit the following websites and web pages:
 - www.cms.gov
 - www.medicare.gov



Medicare Beneficiary Education and Resources

- Go to www.medicare.gov:
 - ✓ Find Home Health Care Agency
 - ✓ Home Health Compare Quality Measure
 - ✓ Medicare and Home Health Care Product No. 10969
 - Home Health Care Checklist, page 22

