



# Medicare Home Health Coverage and Tips

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# Disclaimer

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# Acronyms

- Please access the [Acronyms](#) page on the NGS Medicare.com website to view any acronym used within this presentation

# Objectives

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- 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 and Home Health

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- 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

# Medicare and Home Health

## **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



# Medicare and Home Health

- 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

# Medicare and Home Health

- 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

# Medicare and Home Health

- 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

# Medicare and Home Health

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

# Medicare and Home Health

- 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 Medicare-approved amount for durable medical equipment (DME)

# Medicare and Home Health

- 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

**WELCOME to** *NGSMedicare.com for home health + hospice providers*

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

Medicare **hospice agencies** are dedicated to providing the highest level of comfort and care to beneficiaries diagnosed with terminal illnesses.

**Cycle 2 Revalidation Has Begun**  
Visit our "Revalidate My Enrollment" page to learn more!

1 2 3 4 5

Log in to NGSConnex EXT 2 | Use the IVR System | **Check Enrollment Application Status** | Find an MU Course | Visit New Provider Center

# Palmetto GBA eServices Online Provider Portal

Welcome to Palmetto GBA eServices - Internet Explorer

https://www.onlineproviderse... | Palmetto GBA - JM Home ... | Welcome to Palmetto GB...

File Edit View Favorites Tools Help

**PALMETTO GBA eServices** **CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PALMETTO GBA HOME CONTACT US E-MAIL UPDATES SEARCH

## Welcome to Palmetto GBA eServices

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following:

- You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Refer to the [Terms of Use](#).

### RETURNING USER

Enter your User ID and password to access your account.

User ID:

Password:

[Forgot Your Password?](#)

### NEW USER

Palmetto GBA is pleased to offer secure and fast access to your Medicare information through our eServices System. Through this system, you can view beneficiary eligibility, claims status, online remittances and financial information.

Palmetto GBA offers our eServices program to providers who have an [EDI Enrollment Agreement](#) on file with us. One Provider Administrator is allowed to register for each enrollment agreement on file. Once Provider Administrators successfully register, they can grant access to their

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# Billing Requirement

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## 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

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- 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

# Medicare and Home Health

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## **NGS Top Home Health Claim Errors:**

- Order and referring doctor is not a Medicare enrolled provider
- Documentation submitted does not support homebound status

# Medicare and Home Health

## **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

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- 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

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- 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: <https://data.cms.gov/revalidation>

# 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](http://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](http://www.ngsmedicare.com)
  - [www.MedicareUniversity.com](http://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](http://www.PalmettoGBA.com/Medicare)

# CMS Education and Resources

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- Many various types of education with CMS
- Visit the following websites and web pages:
  - [www.cms.gov](http://www.cms.gov)
  - [www.medicare.gov](http://www.medicare.gov)

# Medicare Beneficiary Education and Resources

- **Go to [www.medicare.gov](http://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