



Commonwealth of Massachusetts
Executive Office of Health and Human Services

Third Party Appeals Webinar for Home Health Agencies

October 19, 2016

Today's Discussion Items

- Meeting Introductions
- Third Party Appeals Unit Overview
- Semiannual Claim Review
- Homebound Assessment Form
 - Submissions and Requirements
 - Review Process
 - Outcomes
- Demand Bill Submission
- Medicare Appeal Levels and Timeframes
- Medicare Appeal Outcomes
- TPA Initiative Reminders
- Project Contacts

Third Party Appeals (TPA) Unit- Overview

- University of Massachusetts Medical School (UMass Medical School) provides the Executive Office of Health and Human Services (MassHealth) with third party liability support services
- Project Goals:
 - Capturing/analyzing third party liability data for previously paid Medicaid home health services rendered to dually eligible beneficiaries
 - Enhancing Medicare maximization revenue for MassHealth with specialized resources and expertise
- Project results:
 - Establish MassHealth as payer of last resort (130 CMR 450.316-450.318)

Semiannual Claim Review

- Case selection process
 - Review all home health claims for dually eligible Medicaid/Medicare beneficiaries
 - Isolate those claims with the best potential for Medicare coverage
- Semiannual mailings- March/September
 - Current review:
 - September 16, 2016 demand bill notification mailing
 - Letter and case selection report
- Potential exclusions
 - Homebound Assessment (HA) Forms- HHA Bulletin 48
 - Previously paid by Medicare
 - Not eligible for Medicare payment- HMO/Hospice

Homebound Assessment (HA) Form

- HA Form used only when the beneficiary does not meet Medicare Homebound requirements
- Email hhmedicareappealshomebound@umassmed.edu to request a secure connection
- Homebound Assessment Form (HA Form)
<http://www.mass.gov/eohhs/docs/masshealth/provider-services/forms/hba.pdf>
- Using the secure email connection submit HA Form and all supporting documentation
- Supporting documentation should include:
 - ✓ Plan of Care(POC) (485/487)
 - ✓ Skilled Nursing/Therapy Notes
 - ✓ MD Orders
 - ✓ Face to Face Certification
 - ✓ Outcome and Assessment Information Set (OASIS)
 - ✓ Other supporting documentation

HA Form Requirements

- Secure electronic submissions only
 - Sign/date the form
 - One HA Form for each member
 - File naming convention (First Name_Last Name_From Date_Thru Date)
 - PDF format
 - Compressed file
- TPA Unit will respond within 10 business days
 - Consider Medicare timely filing requirements
 - Allow your agency enough time to submit a demand bill to Medicare if required

HA Form Review Process

- Homebound status is defined by 42 U.S.C. §1395n(a)(2)(A) and §1395f(a)(2)(C)
- Medicare homebound coverage requirements - CMS Policy Manual

Criteria one:

- The member 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 the assistance of another person in order to leave their place of residence or
 - Have a condition such that leaving his or her home is medically contraindicated

Criteria two:

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

HA Form Review Process, cont.

- Impact of temporary absence on homebound status
 - Infrequent
 - Periods of relatively short duration, or
 - Attributable to the need to receive health care treatment
- Members may still be homebound if:
 - Absence for health care treatment
 - Kidney dialysis
 - Chemo therapy/radiation
 - Doctors visits
 - Other outpatient services
 - Adult day care center
 - Non-medical absence
 - Religious services
 - Family/special events
 - Trip to the barber
 - Occasional walk/drive around the block

Examples of HA Form Approved Exclusions

- The member **drives** on a frequent basis
- The member is **working**
- The member is leaving the home **frequently** and **unassisted for non-medical reasons**
 - Examples:
 - Member frequently walking pet, going to museums, attending a concert, rides bike
- The member is **independently** taking public transportation

Examples of HA Form Denials

- **Express language** in medical record
 - Examples:
 - Treating physician certified member is homebound
 - OASIS reads “member is HB: difficult and taxing effort to leave home; unable to ambulate; requires assist of 1-2 people; confined to wheelchair”
- Requires use of **assistive device/assistance of another person** to leave the home
 - Examples:
 - Member uses wheelchair and walker
 - Member uses walker, is legally blind, had total hip replacement, has increased fatigue with activity, has limited muscle strength
 - Member uses wheelchair, walker, has balance/unsteady gait, is a fall risk, has poor safety, and has pain rated 7/10

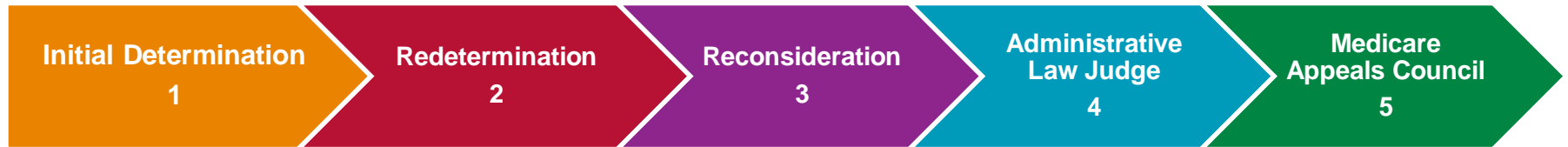
HA Form Response

- HA Form Determinations
 - Denied- Agency must submit demand bill to Medicare
 - Approved Exclusion- Agency is not required to submit a demand bill to Medicare for the given time period
- TPA Unit will send a secure email with HA Form response to originating email address
- Response will include member name and applicable dates of service reviewed
- TPA Unit will not perform a second review on denied determinations

Demand Bill Submission

- Prepare/submit demand bills to Medicare
 - Request for Anticipated Payment (RAP)
 - Demand bill with a **condition code 20**
 - Patient Protection and Affordable Care Act – timely filing is one year from the end of the certification period
 - Monitor demand bill
 - Submit Additional Development Request (ADR)
- Documentation should be sent to the TPA Unit at UMass
 - Timely, within **10 business days** from receipt of Initial Determination
 - Complete medical record, copy of the original claims submitted to Medicare and final remittance advice
 - Documentation should be submitted to UMass **securely**
 - No flash drives / unencrypted CDs

Medicare Appeal Levels and Timelines



- Current status of appeals:
 - FFY 2010-2014- Administrative Law Judge (ALJ)
 - FFY 2015- Redetermination and Reconsideration
 - FFY 2016- Initial Determination
- Medicare Administrative Contractors / Qualified Independent Contractor
 - On average issue a decision within 65 days of appeal receipt
- Office of Medicare Hearings and Appeals – ALJ level of appeal
 - Upwards of 26 months to be docketed for hearing
 - Decisions are rendered within 72 days of the hearing
- Average of **5** years for an appeal to move through the administrative appeal process

Medicare Appeal Outcomes

- Initiative results:
 - Medicare coverage denied
 - Medicare coverage approved
 - Non-compliance / liability
- Favorable Medicare coverage or non-compliance/liability will result:
 - Initial notice of overpayment
 - Member listing of identified overpayments
 - Disputes of initial notice of overpayment may be submitted to the TPA unit within 30 days
- Reminder pursuant 130 CMR 450.316(B), agencies' may not appeal and insurers favorable coverage determination

TPA Initiative Reminders

- Fiscal Intermediary Standard System (FISS) billing issues
 - Contact your local MAC for assistance
 - MLN Matter notifications
 - Alert TPA Unit of any billing issues/delays
- Average time frame to receive Medicare payment 45 days
 - Q2 Administrator appeals
 - Contact your local MAC for assistance
 - Inform TPA Unit
- Per federal regulation both your agency and members are party to the Medicare appeal
 - Copies of Medicare appeals, decisions, hearing notices
 - Appeal request are sent with a cover letter indicating the nature of the appeal
 - If you have questions regarding a hearing please contact the OMHA legal assistant listed on the hearing notice or decision

TPA Initiative Reminders, cont.

- Documentation should only be submitted for those members listed on your case selection report
- The agencies written approval must be obtained prior to the TPA Unit working with your billing agency
- Secure File Transfer Protocol (SFTP)
 - TPA Unit has been receiving files via SFTP since 2011
 - Advantages of SFTP
 - ADR documentation electronically
 - Reduction in cost/administrative burden
 - Increased level of security
 - Interested in a SFTP account?
 - Email: Erin.Devaney@umassmed.edu
 - Include users full name, phone, email address

Project Contacts

- All required documentation should be **securely** mailed to:
Third Party Appeals MA
University of Massachusetts Medical School
333 South Street
Shrewsbury, MA 01545-4169
Attn: Laurie Burns, Program Manager Medicare Appeals
- Fax documentation to TPA Unit at: (508)421-8990
- Third Party Appeals Unit customer service: (877)533-4381
- SFTP set up email: Erin.Devaney@umassmed.edu
- Billing inquiries: Contact your local MAC

Questions