



# Qualifying Eligibility Criteria

February 2016



# Today's Presenters

- Shelly Bernardini RN, BSN, CPHM
  - Medicare JK Lead HH Clinical Consultant
- Lauri Domingo RN
  - Medicare JK/J6 HH Clinical Consultant

# Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the CMS website at <http://www.cms.gov>.



# JK/J6 Territories

## Jurisdiction K

Maine  
New Hampshire  
Vermont  
Rhode Island  
Massachusetts  
Connecticut

## Jurisdiction 6

New York  
New Jersey  
Michigan  
Wisconsin  
Minnesota  
Idaho  
Nevada  
Washington  
Oregon  
California  
Arizona  
Alaska  
Hawaii  
Puerto Rico  
Mariana Islands  
American Samoa  
Virgin Islands  
Guam

# No Recording

- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
  - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

# Acronyms

- Acronyms used in this presentation can be viewed on the **NGSMedicare.com** website. On the **Welcome** page, click on **Provider Resources > Acronyms**.

# Today's Presentation

- Presentation is available on our website
  - Go to <http://www.NGS Medicare.com>
  - In the **About Me** drop down box, select your provider type and applicable state, click on **Next, accept the Attestation**. On the Welcome page, click the **Education** tab, then **Webinars, Teleconferences & Events**
  - Under the **Register** button for this event, you will see the **Presentation** link
- Materials from prior webinars are available
  - Click the **Education** tab, then **Past Events**

# Objective

- To provide clear direction to HHAs, and providers referring Medicare beneficiaries to eligible HH services, as per CMS regulations.



# Agenda

- Pre-test
- Medicare HH benefit
- Regulatory changes
- HH eligibility criteria
- Documenting eligibility criteria
- Collaboration of documentation to support eligibility criteria
- Post-test
- Test answers
- Resources

# Pre-Test

## ■ True or false?

- A Medicare beneficiary must be confined to their home (as per CMS definition) in order to qualify for HH services.
- All drugs and biologicals are covered under the Medicare HH benefit.
- The plan of care, FTF encounter and certification must all be documented on one mandatory form.
- The certification statement on CMS form 485 encompasses all five of the HH eligibility criteria.
- FTF encounter documentation is required as part of the Medicare HH eligibility criteria.

# Medicare HH Benefit

- Services that the Medicare patient/beneficiary may receive at home include:
  - SN on an intermittent/part-time basis
  - HH aides on an intermittent/part-time basis
  - PT, OT, SLP, MSW
- These services have not changed for 2015

# Medicare HH Benefit

- For purposes of benefit eligibility, under sections 1814(a)(2)(C) and 1835(a)(2)(A) of the Act, “intermittent” means:
  - Skilled nursing care that is either provided or needed on fewer than 7 days each week or less than 8 hours of each day for periods of 21 days or less (with extensions in exceptional circumstances when the need for additional care is finite and predictable)

# Medicare HH Benefit

- Medicare HH services include (per section 1861(m) of the SS Act):
  - Routine & nonroutine medical supplies
    - Catheters & catheter care supplies, ostomy bags & ostomy care supplies
  - DME
    - Paid separately from the HH payment rates
  - An osteoporosis drug--injectable calcitonin
    - As per section 1861(kk)... reimbursed on a reasonable cost basis & the patient must meet certain criteria

# Medicare HH Benefit

- Services that are **excluded** from the Medicare HH benefit include:
  - Drugs and biologicals
    - Covered under Part B and Part D
  - Transportation
  - Housekeeping services
  - Services covered under ESRD program
    - Example: wound care for an active shunt site

# 2015 CR 9119 Regulatory Changes

- CMS has eliminated the narrative requirement (regarding the patients' homebound status & need for skilled services)
- For medical review purposes, CMS requires documentation from the certifying physician's medical records and/or the acute/post-acute care facility's medical records (if the patient was directly admitted to HH), to be used as the basis for certification of patient eligibility

# 2015 CR 9119 Regulatory Changes

- If a HHA claim is denied, corresponding physician claim for certifying/re-certifying patient eligibility for Medicare-covered HH services is considered non-covered as well because there is no longer a corresponding claim for Medicare-covered HH services
- CMS clarified that a FTF encounter is required for certifications, rather than initial episodes; and that a certification (versus a recertification) is generally considered to be any time a new SOC assessment is completed to initiate care



# 2015 CR 9189 Regulatory Changes

- Highlights the eligibility criteria that are to be identified at the time of certification
- Details the information that is to be reviewed by the contractor to uphold patient eligibility & medical necessity
- Outlines the certification and recertification documentation requirements

# HH Eligibility Criteria

- Medicare Part A and/or Part B & section 1814(a)(2)(C) and section 1835(a)(2)(A) state that when the physician refers a patient to HH, the patient must:
  - Be confined to the home
  - Need skilled services
  - Be under the care of a physician
  - Receive services under POC established and reviewed by a physician
  - Have had a FTF encounter for their current diagnosis with a physician or allowed NPP
- **Reminder: All home care services must be furnished by or under arrangements made by a Medicare-participating HHA**

# Eligibility Criteria

- Homebound status – confined to the home
  - One of five eligibility criteria
  - No mandatory form requirement
  - Documented anywhere in the medical record from the certifying and/or referring physician
  - Maintained throughout the HHA medical record

# Eligibility Criteria

- Need for skilled service
  - One of five eligibility criteria
  - No mandatory form requirement
  - Documented anywhere in the medical record from the certifying and/or referring physician
  - Maintained throughout the HHA medical record

# Eligibility Criteria

- Under the care of a physician (physician oversight)
  - One of five eligibility criteria
  - The physician providing oversight may or may not be the referring physician
  - The physician providing oversight may or may not be the certifying physician
    - Referring physician provides the name of the physician who has agreed to monitor HH services in the community at the time of referral when he/she will not be providing oversight of HH services (hospital, SNF, inpatient rehabilitation center or outpatient surgery center referrals).

# Eligibility Criteria

## ■ POC

- One of five eligibility criteria
- No mandatory form requirement
  - Form CMS-485 is no longer an up-to-date or CMS endorsed form
  - Certification statement on the CMS-485 form does not encompass the FTF encounter
- May utilize:
  - Discharge plan written by a referring certifying physician from an acute or post-acute facility at the time of patient discharge prompting referral to HH
  - Initial POC written by the referring certifying physician at the time of his/her office visit with the patient that prompted the referral to HH

# Eligibility Criteria

## ■ FTF Encounter

- One of five eligibility criteria
- No mandatory form requirement
- NPP may complete and sign the FTF encounter without a counter physician signature
- No mandatory narrative regarding the need for skilled service and homebound status in the encounter documentation
- Mandatory narrative regarding skilled oversight of unskilled care (when ordered)
- May utilize:
  - Discharge Summary from the acute or post-acute care facility written at the time of patient discharge prompting referral to HH
  - Progress Note from the Physician office written at the time of the patient one on one visit with the physician in the office prompting referral to HH

# Documenting Eligibility

- Documentation in the certifying referring physician's medical records (and/or the acute/post-acute care facility's medical records when the patient was directly admitted to HH) will be used as the basis upon which patient eligibility for the Medicare HH benefit will be determined and must be provided upon request to the HHA, review entities, and/or CMS



# Documenting Eligibility

- Documentation in certifying referring physician's medical records and/or the acute /post-acute care facility's medical records (if patient was directly admitted to HH) will be used as basis upon which patient eligibility for Medicare HH benefit will be determined
- Certifying physicians and acute/post-acute care facilities must provide, upon request, the medical record documentation that supports the certification of patient eligibility for the Medicare HH benefit to the HHA, review entities, and/or CMS. Such documentation can include:

# Documenting Eligibility

- Referral/order for HH services identifying the physician that will be monitoring the POC with the HHA
- Discharge plan or initial POC
- FTF encounter documentation – example: Discharge summary or interoffice progress note documenting the 1:1 physician visit
- Documentation (anywhere in the medical record) supporting the need for skilled service & homebound status

# Documenting Eligibility

- HHA documentation should also be shared, as it compliments & supports documentation in referring, certifying & community physician's records. The certifying physician must review and sign off on anything generated by the HHA and incorporated into the patient's medical record that is used to support the certification of patient eligibility (that is, agree with the material by signing and dating the entry).
- Information from the HHA must be corroborated by other medical record entries and align with the time period in which services were rendered.

# Documenting Eligibility

- HHA must be able to provide, upon request, supporting documentation that substantiates eligibility for Medicare HH benefit to review entities and/or CMS
  - If documentation used as basis for certification of eligibility is not sufficient to demonstrate that patient is or was eligible to receive services under Medicare HH benefit, payment will not be rendered for HH services provided

# Collaboration of Supporting Documentation

- As per CR 9189:
  - The HHA's generated medical record documentation for the patient, by itself, is not sufficient in demonstrating the patient's eligibility for Medicare HH services.
  - It is the patient's medical record held by the referring certifying physician and/or the acute/post-acute care facility that must support the patient's eligibility for HH services.

# Collaboration of Supporting Documentation

- Information from the HHA must be corroborated by other medical record entries and align with the time period in which services were rendered.
  - Information from the HHA can be incorporated into the certifying referring physician's and/or the community physician's medical record for the patient.
  - The certifying physician must review and sign any documentation incorporated into the patient's medical record that is used to support the certification.
  - If this documentation is to be used for verification of the eligibility criteria, it must be dated prior to submission of the claim.

# Post-Test

## ■ True or false?

- A Medicare beneficiary must be confined to their home (as per CMS definition) in order to qualify for HH services.
- All drugs and biologicals are covered under the Medicare HH benefit.
- The plan of care, FTF encounter and certification must all be documented on one mandatory form.
- The certification statement on CMS-485 form encompasses all five of the HH eligibility criteria.
- FTF encounter documentation is required as part of the Medicare HH eligibility criteria.

# Test Answers

- A Medicare beneficiary must be confined to their home (as per CMS definition) in order to qualify for HH services. **TRUE**
- All drugs and biologicals are covered under the Medicare HH benefit. **FALSE**
- The plan of care, FTF encounter and certification must all be documented on one mandatory form. **FALSE**
- The certification statement on CMS-485 form encompasses all five of the HH eligibility criteria. **FALSE**
- FTF encounter documentation is required as part of the Medicare HH eligibility criteria. **TRUE**



# Resources

- CR 9119, “Manual Updates to Clarify Requirements for Physician Certification and Recertification of Patient Eligibility for HH Services”
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9119.pdf>
  - In accordance with its references to Transmittal 92 & 208 in the CMS IOM Publications 100-01 and 100-02

# Resources

- CR 9189, Transmittal 602
  - The purpose of this CR is to manualize policies in the calendar year 2015 HH Prospective Payment System Final Rule published on November 6, 2014, in which the CMS finalized clarifications and revisions to policies regarding physician certification and recertification of patient eligibility for Medicare HH services.
  - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R602PI.pdf>

# Resources

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 7
  - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 10
  - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c10.pdf>
- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 6
  - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c06.pdf>

# Questions

- Please type in any questions you may have to the question box at this time and they will be addressed momentarily...

# CERT A/B MAC Outreach & Education Task Force



# CERT A/B MAC Outreach & Education Task Force

- A joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program
- Shared goal of reducing the national improper payment rate as measured by the CERT program
- Partnership to educate Medicare providers on widespread topics affecting most providers and complement ongoing efforts of CMS, the MLN and the MACs individual error-reduction activities within its jurisdictions
- **Disclaimer:** The CERT A/B MAC Outreach & Education Task Force is independent from the CMS CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.

# Participating Contractors

- Cahaba Government Benefit Administrators, LLC/J10
- CGS Administrators, LLC/J15
- First Coast Service Options, Inc./JN
- National Government Services, Inc./J6 and JK
- Noridian Healthcare Solutions, LLC/JE and JF
- Novitas Solutions, Inc./JH and JL
- Palmetto GBA/J11
- Wisconsin Physicians Service Insurance Corporation/J5 and J8

# CERT A/B MAC Outreach & Education Task Force

- The CERT Task Force educates on common billing errors and contributes educational Fast Facts to the CMS website
  - CMS MLN Provider Compliance Fast Facts web page
    - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html>
  - In addition, the CERT Task Force section on the NGS Medicare.com website provides a link to the CMS MLN Provider Compliance Fast Facts



# CERT A/B MAC Outreach & Education Task Force

## ■ CERT Task Force Web Page

- Go to our website, <http://www.NGS Medicare.com>; in the **About Me** drop down box, select your provider type and applicable state, click on **Next**, **accept** the **Attestation**. Choose the **Medical Policy & Review** tab, then choose **CERT**, the **CERT Task Force** link is located to the right of the web page.

## ■ Task Force Scenarios

- Complying with medical record documentation requirements
- Documenting therapy and rehabilitation services
- Look for new articles added to this page and provided in your Email Updates

# CERT A/B MAC Outreach & Education Task Force

- CMS works closely with the CERT A/B MAC Task Force and the CERT DME MAC Outreach & Education Task Force
  - CMS has a web page dedicated to education developed by the CERT A/B MAC Outreach & Education Task Force
    - <http://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-Outreach-and-Education-Task-Force.html>

# Email Updates

- Subscribe to receive the latest Medicare information.

[Home](#) [ENROLLMENT](#) [CLAIMS & APPEALS](#) [MEDICAL POLICY & REVIEW](#) [EDUCATION](#) [Overpayment](#) [Cost Reports](#) [Provider Resources](#)

## EMAIL UPDATES


Welcome to the National Government Services email updates page! Here you can join electronic mail groups/lists and manage your subscriptions. To get started, join the desired electronic mail group(s) and create your profile so you can manage your subscriptions.


### *Email Updates Password Requirements*


- Eight (8) character minimum length
- Must use at least three of the following:
  - uppercase letters
  - lowercase letters
  - numbers
  - special characters (with the exception of <, >, and |)

---

- [Subscribe](#)
- [Manage Account](#)
- [Unsubscribe](#)

Also from  **NGSCONNEX**  
Claims information & appeals

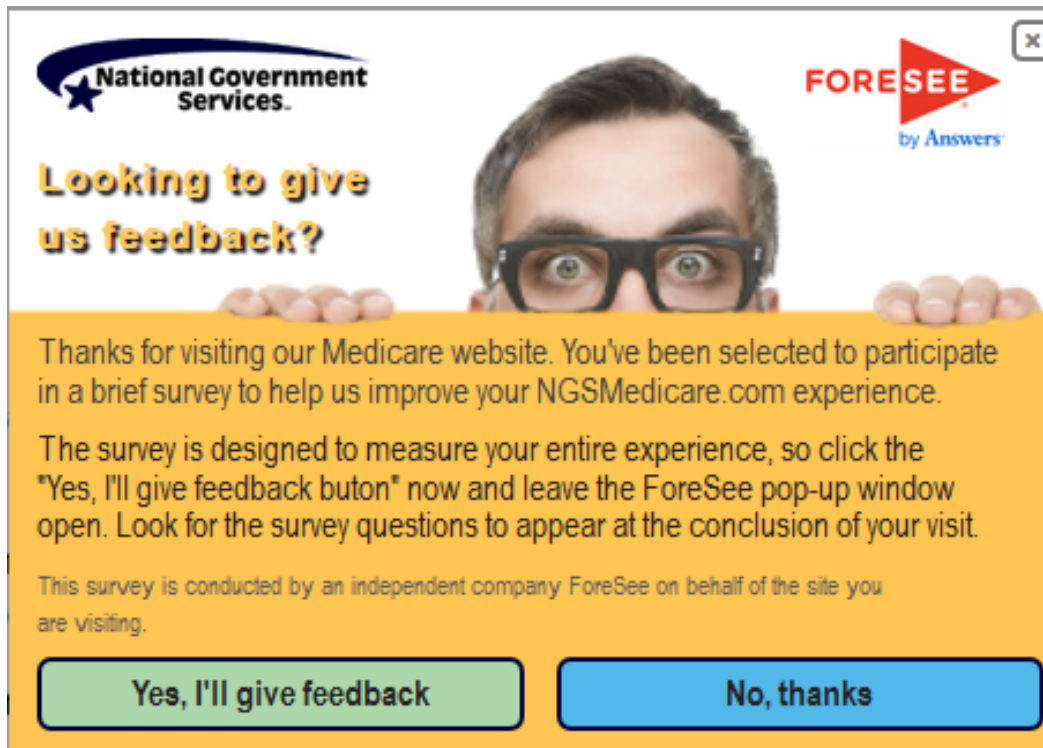
 **MEDICARE UNIVERSITY**  
Online, self-paced learning

 **CMS LINKS**  
Access to CMS.gov items

Copyright 2014 - National Government Services | [About Us](#) | [Get Adobe Reader](#) | [Privacy Policy](#) | [Site Feedback](#) | [Site Map](#) | [People with Medicare](#) | [Congressional Offices](#)

# Website Survey

- This is your chance to have your voice heard— Say “yes” when you see this pop-up so National Government Services can make your job easier!



**National Government Services.**

**FORESEE**  
by Answers

**Looking to give us feedback?**

Thanks for visiting our Medicare website. You've been selected to participate in a brief survey to help us improve your NGS Medicare.com experience.

The survey is designed to measure your entire experience, so click the "Yes, I'll give feedback button" now and leave the ForeSee pop-up window open. Look for the survey questions to appear at the conclusion of your visit.

This survey is conducted by an independent company ForeSee on behalf of the site you are visiting.

**Yes, I'll give feedback** **No, thanks**

# Thank You!

