DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

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Continuation of the Home Health Probe and Educate Medical Review Strategy

Provider Types Affected

This Special Edition MLN Matters® article is intended for Home Health Agencies (HHAs) submitting claims to Medicare Administrative Contractors (MACs) for home health services provided to Medicare beneficiaries.

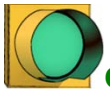
Provider Action Needed

STOP – Impact to You

MACs, in conjunction with the Centers for Medicare & Medicaid Services (CMS), will be conducting Round 2 of medical review and reporting under the Home Health Probe & Educate medical review strategy. These reviews relate to claims submitted by HHAs related to Medicare home health services and patient eligibility (certification/re-certification), as outlined in **CMS-1611-F**.

CAUTION – What You Need to Know

Final rule CMS-1611-F eliminates the face-to-face encounter narrative as part of the certification of patient eligibility for home health services.



GO – What You Need to Do

Make sure that your billing staffs are aware of these revised policies.

Background

On November 6, 2014, CMS issued CMS-1611-F, Calendar Year (CY) 2015 Home Health Prospective Payment System (HH PPS) Final Rule. The changes, discussed below, were effective beginning January 1, 2015.

- Final rule CMS-1611-F eliminates the face-to-face encounter narrative as part of the certification of patient eligibility for home health services.

- In determining whether the patient is or was eligible to receive services under the Medicare home health benefit at the start of care, documentation in the certifying physician's medical records and/or the acute/post-acute care facility's medical records (if the patient was directly admitted to home health) is to be used as the basis for certification of home health eligibility.

- The certifying physician can incorporate information obtained from or generated by the HHA into his or her medical record, to support the patient's homebound status and need for skilled care, by including it in his or her documentation and providing his or her signature to demonstrate review and concurrence.

CMS is continuing the Probe and Educate medical review strategy to assess and promote provider understanding and compliance with the Medicare home health eligibility requirements.

Claims Subject to Review as Part of the Probe and Educate Process

For round 2 of the Probe and Educate program, CMS anticipates MACs will begin sending Additional Documentation Requests (ADRs) on or after December 15, 2016 and that this round of claim reviews and provider education will conclude in approximately one year. This document contains a summary of the technical direction that CMS will issue to the MACs.

CMS is directing Home Heath MACs to select a sample of 5 claims for pre-payment review for from each HHA within their jurisdiction, excluding those providers who had 5 claims reviewed in Round 1, with zero or one claim in error. As they are completing the second round of Probe and Educate reviews, MACs will continue to focus on the Home Health Agency's (HHA) compliance with the policy outlined in CMS-1611-F, as well as to make sure all other coverage and payment requirements are met.

Based on the results of these reviews, MACs will conduct provider specific educational outreach. CMS will instruct MACs to deny each non-compliant claim and to outline the reasons for denial in a letter to the HHA, which will be sent at the conclusion of the probe review portion of the process. We will also instruct the MACs to offer individualized phone calls/education to all providers with errors in their claim sample. During such calls, the

MAC will discuss the reasons for denials, provide pertinent education and reference materials, and answer questions.

In addition to these educational outreach efforts, for those providers that are identified as having moderate or major concerns, the MACs may repeat the Probe and Educate process for dates of services occurring after education has been provided. The following table outlines MAC actions following HHA probe reviews.

	No or Minor Concerns	**Moderate/Major Concerns**
5 claim sample	0-1*	2-5*
Action	For each provider with no or minor concerns, CMS will direct the MAC to: 1. Deny non-compliant claims; and 2. Send detailed review results letters explaining each denial. 3. Send summary letter that: • Offers the provider a 1:1 phone call to discuss claim denials if any; and • Indicates that no more reviews will be conducted under the Probe & Educate process. 4. **Await further instruction from CMS**	For each provider with major to moderate concerns CMS will direct the MAC to: 1. Deny non-compliant claims; and 2. Send detailed review results letters explaining each denial. 3. Send summary letter that: • Offers the provider a one-to-one phone call to discuss; • Indicates the review contractor may REPEAT Probe & Educate process with an additional claim sample **4. Repeat Probe & Educate of five claims with dates of after the implementation of education.**

*Note: If the HH claim submissions do not fulfill the requested sample, the provider will be considered of moderate concern unless it is mathematically impossible based on the claims reviewed (for example, the provider had four claims reviewed by the MAC and all were paid).

Additional Information

If you have any questions, please contact your MAC at their toll-free number. That number is available at **https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/**.

Final Rule CMS-1611-F is available at **https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Home-Health-Prospective-Payment-System-Regulations-and-Notices-Items/CMS-1611-F.html**.