mln MATTERS®
KNOWLEDGE • RESOURCES • TRAINING

Manual Updates Related to Home Health Certification and Recertification Policy Changes

MLN Matters Number: MM11104
Related Change Request (CR) Number: CR 11104
Related CR Release Date: March 22, 2019
Effective Date: April 22, 2019
Related CR Transmittal Number: R258BP and R870PI
Implementation Date: April 22, 2019

PROVIDER TYPE AFFECTED

This MLN Matters Article is for physicians and Home Health Agencies (HHAs) billing Medicare Administrative Contractors (MACs) for Home Health Services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR11104 updates the Medicare Benefit Policy Manual and Medicare Program Integrity Manual to reflect policy changes in recertification for home health services that the Centers for Medicare & Medicaid Services (CMS) finalized in the Calendar Year (CY) 2019 Home Health Prospective Payment System (HH PPS) final rule (83 FR 56406).

CR11104 also updates the Medicare Benefit Policy Manual to clarify the home health plan of care requirements for payment as a result of the recent changes to the home health plan of care requirements in the Medicare Conditions of Participation (CoPs) finalized in the January 13, 2017 Conditions of Participation for Home Health Agencies final rule (82 FR 4504).

BACKGROUND

Update to the Recertification Requirements

The Code of Federal Regulations (CFR) at 42 CFR 424.22(b)(2) provides the requirements for home health services recertification. Currently, the regulations require the certifying physician to include a statement that:

1) Indicates the continuing need for services; and
2) Estimates how much longer the beneficiary will require home health services.

CMS finalized a change to these physician recertification requirements in the CY 2019 HH PPS final rule (83 FR 56524). Specifically, this rule eliminates the requirement that the certifying

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
Medicare Learning Network®

physician estimate how much longer the patient will require skilled care, when recertifying the patient for home health care. This change is effective for recertifications made on, and after January 1, 2019. Note that all other recertification requirements under Section 424.22(b)(2) remain unchanged.

Clarification of Home Health Plan of Care Requirements for Payment

The Home Health Conditions of Participation at 42 CFR 484.60(a) list the content requirements for the home health plan of care. Changes to these content requirements were finalized in the January 13, 2017 Home Health Conditions of Participation final rule (82 FR 4504) and became effective January 13, 2018.

CMS is clarifying that for HHA services to be covered, the individualized plan of care must specify the services necessary to meet the patient-specific needs identified in the comprehensive assessment. In addition, the plan of care must include the identification of the responsible discipline(s) and the frequency and duration of all visits as well as those items listed in 42 CFR 484.60(a) that establish the need for such services. All care provided must be in accordance with the plan of care.

ADDITIONAL INFORMATION

CMS issued the official instruction, CR11104, to your MAC regarding this change via two transmittals. The first updates the Medicare Benefit Policy Manual and it is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R258BP.pdf.
The second transmittal updates the Medicare Program Integrity Manual and it is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R870PI.pdf. The updated manual sections are part of these transmittals.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
March 22, 2019	Initial article released.