

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



MLN Matters® Number: MM9651

Related Change Request (CR) #: CR 9651

Related CR Release Date: May 27, 2016

Effective Date: August 30, 2016

Related CR Transmittal #: R3533CP, R57QRI Implementation Date: August 30, 2016

Payments to Home Health Agencies That Do Not Submit Required Quality Data

Provider Types Affected

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

Provider Action Needed

Change Request (CR) 9651 updates instructions to the MACs for the home health 2 percent payment reduction process applicable to those HHAs that do not submit required quality data to Medicare. It also moves the instructions from the “Medicare Claims Processing Manual,” Chapter 10, to the “Medicare Quality Reporting Incentive Programs Manual,” Chapter 3. Thus, CR9651 conveys no changes to Medicare policy, but only transfers that existing policy from one Medicare manual to another. The revised manual chapters are attached to CR9651.

Additional Information

The official instructions, CR9651, issued to your MAC regarding this change, are available at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3533CP.pdf> and <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R57QRI.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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