

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



REVISED product from the Medicare Learning Network® (MLN)

- [“837P and Form CMS-1500”](#) Web-Based Training (WBT) has been revised and is now available.

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Effective Date: Episodes beginning on or after August 1, 2015

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Implementation Date: N/A

Selecting Home Health Claims for Probe and Educate Review: Episodes that Begin on or After August 1, 2015

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

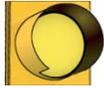


STOP – Impact to You

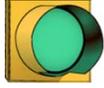
MACs, in conjunction with the Centers for Medicare & Medicaid Services (CMS), will be conducting medical review and reporting under the Home Health Probe & Educate medical review strategy. These reviews relate to claims submitted by HHAs related to Medicare home health services and patient eligibility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

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This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2014 American Medical Association. All rights reserved.

**CAUTION – What You Need to Know**

Final rule CMS-1611-F eliminates the requirement of a 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 staff is 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 requirement of a 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 signing and dating to demonstrate review and concurrence.

CMS is implementing a Probe and Educate medical review strategy to assess and promote provider understanding and compliance with the Medicare home health eligibility requirements. CMS is issuing guidance to MACs about how to select home health claims for review during the "Probe and Educate" program for home health episodes that began on or after August 1, 2015.

CMS anticipates MACs will begin sending Additional Documentation Requests (ADRs) after October 1, 2015, and that the first 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.

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

CMS will direct Home Health MACs to select a sample of 5 claims for pre-payment review from each HHA within their jurisdiction. As they are completing the Probe and Educate reviews, MACs will focus on the HHA's compliance with the policy outlined in CMS-1611-F, as well as to make sure all other coverage and payment requirements are met.

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Based on the results of these initial 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. We will also instruct the MACs to offer individualized telephone 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 will 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	<p>For each provider with no or minor concerns, CMS will direct the MAC to:</p> <ol style="list-style-type: none"> 1. Deny non-compliant claims; and 2. Send detailed review results letters explaining each denial. 3. Send summary letter that: <ul style="list-style-type: none"> • 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 	<p>For each provider with major to moderate concerns CMS will direct the MAC to:</p> <ol style="list-style-type: none"> 1. Deny non-compliant claims; and 2. Send detailed review results letters explaining each denial. 3. Send summary letter that: <ul style="list-style-type: none"> • Offers the provider a one-to-one phone call to discuss; • Indicates the review contractor will REPEAT Probe & Educate process with an additional five claim sample; and 4. Repeat Probe & Educate of five claims with dates of after the implementation of education.

*Note: If the HHA fails to submit five claims, the provider will be considered of moderate concern (unless four claims were reviewed and the MAC approved all four).

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Additional Information

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-Net/work-MLN/MLNMattersArticles/index.html> under - How Does It Work.

Each Office Visit is an Opportunity to Recommend Influenza Vaccination.

Protect your patients, your staff, and yourself. Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries. If medically necessary, Medicare may cover additional seasonal influenza vaccinations.

- [Preventive Services](#) Educational Tool
- [Influenza Vaccine Payment Allowances](#) MLN Matters Article
- [Influenza Resources for Health Care Professionals](#) MLN Matters Article
- [CDC Influenza](#) website

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