

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2373	Date: October 10, 2019
	Change Request 11330

Note: This Transmittal is no longer sensitive and is being re-communicated October 10, 2019. This instruction may now be posted to the Internet. All other information remains the same.

Transmittal 2328, dated August 1, 2019, is being rescinded and replaced by Transmittal 2373, dated, October 10, 2019, to revise BRs 11300.1 and 11330.2 to refer to Type of Bill 032x rather than 0329, in order to allow correct processing of adjustments.

SUBJECT: Home Health Orders for Nurse Practitioners under the Maryland Total Cost of Care (TCOC) Model

I. SUMMARY OF CHANGES: This change request will enable all Medicare-enrolled nurse practitioners in Maryland to certify home health services for Medicare beneficiaries as part of the Maryland Total Cost of Care (TCOC) Model. For this change request, systems shall be operational to process claims with dates of service on or after January 1, 2020, at the beginning of the second year of the Maryland TCOC Model.

EFFECTIVE DATE: January 1, 2020

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 6, 2020

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: On January 1, 2019, the State of Maryland and Innovation Center launched the Maryland Total Cost of Care (TCOC) Model, under which the CMS and the State operate three core programs to date: (1) the Hospital Payment Program (HPP) operates the nation's only all-payer hospital rate regulation system and places acute care hospitals on global budget payments for all hospital inpatient and outpatient services; (2) the Care Redesign Program (CRP) allows Maryland hospitals to form partnerships with hospital-based and non-hospital providers and pay them for care coordination services that can help reduce potentially avoidable utilization; and, (3) the Maryland Primary Care Program (MDPCP) is an advanced primary care program that will further reduce hospital spending under the global budget system by reducing hospitalization rates throughout the state. Under the Maryland TCOC Model, the State must meet annual savings targets for Maryland Medicare TCOC per beneficiary.

For this change request (CR), systems shall be operational to process claims with dates of service on or after January 1, 2020, at the beginning of the second year of the Maryland TCOC Model.

B. Policy: Under Maryland law, a nurse practitioner can provide primary care services, but under Medicare rules a beneficiary must be under the care of a physician in order to receive home health care services. Thus, a beneficiary who lacks access to a community-based primary care physician must be admitted to a facility and placed under the care of a facility-based physician before home health services can be ordered even if the beneficiary is under the care of a nurse practitioner who is serving as their primary care provider. This results in higher total cost of care and unnecessary utilization. Allowing nurse practitioners to oversee beneficiaries' care while they are in home health is consistent with Maryland Medicaid rules, other payers in Maryland, CMS' direction of allowing greater use of non-physician practitioners, and the goal of supporting existing patient/provider relationships under the Maryland TCOC Model.

Currently, Medicare pays for home health services only if a physician certifies the beneficiary's eligibility for the home health benefit – not a nurse practitioner. This CR would waive Section 1814(a)(2) of the Act and the implementing regulations at 42 CFR 424.22 to allow nurse practitioners to certify that home health services are required according to Section 1814(a)(2)(C). This CR only applies to the MD MAC. Specified services provided by nurse practitioners enrolled with the Maryland MAC (i.e., A/B MAC Jurisdiction L (JL)) are allowed to be billed and paid.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC		D M E M A C	Shared- System Maintainers				Other		
		A	B		H H H	F I S S	M C S	V M S		C W F	
11330.1	The contractor shall allow home health claims (TOB 032x, excluding TOB 0322) to report the name and National Provider Identifier (NPI) of a nurse practitioner in the Attending Provider field if the claims are submitted by a Maryland Home Health Agency (HHA) (CMS Certification Number (CCN) begins with 21). NOTE: This change will apply to claims with a date of service from 01/01/2020 or later.			X							
11330.2	The contractor shall bypass otherwise applicable Ordering/Referring Provider edits if home health claims TOB 032x (excluding TOB 0322) report the name and NPI of a nurse practitioner in the Attending Provider field if the claims are submitted by a Maryland HHA (CCN begins with 21).					X					
11330.3	Effective with dates of service January 1, 2020, or later, contractors shall process and pay the following Healthcare Common Procedure Coding System (HCPCS) codes when claims from a Maryland HHA are submitted with the name and rendering NPI ((Field 24J of the CMS-1500 or its electronic equivalent loop 2310B NM109 claim level or 2420A NM109 line level) of a nurse practitioner: <ul style="list-style-type: none"> • G0179 • G0180 • G0181 • G0182 									JL A/B MAC	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E D I	C M E D I
		A	B	H H H		
11330.4	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.		X	X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
2	The Attending Provider NPI in the institutional 837 is loop 2310A, NM109.
.1	The claim would not be denied if this condition were discovered during medical review. Corresponding updates to the Attending Provider billing instructions in Medicare Claims Processing Manual, chapter 10, section 40.2 will be made in another change request.

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Katherine Sapra, katherine.sapra@cms.hhs.gov , Catilin Plitt, caitlin.plitt@cms.hhs.gov , Adrienne Wiley, adrienne.wiley@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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