

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 601	Date: July 2, 2015
	Change Request 9240

SUBJECT: Review of Home Health Claims

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to delete the instructions regarding what a Rural Home Health Intermediary is to do when a favorable final appellate decision that a beneficiary is "confined to home" is rendered on or after July 1, 2000. Medical review staff are supposed to be evaluating each claim for Home Health based on the record for that particular claim.

This provision was previously deleted in 2008 in another manual showing the Centers for Medicare & Medicaid Services' (CMS) intention to get rid of it in 2008; CMS did not realize the issue/disconnect until it was brought to its attention via litigation; the passage of time undercuts the prior decision's usefulness; medical review staff are supposed to be evaluating each claim in front of them based on the record for that particular claim.

EFFECTIVE DATE: August 3, 2015

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

IMPLEMENTATION DATE: August 3, 2015

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
R	6/6.2/Home Health
D	6/6.2.1/Effectuating Favorable Final Appellate Decisions That a Beneficiary is "Confined to Home"
D	6/6.2.2/Medical Review of Home Health Demand Bills

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:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: This provision was previously deleted in 2008 in another manual showing CMS's intention to get rid of it in 2008; CMS did not realize the issue/disconnect until it was brought to its attention via litigation; the passage of time undercuts the prior decision's usefulness; medical review staff are supposed to be evaluating each claim in front of them based on the record for that particular claim.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
9240.1	Contractors shall be aware that the instructions regarding what an RHHI is to do when a favorable final appellate decision that a beneficiary is "confined to home" is rendered on or after July 1, 2000 have been deleted.			X						RA, SMRC, ZPICs

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Debbie Skinner, 410-786-7480 or debbie.skinner@cms.hhs.gov

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

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0

6.2 - Home Health

(Rev.601, Issued: 07-15, Effective: 08-03-15, Implementation: 08-03-15)

Contractors shall perform complex medical review on 100% of the home health demand bills.