
CMS Manual System

Pub. 100-19 Demonstrations

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 18

Date: FEBRUARY 4, 2005

CHANGE REQUEST 3665

SUBJECT: Demonstration Project to Clarify the Definition of Homebound, the Home Health Independence Demonstration.

I. SUMMARY OF CHANGES:

The first part of this request is for a message to be included as part of the General Information message contained in the Medicare Part B Carrier Medicare Summary Notice, for all beneficiaries, in the three demonstration states for the first three months of the implementation of this change request. The second part of this request is for the same message to be included in the General Information message of the Medicare Summary Notice of the Regional Home Health Intermediary (RHHI) for Medicare beneficiaries receiving home health benefits in the previous month, in the three demonstration States, beginning July 5, 2005 and continuing to August 1, 2006. The message is intended to apprise beneficiaries of the existence of the demonstration and identifying contact information for further information regarding the demonstration.

The purpose of the MSN message is to notify potentially eligible Medicare beneficiaries of the implementation of the Home Health Independence Demonstration, as well as the benefits and some qualifying criteria.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: July 1, 2005

IMPLEMENTATION DATE: July 5, 2005

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

(R = REVISED, N = NEW, D = DELETED – (Only One Per Row.)

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

*III. FUNDING:

Medicare Carriers and RHHIs in the three states shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

X	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

Attachment - Business Requirements

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SUBJECT: Demonstration Project to Clarify the Definition of Homebound, the Home Health Independence Demonstration.

I. GENERAL INFORMATION

A. Background:

Section 702 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (also known as the Medicare Modernization Act or MMA) mandated that the Secretary conduct a "Demonstration Project to Clarify the Definition of Homebound."

In accordance with the statute, the CMS shall conduct a 2-year demonstration in 3 States (Massachusetts, Missouri, and Colorado) in which Medicare beneficiaries with chronic conditions of a specific nature are deemed to be homebound for the purpose of receiving home health services under the Medicare program. Treatment under the demonstration is limited to no more than 15,000 beneficiaries. Beneficiaries eligible for this demonstration are those with permanent, severe disability, who need permanent help with 3 of 5 Activities of Daily Living (ADLs), permanent skilled nursing care, and daily attendant visits to monitor, treat or provide ADL assistance. They must also require technological or personal assistance to leave home and not be working outside the home.

B. Policy:

The purpose of this Medicare Summary Notice message is to notify potentially eligible Medicare beneficiaries of the implementation of the Home Health Independence Demonstration, as well as the benefits and qualifying criteria.

The first part of this request is for a message to be included as part of the General Information message contained in the Medicare Part B Carrier Medicare Summary Notice, for all beneficiaries, in the three demonstration states for the first three months of the implementation of this change request. The second part of this request is for the same message to be included in the General Information message of the Medicare Summary Notice of the Regional Home Health Intermediary (RHHI) for Medicare beneficiaries receiving home health benefits in the previous month, in the three demonstration States, beginning July 5, 2005 and continuing to August 1, 2006. The message is intended to apprise beneficiaries of the existence of the demonstration and identifying contact information for further information regarding the demonstration.

Implementation of this MSN General Information message will not require any change in payments or payment processing under the home health prospective payment system.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CBF	
3665.1.0	The Medicare Part B Carriers that have the workload contract for Massachusetts, Missouri, and Colorado shall insert the message (English and Spanish) in the General Information section of the MSN for all Medicare beneficiaries in Massachusetts, Missouri or Colorado.			X			X			
3665.1.1	The Carriers will continue to include this message for three months beginning July 5, 2005.			X			X			
3665.2.0	The RHHIs that have the workload contract for Massachusetts, Missouri, and Colorado shall insert the message (English and Spanish) in the General Information section of the MSN for all Medicare beneficiaries who received home health services in Massachusetts, Missouri or Colorado in the previous month.		X			X				
3665.2.1	The RHHIs will continue to include this message in the MSN beginning July 5, 2005 ending August 1, 2006.		X			X				

Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3665.3.0	<p>The MSN General Information message will read as follows:</p> <p>Beneficiaries needing or receiving home health care may qualify for the new Home Health Independence Demonstration and have the freedom to leave home more often while remaining eligible for Medicare home health services. To qualify, you must meet several criteria, have a permanent disabling condition, and live in Colorado, Massachusetts, or Missouri.</p> <p>For more information, ask your home health agency about the "Home Health Independence Demonstration"; call 1(800) MEDICARE (1-800-633-4227); or visit our website at: www.cms.hhs.gov/researchers/demos/homehealthindependence.asp</p>		X	X		X	X			

Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3665.3.1	<p>A spanish version of the MSN General Information message will also be printed and will read as follows:</p> <p>Los beneficiarios que necesitan o que ya están recibiendo cuidado de la salud en el hogar pueden participar en un nuevo proyecto titulado "Estudio de Independencia en el Cuidado de la Salud en el Hogar". En este estudio, los beneficiarios tendrán la libertad de salir del hogar con más frecuencia mientras continúan siendo elegibles para los servicios de cuidado de la salud en el hogar de Medicare. Para calificar, usted tiene que reunir ciertos requisitos, tener una condición de incapacidad permanente y vivir en Colorado, Massachusetts o Missouri.</p> <p>Para más información, pregunte a su agencia de cuidado de la salud en el hogar sobre el "Estudio de Independencia en el Cuidado de la Salud en el Hogar". También puede llamar al 1-800- MEDICARE (1-800-633-4227) o visitar la página de Internet www.cms.hhs.gov/researchers/demos/homehealthindependence.asp.</p>		X	X		X	X			

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	None.								

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: July 1, 2005</p> <p>Implementation Date: July 5, 2005</p> <p>Pre-Implementation Contact(s): Armen Thoumaian 410-786-6672</p>	<p>Medicare RHHs in the three target states shall implement these instructions within their current operating budgets.</p>
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Claudia Lamm 410-786-3421	
Post-Implementation Contact(s): Armen Thoumaian 410-786-6672 Claudia Lamm 410-786-3412	

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