

## **Pre-Claim Review Demonstration for Home Health Services - Early Data from Illinois**

### ***Pre-Claim Review Demonstration for Home Health Services***

CMS has seen significant interest in the Pre-Claim Review (“PCR”) Demonstration for Home Health Services and is releasing early statistics based on the initial data coming in from Illinois.

#### ***Submission and Review:***

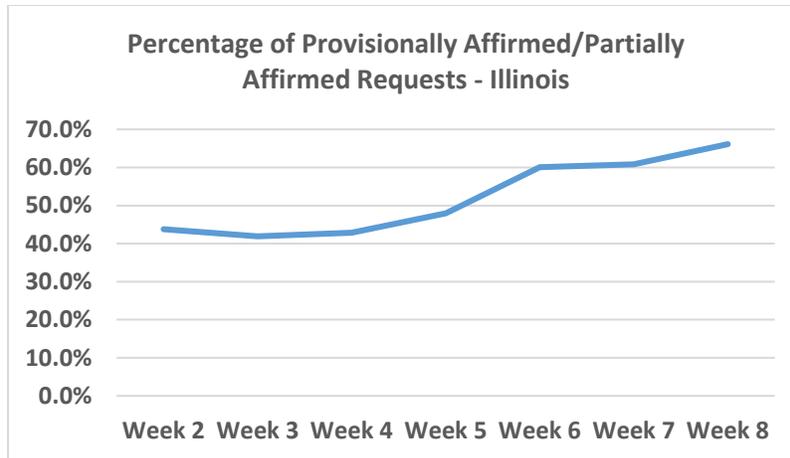
- Approximately 91 percent of pre-claim review requests over the first eight weeks were submitted through the Medicare review contractor’s online portal. The time to complete each submission through the online portal decreased from an average of 12 minutes in Week Two to under 9 minutes in Week Eight. This time does not include the time a provider uses to collect the documentation since providers are required to collect this information whether or not the demonstration is in effect.
- In the first eight weeks of the demonstration, reviewers provided decisions within required timeframes more than 99 percent of the time. Due to continuous process improvements, decision letters will be delivered to providers even more quickly as of Week Eleven.

#### ***Provisional Affirmation Rate:***

- Over the first eight weeks, provisional affirmation rates of pre-claim review requests have been increasing, meaning more requests are getting positive decisions.
- As of Week Eight, the majority of pre-claim review requests (66 percent) received a provisionally affirmed or partially affirmed decision.<sup>1</sup> This means the non-affirmation rate is 34 percent as of Week Eight. This suggests that the home health services in Illinois submitted in pre-claim review requests under the demonstration are meeting Medicare rules and requirements at a higher rate than was measured for services submitted in claims in the 2015 national improper payment rate for home health services (59 percent).

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<sup>1</sup> Pre-claim review requests may include one or more home health services. A partially affirmed decision indicates at least one, if not more, service(s) was provisionally affirmed.



- Under the demonstration, Home Health Agencies (HHAs) have the option to resubmit requests an unlimited number of times to provide additional documentation to support medical necessity for any non-affirmed service(s).
- There are several reasons why a request may receive a non-affirmed decision, and multiple non-affirmed reasons may be cited on the same request. Based on initial data from August, the following are some of the most common reasons for non-affirmed decisions:

<b>Reasons for Non-Affirmation</b>	
Skilled Nursing Services/Therapy not medically necessary or not documented	25%
Homebound Status not documented	18.6%
Face-to-Face Missing/Incomplete	5.6%
Other Documentation Errors - Certifications, Orders, Signatures	50.8%

### *Ongoing and Enhanced Education*

Education efforts in Illinois are being enhanced based on the early experience of the demonstration. Over the past 6 months, the Medicare Administrative Contractors (MACs) for Illinois have:

- Conducted 12 seminars;
- Held 19 individual calls with provider; and
- Addressed and responded to 517 Provider Contact Center helpdesk support inquiries and questions about the demonstration and its processes.

These education efforts are focused on how to submit pre-claim review requests, the home health documentation requirements, and common reasons for non-affirmation. Currently, the MACs that operate in Illinois are offering a home health workshop series. These workshops are designed for home health providers and their staff to equip them with the tools they need to be successful with Medicare billing, coverage, and documentation requirements.

Going forward, CMS and the MACs will be conducting enhanced education both in Illinois and the next state where the demonstration will be implemented, Florida, to provide HHAs, physicians, beneficiaries, and other stakeholders with important information about the home health benefit and the demonstration. For example:

- CMS is overseeing review of MAC reviewer training and conducting an accuracy review.
- The MACs will be using several different methods to disseminate the information. The MACs will call all of the HHAs in Florida to speak to them one-on-one. The MACs will also send an invitation to providers with an email addresses on file to provide assistance with questions.
- In addition to decision letters, MACs will initiate proactive clinical outreach to providers in Illinois to help explain any issues with their pre-claim review requests.
- MACs will continue to hold webinars and teleconferences about the demonstration and will provide detailed examples to providers regarding pre-claim review requests that were non-affirmed to help them understand what was missing or insufficient.
- The MACs will present information about the demonstration at the annual meeting of the National Association for Home Care and Hospice

The MACs are also collaborating with CMS and the A/B MACs who process the Part A and B claims to provide education to physicians, hospitals, and HHAs to make sure there is consistent education and outreach to all stakeholders regarding their roles under the demonstration. The MACs will continue to have teleconferences with stakeholders to provide information and education about the demonstration.

The start dates for Florida, Texas, Michigan, and Massachusetts have not been announced; however, CMS will provide at least 30 days' notice on its website prior to beginning in any state. CMS continues to expect a staggered start, beginning with Florida.

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If you are a Medicare beneficiary looking for further information about the home health benefit, see Chapter 7 of the Medicare Benefit Policy Manual, visit [Medicare.gov](http://Medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). Specific questions about the demonstration should be sent to [HHPreClaimDemo@cms.hhs.gov](mailto:HHPreClaimDemo@cms.hhs.gov). CMS will respond to these questions by posting more “Frequently Asked Questions” on the “Pre-Claim Review Initiatives” tab on: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Overview.html>.

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