Review Choice Demonstration for Home Health Services
Frequently Asked Questions for the Proposed Collection of Information
(Update: 05/31/2018)

1. What is CMS announcing?

Pursuant to the Paperwork Reduction Act of 1995 (PRA), CMS is announcing an opportunity for the public to comment on CMS' intention to collect information from the public on the Review Choice Demonstration for Home Health Services, previously known as the Pre-Claim Review Demonstration for Home Health Services.

On April 1, 2017, CMS paused the Pre-Claim Review Demonstration for Home Health Services while CMS considered a number of changes. CMS is revising the Demonstration to incorporate more flexibility and choice for providers, as well as risk-based changes to reward providers who show compliance with Medicare home health policies.

2. What are the revisions to the Demonstration?

The revisions initially allow Home Health Agencies the choice of three options – pre-claim review, postpayment review, or minimal postpayment review with a 25% payment reduction for all home health services in the demonstration states. If either of the first two options are selected, pre-claim or postpayment review will be required for every episode of care. A provider's compliance with Medicare billing, coding, and coverage requirements determines the provider's next steps under the demonstration.

3. What does the Review Choice Demonstration for Home Health Services do?

This revised demonstration would help assist in developing improved procedures for the identification, investigation, and prosecution of potential Medicare fraud. The Demonstration furthers CMS' efforts to protect the Medicare Trust Funds from improper payments and to reduce Medicare appeals.

4. What states does this demonstration impact?

CMS will stagger implementation of the Demonstration, beginning with the state of Illinois, then expanding to Ohio and North Carolina, and later to Texas and Florida. CMS has the option to expand to other states in the Palmetto/JM Home Health and Hospice Medicare Administrative Contractor jurisdiction if there is increased evidence of fraud, waste or abuse in these states during the demonstration period**.**

5. Why did CMS choose these states?

These states include known areas of fraudulent behavior and had either a high home health improper payment rate or a high denial rate during the Home Health Probe and Educate reviews.

6. What is pre-claim review?

Pre-claim review is a process through which a request for provisional affirmation of coverage is submitted for review before a final claim is submitted for payment, and can occur after services have been provided. Pre-claim review helps make sure that applicable coverage, payment, and coding rules are met before the final claim is submitted.

7. How is pre-claim review different than prior authorization?

Pre-claim review is different than prior authorization due to the timing of the review and when services may begin. For prior authorization, a request must be submitted prior to services beginning and providers should wait until they have a decision before they begin providing services. With pre-claim review, services can begin, and the request is submitted after all of the initial assessments and intake procedures are completed and services have begun. Pre-claim review occurs after services start but prior to the final claim being submitted.

8. Does pre-claim review create new documentation requirements?

Pre-claim review does not create new documentation requirements. Home Health Agencies will submit the same information they are currently required to maintain for payment.

9. When does the revised demonstration begin?

The revised demonstration will begin no earlier than October 1, 2018. Additional information will be released in the coming months.

10. How long will the demonstration last?

The revised demonstration is for five years. Additional information will be released in the coming months.

11. Will the revised demonstration delay beneficiaries from getting access to services?

No, the revised demonstration should have minimal effect on beneficiaries and does not alter the Medicare home health benefit.

Under the pre-claim option, the pre-claim review request can occur after home health services have started. The pre-claim review request must be submitted and reviewed before the final claim is submitted for payment.

The postpayment review option and minimal postpayment review with a 25% payment reduction option will occur after the beneficiary has received the home health services.