



# Homebound Status & the Need for Skilled Services

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# Today's Presenters

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# Today's Presentation

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- Materials from prior webinars are available
  - Click the **Education** tab, then **Past Events**

# Objective

- To provide clear direction to HHAs and providers referring Medicare beneficiaries to eligible HH services, as per CMS regulations.



# Agenda

- Pre-test
- Medicare HH eligibility criteria
- Homebound status definition/regulation
- Documenting the homebound status
- Need for skilled service regulation
- Documenting the need for skilled service
- Post-test
- Test answers
- Resources

# Pre-Test

## ■ True or false?

- There are five eligibility criteria for the Medicare HH benefit.
- Eligibility criteria include homebound status, but not the need for skilled services.
- Documenting “it is a taxing effort for the patient to leave home” supports eligibility criteria for the Medicare HH benefit.
- A diagnosis or a diagnosis code is adequate documentation to support the need for skilled services.
- A patient that requires the assistance of another person or mechanical device to get in and out of their home is automatically eligible for HH services through their Medicare benefit.

# Patient Eligibility

- Medicare regulations state that when the physician refers a beneficiary to HH, the patient must meet five eligibility criteria. The patient must:
  - **Be confined to the home**
  - **Need skilled services**
  - Remain under the care of a physician
  - Receive services under a POC that is established and reviewed by a physician
  - Have had a FTF encounter for their current diagnosis with a physician or allowed NPP

# Patient Eligibility

- All patient eligibility criteria should be documented, confirmed and certified by the referring physician to ensure the patient is eligible to receive the HH services
- Eligibility criteria should then be verified again by the HHA prior to submitting claims for HH services rendered

# Patient Eligibility

- Documentation to support the five eligibility criteria should be provided by the referring and/or certifying physician to the HHA and community physician that will be monitoring the patient's home care
- Documentation to support the five eligibility criteria should continue to be maintained & supported throughout the HHA and community physician medical records for each episode of care

# Homebound Status & Need for Skilled Service

- The HHA medical record must continue to support all eligibility criteria including homebound status and the need for skilled service
- It is no longer necessary to utilize a FTF encounter form
- The patient's homebound status and need for skilled services will be verified (along with other eligibility criteria) in the referring and/or certifying physician's medical record documentation

# Homebound Status

- The homebound status definition was revised and became effective in November 2013 and has not been recently altered
- A patient must be confined to their home to be eligible for the Medicare HH benefit (one of the five eligibility criteria)
- Per Medicare regulations, an individual shall be considered “confined to the home” (homebound) if the following criteria are met:

# Homebound Status Criteria One

- One standard must be met
  - Because of Illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs and walkers; the use of special transportation; or the assistance of another person to leave their place of residence;
    - OR
  - Have a condition such that leaving his or her home is medically contraindicated.



# Homebound Status Criteria Two

- Both standards must be met
  - There must exist a normal inability to leave home;
    - AND
  - Leaving home must require a considerable and taxing effort.

# Homebound Status

- One standard from criteria one and both standards from criteria two must be supported in the referring &/or certifying physician's medical record documentation and maintained & supported throughout the HHA documentation.

# Homebound Status

- If the patient does in fact leave the home, the patient may nevertheless be considered homebound if the absences from the home are infrequent or for periods of relatively short duration, or are attributable to the need to receive health care treatment.
  - For medical appointments/treatments
  - For religious services
  - To attend adult daycare centers for medical care
  - For other unique or infrequent events
    - Funeral, graduation, hair care

# Documenting Homebound Status

- Include information about the patient's current injury/illness that is beyond the title or code of their recent diagnosis
- Verify the type of support and/or supportive device/assistance required for illness/injury to assist the patient in leaving home
- Explain in detail how the patient's current condition makes leaving home medically contraindicated (as appropriate)
- Clarify exactly what about the illness qualifies the patient as homebound
- Explain the patient's normal inability to leave home
- Describe the taxing effort of the patient to leave the home

# Documenting Homebound Status

- Include information about the patients current injury/illness that is beyond the title or code of their recent diagnosis
  - The patient is status post motor vehicle accident x1 week with multiple injuries and total hip replacement.
- Verify the type of support and/or supportive device/assistance required for current illness/injury to assist the patient in leaving home
  - The patient requires one assist with ADLs and a walker for ambulation. There are 4 steps to navigate to go in and out of the patient's house and the patient will require 1:1 assistance with the steps. The patient did not require assistance with ADLs or ambulation prior to leaving home.

# Documenting Homebound Status

- Explain in detail what about the patient's current condition makes leaving home medically contraindicated
  - It is not “medically contraindicated” for this patient to leave home. However, the patient requires assistance of a device and another person to leave their home.
- Clarify exactly what about the illness qualifies the patient as homebound
  - The patient is homebound & unable to ambulate without assistance due to multiple traumas, total hip replacement, pain level of 6-10 and routine narcotic pain medication that causes fatigue.

# Documenting Homebound Status

- Explain the patient's normal inability to leave home
  - Prior to the accident, the patient had a normal "ability" to leave the home without assistance. However, he now requires a walker and personal assistance to leave his home.
- Define the taxing effort of the patient to leave home
  - The level of fatigue caused by the pain manifested while ambulating as well as the routine pain narcotics cause the patient a taxing effort to leave home.

# Homebound Status

- **Reminder:** Declaring any portion of the homebound regulation as a blanket statement copied from the CMS manual is vague and non-specific to the individual patient and their diagnosis.
  - **Example:**
    - “It is a taxing effort for the patient to leave home.”
- **Detailed verbiage** that describes the patient’s normal inability to leave home and exactly what effects are causing the considerable and taxing effort to leave home is required.



# Need for Skilled Services

- The patient/beneficiary must have a need for “skilled” services in their home in order to meet eligibility criteria.
- For the purpose of the Medicare HH benefit, skilled services include that of a licensed professional in:
  - Nursing
  - Physical therapy
  - Occupational therapy
  - Speech language pathology
  - Social work
- Documentation to support the need for skilled services should be initiated in the referring &/or certifying physicians medical record documentation and maintained throughout the HHA documentation.

# Documenting the Need for Skilled Services

- When documenting the need for any/all skilled services requested:
  - Distinguish exactly what services are going to be provided by the skilled professional in the patients home
  - Explain why a skilled professional is required to provide the HH care services requested
  - Disclose clinical information (beyond a list of recent diagnoses, injury, procedure or codes) that is individual and specific to the patient
  - Clarify why the findings from the FTF encounter with the patient support the medical necessity of the services being requested

# Documenting the Need for Skilled Services

- Distinguish exactly what services are going to be provided by the skilled professional in the patients home
  - Skilled nursing to assess sacral wound & change sterile dressing as ordered on this paraplegic wheelchair bound patient.
- Explain why a skilled professional is required to provide the HH care services requested
  - Skilled nursing required for sterile dressing changes with medicated cream and packing with kerlix at sacrum which patient is unable to reach. Patient lives alone or patient's wife unable to learn dressing changes due to cognitive or physical disability, etc.

# Documenting the Need for Skilled Services

- Disclose clinical information (beyond a list of recent diagnoses, injury, procedure or codes) that is individual and specific to the patient
  - As previously stated... Wheelchair bound paraplegic patient with sacral wound that requires packing.
- Clarify why the findings from the FTF encounter with the patient support the medical necessity of the services being requested
  - As previously stated... Patient is wheelchair bound and homebound with a sacral wound that requires routine changes.

# Documenting the Homebound Status and Need for Skilled Service

- It is not required that this information be documented during the FTF encounter
- This information can be found anywhere in the referring and/or certifying physician's medical record
- Documentation regarding these criteria must be maintained and supported throughout the HHA's medical record

# Post-Test

## ■ True or false?

- There are five eligibility criteria for the Medicare HH benefit.
- Eligibility criteria include homebound status, but not the need for skilled services.
- Documenting “it is a taxing effort for the patient to leave home” supports eligibility criteria for the Medicare HH benefit.
- A diagnosis or a diagnosis code is adequate documentation to support the need for skilled services.
- A patient that requires the assistance of another person or mechanical device to get in and out of their home is automatically eligible for HH services through their Medicare benefit.

# Test Answers

- There are five eligibility criteria for the Medicare HH benefit. **TRUE**
- Eligibility criteria include homebound status, but not the need for skilled services. **FALSE**
- Documenting “it is a taxing effort for the patient to leave home” supports eligibility criteria for the Medicare HH benefit. **FALSE**
- A diagnosis or a diagnosis code is adequate documentation to support the need for skilled services. **FALSE**
- A patient that requires the assistance of another person or mechanical device to get in and out of their home is automatically eligible for HH services through their Medicare benefit. **FALSE**

# Resources

- CR 9119: “Manual Updates to Clarify Requirements for Physician Certification and Recertification of Patient Eligibility for Home Health Services”
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9119.pdf>
  - In accordance with its references to Transmittal 92 & 208 in the CMS IOM Publications 100-01 and 100-02



# Resources

- CR 9189, Transmittal 602
  - The purpose of this CR is to manualize policies in the calendar year 2015 HH Prospective Payment System Final Rule published on November 6, 2014, in which the CMS finalized clarifications and revisions to policies regarding physician certification and recertification of patient eligibility for Medicare HH services.
  - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R602PI.pdf>

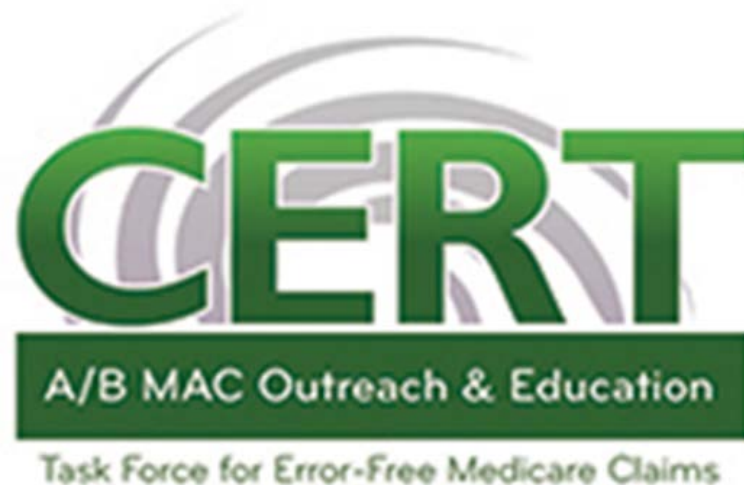
# Resources

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 7
  - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 10
  - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c10.pdf>
- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 6
  - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c06.pdf>

# Questions

- Please type in any questions you may have to the question box at this time and they will be addressed momentarily...

# CERT A/B MAC Outreach & Education Task Force



# CERT A/B MAC Outreach & Education Task Force

- A joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program
- Shared goal of reducing the national improper payment rate as measured by the CERT program
- Partnership to educate Medicare providers on widespread topics affecting most providers and complement ongoing efforts of CMS, the MLN and the MACs individual error-reduction activities within its jurisdictions
- **Disclaimer:** The CERT A/B MAC Outreach & Education Task Force is independent from the CMS CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.

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- Cahaba Government Benefit Administrators, LLC/J10
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- Novitas Solutions, Inc./JH and JL
- Palmetto GBA/J11
- Wisconsin Physicians Service Insurance Corporation/J5 and J8

# CERT A/B MAC Outreach & Education Task Force

- The CERT Task Force educates on common billing errors and contributes educational Fast Facts to the CMS website
  - CMS MLN Provider Compliance Fast Facts web page
    - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html>
  - In addition, the CERT Task Force section on the NGS Medicare.com website provides a link to the CMS MLN Provider Compliance Fast Facts

# CERT A/B MAC Outreach & Education Task Force

## ■ CERT Task Force Web Page

- Go to our website, <http://www.NGS Medicare.com>; in the **About Me** drop down box, select your provider type and applicable state, click on **Next**, **accept** the **Attestation**. Choose the **Medical Policy & Review** tab, then choose **CERT**, the **CERT Task Force** link is located to the right of the web page.

## ■ Task Force Scenarios

- Complying with medical record documentation requirements
- Documenting therapy and rehabilitation services
- Look for new articles added to this page and provided in your Email Updates



# CERT A/B MAC Outreach & Education Task Force

- CMS works closely with the CERT A/B MAC Task Force and the CERT DME MAC Outreach & Education Task Force
  - CMS has a web page dedicated to education developed by the CERT A/B MAC Outreach & Education Task Force
    - <http://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-Outreach-and-Education-Task-Force.html>

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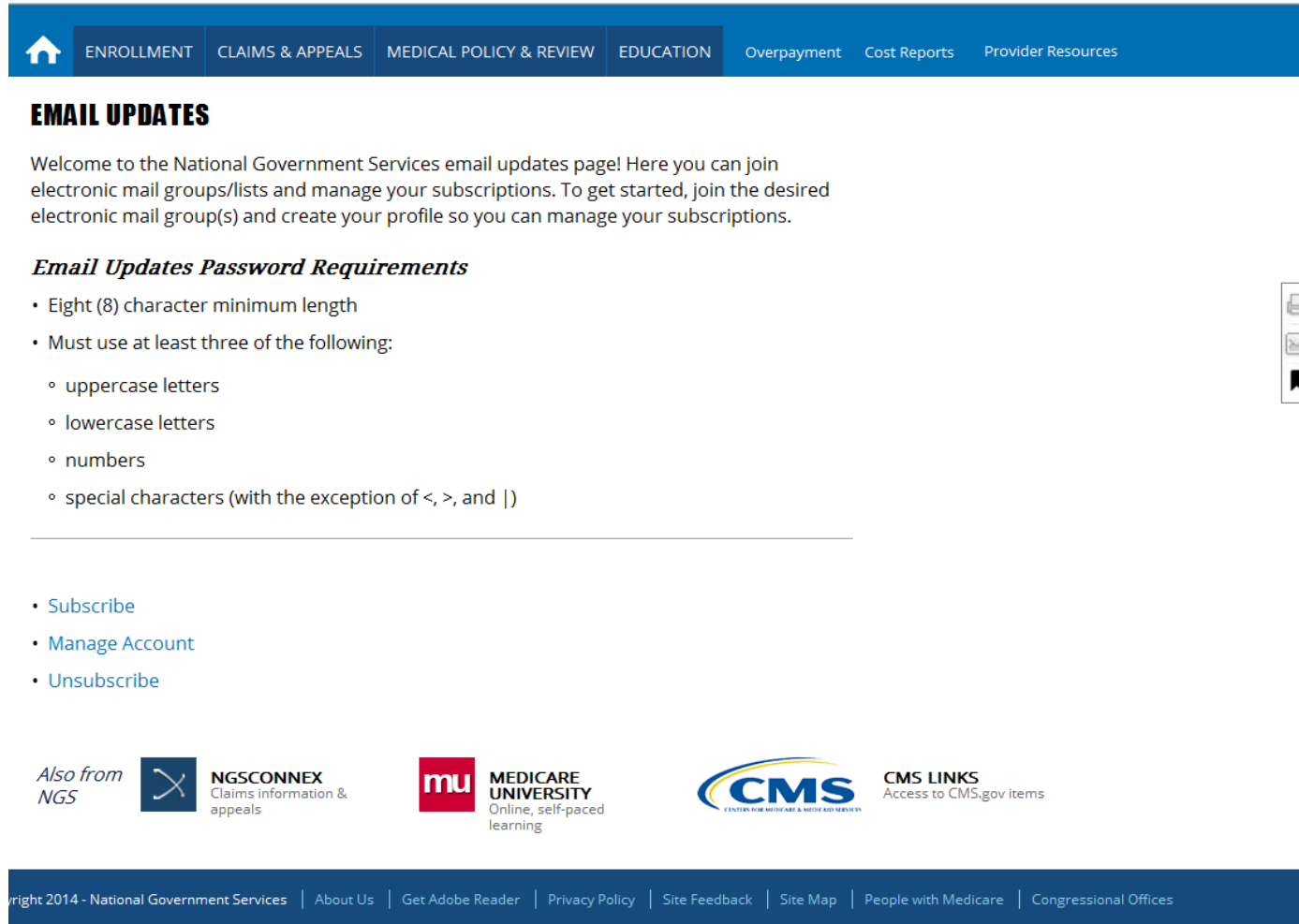
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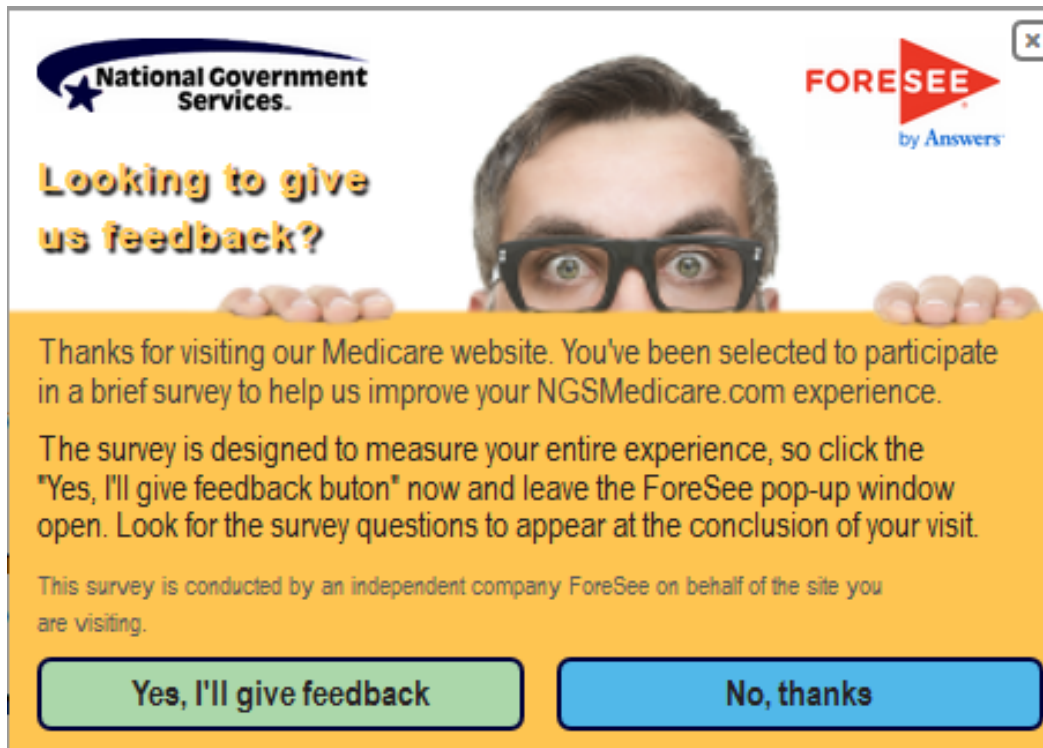
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