



INFORMATION FOR PHYSICIANS

The Home Health Pre-Claim Review Demonstration Project

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The Centers for Medicare & Medicaid Services (CMS) are instituting a new demonstration project for pre-claim review of Medicare Fee-for-Service episodes. The project is now underway in Illinois. The roll-out in Texas, Florida, Michigan, and Massachusetts has been temporarily postponed, but may be announced at any time with only thirty-days notice.

Our agency is committed to effectively meeting the documentation requirements imposed by this new CMS initiative and has prepared this information for your reference. We would be glad to meet with your staff to further explain this project and how we can continue to be your trusted partner in providing the highest quality of care for your patients at home.

When pre-claim review is implemented, our agency must submit key documentation, including Face-to-Face Encounter records and signed, dated Plans of Care for pre-claim review as soon as possible after the start of each Medicare episode. These

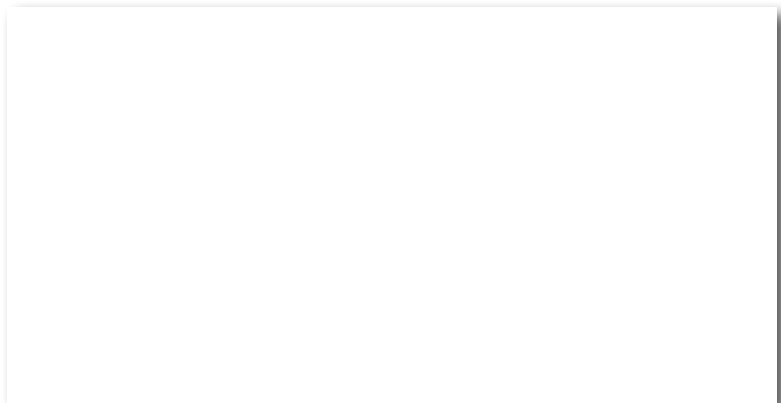
documents will be evaluated by the Medicare Administrative Contractor to ensure they demonstrate each patient's eligibility for service based on his or her need for skilled nursing and/or therapy services, as well as their continuing, documented homebound status.

The documentation that is required for pre-claim review – listed on the next page – is the same documentation currently gathered; however, it now must be submitted well before our agency prepares and submits a final claim for episodic services.

WHAT PRE-CLAIM REVIEW MEANS FOR YOU

Our agency will be working closely with you and your office staff to collect the documents necessary for each pre-claim review. We pledge to make every effort to get documents to you in a timely manner for review and ask that you work with us to return documentation as expeditiously as possible. Please let us know if you have a preferred method of receiving orders so that we can streamline this process to cause the least disruption possible to your practice.

PROVIDED TO YOU BY:



The required documentation from the physician includes:

- 1** The signed, dated **Face-to-Face Encounter Certification** that specifies the date on which the encounter occurred. The encounter must be within 90 days of the initial Start of Care or within the first 30 days following the Start of Care.
- 2** The actual **Progress Note, Discharge Summary or other Encounter Record** used by the certifying physician to justify eligibility. This encounter must be related to the reason for the patient's home health skilled need and must establish the patient's homebound status.
- 3** The agency-generated **Assessment Summary from our Comprehensive Patient Assessment** that has been signed, dated and incorporated into the certifying physician's medical records – if required to confirm eligibility.
- 4** The signed, dated **Plan of Care (POC)**.
- 5** The signed, dated **Therapy Evaluations** that will serve as supplemental orders for physical, occupational or speech language therapy services – if orders for these services are not available at the time the POC is developed due to a pending therapy evaluation visit.

Why this change?

CMS believes that there is a 59% improper payment rate associated with home health services, due in large measure to inadequate documentation. Our state is included as one of five in which improper payments and/or a high incidence of fraudulent activity may exist. The pre-claim review process will serve as an additional tool in combating improper payments, while ensuring that beneficiaries continue receiving medically necessary home health services.

Our agency is committed to compliance and enlists your support as we work to abide by these new rules.

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Overview of Medicare’s Definition of Homebound Status

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An individual shall be considered “confined to the home” (homebound) if the following criteria are met:

Criterion One:

Because of illness or injury, the patient..

- A. Needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers,
- B. The use of special transportation,
OR
- C. The assistance of another person in order to leave his or her place of residence

Criterion Two:

- A. There exists a normal inability to leave home,
AND
- B. Leaving home requires a considerable and taxing effort.

To adequately defend homebound status, our mutual job is to establish and document the specific reasons why the patient meets homebound status criteria.

Our agency will be asked to define the reasons for **Structural and Functional Impairments**, as well as specific **Activity Limitations**. See tables below.

The documentation we submit for pre-claim review must bear out these identified reasons. CMS allows home health agencies to offer their own assessment information to physicians, for incorporation into their medical record for each home health patient, as a means of corroborating and conforming medical findings to the Medicare home health eligibility requirements.

Our agency will be asked to define the reasons for impairments and limitations using the following parameters:

STRUCTURAL IMPAIRMENT	FUNCTIONAL IMPAIRMENT
Structures of the nervous system	Mental functions
Eye, ear and related structures	Sensory functions and pain
Structures involved in voice and speech	Voice and speech functions
Structures of the cardiovascular system	Functions of the cardiovascular system
Structures of the immunological system	Functions of the hematological and immunological systems
Structures of the respiratory system	Functions of the respiratory system
Structures related to the digestive system	Functions of the digestive system
Structures related to the metabolic and endocrine systems	Functions of the metabolic and endocrine systems
Structures related to the genitourinary system	Genitourinary functions
Structures related to movement	Neuromusculoskeletal and movement-related functions
Skin and related structures	Functions of skin and related structures

ACTIVITY LIMITATIONS
Communication limitations
Mobility limitations
Self-care limitations
Domestic life limitations
Interpersonal interactions and relationships

Examples of Factors That Can Establish a Patient's Homebound Status:

- Patient is paralyzed from a stroke and is confined to a wheelchair or requires the aid of assistive devices in order to walk.
- Patient suffers from severe shortness of breath, making it difficult and dangerous to leave home without the assistance and presence of another.
- Patient is blind or visually impaired to the extent that he or she requires the assistance of another to leave place of residence.
- Patient has lost the use of his or her upper extremities and requires the assistance of another individual to leave home.
- Patient is in the last stages of ALS or has other severe neurodegenerative disabilities.
- Patient has had a recent hospital stay involving surgery and may have resultant weakness and pain such that leaving home is medically contraindicated.
- Patient has arteriosclerotic heart disease of such severity that he or she must avoid all stress and undue physical activity.
- Patient has a psychiatric illness that is manifested in part by refusal to leave home, or it would not be considered safe for the patient to leave home unattended, even without physical limitations.
- Patient has open wounds that present danger of infection such that leaving home is medically contraindicated.



about the author

Sharon S. Harder has over three decades of executive management experience in the healthcare industry. She has served in financial and operational leadership roles in a variety of healthcare organizations ranging from a major healthcare professional association to large post-acute healthcare providers. As President of C3 Advisors, LLC Sharon engages with clients to develop and implement the strategic vision required to improve their profitability and competitive position in the rapidly transforming healthcare marketplace. Her demonstrated expertise extends to regulatory compliance, financial management and business improvement solutions for achieving growth and long term success. Sharon frequently speaks on a range of industry topics, has led research projects on industry trends and authored numerous articles. Learn more at C3Advisors.com.

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