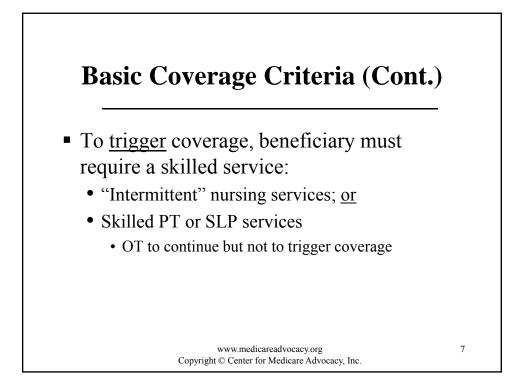


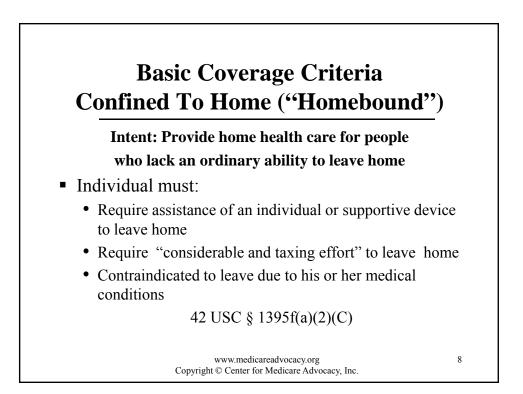
Basic Criteria For Medicare Home Health Coverage

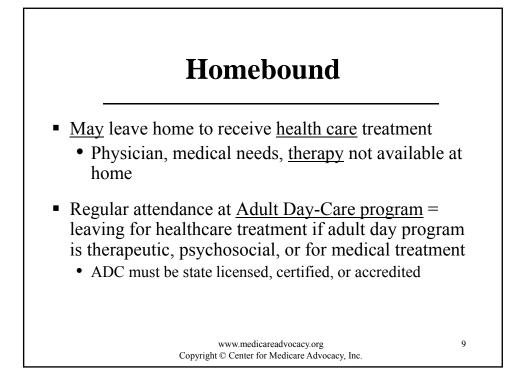
- Services must be <u>ordered by a physician</u>
 - Under a written Plan of Care
 - After a "Face to Face" meeting with the physician or his/her nurse, Physician Assistant
 - (F2F form must completed and signed by physician)
- Beneficiary must be "confined to home" (Homebound)
- Care must be provided by, or <u>under arrangements with</u>, a Medicare-certified HH agency

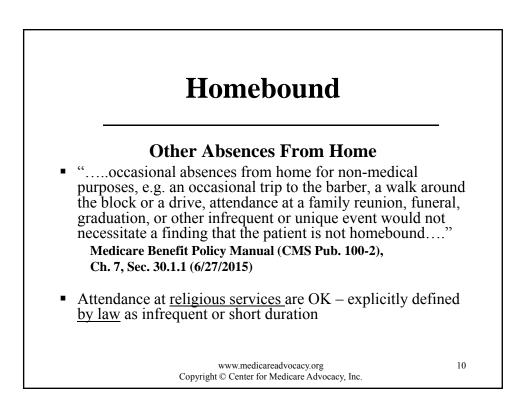
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Intermittent Nurse Services (To Trigger/Qualify for Coverage)

- Dr. <u>can</u> recertify if need for daily care doesn't end after 21 days as expected, <u>but</u> there must be an expectation that <u>daily</u> nursing need will end
 - Exception: Insulin injections when individual can not self-inject (Medicare Benefit Policy Manual Ch. 7, Sec. 40.1.2.4A2)

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<section-header><section-header>Intermittent Nurse Services (To Trigger /Qualify for Coverage) Intermittent Skilled Nursing • What if individual needs ongoing daily nursing? • If daily need is <u>not</u> expected to end: • See if another service can <u>trigger</u> coverage • Physical Therapy (PT), Speech Therapy (ST)? • Reminder: Limit on daily nursing is to trigger coverage <u>not for receipt</u> of intermittent nursing once HH coverage is triggered

What Services Can Be Covered? (Once Coverage is "Triggered")

- Skilled Nursing (SN)
- Physical Therapy (PT)
- Speech Language Pathology (SLP)
- Occupational Therapy (OT)
- Home Health Aides (Personal, hands-on care)
- Medical Social Services
- Medical Supplies (Related to the illness /injury)
 - Examples: catheters ostomy supplies
 - Not DME / Prosthetics & Orthotics \rightarrow Covered under Part B

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- Tell the agency to submit a "Demand Bill" to Medicare for all the coverable services on the plan of care
 - Up to 35 hrs. / wk. of home health aide and nursing combined and PT, SLP, OT, other "dependent services"
 - Home Health Agency should use "Code 20" on the claim form so a medical review is done

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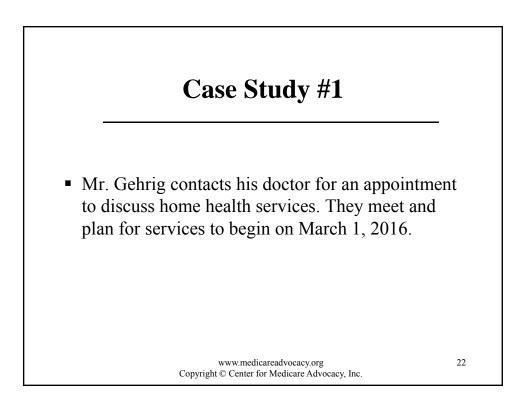
It is February 1, 2016. Mr. Gehrig has ALS. He has traditional Medicare coverage in addition to health insurance through his wife's small business. His wife, Eleanor, is his caregiver. His neighbor comes by the house a few hours daily to keep him company. Mr. Gehrig currently uses a cane to help steady him as his balance is worsening. He now needs assistance 24 hours a day, 7 days a week.

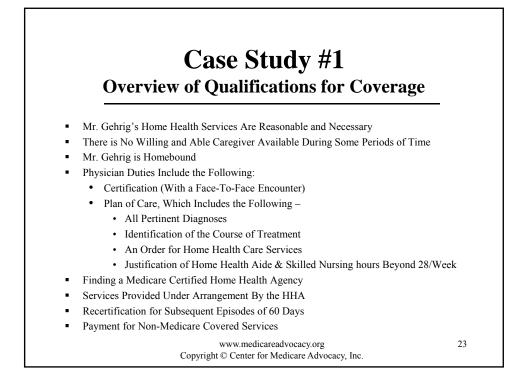
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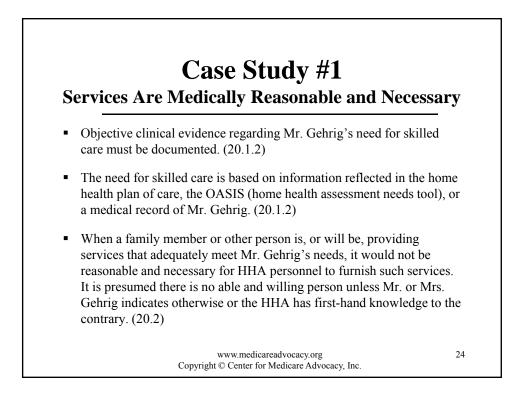
Case Study #1 • Although it takes Mr. Gehrig hours to groom and dress, and his stamina is quickly depleted, he is able to leave the house for health care appointments (including at an ALSA Certified Center multidisciplinary clinic), church services, weekly support group meetings, brief errands, occasional special celebrations, and daily short outings in his neighborhood park.

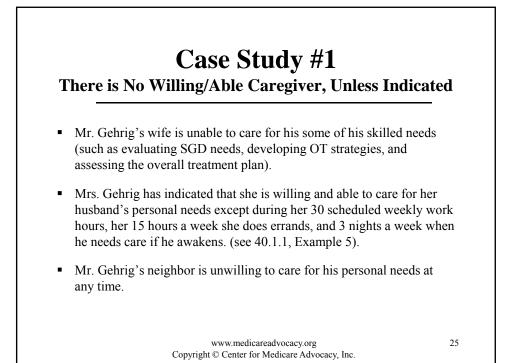
Mr. Gehrig requires PT - for ROM to help slow progression and maintain his current functioning as long as possible, and to receive respiratory therapy treatments; SLP - for an SGD assessment and training; OT - to develop feeding and other ADL strategies for his changing needs; occasional SN - to routinely assess his overall treatment plan relative to his condition; daily SN - to observe Mr. Gehrig's new gastrostomy site for 10-14 days until healed and to train about tube feedings; medical social services - to help Mr. and Mrs. Gehrig adjust to their changing lives; and, an aide - to care for his personal needs when Mrs. Gehrig is working in her home office or meeting clients - about 30 hours a week, or running errands - about 15 hours a week. Three nights a week, 8 hours each night, Mr. Gehrig needs an aide to assist him when he awakens.

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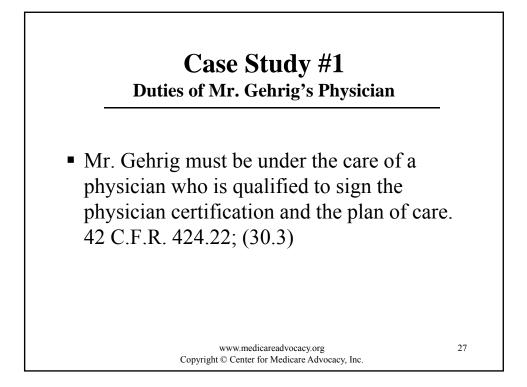


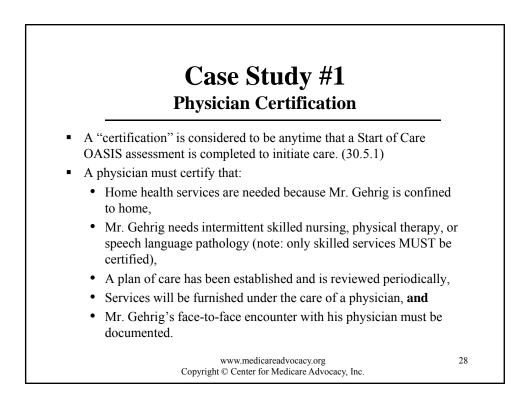




Case Study #1 Mr. Gehrig is Homebound/Confined to Home • Because of ALS, Mr. Gehrig is unable to ambulate safely without the use of an assistive device (his cane). He is normally unable to leave his home because of the considerable and taxing preparation involved to groom and dress and because of his diminished stamina. When he does leave home, it is either for brief periods or infrequently. (See 30.1.1)

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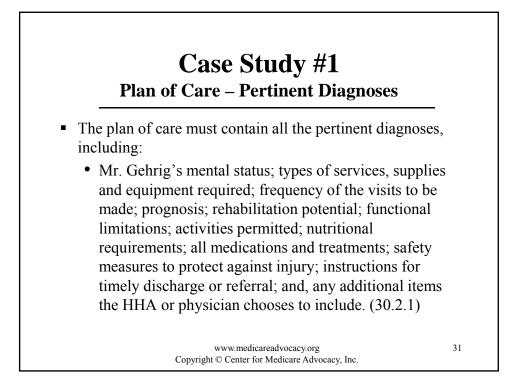


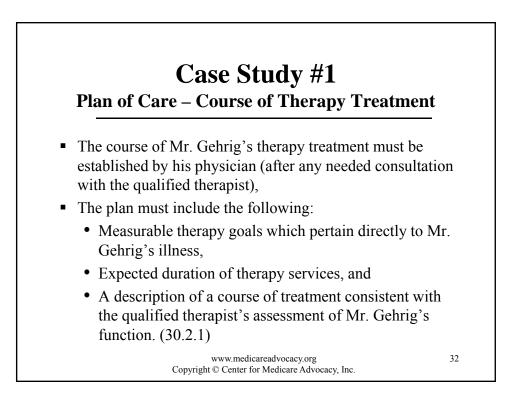
Case Study #1 Physician Certification

- The face-to-face encounter must be as follows:
 - Mr. Gehrig's face-to-face meeting with his physician occurred no more than 90 days prior to, or within 30 days after the start of, home health care (between January 1, 2016 and March 30, 2016),
 - It was related to the primary reason Mr. Gehrig requires home health services, his ALS diagnosis,
 - It was performed by an allowed provider type (in Mr. Gehrig's case, his certifying physician), **and**
 - The certifying physician must also document the date of the encounter. (30.5.1-30.5.1.1)

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Case Study #1 **Plan of Care Overview** The plan of care must contain all pertinent diagnoses and include a course of treatment for therapy services. (30.2.1) The orders on the plan of care must indicate: 1. The nature of the service(s); 2. The type of professional who will provide the service(s); and 3. The frequency of the service(s). (30.2.2)The plan of care must be reviewed and signed by the physician who established the plan of care, in consultation with the HHA [note: and hopefully the patient and family] at least every 60 days. Each review must contain the signature of the physician and the date of review. (30.2.6).Must reflect the physician ordered services that the HHA provides either directly or under arrangement – HHA is responsible for payment under arrangement. (10.11.C.; 10.11.E.) www.medicareadvocacy.org 30 Copyright © Center for Medicare Advocacy, Inc.





Example of Physician Orders (Skilled)

- SN x 7/wk x 14 days; 1/wk x 8 wk (Skilled nursing visits 7 times per week for 14 days; 1 times per week for 8 weeks); daily for skilled observation and evaluation of the gastrostomy site healing process and infection checks and trainings on tube feedings [detail]; weekly for overall plan of care assessment and management.
- **PT x 2/wk x 8 weeks** (Physical therapy visits 2 times per week for 8 weeks); for skilled range of motion extremity exercises to minimize pain, maintain functioning or slow progression of loss of function, physiotherapy and lung capacity measurements; seating clinic at New Rochelle Hospital outpatient clinic and wheelchair adjustments prn.
- SLP x 10/8 weeks (Speech language pathology visits 10 times over 8 weeks); arrangements to be made with the HHA to have an SLP at the ALSA Certified Center at Columbia University evaluate and train for appropriate SGD selection and use.

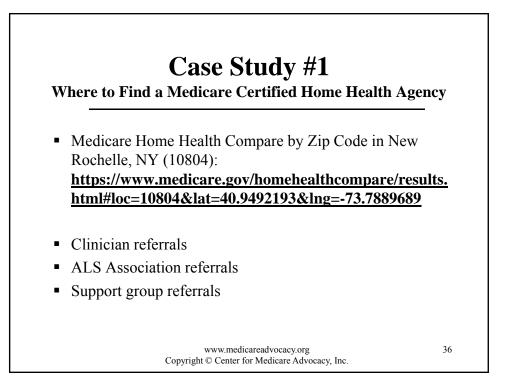
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Case Study #1 **Example of Physician Orders (Unskilled)** MSS x 1/wk x 8 weeks (medical social service visits 1 time per week for 8 weeks for Mr. Gehrig and assistance with community resources) MSS x 1/wk x 4 weeks (medical social service visits 1 time per week for 4 weeks for Mr. and Mrs. Gehrig to help develop communication and coping skills) HHA x 5/wk x 8 wk (home health aide 9 hours/day, 5 days a week) visits for toileting, dressing, bathing, feeding, light meals, laundering of personal items and bedding, other personal care services prn HHA x 3/wk x 8 wk (home health aide 8 hours/night, 3 nights a week) to assist with Mr. Gehrig's needs upon awaking www.medicareadvocacy.org 34 Copyright © Center for Medicare Advocacy, Inc.

Justification of Aide/SN Hours Beyond 28

- Mr. Gehrig has no willing and able caregiver 66 hours each week during the day, yet he needs constant assistance 24 hours a day, 7 days a week, for his own safety.
- Mr. Gehrig is not able to perform any self-care tasks without the potential to harm himself.
- Note: Medicare may only cover up to a combined 35 hours per week of skilled nursing and aide services, but Mr. Gehrig's secondary insurance will pay for the remaining 31 hours of care each week. Medicare allows this type of split billing. (50.7.1)

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How Services Are Provided By Arrangement With The HHA

- Once Mr. Gehrig chooses a HHA, his HHA must provide all the covered home health services (except DME) either directly or under arrangement, and must bill for such covered home health services. (10.11; 10.11.E.)
- Home health services provided under arrangement at hospitals, SNFs, or rehabilitation centers when they involve equipment too cumbersome to bring to the home, or are furnished while the patient is at the facility to receive such services, are included in the HHA base payment rates.
- A HHA would not be responsible for payment in the situation in which they have no prior knowledge (unaware of physician orders) of the services provided by an entity during an episode to Mr. Gehrig who is under their home health plan of care.

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Case Study #J
 Decertification for Subsequent 60 Day Episodes
 The initial episode of care was March 1, 2016 – April 29, 2016.
 Medicare Conditions of Participation require that the recertification assessment be done during the last 5 days of the previous episode (days 56-60). 42 C.F.R. 484.55(d)(1). The recertification assessment should be done between April 25th and the 29th. (10.4.B.)
 The 2nd 60 day episode will be from April 30, 2016 through June 28. The recertification assessment for the 3rd 60 day episode should be done between June 24th and the 28th.

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Payment for Non-Medicare Covered Services

- Mr. Gehrig has secondary health insurance through his wife. Since her business has less than 100 employees, Medicare is the primary insurance.
- Medicare will cover up to 35 hours per week of combined skilled nursing and home health aide services.
- Mr. Gehrig's additional 31 hours per week of home health aide services may be covered by his secondary health insurance.

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Case Study #2
Mrs. Adams was diagnosed with ALS 2 years ago. She is a widow and lives alone. Her two adult daughters and their families live about an hour away from her.
Mrs. Adams is enrolled in a Medicare Advantage (MA) plan. She has been receiving home health coverage for PT 1x/wk, OT 1x/wk, nursing 2x/wk, and home health aides 2x/day Mon – Fri.
Mrs. Adams was told her home health coverage was ending because she was "stable in her disease state".
She called the Center for help.

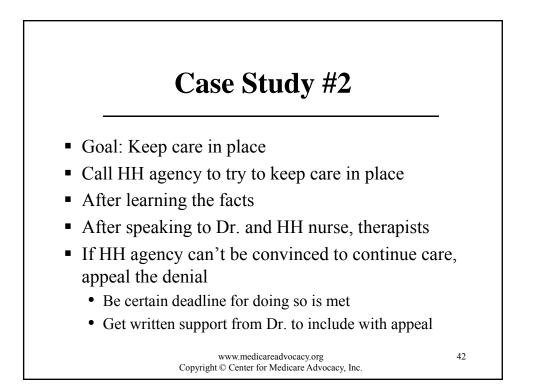
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- Can the HH agency be persuaded to continue care as ordered by the physician?
- Did Mrs. Adams get a written denial notice?
 - If so, get a copy
- Did the Dr. who ordered HH care discharge her HH care?
- Will the Dr. support continued HH care?
 - If so, obtain Dr's active support
 - If possible in writing
- Try to speak to nurse, PT and OT re the care they've been providing and the continued need for that care

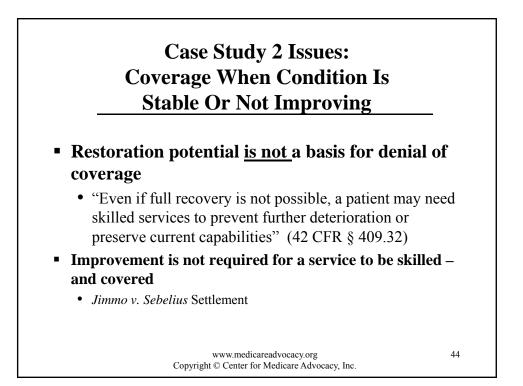
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Issues Presented

- Medicare when condition is "stable"/ not improving
- Amount of coverable care/services
- Length of time Medicare HH coverage can continue
- Responsibility/ability of family to provide care
- Medicare Advantage v. traditional Medicare
 - Application of Medicare law
 - Ability to advocate with HH agency

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Case Study 2 Issues: Coverage When Condition Is Stable Or Not Improving

"...There must be an expectation that the beneficiary's condition will improve materially in a reasonable (and generally predictable) period of time ...OR the skills of a therapist must be necessary to perform a safe and effective maintenance program."
 42 CFR § 409.44(c)(2)(iii)

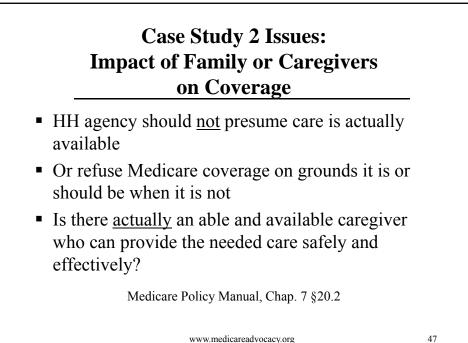
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Case Study 2 Issues: How Much and How Long Can Care Be Covered?

- Up to 28 to 35 hours per week <u>combined</u> of nursing and home health aide services (Medicare Act: 42 USC 1395x(m))
 - In practice, difficult to find an agency to provide
- And PT, ST, OT as medically necessary and reasonable
 - Note: OT can qualify as the skilled service to continue coverage, but not to trigger it
- **No duration of time limit**. Coverage is available <u>so long as</u> <u>skilled care required</u>.

Medicare Benefit Policy Manual, Chap. 7, §40.1.1

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