

CMS Roundup: Efforts Related to Demonstrations, Paperwork Reduction Act Form Clearances

A variety of initiatives, instructions, and demonstration-related activities have been the focus of the Centers for Medicare & Medicaid Services (CMS) over the past month, including Paperwork Reduction Act form clearances to reform home medical equipment standards. Here's a summary of information released by CMS that may be of importance to home health and hospice providers and home medical equipment suppliers.

OASIS Cost and Benefit Surveys

In order to carry out the Outcome and Assessment Information Set (OASIS) cost, benefit, and burden survey requirements called for under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), CMS, through its contractor Abt Associates, submitted a questionnaire to be used for the surveys for Office of Management and Budget (OMB) approval. The questionnaire, if approved, will be used to conduct the surveys from March through May, with plans to deliver a final report to CMS in July.

Abt estimated that a total of 824 small, medium, and large home health agencies will participate, including 631 urban and 193 rural agencies. The questionnaire is available at www.cms.hhs.gov/regulations/pr/cms10139.zip.

Certificate of Medical Necessity (CMN) Documentation

A notice appeared in the [January 25 issue of the Federal Register](#) relating to two paperwork reduction packets for durable medical equipment CMNs recently submitted to OMB. CMS is proposing combination, elimination, and/or revisions of 10 CMNs; comments periods for the proposals range from 30 and 60 days.

CMS published proposed coverage criteria as part of its efforts to ensure appropriate payment and provide clear coverage guidance for wheelchairs and scooters. The criteria are posted at www.cms.hhs.gov/mcd/viewdraftdecisionmemo.asp?id=143; comments will be accepted on them until March 7.

Home Health Independence Demonstration (Homebound Clarification)

MMA calls for the secretary of HHS to conduct a "Demonstration Project to Clarify the Definition of Homebound." Looking to identify and add beneficiaries to the project--now underway in three states (Massachusetts, Colorado, and Missouri). CMS issued instructions to Regional Home Health Intermediaries (RHHIs) to include a message about the demonstration in Medicare summary notices from July 5 through August 1 to Medicare beneficiaries receiving home health benefits in the previous month.

Effective Oct. 1, 2004, the demonstration project leaves in place the requirement that a beneficiary must require assistance of another person or a device to leave his or her home under the "homebound" definition, but removes a limitation based on actual time spent away from home. In doing so, the project theoretically eliminates the concern among many homebound persons that they will lose their home-based care coverage if they participate in activities outside the home.

However, fewer than 10 beneficiaries have been enrolled since the start of the demonstration. Enrollment, which is totally voluntary on the part of beneficiaries and home health agencies, has stringent eligibility requirements, including that the beneficiary has a permanent, severe disability and requires help with three to five activities of daily living (ADLs), permanent skilled nursing care, and daily attendant visits.

CMS has encouraged home health agencies to be open in their review of potentially eligible beneficiaries in the three demonstration states. For example, although an individual must need daily attendant visits and help with three to five ADLs, it is not required that the home health agency be the provider of these services. Individuals who have private caregivers and/or family members to meet these needs can qualify. In addition, flexible interpretations of the "permanent skilled nursing care" requirement are under consideration.

Medical Adult Day-Care Service Demonstration

CMS issued instructions to RHHIs and a [Medlearn Matters notice](#) to providers preparing to implement a demonstration project that will allow five home health agencies (to be selected later this year) to bill for home health services delivered in adult day care centers. The instructions provide for coding for identification of demonstration patients on home health claims. Participating agencies will be paid 95 percent of the episode rate for services delivered at adult day care centers. Patient participation will be voluntary and must be approved by the beneficiary's physician.

Mandatory Electronic Submission of Medicare Claims

RHHIs were notified through a program transmittal and providers via a [Medlearn Matters instruction](#) that effective July 1, all providers (unless they meet exception requirements) must submit Medicare claims electronically. Exceptions include small providers with fewer than 25 full-time equivalent employees, claims under certain demonstration projects, roster bills submitted for mass immunizations, multiple-payer situations, and unusual circumstances such as a disruption of electricity. Providers that believe they meet the exception criteria must submit specified documentation. The Medlearn Matters packet provides detailed information about requests for an exception.