

IMPORTANT INFORMATION FOR PHYSICIANS: New Medicare requirements for home health services

Medicare has instituted the Review Choice Demonstration (RCD) program for home health services. The RCD demonstration began in Illinois on June 1, 2019, and applies to all home health agencies (HHAs) serving patients in Illinois. RCD will expand to 4 additional states in the coming months. HHAs will choose from 3 options 1) 100% pre-claim review (PCR), 2) 100% post-payment review or 3) minimal review with a 25% reduction in payment. Most of the providers in Illinois have chosen 100% pre-claim review which was primarily designed to reduce documentation errors that can lead to the denial of a claim for payment.

HOW DOES THIS AFFECT PHYSICIANS?

PCR does not require any new paperwork from HHAs or physicians, but the increased scrutiny has increased HHAs need to insure that the documents meet Medicare standards. HHAs must now submit their documentation for pre-claim review prior to filing a final claim for payment.

In order to collect all the necessary documents and submit them promptly, HHAs need physicians help. Productive collaboration between HHAs and the physicians who certify their patients for home health services is essential to ensuring patients get the care they need.

WHAT DOCUMENTS ARE NEEDED FOR A SUCCESSFUL PCR SUBMISSION?

- The actual clinical encounter note (from a face-to-face encounter between a physician and the beneficiary) used by the certifying physician to explain the need for the referral
- The signed and dated physician's certification of patient eligibility for the Medicare home health benefit, including the date of the face-to-face encounter
- HHA-generated records that have been signed, dated and incorporated into the certifying physician's medical records to support the physician's referral and certification statement
- The Plan of Care (POC), signed and dated by the physician overseeing the patient's care

WHAT HAPPENS NEXT?

Within 10 days of a PCR submission, Medicare will notify the HHA whether the documents meet Medicare requirements. If there are errors, the HHA will have the opportunity to resubmit the documentation. HHAs are doing all they can to get it right the first time, but may need additional or revised documentation from physicians if a resubmission is required.

WHERE CAN PHYSICIANS LEARN MORE ABOUT CERTIFYING PATIENTS FOR HOME HEALTH CARE AND PCR?

- [CMS RCD Webpage](#)
- [MLN Matters Special Edition 1436](#)

Thank you for helping us continue to provide high-quality home health services to our patients.

