NEW YORK STATE OF OPPORTUNITY. | Office of the Medicaid Inspector General

Kathy Hochul
Governor

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

September 7, 2022

Provider Name
Address

Re: Demand Bill Directive

Dear Home Health Provider:

The New York State Office of the Medicaid Inspector General (OMIG) has contracted with the University of Massachusetts Chan Medical School (UMass Chan) as part of the Medicare Home Health Appeals Initiative. Under this initiative, Providers are required to seek reimbursement from Medicare, and all other liable third parties, for services rendered to dual eligible Medicare/Medicaid beneficiaries

This letter serves to notify your agency of claims that you are required to submit to Medicare for a coverage determination and as an Official Directive requiring your agency to submit the Medicare Remittance Advice (RA), as outlined below (see 18 NYCRR 504.3 (i)). OMIG is directing you to submit demand bill claims to Medicare for each beneficiary and period of time listed on the enclosed Federal Fiscal Year (FFY) 2022 - Semiannual Case Selection Report. This Case Selection Report provides you with a listing of all beneficiaries and applicable periods of service that need to be submitted for the **first half of FFY 2022 only**. If your agency is selected for future initiatives, you will receive a separate Demand Bill Directive Letter and Case Selection Report at that time.

If a provider fails to submit such a claim as required by this Directive or fails to submit required documentation as outlined below, OMIG may initiate an audit to recoup reimbursement received by the Provider for Medicaid payments associated with cases on the Case Selection Report for which claims were not submitted to Medicare or documentation was not submitted as directed. (See 18 NYCRR 540.6 (e)(7) and 18 NYCRR 504.3(i)).

The Medicaid payment amount that may be subject to recovery through audit on the enclosed Case Selection Report is $_____.

Important Next Steps:

1. **Review Case Selection Report**
   Review the enclosed Case Selection Report for beneficiaries whose home health services were paid by the State of New York Medicaid Program during the first half of FFY 2022. Dates of service for this report include October 1, 2021, thru March 31, 2022 or the end of the episodic period billed to Medicaid.

2. **Submit Evidence for Beneficiary Exclusion**

   Exclusions may be considered if a beneficiary on your Case Selection Report is not eligible for Medicare or if you have received a previous Medicare payment for the given time periods. In order for these cases to be excluded, your agency must submit evidence showing ineligibility or proof of prior Medicare payment. You will be asked to provide screen prints from the Fiscal Intermediary Standard System (FISS) to confirm ineligibility or a copy of the original claim and the Medicare RA to prove prior Medicare payment. This documentation is required for an exclusion to be reviewed for this project. Please contact UMass Chan customer service at the phone number listed on the following page for more information.

3. **Submit Demand Bills**

   Prepare and submit demand bills for the beneficiaries included on the attached Case Selection Report to your Medicare Administrative Contractor (MAC). We request that you only bill Medicare for the period of time listed. If the certification period extends past March 31, 2022, include all Medicaid claims billed for that beneficiary until the completion of that certification period. Please do not continue to demand bill for certification periods which begin after March 31, 2022.

   Medicare initiated a new billing requirement for claims with periods of care beginning on or after January 1, 2021. For these claims, Medicare requires Providers to submit a No-Pay Request for Anticipated Payment (RAP) within 5 days of the start of care or "From Date" for each subsequent period of care. Please do not resubmit a No-Pay RAP when submitting a demand bill to Medicare. If a required No-Pay RAP was not previously submitted, your agency must submit the No-Pay RAP followed with a demand bill to Medicare with a KX modifier. In addition, you must indicate "late RAP due to Medicaid TPL demand billing request" within the Remarks section of the claim for all identified services.

   Under the Patient Protection and Affordable Care Act, claims for services must be filed within one calendar year (12 months) after the date of service. In order to comply with this requirement, **all demand bills must be submitted within one calendar year from the end date of the certification period identified in the attached Case Selection Report.**

   Please note, if your agency has already submitted a demand bill for the second half of FFY 2021, which overlaps with dates on the attached Case Selection Report, please do not resubmit the claim to Medicare.

4. **Monitor Demand Bills**

   Continue to monitor the status of your claims. Your agency is required to correct any claims that are rejected or suspended by the MAC. In addition, you will need to timely submit a complete medical record to Medicare once the Additional Development Requests (ADR) is issued. **Failure to submit a valid or timely claim to Medicare may result in an overpayment equal to the amount reimbursed by the medical assistance program.**

If you have questions regarding submitting demand bills to Medicare, including information on timely filing requirements, ADR requests, or claim submission errors, please contact your local Medicare Administrative Contractor**.**

5. **Submit Medicare Remittance Advice**
   A Medicare RA for each period of care billed will be issued by Medicare, usually within 60 days of the final bill submission to Medicare. **Within 20 business days of your receipt of the Medicare RA from Medicare for each claim, you must send copies of the following documents to our contractor, UMass Chan**:

   - A copy of the original claim submitted to the MAC for each 30-day period of care billed.
   - A copy of the Medicare RA sent to you from the MAC.
   - A copy of each medical record your agency submitted to the MAC upon the ADR request.

In order to preserve the department's ability to appeal Medicare non-coverage determinations, all of the above documentation must be sent to UMass Chan via Secure File Transfer Protocol, encrypted email or to the following address within **20 business days** of receipt of each Medicare RA from your MAC :

Third Party Appeals NY
University of Massachusetts Chan Medical School
333 South Street
Shrewsbury, MA 01545-4169

To initiate a Secure File Transfer Protocol or encrypted email connection please contact UMass Chan at MedAppeals@umassmed.edu.

Your failure to comply with any of the above steps may result in an audit and potential recoupment of the amount paid by Medicaid for the claims listed in the Case Selection Report.

A provider of medical assistance who becomes aware, or reasonably should have become aware, of health insurance or other potential third party resources that can be claimed for a recipient, must submit a claim to the liable third party. If a provider fails to submit such a claim as required, reimbursement for such claim will not be made by the medical assistance program **and any reimbursement received in violation of these provisions must be repaid to the medical assistance program by such provider.** No repayment will be required if the provider can produce documentation acceptable to the department that the provider reasonably attempted to ascertain whether such claim could be submitted in the manner described in 18 NYCRR 542. Please refer to 18 NYCRR 540.6(e)(7) for further information.

Thank you for your assistance in completing the requirements of the Medicare Home Health Appeals Initiative. As always, your cooperation is greatly appreciated. Please feel free to contact **Erin Devaney of UMass Chan at (866) 626-7594** if you have any questions.

Sincerely,

Kathleen Whitsett, Acting Bureau Director
Bureau of Third Party and Payment Oversight
Office of the Medicaid Inspector General