



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

March 6, 2017

Provider Name  
Provider Address

RE: Demand Bill Notification

Dear Home Health Provider:

In order to ensure regulatory compliance for dual eligible Medicaid/Medicare beneficiaries, the State of New York Office of the Medicaid Inspector General (OMIG) has contracted with the University of Massachusetts Medical School (UMass) to perform a Medicare Home Health Appeals Initiative. This process is to ensure providers seek reimbursement from Medicare and all other third parties before submitting a claim to Medicaid (Section 540.6(e) (1) of Title 18 of the Official Compilation of Codes, Rules and Regulations).

This letter serves to notify your agency which dual eligible Medicare/Medicaid beneficiaries you are required to submit to Medicare for a coverage determination. As subrogee for dually eligible beneficiaries, the OMIG is requesting that you demand bill each beneficiary for the period of time listed on the enclosed Federal Fiscal Year (FFY) 2016 - Semiannual Case Selection Report. This Case Selection Report provides you with a listing of all cases that need to be submitted for the **Second half of FFY 2016 only**. If your agency is selected for future initiatives you will receive a separate Demand Bill Notification Letter and Case Selection Report at that time.

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 second half of FFY 2016. Dates of service for this report include April 1, 2016 thru September 30, 2016 or the end of the episodic period billed to Medicaid.

**2. Exclusions**

If a beneficiary on your Case Selection Report is not eligible for Medicare coverage or if you have received a previous Medicare payment for the given time periods please contact UMass customer service at the phone number listed on the following page. 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 final remittance advice to prove Medicare payment. This documentation is required prior to exclusion of the case from this project.

### 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). All demand bills must be submitted within one calendar year from the end date of the certification period. We request that you only bill Medicare for the period of time listed. If the certification period extends past September 30, 2016, 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 September 30, 2016.

Please note, if your agency has already submitted a demand bill for the first half of FFY 2016 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.

### 5. **Required Project Documents**

A final remittance advice for each episode billed will be issued within 60 days of the final bill submission to Medicare. Upon receipt of the final remittance advice, you must send copies of the following documents to our contractor, UMass **within 10 business days**:

- A copy of the original claim submitted to the MAC for each 60 day episode billed.
- A copy of the final claim remittance advice sent to you from the MAC.
- A copy of each medical record your agency submitted to the MAC upon the ADR request.

All of the above documentation must be sent to UMass at the following address within **10 business days** of receipt of the final remittance advice from your MAC:

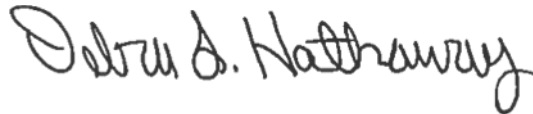
**Third Party Appeals NY**  
**University of Massachusetts Medical School**  
**333 South Street**  
**Shrewsbury, MA 01545-4169**

Please be advised that per Section 540.6(e)(7) of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR), a provider of medical assistance who becomes

aware....of available health insurance....that can be claimed from a liable third party by the provider....must submit a claim for such payment to the liable third party....If a provider fails to submit such a claim as required by this paragraph, reimbursement for such claim will not be made by the medical assistance program and any reimbursement received in violation of the provisions of this paragraph must be repaid to the medical assistance program by such provider.

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 **Laurie Burns of UMass at (866) 626-7594** if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Debra L. Hathaway". The signature is written in a cursive, flowing style.

Debra L. Hathaway, Director  
Bureau of Third Party Liability & Contract Review  
Office of the Medicaid Inspector General