Office of the Medicaid Inspector General

KATHY HOCHUL
Governor

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

Date

Provider Name
Address
City, State Zip code

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 home health services rendered to dual eligible Medicare/Medicaid beneficiaries in accordance with 18 NYCRR 540.6(e).

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 timely submit the Medicare Remittance Advice (RA), as outlined below (see 18 NYCRR 504.3(i)).

If the Department is unable to appeal Medicare non-coverage determinations, OMIG may initiate an audit to recover the Medicaid payment for claims not timely submitted to Medicare or where documentation was not submitted as required (See 18 NYCRR Part 542, 18 NYCRR 540.6(e),18 NYCRR 504.3(i)). Any overpayments resulting from this audit will be subject to the accrual of interest per 18 NYCRR 518.4.

The Medicaid payment amount that <u>may be subject to recovery through audit on the enclosed Case Selection Report is $0,00.00</u>.

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) 2023 - 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 **second half of FFY 2023 only**. If your agency is selected for future initiatives, you will receive a separate Demand Bill Directive and Case Selection Report at that time.

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Required Next Steps:

1. **Review Case Selection Report**
Review the enclosed Case Selection Report for beneficiaries whose home health services were paid by the New York State Medicaid Program during the second half of FFY 2023. Dates of service for this report include April 1, 2023 thru September 30, 2023 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 Timely Demand Bills**
For those beneficiaries not excluded per Step 2 instructions, prepare and submit demand bills to your Medicare Administrative Contractor (MAC) for the remaining beneficiaries included on the attached Case Selection Report. 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.** We request that you only bill Medicare for the period of time listed. If the certification period extends past September 30, 2023, 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, 2023.

   Please take notice, Medicare initiated a new billing requirement for claims with periods of care beginning on or after January 1, 2022. For these claims, Medicare requires Providers to submit a Notice of Admission (NOA) within 5 calendar days of the admission date. If the NOA was not previously submitted, your agency must submit the NOA followed with a demand bill to Medicare with a KX modifier. In addition, you must indicate “late NOA due to Medicaid TPL demand billing request” within the Remarks section of the claim for all identified services. (Medicare Claims Processing Manual, Chapter 10- Home Health Agency Billing)

   Please note, if your agency has already submitted a demand bill for the first half of FFY 2023, which overlaps with dates on the attached Case Selection Report, please do not resubmit the claim to Medicare.

4. **Comply with Medicare Billing Requirements**
Continue to monitor the status of your claims submitted to Medicare to ensure all Medicare billing requirements are satisfied. Your agency is required to timely submit a **complete** medical record to Medicare for **all** services billed once the Additional Development Request (ADR) is issued,

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and to correct any claims that are rejected or suspended by the MAC. A dismissal or rejected Medicare RA is not considered valid. **Failure to submit a complete, valid, and timely claim to Medicare may result in an overpayment equal to the amount reimbursed by the medical assistance program** (See 18 NYCRR 540.6 (e)).

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

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

   - 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. This should include, but is not limited to, a timely face-to-face encounter, valid Advanced Beneficiary Notice, and the initial plan of care regardless of the service dates under review.

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.

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,

Emily M. Amiccuci, Manager
Bureau of Managed Care Network Provider & Fee-For-Service Review
Office of the Medicaid Inspector General

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