

Lessons Learned from the Miami-Dade Home Health Pilots

***A Training for Home Health Visits
Providers in Miami-Dade***

December 2010

Questions?

- Any questions that arise during the training may be emailed to:
Claire.Davis@ahca.myflorida.com.
- While we will answer as many questions as possible during the training, responses to all questions will be posted at:
http://ahca.myflorida.com/Medicaid/deputy_secretary/recent_presentations/index.shtml

Objectives

- Share findings of major non-compliance issues from the Miami-Dade home health pilot
- Policy Reminders
- Prevent fraud and or abuse of the Medicaid Program

The lessons learned and discussed on today's presentation, only apply to the **home health visits** procedure codes.



CODE	MOD 1	MOD 2	DESCRIPTION OF SERVICE
T1030			RN Visit
T1030	GY		RN Visit Dually-Eligible
T1031			LPN Visit
T1031	GY		LPN Visit Dually-Eligible
T1021	TD		HHA Visit associated w/ skilled nursing services
T1021	TD	GY	HHA Visit associated w/ skilled nursing services-Dually-Eligible
T1021			HHA Visit unassociated w/ skilled nursing services
T1021	GY		HHA Visit unassociated w/ skilled nursing services-Dually-Eligible

Key Findings

1. Frequency of services are not medically necessary.
2. Home health aide visits being used to perform homemaker or companion services (house cleaning, cooking, and shopping).
3. Incorrect billing when two members of the household are receiving home health services.

Key Findings

4. Providers approved for multiple visits are providing services consecutively instead of intermittently.
5. Family members being reimbursed for providing direct home health services.
6. Home health aides using bargaining power to enroll recipients into their own choice of home health agencies.

Key Findings

7. Using timesheets as the only documentation that home health services were provided to Medicaid recipients
8. Lack of required documentation in the recipient's **medical** records.
9. Falsification of records and/or information to obtain authorization.



FINDING #1

**Frequency of
services are not
medically necessary**

Determination of Home Health Services

Services should be provided according to:

- Clinical appropriateness, and
- Medicaid policy

Physician Treatment Order

A written physician's order from the attending physician is required to:

- ***Initiate***, or
- ***Continue*** home health services.

Description Physician Treatment Order

- ✓ Recipient's acute or chronic **medical condition or diagnosis** that causes a recipient to need home health care;
- ✓ **Documentation** regarding the medical necessity for the service(s) to be provided at home;
- ✓ Home health services needed;
- ✓ **Frequency** and **duration** of the needed services; and
- ✓ Minimum skill level (nurse, home health aide) of staff who can provide the services.

FINDINGS # 2

**Home Health Aide visits
being used to perform
homemaker and
companion services**

Home Health Aide Service Requirements

- Ordered by the attending physician;
- Documented as medically necessary;
- Provided by an appropriately trained aide;
- Consistent with the physician approved plan of care; and
- Delegated in writing and provided under the supervision of a registered nurse

Home Health Visit Limitations

- Medicaid reimburses a home health aide visit that is unassociated with a skilled nursing service.
- The ***physician's order and plan of care*** must identify the recipient's need for home health aide services.
- The visits must meet all the home health aide requirements including being provided under the supervision of a registered nurse.

Home Health Aide Services

Home health aide services help maintain a recipient's health or facilitate treatment of the recipient's illness or injury.

Examples of home health aide tasks/services reimbursed by Medicaid:

- Assisting with the change of a colostomy bag;
- Assisting with transfer;
- Reinforcing a dressing;

Home Health Aide Services

- Assisting with prescribed range of motion exercises that have been taught by the RN;
- Measuring and preparing special diets;
- Providing oral hygiene;
- Bathing and skin care; and
- Assisting with self-administered medication.

Home health aides must not perform any services that require the direct care skills of a licensed nurse.

Medicaid **does not reimburse** for the following services under the home health services program:

- Housekeeping
- Homemaker
- Chore services
- Shopping
- Transportation services
- Escort services

FINDINGS # 3

**Incorrect billing when
two members of the
household are receiving
home health services**

Sharing a Residence at a Single Location

Home health visit services provided to **two** or more recipients sharing a residence at a single location (for example, visits at a group home) are reimbursed as follows:

- For the **first** recipient, Medicaid reimburses the service at the established Medicaid visit rate;

Sharing a Residence at a Single Location

- For the **second** recipient, Medicaid reimburses the service at **50%** of the established Medicaid visit rate; and
- For any additional recipients, Medicaid reimburses the services at **50%** of the established Medicaid visit rate.

Sharing a Residence at a Single Location

- This policy applies even if the visits are performed at different times during the same day unless **medically necessary**.

FINDING # 4

Providers approved for multiple visits are providing services consecutively instead of intermittently

Example

A young quadriplegic Medicaid recipient has been receiving home health services four **consecutive** hours from 2 p.m. to 6 p.m. every day for several years.

Example

- ✓ POC indicated four intermittent visits were to be provided.
- ✓ When the authorizing physician was interviewed he stated that there was no benefit in receiving consecutive amount of service hours instead of spreading the services over a 24 hour period.

Clarification

Visits vs. Hourly Services

- Visits in Home Health Services are **variable in length**. They can range from half hour up to four hours at a time. It depends on the **service** that needs to be rendered.
- Medicaid pays and authorizes services **per visit** and **not on an hourly basis**.

Home Health Visit Definition

A home health visit is not limited to a specific length of time, but is defined as:

- an **entry** into the recipient's place of residence, for the length of time **needed**, to provide the medically-necessary nursing or home health aide service(s).

Home Health Visit Limitations

- Home health visits are limited to a maximum of four ***intermittent*** visits per day.
- The visits may be any combination of licensed nurse and home health aide visits.

FINDING #5

**Family members being
reimbursed for providing
direct home health
services**

Reimbursement Exclusions

Medicaid does not reimburse home health visits furnished by:

- **Parents,**
- **Grandparents,**
- **Stepparents,**
- **Spouse,**
- **Siblings,**

Reimbursement Exclusions, cont'd

- **Sons,**
- **Daughters,**
- **Household members,**

or any person with custodial or legal responsibility for the Medicaid recipient receiving the home health visit.

**Home health aides
using bargaining power
to enroll recipients into
their own choice of
home health agencies**

Solicitation (Patient Brokering)

Providers are not permitted to:

- solicit
- offer
- pay, or
- receive any remuneration



Florida Medicaid Provider General Handbook page 2-52

Solicitation (Patient Brokering), cont'd

In return for **referring** an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made, in whole or in part, under the Medicaid program.

Using timesheets as the only documentation that home health services were provided to Medicaid recipients

Required Reports and Records

- The home health services providers must maintain reports and medical records **that accurately document** the services provided to the recipient.

- The medical record must indicate that services were provided in accordance with:
 - physician orders, and
 - the approved plan of care

Required Reports and Records

- All care provided to the recipient must be:
 - documented in the medical record, and
 - signed and dated by the staff who furnishes the care.

- These records will be used to **evaluate** any changes made to the plan of care.

Record Keeping Requirements

The home health services provider must ensure that all staff (employed or contracted) do not use timesheets alone as documentation. See Chapter 2, Florida Medicaid Provider General Handbook, Record Keeping Requirements.

**Lack of required
documentation in the
recipient's medical
records**

Medical Record Requirements

- Nursing notes of the initial assessment visit and **subsequent** visits by RNs;
- Most **current** plan of care;
- Most **current** physician's orders (signature and date are required);
- Progress notes;

Medical Record Requirements

- **Tasks and duties assigned to LPNs and home health aides;**
- Dates and signatures of individuals who render care;
- Legal documents;
- Consent forms; and
- Recipient and caregiver verification of services received

Incomplete or Missing Records

- Incomplete records are records that lack documentation that all requirements or conditions for service provision have been met.
- Medicaid may recover payment for services or goods when the provider has incomplete records or does not provide the records.

Florida Medicaid Provider General Handbook 5-8

Providers who are not in compliance with the Medicaid documentation and record retention policies may be subject to **administrative sanctions and recoupment of Medicaid payments.**

Medicaid payments for services that lack required documentation or appropriate signatures will be recouped.

Falsification of records and/or information to obtain prior authorization

Falsification of Records Constitutes Medicaid Fraud

Medicaid Fraud is defined as an **intentional** deception or misrepresentation with the **knowledge** that the deception could result in some **unauthorized** benefit to him or herself or some other person.

It includes **any act** that constitutes fraud under federal or state law related to Medicaid.

Provider General Handbook 5-3

Administrative Sanctions

AHCA shall impose sanctions on providers in accordance with Section 409.913 F.S. and Rule 59G-9.070, F.A.C. Sanctions include the following:

- Suspension from participation in the Medicaid Program;
- Termination from participation in the Medicaid Program;

Administrative Sanctions

- Imposition of fines;
- Imposition of liens against provider assets;
- Prepayment reviews of claims;
- Comprehensive follow-up reviews; and
- Corrective-action plans

Provider General Handbook 5-4

- ✓ Follow Medicaid Policy
- ✓ If you are in doubt contact your Medicaid Area Office for guidance
- ✓ Only provide the number of visits ordered by the physician and authorized by KePRO
- ✓ Housecleaning, chore services, shopping, etc. are not authorized under Medicaid State Plan.
- ✓ Follow Medicaid policy for home health visits for multiple recipients at one location.
- ✓ Comply with medical records and reporting requirements.

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All Medicaid handbooks, fee schedules, forms, provider notices, and other important Medicaid information are available on the Medicaid fiscal agent's Web Portal at:

<http://mymedicaid-florida.com/>

Click on Public Information for Providers, then on Provider Support, and then click on Provider Handbooks for the:

**Home Health Services Coverage and
Limitations Handbook**