



**ANDREW M. CUOMO**  
Governor

**DENNIS ROSEN**  
Medicaid Inspector General

August 5, 2016

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 **first half of FFY 2016 only**. If your agency is selected for future initiatives you will receive a separate 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 first half of FFY 2016. Dates of service for this report include October 1, 2015 thru March 31, 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 March 31, 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 March 31, 2016.

Please note, if your agency has already submitted a demand bill for the second half of FFY 2015 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 sixty 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, UMMS **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 you may be held liable if you fail to respond to this letter or if you do not follow the procedures described above.** Any action or inaction that

results in OMIG's inability to pursue Medicare coverage for the cases included on the attached Case Selection Report for the first half of FFY 2016 may result in the recovery of the associated Medicaid payment.

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 "Kevin Ryan". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kevin Ryan  
Deputy Medicaid Inspector General  
Division of System Utilization and Review  
Office of the Medicaid Inspector General