

# Provider Bulletin



## News and Information

May 1, 2020

### **Additional Billing Guidance for Medicare Certified Home Health Care Providers**

In November 2019, UCare issued a [Provider Bulletin](#) requiring Medicare Certified Home Health Care providers to submit claims in accordance with Centers for Medicare & Medicaid Services (CMS) billing guidelines. This requirement applies to claims submitted for the following plans: UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial, Minnesota Senior Health Options (MSHO), UCare Connect + Medicare, UCare Individual & Family Plans and UCare Individual & Family Plans with M Health Fairview.

Please note the following clarifications, related to the November bulletin:

- Although UCare is asking providers to bill home care services according to CMS guidelines, UCare’s payment methodology is not changing. UCare will continue to reimburse providers according to the terms of their current provider agreement.
- Providers who are currently unable to bill UCare in accordance with CMS requirements should continue to submit claims to UCare as they have in the past. It is not necessary for providers to hold claims. However, UCare may implement additional system edits related to CMS billing requirements, at a later date. As a result, providers should continue to work towards updating their billing systems, if they have not already done so. Providers will be notified prior to implementation of any additional edits.

Per CMS requirements, please follow the home care billing guidelines below. As stated above, UCare’s payment methodology is not changing, at this time.

- The Home Health Care provider should follow all prior CMS claims submission instructions for claims with “From” dates before Jan. 1, 2020, including episodes that span into 2020. The provider should follow Patient-Driven Groupings Model (PDGM) instructions for claims with “From” dates on or after Jan. 1, 2020.
- Home health services under a plan of care are paid based on a 60-day episode of care (before Jan. 1, 2020) or a 30-day period of care (on or after Jan. 1, 2020).
- For continuous care episodes, the “through” date must be 29 days after the “From” date for a 30-day period of care.

Additional CMS Billing Resources:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c10.pdf>

Providers may contact the Provider Assistance Center at 612-676-3300 or 1-888-531-1493 with questions.