

Home Health services and dual eligibility

Summary of update: This update is a reminder about homebound status and Medicare coverage for Home Health services when a member has both Medicare and Medicaid and additional review of homebound status during the preauthorization process.

What is the background of this update?

When a member has both Medicaid and Medicare, Medicare is the primary payer, and Medicaid is the payer of last resort, meaning it always pays last (<https://bit.ly/36RJ7Ik>).

Medicare covers Home Health services for members who qualify and are homebound (<https://bit.ly/30QWuhK>). Medicaid does not require that a member is homebound to qualify for Home Health services (<https://bit.ly/3ddhwvQ>). Medicare does not cover home health aide services unless a member is also receiving skilled care. Medicaid members do not require skilled nursing care services to be entitled to home health aide services.

Homebound status

Per §1814(a) and §1835(a) of the *Social Security Act* an individual shall be considered *confined to the home* (homebound) if the following two criteria are met:

- 1) Criteria one— one must be met:
 - a. Because of illness or injury, they need the aid of supportive devices such as crutches, canes, wheelchairs and walkers; the use of special transportation; or the assistance of another person to leave their place of residence.
 - b. Have a condition such that leaving their home is medically contraindicated.
- 2) Criteria two — both must be met:
 - a. There must exist a normal inability to leave the home.
 - b. Leaving the home must require a considerable and taxing effort (<https://bit.ly/3ny3AkV>).

The patient may be considered homebound (that is, confined to the home) if absences from the home are:

- Infrequent;
- For periods of relatively short duration;
- For the need to receive health care treatment;
- For religious services;
- To attend adult daycare programs; or
- For other unique or infrequent events (e.g. funeral, graduation, trip to the barber).

Examples of confined to the home:

- A patient who is blind or disorientated and requires the assistance of another person in leaving their place of residence.
- A patient who has just returned from a hospital stay, involving surgery, who may be suffering from resultant weakness and pain, and therefore, their actions may be

restricted by their physician to certain specified and limited activities such as getting out of bed only for a specified period of time or walking stairs only once a day.

- A patient with a psychiatric illness that is manifested, in part, by a refusal to leave home or is of such a nature that it would not be considered safe for the patient to leave home unattended, even if they have no physical limitations (<https://go.cms.gov/2GTqJ0a>).

Claims attestation

Home Health claims submission for members eligible for both Medicare and Medicaid requires Health Home providers to indicate on the claim that Amerigroup Iowa, Inc. is deemed the primary payer (<https://bit.ly/34FBBHj>).

Preauthorization review for skilled nursing

The preauthorization review of skilled nursing (G0299) will include a review of homebound status for members with Medicare. If a physician's plan of care indicates a member is homebound and the member otherwise meets the Medicare Home Health criteria, provider education, redirection and/or an administrative denial may be issued.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-800-454-3730**.