Home Health Transfers

What is a Transfer? A transfer is described as a single beneficiary choosing to change home health agencies (HHAs) during the same 60-day period. It is imperative that HHA work together during a transfer situation.

Steps for the Receiving Home Health Agency:

- Check the Health Insurance Query for HHAs (HIQH) to determine if the beneficiary is currently under an established plan of care with another HHA.
- Document in the record that you accessed HIQH by printing and date stamping page 3.
  - If the patient is under the care of another HHA:
    - Contact the initial HHA to work out the transfer date.
    - Document you contacted the other agency and include; who you talked to at the agency, date and time of contact.
- Inform the beneficiary that the initial HHA will no longer receive Medicare payment on behalf of the patient and therefore will no longer provide Medicare covered services to the patient after the date of the patient's elected transfer. Document in the patient's file that the beneficiary was notified of the transfer criteria and the possible payment implications.
- Submit your Request for Anticipated Payment (RAP) with source of admission code 'B' to indicate transfer from another HHA.

Steps for the Initial Home Health Agency:

- Document the receiving agency contacted you to inform you of the beneficiary transfer and that you accepted the transfer.
- Include the name of the person you spoke with at the agency, date, time and date agreed upon for transfer to take place.
- Submit your final claim with Patient Status Code '06' to indicate transfer to another HHA.

What should you do in case there is a dispute? Should a dispute arise, both agencies should try to work out the issue between them prior to calling the Fiscal Intermediary. In the instance when a resolution can not be made then the initial HHA should contact the Palmetto GBA Provider Contact Center at (866) 801-5301. Palmetto GBA will work with both agencies to settle the dispute however, certain information will need to be provided.

If the receiving HHA can provide documentation to support the bullets listed under **Steps for the Receiving Home Health Agency** above were completed, the initial HHA will not receive payment for the period of overlapping dates in addition to receiving the Partial Episode Payment (PEP) adjustment to their claim.

If the receiving agency cannot provide documentation to support an appropriate transfer was completed, the receiving agency's Request for Anticipated Payment (RAP) and/or Final Claim will be canceled and full payment will be made to the initial HHA.

NOTE: To obtain information in regards to Home Health Overlaps, please refer to the How to Avoid Overlapping Home Health Episodes job aide at www.PalmettoGBA.com

Disclaimer: The information provided in this job aid was current as of 07/09/2009. Any changes or new information superseding the information in this job aid will be provided in articles, publications and publication dates after 07/09/2009 and will be posted at www.PalmettoGBA.com/rhhi.

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