

256B.071 MEDICARE MAXIMIZATION PROGRAM.

Subdivision 1. **Definition.** (a) "Dual entitlees" means recipients eligible for either the medical assistance program or the alternative care program who are also eligible for the federal Medicare program.

(b) For purposes of this section, "home care services" means home health agency services, private duty nursing services, personal care assistant services, waived services, alternative care program services, hospice services, rehabilitation therapy services, and suppliers of medical supplies and equipment.

Subd. 2. **Technical assistance to providers.** (a) The commissioner shall establish a technical assistance program to require providers of services and equipment under this section to maximize collections from the federal Medicare program. The technical assistance may include the provision of materials to help providers determine those services and equipment likely to be reimbursed by Medicare.

(b) Any provider of home care services enrolled in the medical assistance program, or county public health nursing agency responsible for personal care assessments, or county case managers for alternative care or medical assistance waiver programs, is required to use the method developed and supplied by the Department of Human Services for determining Medicare coverage for home care equipment and services provided to dual entitlees to ensure appropriate billing of Medicare.

Subd. 3. **Referrals to Medicare providers required.** Non-Medicare certified home care providers and medical suppliers that do not participate or accept Medicare assignment must refer and document the referral of dual eligible recipients to Medicare providers when Medicare is determined to be the appropriate payer for services and supplies and equipment. Providers will be terminated from participation in the medical assistance program for failure to make such referrals.

Subd. 4. **Medicare certification requirement.** Medicare certification is required of all medical assistance enrolled home care service providers as required under Title XIX of the Social Security Act.

Subd. 5. [Repealed, 2001 c 161 s 58; 2001 c 203 s 19]

History: 1996 c 451 art 2 s 22; 1997 c 195 s 2-4; 2001 c 203 s 10