

# Homebound Assessment Form

**MassHealth**

THE COMMONWEALTH OF MASSACHUSETTS  
Executive Office of Health and Human Services  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

Fill out this form if you received a notice from MassHealth to demand-bill Medicare for home health agency (HHA) services, but have reason to believe the MassHealth member is not homebound. MassHealth will review the content in this form to determine if you are required to demand-bill Medicare. All information is required unless otherwise specified in Section IV. Incomplete forms will not be accepted.

## SECTION I

Provider Name	MassHealth Provider ID
Patient Name	MassHealth Member ID
Dates of Service	

## SECTION II

Please check one or more of the following statements that indicate why the patient is not homebound as defined by Social Security Act - Sec. 1814(a) and §1835(a) (42 U.S.C. 1395f(a) and 1395n(a)). Identify or explain the general reason the patient is not homebound. Select one of the common statements provided below, or state the reason that the patient is not homebound under "Other."

- ☐ Physician did not certify the patient is confined to his or her home.
- ☐ Patient is able to leave home without a considerable and taxing effort.
- ☐ Patient leaves the home for long periods, other than for medical treatment, religious services, or the trip is infrequent/occasional.
- ☐ Patient does not have an illness or injury that restricts his or her ability to leave home.
- ☐ Other \_\_\_\_\_

## SECTION III

Attach copies of clinical records that indicate the patient is not homebound as defined by Social Security Act - Sec. 1814(a) and §1835(a) (42 U.S.C. 1395f(a) and 1395n(a)). Select the type of documentation that will be submitted as evidence to support the homebound status of the given patient. If the type of documentation is not listed, select "Other," and then provide a brief description of the document type.

- |  |   |
|--|---|
| <input type="checkbox"/> Plan of Care (485/487)        | <input type="checkbox"/> Physician Orders                               |
| <input type="checkbox"/> Skilled Nursing/Therapy Notes | <input type="checkbox"/> Outcome and Assessment Information Set (OASIS) |
| <input type="checkbox"/> MD Face-to-Face Certification | <input type="checkbox"/> Other _____                                    |

## SECTION IV

Please provide any additional information that may be relevant to the issue of whether this patient is homebound as defined by Social Security Act - Sec. 1814(a) and §1835(a) (42 U.S.C. 1395f(a) and 1395n(a)). Any additional information relevant to the patient's homebound status should be included in this section. This section may be left blank if the supporting documentation provides a full description of homebound status.

## SECTION V – Provider Attestation, Signature, and Date

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Provider's signature (Signatures and date stamps, or the signature of anyone other than the provider or a person legally authorized to sign on behalf of a legal entity, are not acceptable.)

Printed legal name of provider

Printed legal name of individual signing (if the provider is a legal entity)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## **SECTION VI – Instructions for Submitting the Homebound Assessment Form**

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- 1) Send a general request e-mail to [hhmedicareappealshomebound@umassmed.edu](mailto:hhmedicareappealshomebound@umassmed.edu). This e-mail should state that you are requesting a secure connection to transmit a Homebound Assessment Form.
- 2) You will receive instructions from MassHealth about the secure e-mail connection. Please wait until you receive this information. Do not send any documentation directly to the above e-mail address, as it will not be secure. After you have received the first secure transmission e-mail from MassHealth, you are set up to send all future documents via the secure e-mail system.
- 3) Using the secure e-mail connection, submit the completed Homebound Assessment Form and supporting documentation to MassHealth.

In addition, MassHealth has the capability of accepting the Homebound Assessment Form and supporting documentation through a secure FTP connection. If you would prefer to use this transmission method, please send an inquiry e-mail to [hhmedicareappealshomebound@umassmed.edu](mailto:hhmedicareappealshomebound@umassmed.edu).

### **Required Timeframes for Response**

MassHealth will respond within 10 business days of receipt of the Homebound Assessment Form and supporting documentation. MassHealth will provide a response for each case, via the secure e-mail connection.

**Please note:** Your agency may still be required to submit a demand bill to Medicare upon MassHealth review. To ensure that timely Medicare filing requirements are adhered to, please consider the above 10 business-day time limit when your agency files a claim with Medicare.