

Lunch Break! Home Health Eligibility Criteria: The Basics

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Objectives

- Highlight all five home health eligibility criteria, including the need to support homebound status, the need for skilled service, the home health plan of care, the requirements for physician or allowed practitioner oversight of home health services, as well as the face-to-face encounter documentation requirements as defined by the Centers for Medicare & Medicaid Services.

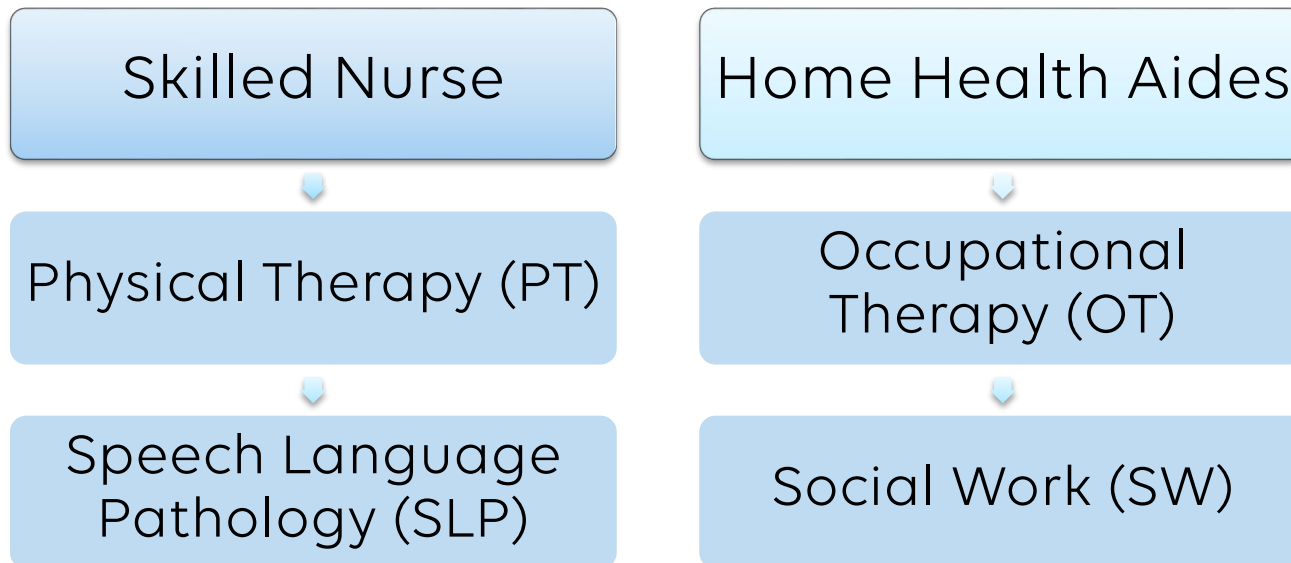
Agenda

- The Medicare Home Health Benefit
- Home Health Eligibility Criteria
- Documentation Collaboration
- Home Health & Hospice References & Resources
- MAC Contact Information
- Medicare University Credits
- Question & Answer Period

Medicare Home Health Benefit

Home Health Benefits

- Services that the Medicare patient/beneficiary may receive at home include:



Home Health Eligibility Criteria

Benefits & Eligibility



Eligibility Criteria

Be Confined to the Home

Require Skilled Services

Receive Services under a Plan of Care Established and Reviewed by a Physician or Allowed Practitioner

Remain Under the Care of a Physician or Allowed Practitioner

Had a Face-to-Face Encounter with a Physician or Allowed Practitioner

Homebound Status

Criteria One
(One Standard Must Be Met)

- Because of illness or injury, 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;
- **or**
- Have a condition such that leaving his or her is medically contraindicated

Criteria Two
(Both Standards Must Be Met)

- There must exist a normal inability to leave home;
- **and**
- Leaving home must require a considerable and taxing effort

Homebound



Need for Skilled Services

- Explain why a “skilled professional” is required to provide the home health services requested



The Plan of Care

- All care provided by the home health agency must be in accordance with the plan of care



Under the Care of a Physician or Allowed Practitioner

- The patient must remain under the care of a physician/allowed practitioner who is qualified to sign the certification and plan of care



The Face-to-Face Encounter

- Documentation of a 1:1 patient visit with a physician or allowed non-physician practitioner
 - Provider Office
 - Acute Care Facility (Hospital, Urgent Care Center)
 - Post Acute Care Facility (Skilled Nursing Facility, Rehabilitation Center)



Documentation Collaboration

Documentation Collaboration



Documentation Collaboration

Acute Care Facility

- Must forward any & documentation supporting eligibility criteria

Post-Acute Care Facility

- Must forward any & documentation supporting eligibility criteria

Physician's Office

- Must forward any & documentation supporting eligibility criteria

Other Services (including Ambulance, Oxygen, Intravenous therapy, etc.)

- Must forward any & documentation supporting eligibility criteria

Home Health Agency

Documentation Collaboration



Documentation Collaboration



Documentation Collaboration

- Home health agencies require as much documentation from the certifying physician/allowed practitioner medical records and/or the acute/post-acute care facility's medical records as necessary to assure that the patient eligibility criteria have been met
- The home health agency must be able to provide all documentation to CMS and its review entities upon request

Documentation Collaboration

- Documentation within the certifying physician/allowed practitioner medical records and/or the acute /post-acute care facility's medical records (if the patient was directly admitted to home health) will be used as the basis upon which patient eligibility for the Medicare home health benefit will be determined

Documentation Collaboration

- Examples of documentation to share **at the point of referral**
 - Referral and orders for home health services
 - Documentation (from anywhere in the medical record) supporting homebound status and the need for skilled services
 - The face-to-face encounter documentation which would include a discharge summary or interoffice progress notes documenting the one-on-one physician/allowed practitioner visit



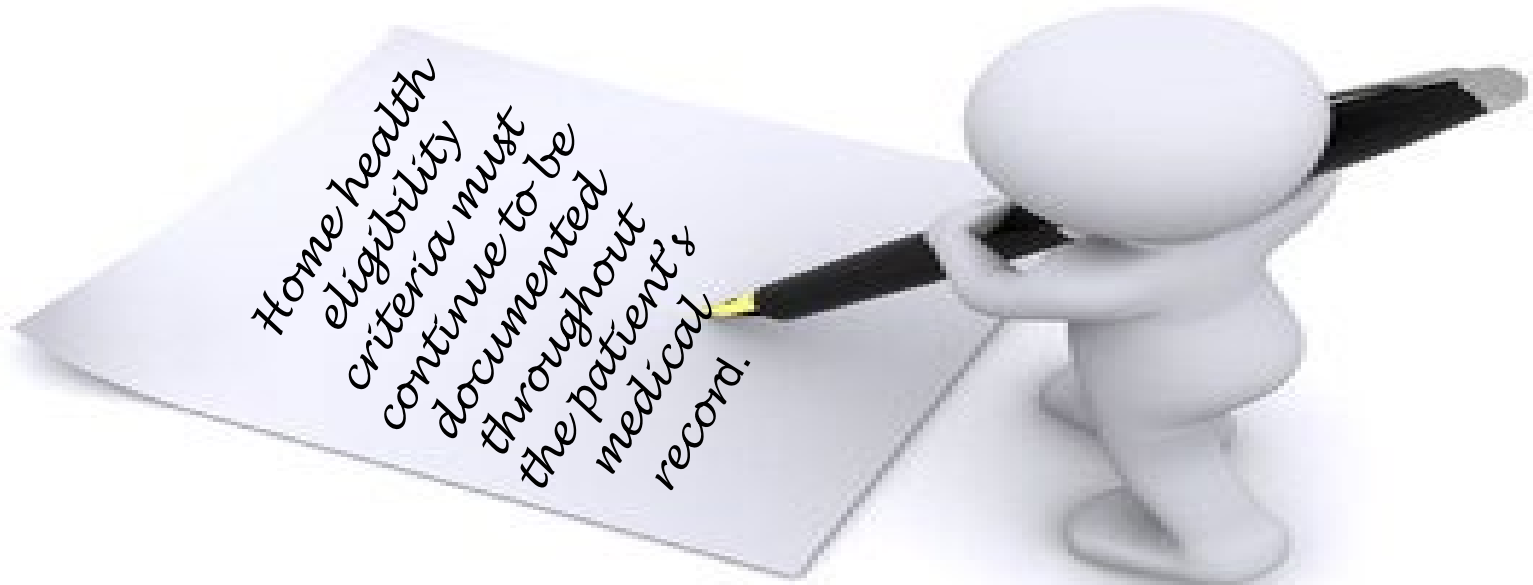
Documentation Collaboration

- The home health agency generated medical record documentation for the patient, by itself, is not sufficient in demonstrating the patient's eligibility for Medicare home health services
- It is the patient's medical record held by the certifying physician/allowed practitioner and/or the acute/post-acute care facility that must support the patient's eligibility for home health services

Documentation Collaboration

- Information from the home health can be incorporated into the certifying physician/allowed practitioner medical record for the patient to support eligibility
 - The certifying physician/allowed practitioner must review and sign any documentation used to support the certification of eligibility criteria
 - If this documentation is to be used for verification of the eligibility criteria, it must be dated prior to submission of the claim

Documentation of Eligibility Criteria



Home Health & Hospice References & Resources

CMS Home Health Resources

- [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 7](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 10](#)
- [CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 6](#)
- [Medicare & Medicaid Program: Conditions of Participation for Home Health Agencies](#)

CMS Hospice Resources

- [Medicare Contractor Beneficiary and Provider Communications Manual](#)
- [CMS IOM Publication 100.02, Medicare Benefit Policy Manual, Chapter 9, Coverage of Hospice Services Under Hospital Insurance](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 11, Processing Hospice Claims](#)
- [Hospice Code of Federal Regulations](#)
- [Model Hospice Election Statement Example](#)
- [Model Hospice Election Statement Addendum Example](#)

CMS Home Health & Hospice Resources

- [HH PPS web page](#)
- [Home Health Agency \(HHA\) Center](#)
- [MLN[®] Publication, "Home Health Prospective Payment System"](#)
- [Hospice Center Webpage](#)
- [Hospice Code of Federal Regulations](#)
- [The Medicare Learning Network[®]](#)

MAC Contact Information

National Government Services Jurisdiction 6

- [Website](#)
- IVR Unit – 877-277-7287
- Provider Contact Center – 866-590-6724
- LCDs and Policy Articles – See website, Medical Policy & Review Tab, Medical Policy Center



National Government Services Jurisdiction K

- [Website](#)
- IVR Unit – 866-275-7396
- Provider Contact Center – 866-289-0423
- LCDs and Policy Articles – See website, Medical Policy & Review Tab, Medical Policy Center



Medicare University Credits

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 - Course Topic/Title = **Home Health Eligibility Criteria: The Basics**
 - Medicare University Credits (MUCs) = **One**
 - Catalog Number =
 - Participant Code =
 - For step-by-step instructions on self-reporting please visit the [Get Credit for Completed Courses](#) on the NGS website

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Thank You!



Any
Questions?