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NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

Documenting Home Health Eligibility Criteria Series - The Plan of Care (Presentation Four)

4/20/2023

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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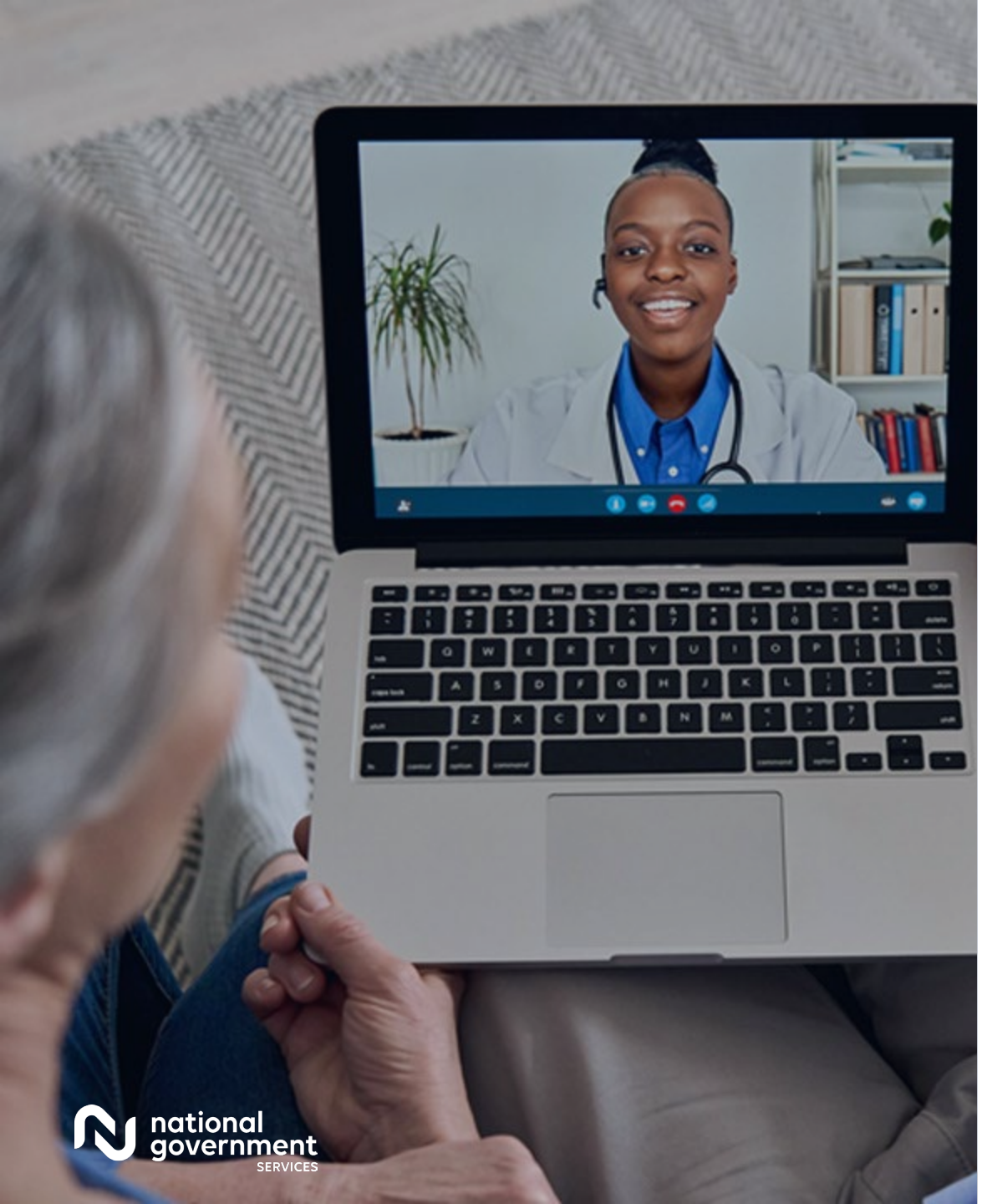

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Recording

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Objective

Offer federal Medicare regulatory direction to home health agencies and other provider types ordering, referring, providing oversight, and/or care for patients receiving home health services.

Provide a greater understanding of medical record documentation within the plan of care that assist in supporting Medicare home health eligibility criteria.

NGS Home Health & Hospice Provider Outreach & Education Team

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AGENDA

- NGS Home Health Jurisdictions
- The Medicare Home Health Benefit & Eligibility Criteria
- The Plan of Care
- References & Resources
- Question & Answer Period

NGS Home Health Jurisdictions

NGS Home Health Jurisdictions

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Jurisdiction K	Jurisdiction 6	
Maine	New York	California
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Massachusetts	Minnesota	Puerto Rico
Connecticut	Idaho	Mariana Islands
	Nevada	American Samoa
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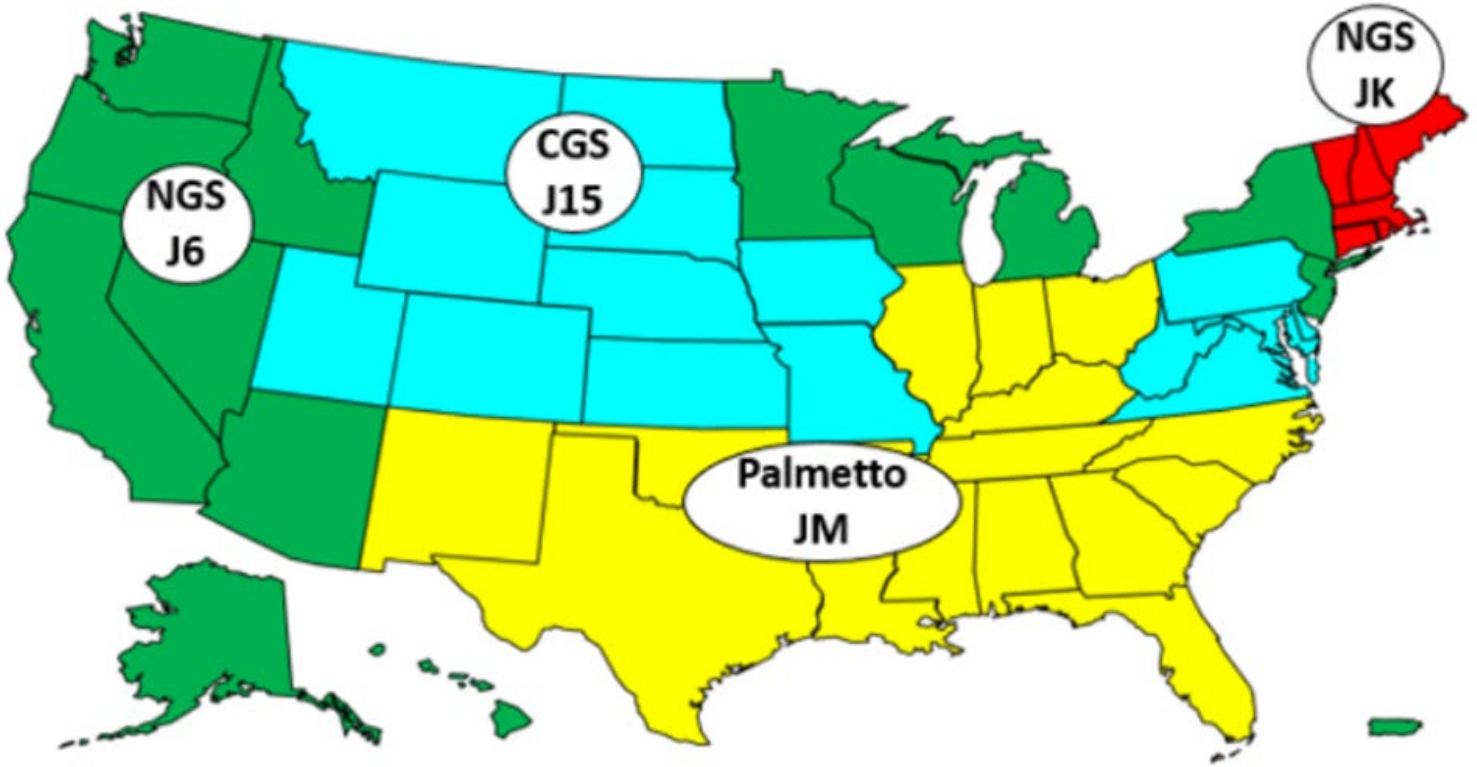
NGS Home Health Jurisdictions



The Medicare Home Health Benefit & Eligibility Criteria

The Medicare Home Health Benefit

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

Skilled Nursing	Home Health Aides	Physical Therapy (PT)
Occupational Therapy (OT)	Speech Language Pathology (SLP)	Social Work (SW)

Home Health Eligibility Criteria

- Confined to the Home (Homebound)
- Have a Need for Skilled Services (in the Home)
- Remain Under the Care of a Physician and/or Allowed Practitioner (Oversight)
- Receive Services Following a Plan of Care
- Had a Face-to-Face Encounter

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Home Health Eligibility Criteria

Does the patient meet **All Five** eligibility criteria?

- **Is the patient homebound?**
  - ✓ *Are they able to leave the home to receive services?*
- **Do they have a need for the skilled/professional services in the home?**
  - ✓ *Is the patient able to receive the "skilled" services on an outpatient basis in an office or clinic?*
- **Is there a physician and/or allowed practitioner that has agreed to monitor home health services?**
  - ✓ *Is that name identified within the referral and/or medical record documentation?*
- **Is there a plan of care in place or started?**
  - ✓ *What is the intent of the referral for home health services?*
- **Did the patient have a face-to-face encounter for their current primary diagnosis?**
  - ✓ *Is there a copy of the medical record documentation identifying the encounter?*

The Plan of Care

The Plan of Care

- All home health services are expected to be delivered under the care of a physician and/or allowed practitioner who signs the plan of care (POC).
- It is expected that in most instances that the physician or allowed practitioner who certifies the patient's eligibility for Medicare home health services, will be the same physician or allowed practitioner who establishes and signs the plan of care.

The Plan of Care

Allowed practitioners in addition to physicians, can certify and recertify beneficiaries for eligibility, order home health services, and establish and review the care plan; the provider types include:

- Physician Assistant (PAs)
- Nurse Practitioner (NPs)
- Clinical Nurse Specialist (CNS)

Individual states have varying requirements for conditions of practice, which determine whether a nurse practitioner may work independently without a written collaborative agreement or supervision from a physician, or whether general or direct supervision and collaboration is required.

PAs, NPs, CNS are required to **practice in accordance with state law** in the state in which the individual performs such services.

The Plan of Care

- The plan of care must include the identification of the responsible discipline(s), the frequency and duration of all visits, as well as those items listed in the Conditions of Participation (COPs) that establish the need for such services.
- All care provided to the patient by the home health agency must be in accordance with the POC.

Conditions of Participation 42 CFR 484.60(a)

The Plan of Care

- The POC must be reviewed and signed by the physician or allowed practitioner who established the POC, in consultation with the agency's professional personnel, at least every 60 days.
- Each review of a patient's plan of care requires the signature of the physician or allowed practitioner overseeing home health services, as well as the date of review.

The Plan of Care

- It is expected that the physician and/or allowed practitioner who has agreed to oversee home health services and monitor the plan of care will remain constant in the care of the patient.
  - Multiple physicians and/or allowed practitioners should not be involved in the oversight of home health care services and the plan of care (signing orders, recertification's, etc.).

The Plan of Care

- There are no mandatory forms for the POC.
- The CMS Form 485 is commonly utilized as the POC.
- The CMS Form 485 has an area where the physician or allowed. practitioner certifies all five eligibility criteria (slide 11) have been met, including the requirements of the POC.

24. Physician's Name and Address	26. I certify this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy, or continues to need occupational therapy. This patient is under my care, and I have authorized the services on this plan of care, and will periodically review the plan. I further certify this patient had a face-to-face encounter that was performed on xx/xx/xxxx by a physician or Medicare allowed non-physician practitioner that was related to the primary reason the patient requires home health services.
27. Attending Physician's Signature and Date Signed	28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

The Plan of Care

- **Reminders:**
  - As per federal regulation, home health agencies that maintain patient records via computer may utilize appropriately authenticated and dated electronic signatures.
  - The plan of care is considered terminated if the patient does not receive at least one covered skilled service within a 60-day certification period unless a physician or non-physician practitioner documents that the interval without care is appropriate to the treatment of the patient's illness/injury.

Home Health 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
- HH PPS web page
- Home Health Agency (HHA) Center
- MLN® Publication, "Home Health Prospective Payment System"
- The Medicare Learning Network®

Medicare University

- Interactive online system available 24/7
- Educational opportunities available
  - Computer-based training courses
  - Teleconferences, webinars, live seminars/face-to-face training
- Self-report attendance
- Medicare University website

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National Government Services Website and Contact Information

- NGSMedicare Website

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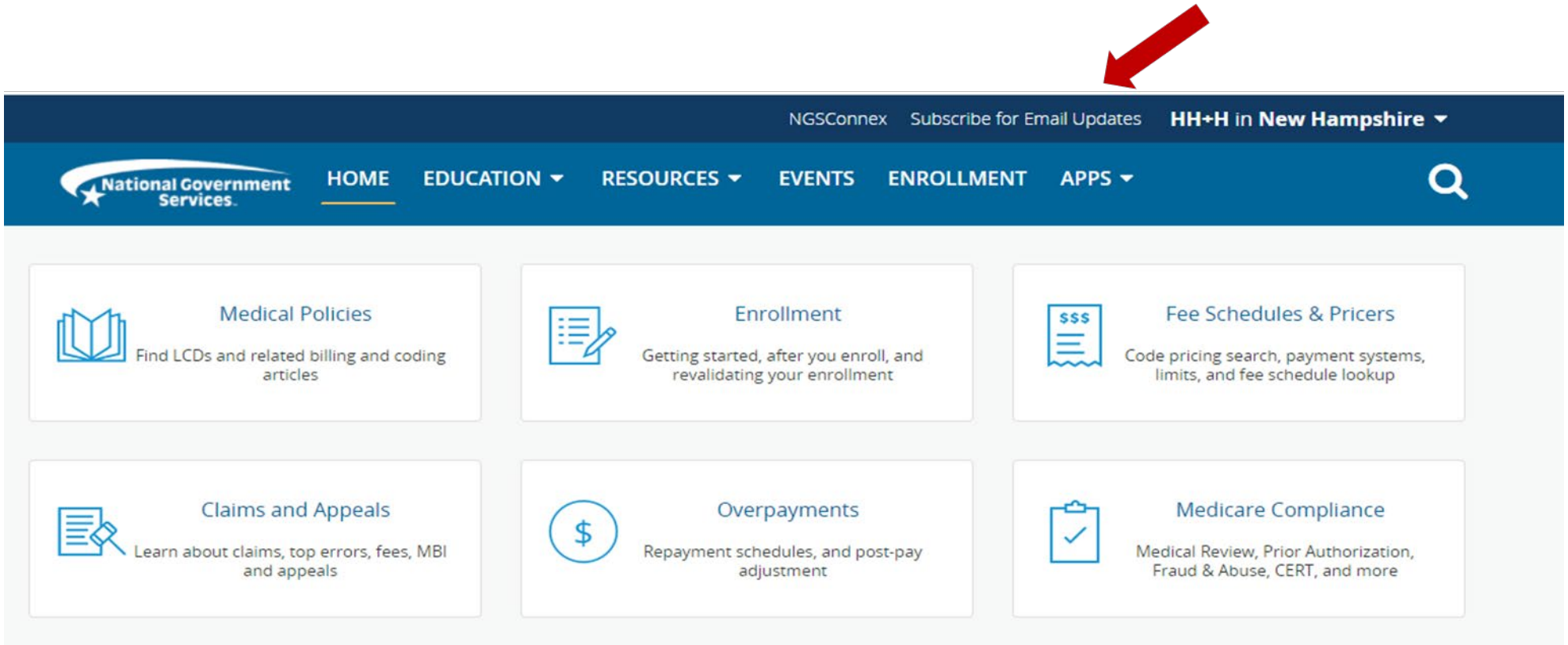
Provider Contact Center Procedures

- The PCC should always be your first option when contacting the MAC.
  - Required to log and track all incoming inquires.
- Tiered system to respond accurately to all provider inquiries.

NGS Email Updates

- Subscribe to receive the latest Medicare information



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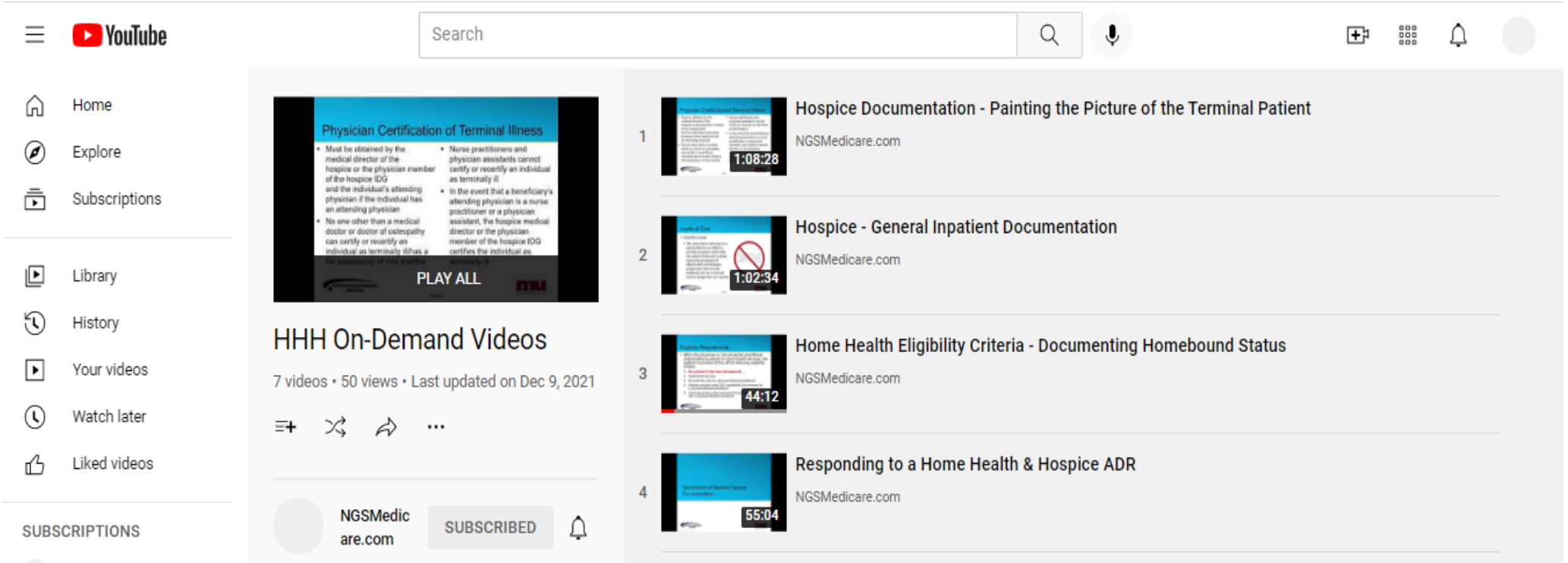

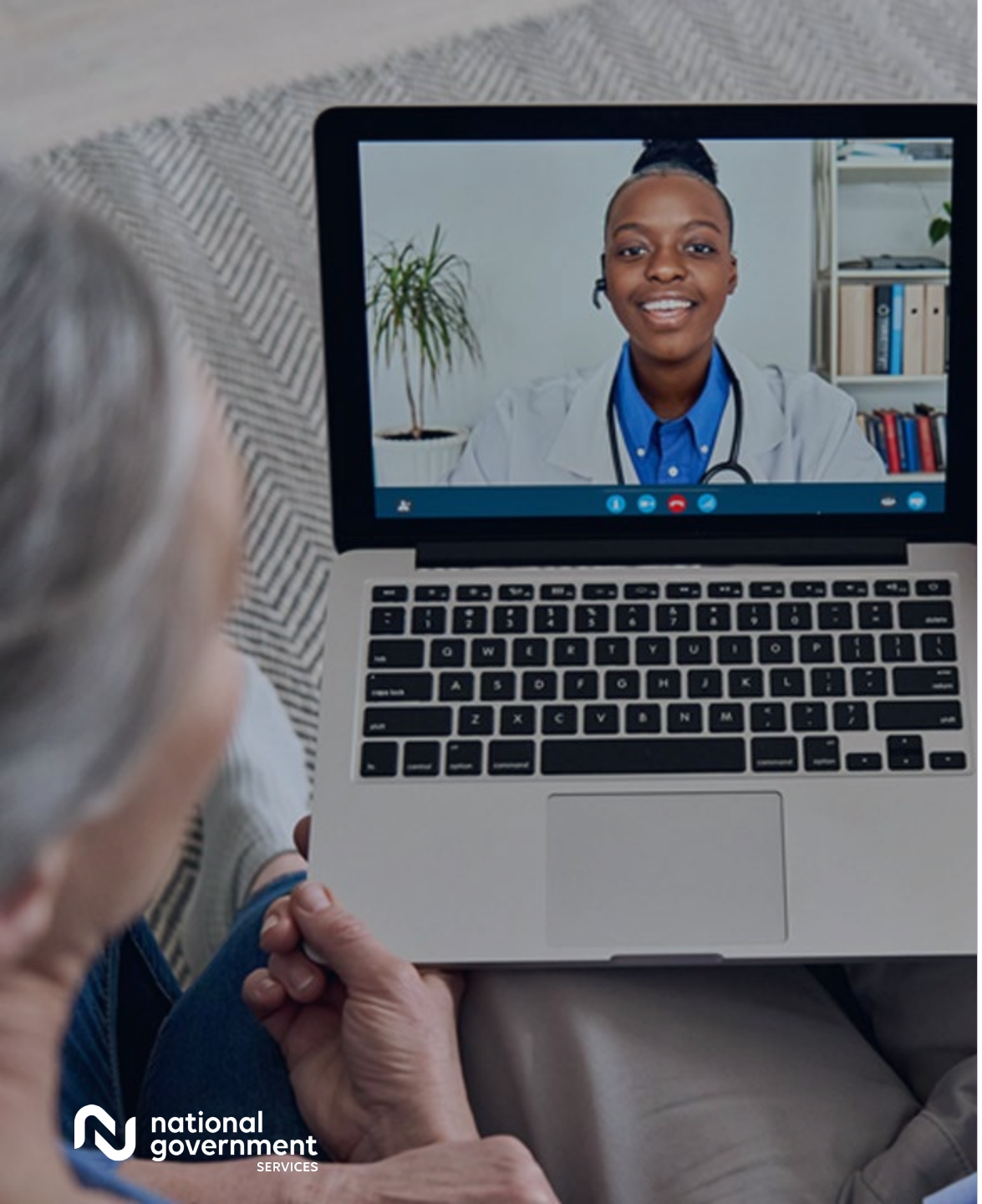

2023 HHH MAC Collaborative Summit

- Save the Date
- September 13, 14, 15
- Flamingo Las Vegas Hotel & Casino
  - 355 S. Las Vegas Boulevard
  - Las Vegas, NV 89109
- Early Bird Registration $249 (April 1 – June 1)
  - Includes 3 full days of education
- Rooms: $95/night
  - Group Name: 2023 HHH Medicare Summit
  - Processing fee incurred for telephone reservations

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What we are doing right

What education you are looking for

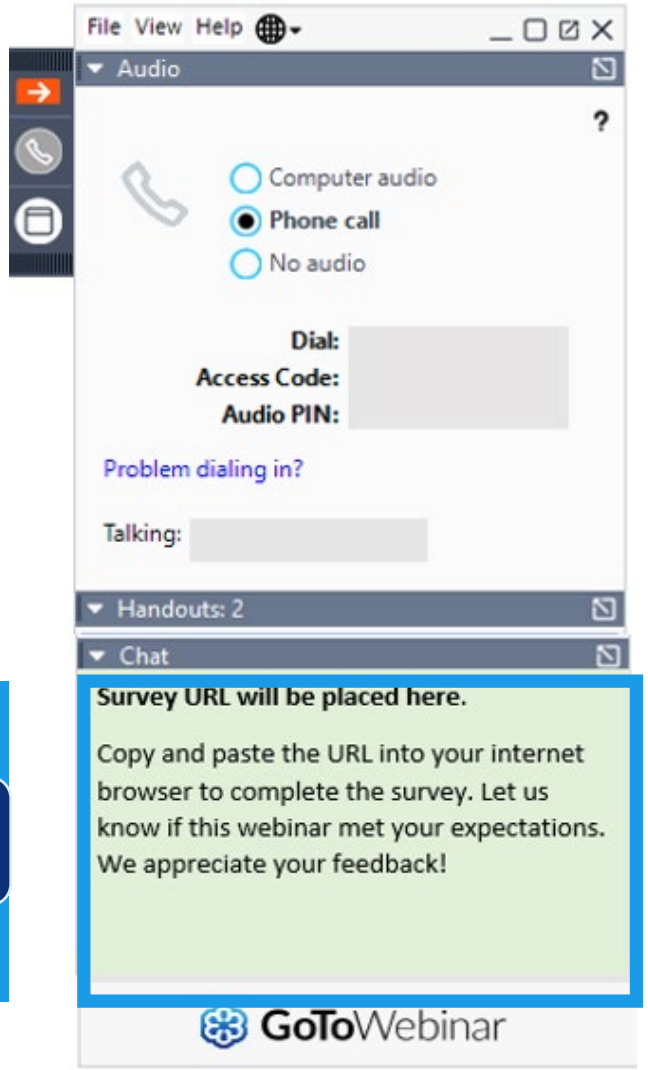
Educational topics you would like to see continued

Where we can improve

Thank You!

YOUR FEEDBACK MATTERS

- A link to a survey for this webinar is available in the GoToWebinar Chat Box.
  - Only takes a few minutes to complete!
  - We read all of your comments!
  - Help us help you! Let us know how we are doing!
  - If you have positive comments, let us know so we can continue providing you with the education you need!



Copy/Paste URL to your Internet Browser → Open/Complete Survey → Share your feedback with us!

Thank you for your feedback!

Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.

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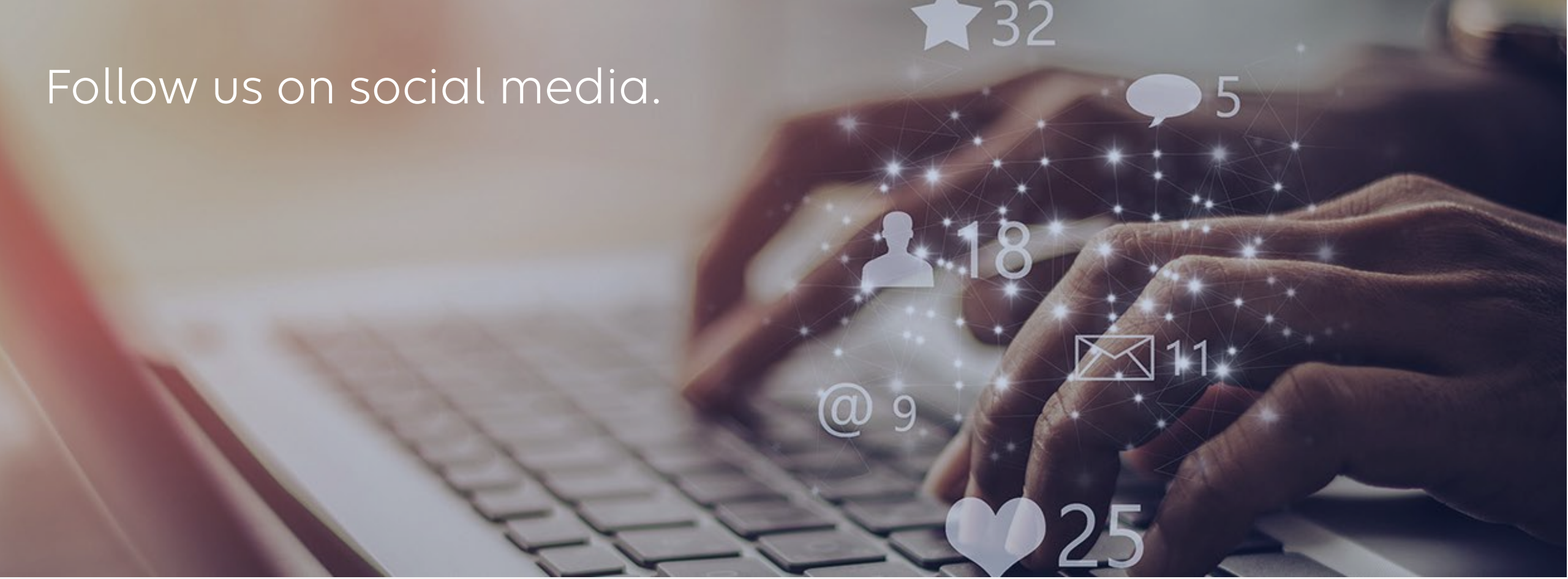

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