

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

3/23/2023



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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

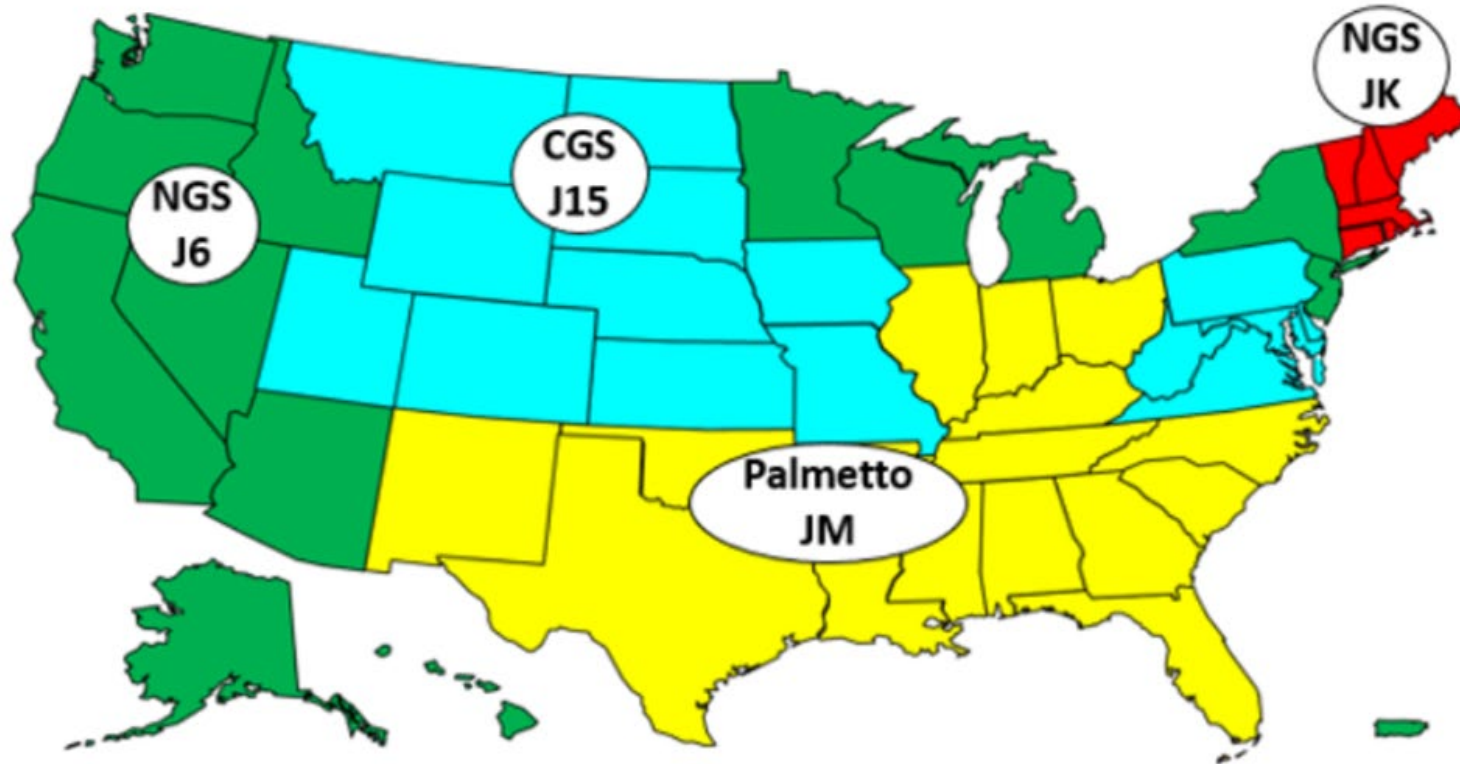
Question & Answer Period

NGS Home Health Jurisdictions

NGS Home Health Jurisdictions

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Jurisdiction K	Jurisdiction 6	
Maine New Hampshire Vermont Rhode Island Massachusetts Connecticut	New York New Jersey Michigan Wisconsin Minnesota Idaho Nevada Washington Oregon	California Arizona Alaska Hawaii Puerto Rico Mariana Islands American Samoa Virgin Islands Guam

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



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
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- Self-report attendance
- [Medicare University website](#)

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- If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization, not National Government Services, with your questions concerning CEUs.

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- [NGSMedicare Website](#)

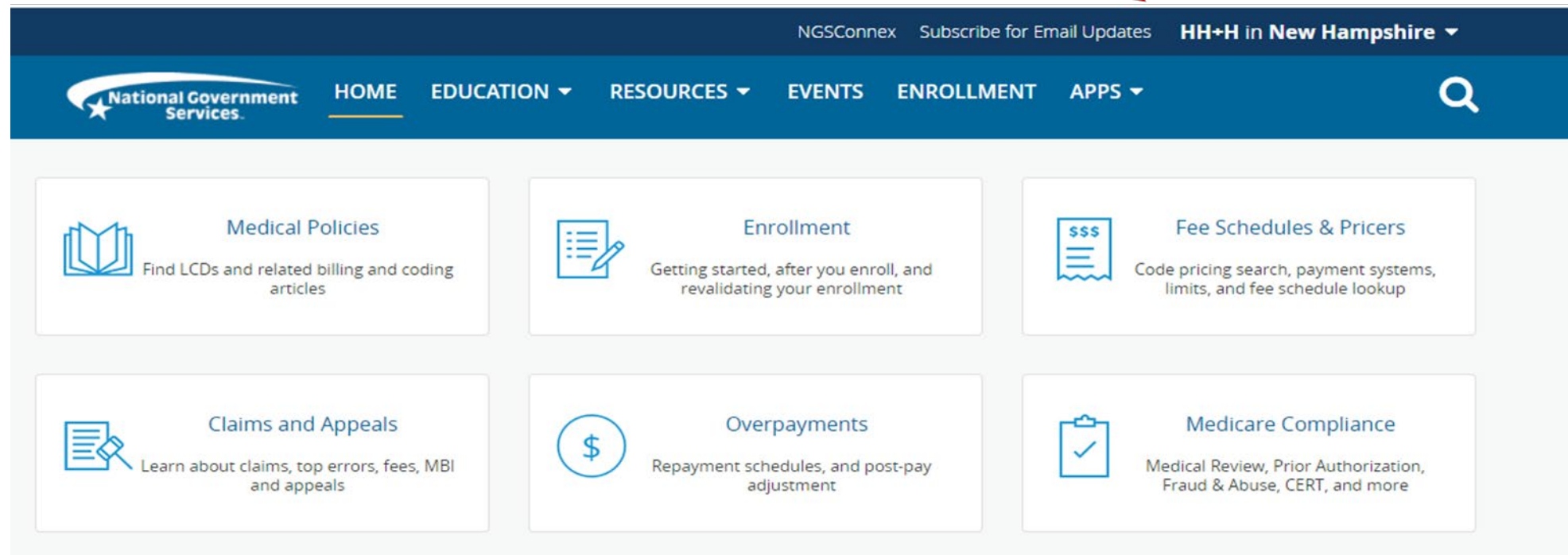
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Interactive Voice Response (IVR) Unit: 866.277.7287	Interactive Voice Response (IVR) Unit: 866.275.3033	Interactive Voice Response (IVR) Unit: 866.275.7396
Provider Contact Center (PCC): 866.590.6724	Provider Contact Center (PCC): 866.590.6728	Provider Contact Center (PCC): 866.289.0423

Provider Contact Center Procedures

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

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Physician Certification of Terminal Illness

- Must be obtained by the medical director of the hospice or the physician member of the hospice IDG and the individual's attending physician if the individual has an attending physician
- No one other than a medical doctor or doctor of osteopathy can certify or recertify an individual as terminally ill as the responsibility of hospice IDG
- Nurse practitioners and physician assistants cannot certify or recertify an individual as terminally ill
- In the event that a beneficiary's attending physician is a nurse practitioner or a physician assistant, the hospice medical director or the physician member of the hospice IDG certifies the individual as terminally ill

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Hospice Documentation - Painting the Picture of the Terminal Patient

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Hospice - General Inpatient Documentation

1:02:34

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3

Home Health Eligibility Criteria - Documenting Homebound Status

44:12

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4

Responding to a Home Health & Hospice ADR

55:04

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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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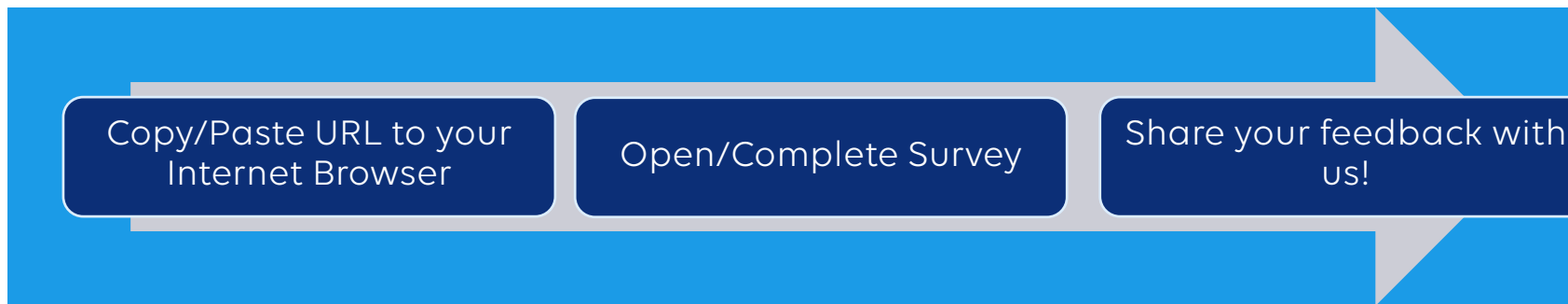
Educational topics you would like to see continued

Where we can improve

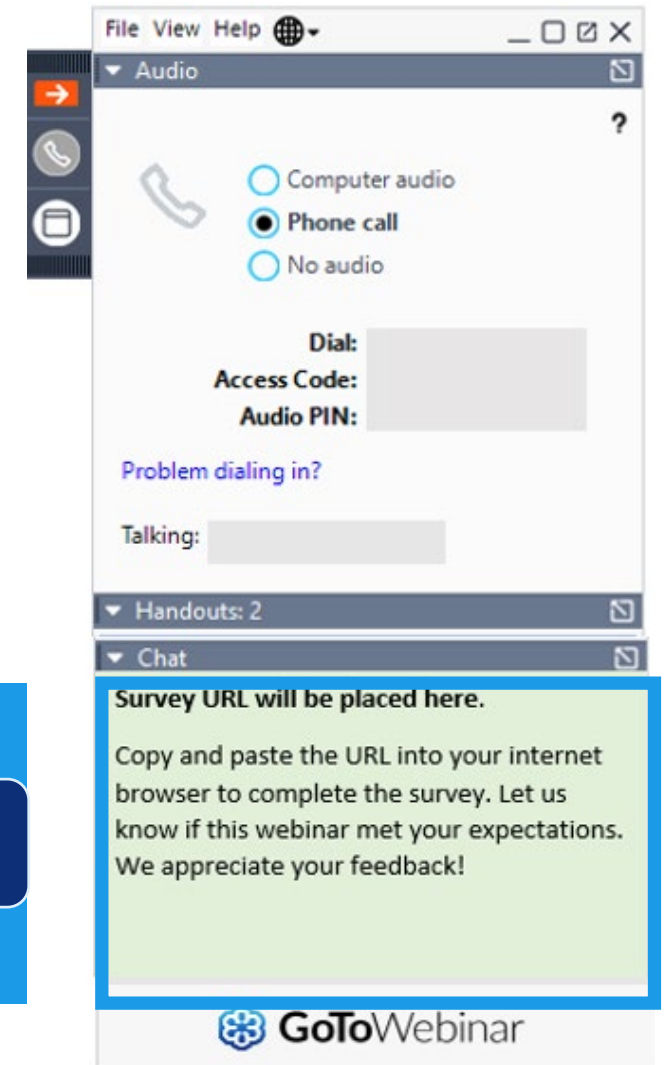
Thank You!

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!



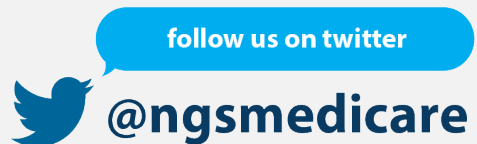
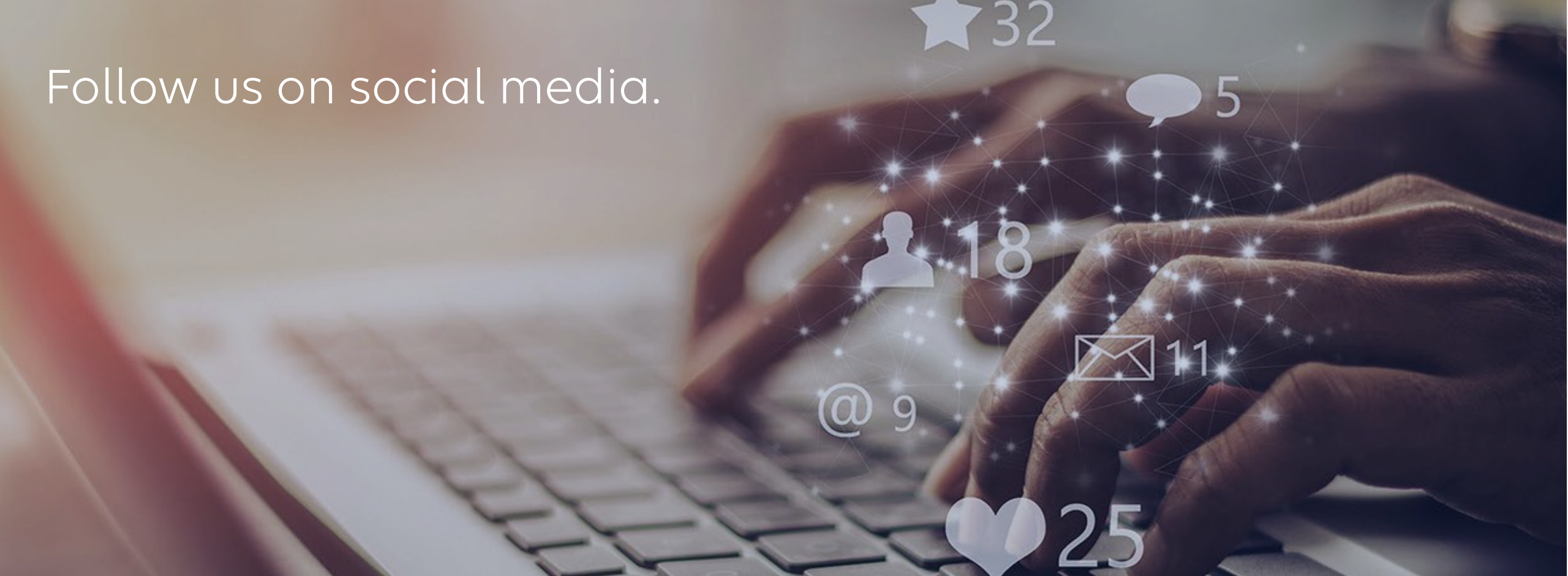
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Questions?

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