

# Documenting Home Health Eligibility Criteria Series (Presentation Two)

The Need for Skilled Services

# NGS Home Health & Hospice (HHH) Provider Outreach & Education (POE) Team

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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 in an effort to provide a greater understanding of medical record documentation requirements that support the need for skilled services as it relates to Medicare home health services eligibility criteria.

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## AGENDA

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NGS Home Health Jurisdictions

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The Medicare Home Health  
Benefit & Eligibility Criteria

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The Need for Skilled Services  
(Medical Necessity)

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References & Resources

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Question & Answer Period

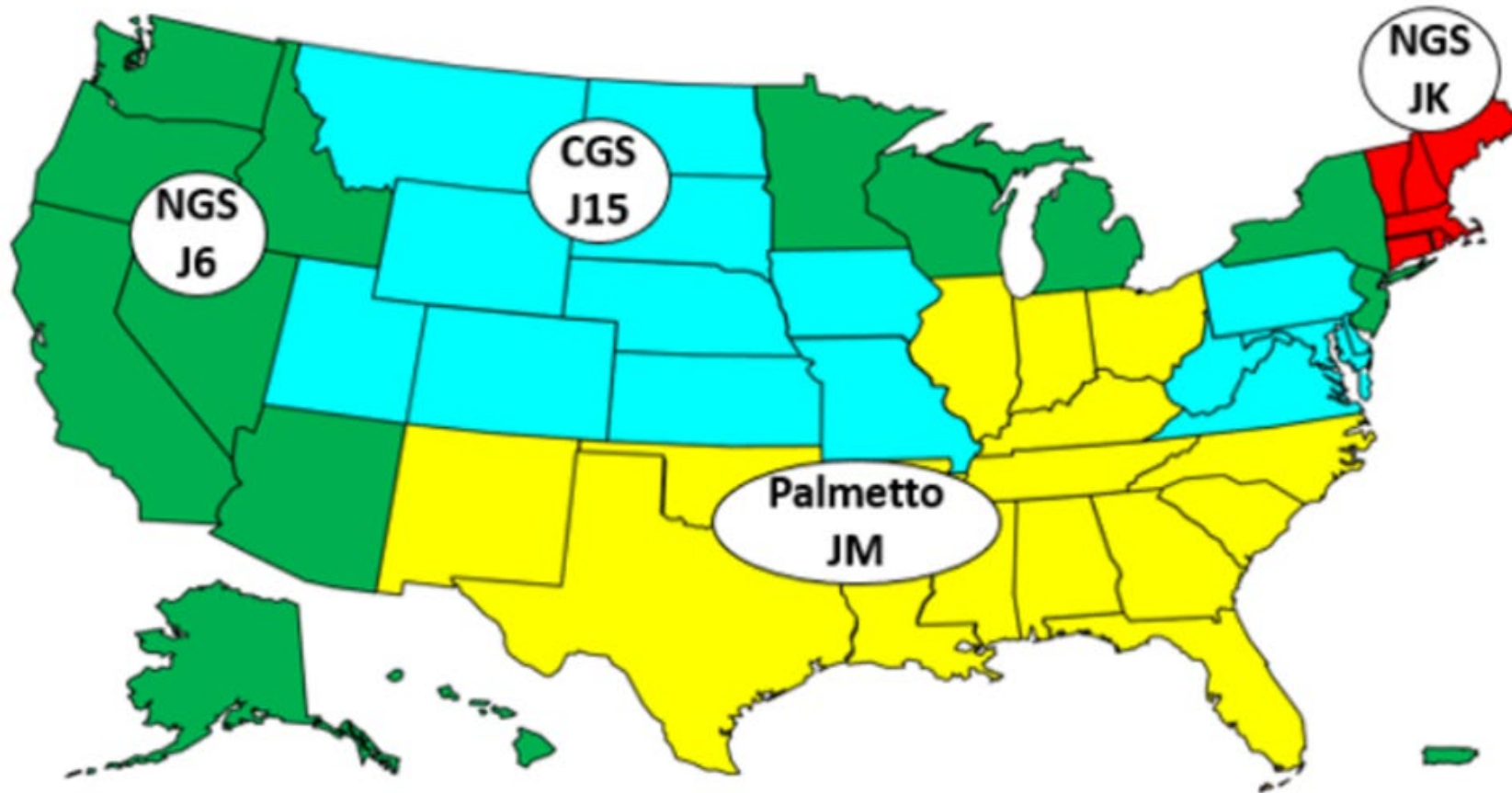
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# NGS Home Health Jurisdictions

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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





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# 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 Need for Skilled Services (Medical Necessity)



# Need for Skilled Services

To be considered a “**skilled service**,” the service must be so inherently complex that it can only be safely and effectively performed by or under the supervision of a skilled professional.

# The Need for Skilled Services

- Medical record documentation must **include** the reasons why the patient continues to require a skilled professional in their home.
- Home health agencies must continue to document the need for skilled services throughout the patient's medical record.

# The Need for Skilled Services

- Medical record documentation should **distinguish** exactly what services are going to be provided by the “skilled professional(s)” in the home of the patient.
  - Examples:
    - ✓ *PT to assess and treat 3x wk x4 wks s/p R TKR d/t fall.*
    - ✓ *SN to assess and provide sterile NS W→D drsg with kerlix packing QOD x2 weeks to sacral wound.*



# The Need for Skilled Services

- Medical Record documentation should **explain** why a “skilled professional” is required to provide the home health services requested.
  - Examples:
    - ✓ *Nursing services required for sacral wound dressing QOD r/t to WC bound pt resides alone and is unable to change his/her own dressing d/t location.*
    - ✓ *PT required for rehabilitation of R THR, pt remains unstable and needs assistance with ambulation. Pt resides with wife who is disabled and unable to assist with exercises and ambulation.*



# Need for Skilled Services

- Federal Medicare program covers **skilled nursing services** in the home of the patient when an individualized assessment of the patient's clinical condition demonstrates that the *\*specialized judgment, knowledge and skills of a registered nurse are necessary.\**
  - *Document in the medical record why this patient is unable to obtain outpatient services.*
  - *Document why the patient and/or family is unable to learn and complete the required services.*

# The Need for Skilled Services

- Medical record documentation should **disclose** clinical information (beyond a list of recent diagnoses, injury, or procedure) that is individual and specific to the patient.
  - Example:
    - ✓ *Pt hx of dementia, s/p fall with concussion in home. Pt remains confused and disoriented, decreased PO intake, aphasic, requiring dressing change to R side head with suture removal day 7. Pt resides with elderly husband who may assist at his discretion.*

# Need for Skilled Services

- Medical record documentation should **include** the individual findings from the patients face-to-face encounter to support the primary reason for the skilled services being provided in the home of the patient.
- Medical record documentation must indicate that the face-to-face encounter was related to the primary reason the patient requires home health services.

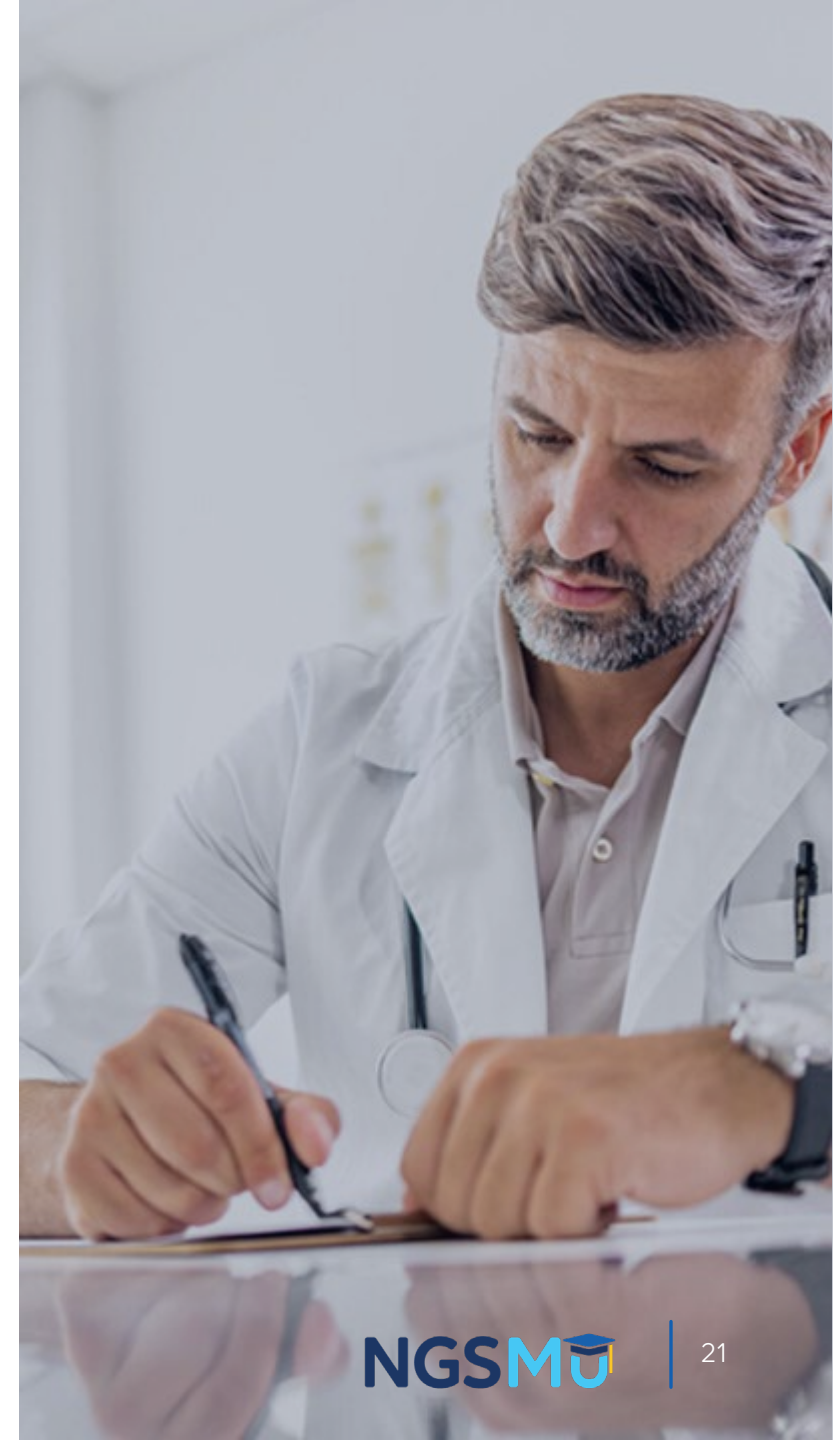
- ✓ **Examples:**

- Discharge summary from the referring acute/post-acute care facility
- Progress note from the physician or allowed practitioner medical records



# Need for Skilled Services

- Federal Medicare program covers **skilled nursing services** in the home of the patient when an individualized assessment of the patient's clinical condition demonstrates that the **\*specialized judgment, knowledge and skills of a registered nurse are necessary.\***
  - Document in the medical record why this patient is unable to obtain outpatient services.
  - Document why the patient and/or family is unable to learn and complete the required services.



# Need for Skilled Services

- A skilled professional must document the services specific to the care provided as it pertains to the current diagnosis related to the need (reason) for home health services:
  - Documentation should occur every visit (progress notes).
- When the patient no longer meets eligibility criteria and skilled services are no longer required, the reason for discharge should be documented:
  - The provider monitoring patient care should be notified (document).
  - Obtain order to discharge.

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



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- Log on to the National Government Services [Medicare University site](#)
  - Topic = **Documenting Home Health Eligibility Criteria Series (SessionTwo): The Need for Skilled Services**
  - Medicare University Credits (MUCs) = **1**
  - Catalog Number = **AA-C-####**
  - Participant Code = **#####SRD1**
  - For step-by-step instructions on self-reporting please visit [Self-Reporting for Webinars, Teleconferences and Events](#) on the NGS website

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- All National Government Services Part A and Part B Provider Outreach and Education attendees can now receive one CEU from AAPC for every hour of National Government Services education received.
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Interactive Voice Response (IVR) Unit:  
866.277.7287

Provider Contact Center (PCC):  
866.590.6724

**MI, MN, NY, NJ WI, PR, USVI**

Interactive Voice Response (IVR) Unit:  
866.275.3033

Provider Contact Center (PCC):  
866.590.6728

**CT, ME, MA, NH, RI, VT**

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Provider Contact Center (PCC):  
866.289.0423

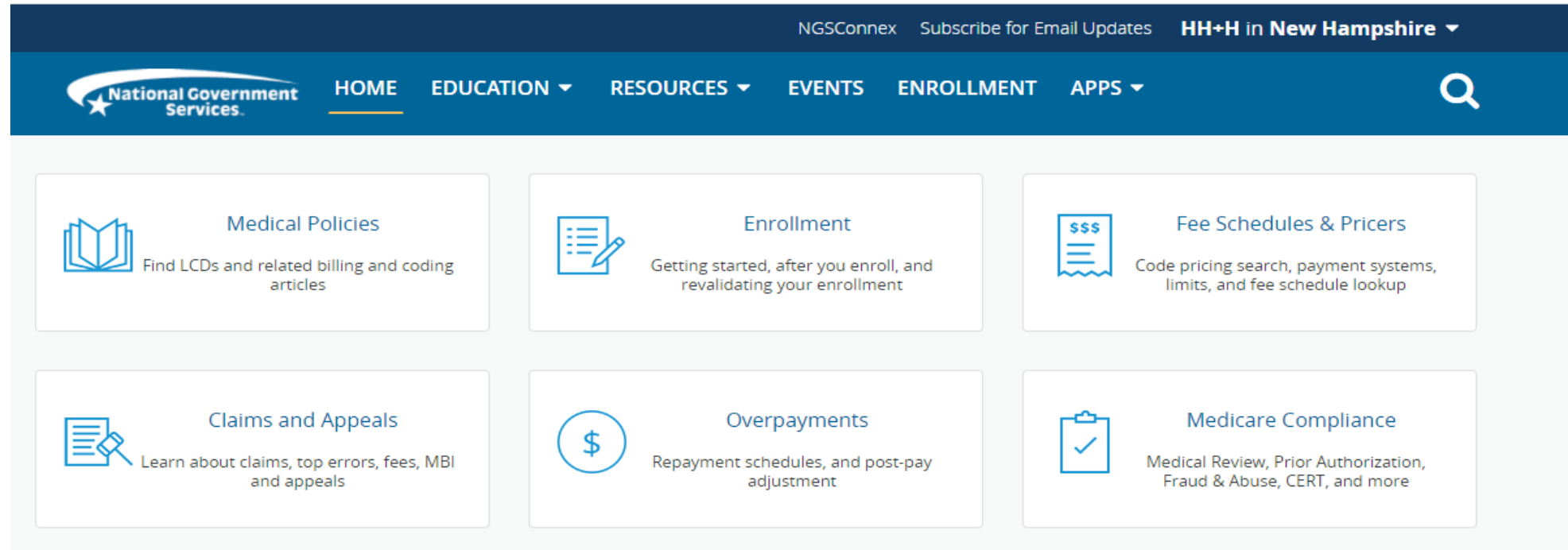


# Provider Contact Center Procedures

- 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 director or doctor of osteopathy can certify or recertify an individual as terminally ill as the signatory of this document
- 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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3 Home Health Eligibility Criteria - Documenting Homebound Status

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4 Responding to a Home Health & Hospice ADR

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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
  - <https://book.passkey.com/go/SFH3H3>
  - Processing fee incurred for telephone reservations

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What education you are looking for

Educational topics you would like to see continued

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# YOUR FEEDBACK MATTERS

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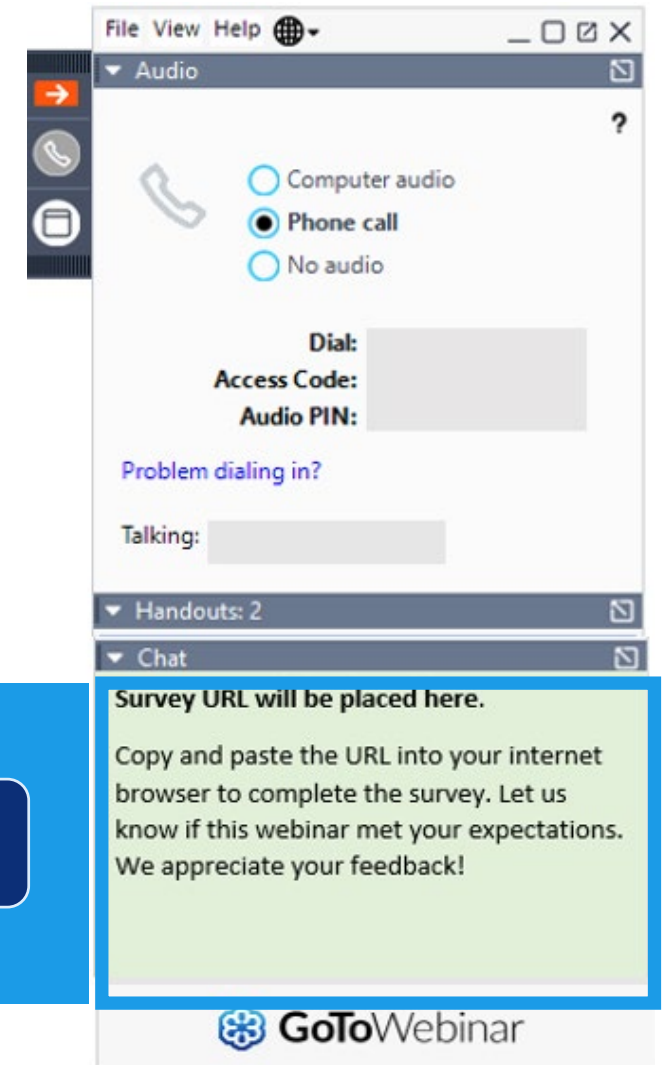
- *Only takes a few minutes to complete!*
- *We read all of your comments!*
- *Help us help you! Let us know how we are doing!*
- *If you have positive comments, let us know so we can continue providing you with the education you need!*

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Share your feedback with  
us!

Thank you for your feedback!



# Thank You!



Any  
Questions?