

Documenting Home Health Eligibility Criteria Series (Presentation Five)

The Face-to-Face Encounter
March 28, 2023

Today's Presenter

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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 the required face-to-face encounter medical record documentation that assists in supporting Medicare home health eligibility criteria.

AGENDA

NGS Home Health Jurisdictions

The Medicare Home Health
Benefit & Eligibility Criteria

The Face-to-Face Encounter

References & Resources

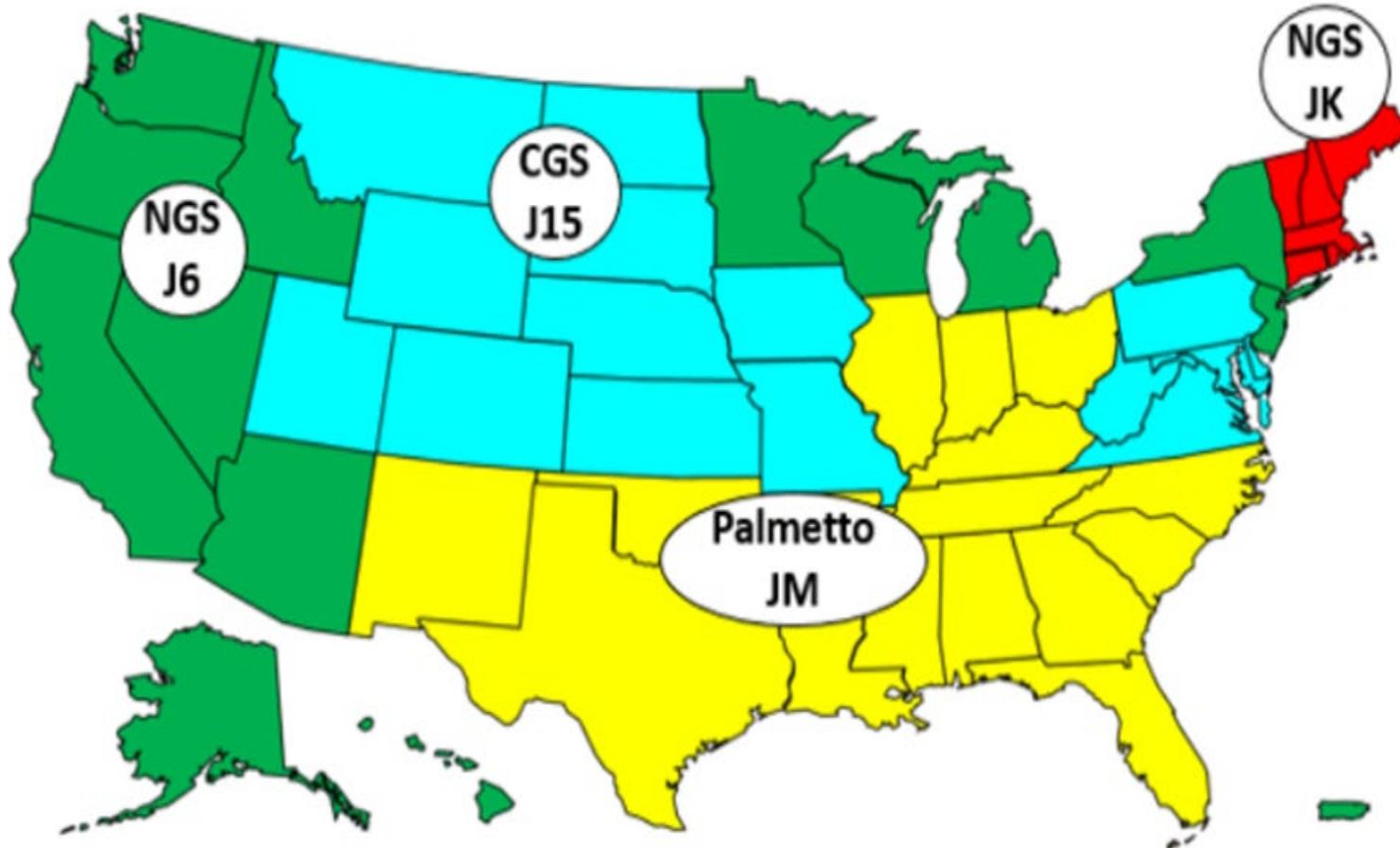
Question & Answer Period

NGS Home Health Jurisdictions

NGS Home Health Jurisdictions ²

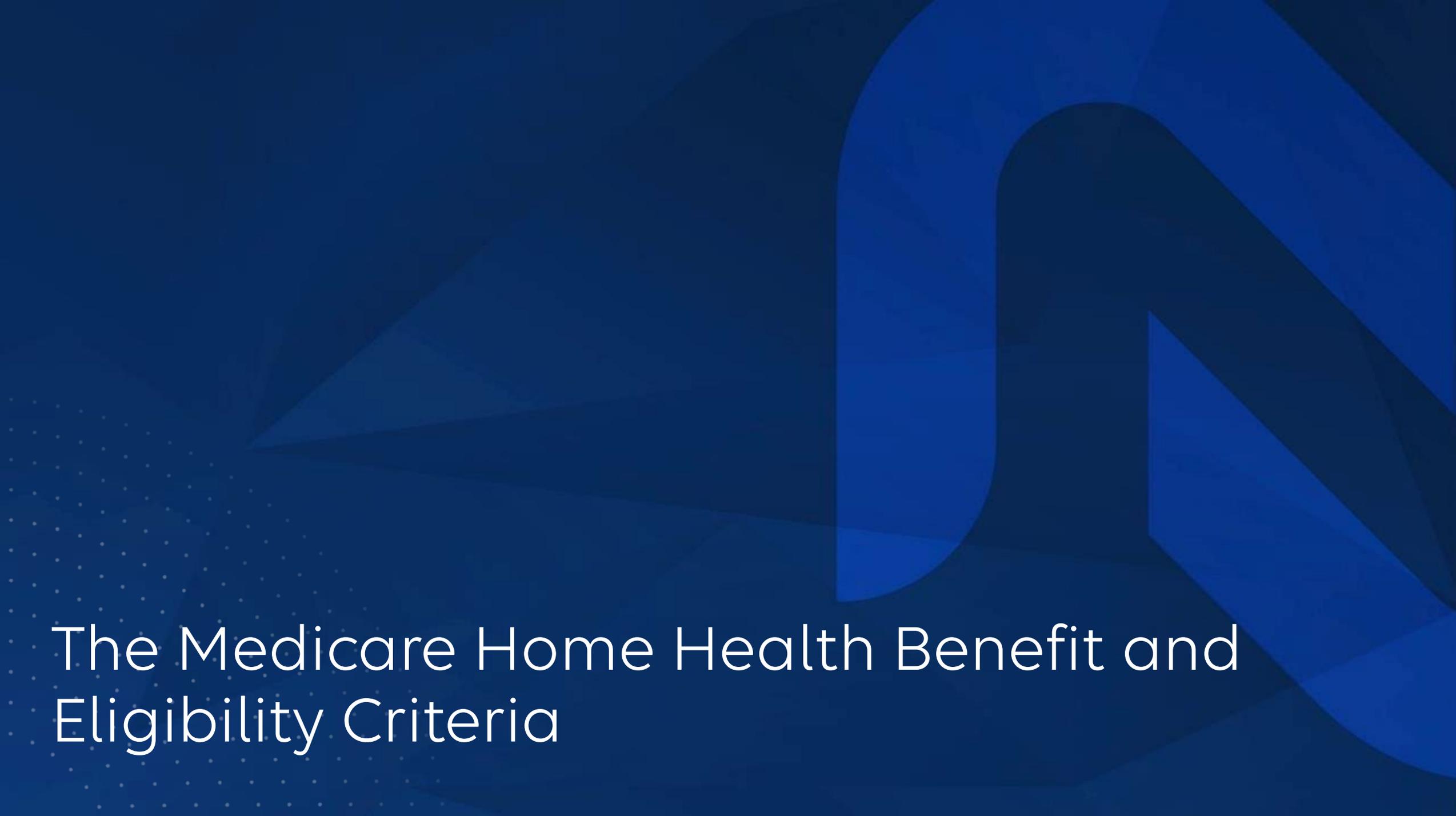
Jurisdiction 6

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American Samoa
Arizona
California
Guam
Hawaii
Idaho
Mariana Islands
Michigan
Minnesota
New Jersey
New York
Nevada
Oregon
Puerto Rico
Virgin Islands
Washington
Wisconsin



Jurisdiction K

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

The background is a dark blue gradient. On the right side, there are large, overlapping, semi-transparent blue geometric shapes, including a large 'S' or 'N' curve. On the left side, there is a faint, light blue dotted pattern.

The Medicare Home Health Benefit and 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 ²

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 Face-to-Face Encounter ₂

The Face-to-Face Encounter ³

- The face-to-face encounter is one of the five eligibility criteria (slide 11).
- The physician or allowed practitioner certifies that the five criteria have been met (including the face-to-face encounter) and the patient is able to utilize their home health benefit.
 - The patient is **not eligible** to receive home health services if the face-to-face encounter is not completed.

The Face-to-Face Encounter ⁴

- A face-to-face encounter form is not required to support that a face-to-face encounter occurred.
- CR 9119 (effective 01.01.2015) eliminated the narrative requirement regarding homebound status and the need for skilled services.
- Documentation from the certifying physician's (and/or allowed practitioner and/or the acute or post acute care facility medical records.

CR 9119 Transmittal 92

XYZ Home Health Agency

1234 56th Street
Nowhereville, AK 78910
Office: 123.456.7891 FAX: 234.567.8910
Face-to-Face Encounter

The encounter occurred on: ____/____/____.

The encounter was related to the primary reason the patient requires home health care services.

Patient Principal Diagnosis:

Patient requires home health services as they relate to the principal diagnosis due to: _____

The patient is homebound due to:	
The Patient has a need for skilled services in the home due to:	

I certify that this patient is under my care and that I, or a nurse practitioner/clinical nurse specialist/certified nurse-midwife or physician assistant working in collaboration with me, had a face-to-face encounter with this patient.

Physician Signature: _____ Date: _____

Physician Printed Name/Credentials: _____

The Face-to-Face Encounter ⁵

- The face-to-face encounter consists of **actual medical record documentation** from an acute or post acute care facility (Hospital, Skilled Nursing Facility, Inpatient Rehabilitation Center) or a physician or allowed practitioner office identifying that the patient had a 1:1 visit related to the primary reason home health services are required.
- This medical record documentation may include:
 - A **discharge summary** from the acute or post-acute care facility
 - A **progress note** from the physician or allowed practitioner office.

The Face-to-Face Encounter ⁶

- As part of the certification of patient eligibility for the Medicare home health benefit, a face-to-face encounter with the patient must be performed by:
- The certifying physician or allowed practitioner:
 - A physician or allowed practitioner that cared for the patient in an acute or post-acute care facility from which the patient was directly admitted to home health.

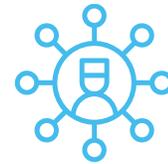
[Medicare Benefit Policy Manual Chapter 7, Section 30.5.1.1](#)

Provider types (other than a physician) allowed to perform the encounter include the following:



Nurse Practitioner or Clinical Nurse Specialist

Working in accordance with State law and in collaboration with the certifying physician or in collaboration with an acute or post-acute care physician who cared for the patient in the acute or post-acute care facility from which the patient was directly admitted to home health.



Certified Nurse Midwife

As authorized by State law, under the supervision of the certifying physician or under the supervision of an acute or post-acute care physician with privileges who cared for the patient in the acute or post-acute care facility from which the patient was directly admitted to home health.



Physician Assistant

Under the supervision of the certifying physician or under the supervision of an acute or post-acute care physician with privileges who cared for the patient in the acute or post-acute care facility from which the patient was directly admitted to home health.

The Face-to-Face Encounter ⁷

- Allowed practitioners performing the face-to-face encounter are subject to the same financial restrictions with the home health agency as the certifying physician, as described in the Conditions of Participation (COPs).

[Conditions of Participation 42 CFR 440.70](#)

The Face-to-Face Encounter ⁸

- The face-to-face encounter must occur:
 - No more than **90 days prior to** the home health start of care (SOC)
 - Within **30 days after** the SOC.
- The patient is **not eligible** to receive home health services utilizing their Medicare benefit and payment will not be rendered to the home health agency if the face-to-face encounter has not been completed.

The Face-to-Face Encounter ⁹

- **Reminder:**

- When a home health patient dies shortly after admission, before the face-to-face encounter occurs, if the contractor determines a **good faith effort** existed on the part of the agency to facilitate/coordinate the face-to-face encounter and if all other certification requirements are met, the certification is deemed to be complete.

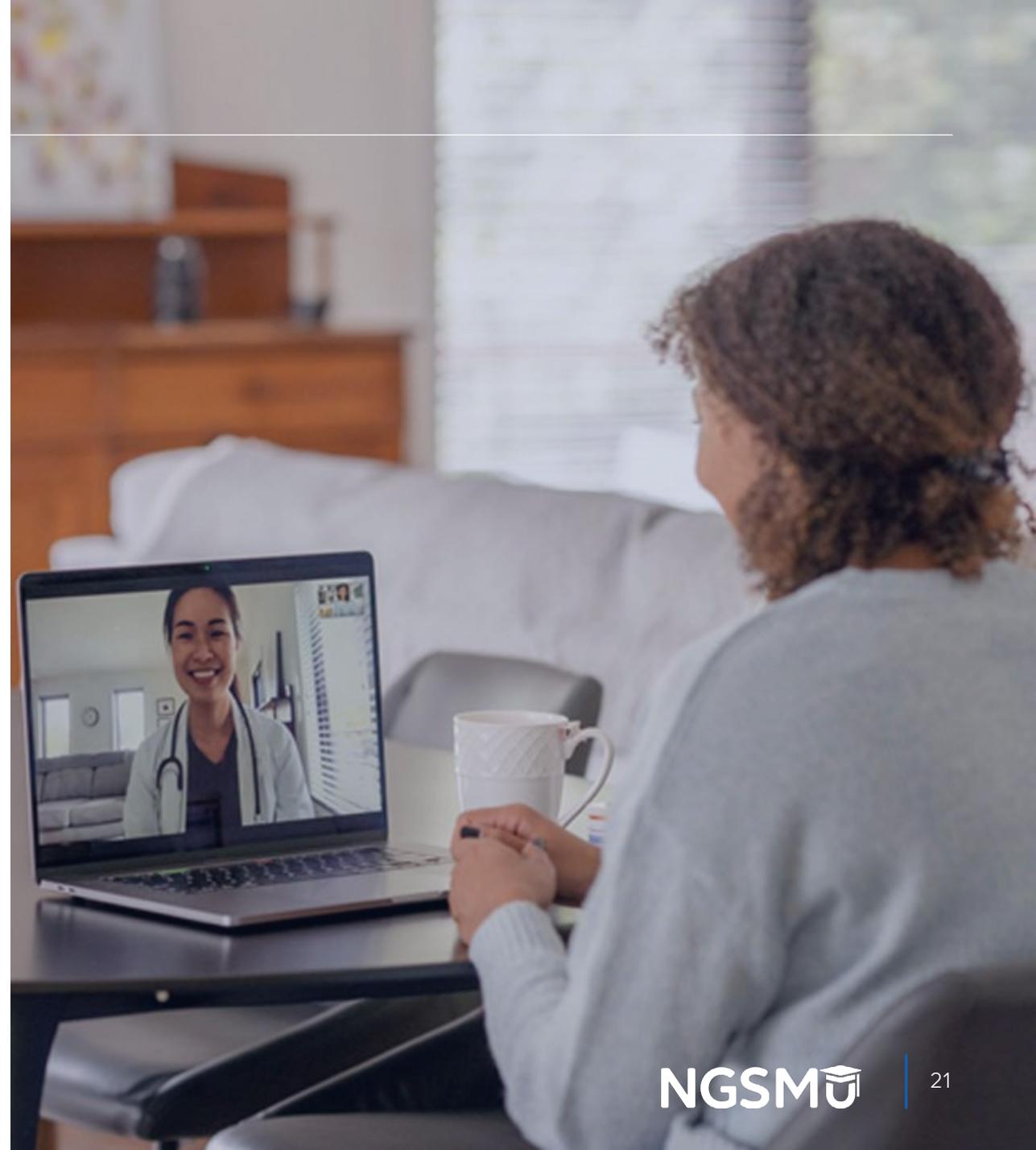
- **Example:**

- Medical record documentation by the home health agency staff (at the time of the SOC) indicating that a 1:1 face-to-face encounter appointment has been scheduled with, and verified by, the physician or allowed practitioner identified by the referring and/or certifying physician who has agreed to provide oversight of the home health services.

The Face-to-Face Encounter ¹⁰

To assure clinical correlation between the face-to-face encounter and the associated home health services, the practitioner responsible for ordering home health services must:

- Document the face-to-face encounter which is **related to the primary reason the patient requires home health services**, occurred within the required timeframes prior to the start of home health services.
- Indicate the practitioner who conducted the encounter, as well as the date of the encounter.



The Face-to-Face Encounter ¹¹

- The face-to-face encounter can be performed via a telehealth service, in an approved [originating site](#).
 - An [originating site](#) is considered to be the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs.
- Medicare beneficiaries are eligible for telehealth services only if they are presented from an [originating site](#) located in a rural health professional shortage area or in a county outside of a Metropolitan Statistical Area.

The Face-to-Face Encounter ¹²

- Entities that participate in a Federal telemedicine demonstration project approved by (or receiving funding from) the Secretary of the Department of Health & Human Services, qualify as originating sites regardless of geographic location. Originating sites authorized by law include:

Critical Access Hospital

Rural Health Clinic

Hospital or Critical Access Hospital
Based Renal Dialysis Center
(including satellites)

Community Mental Health Center

Hospital

Federally Qualified Health
Center

Skilled Nursing Facility

Office of a Physician or Allowed Practitioner

The Face-to-Face Encounter ¹³

- Documentation Collaboration
 - Medical record documentation regarding any and all eligibility criteria should be shared with the home health agency at the point of referral.
 - Documentation from the referring acute, post-acute care facility or the physician and/or allowed practitioner medical records **related to the primary reason that prompted the referral for home health services** is meant to serve as the face-to-face encounter documentation

The Face-to-Face Encounter ¹⁴

- Documentation Collaboration
- Medicare reimbursement **will not be rendered** if pieces of the medical record documentation from outside entities is not obtained.
 - It is the responsibility of the home health agency to request documentation supporting eligibility criteria from all other entities providing care to the patient including the certifying/recertifying provider, acute/post-acute care facility, physician and/or allowed practitioner office, as well as the referring facility or provider office.

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](#)

Medicare University Self-Reporting Instructions

- Log on to the National Government Services [Medicare University site](#)
 - Topic = **Documenting Home Health Eligibility Criteria Series (Session Five): The Face-to-Face Encounter**
 - 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.
- 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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Interactive Voice Response (IVR) Unit: 866.277.7287	Provider Contact Center (PCC): 866.590.6724	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

Welcome to [NGSMedicare.com](https://www.NGSMedicare.com)

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



The screenshot shows the top navigation bar of the National Government Services website. The header is dark blue with white text. On the right side of the header, there are links for 'NGSConnex', 'Subscribe for Email Updates', and 'HH+H in New Hampshire' with a dropdown arrow. Below the header is a secondary navigation bar with the 'National Government Services' logo on the left and a search icon on the right. The main content area features six white boxes with blue icons and text, arranged in a 2x3 grid. The boxes are: 'Medical Policies' (book icon), 'Enrollment' (document with pencil icon), 'Fee Schedules & Pricers' (bill icon), 'Claims and Appeals' (document with magnifying glass icon), 'Overpayments' (dollar sign in a circle icon), and 'Medicare Compliance' (clipboard with checkmark icon).

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- Medical Policies**
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1:08:28

Hospice Documentation - Painting the Picture of the Terminal Patient

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1:02:34

Hospice - General Inpatient Documentation

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44:12

Home Health Eligibility Criteria - Documenting Homebound Status

NGSMedicare.com

55:04

Responding to a Home Health & Hospice ADR

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HHH On-Demand Videos

7 videos • 50 views • Last updated on Dec 9, 2021

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.
- 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.

PLAY ALL

2023 HH+H 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 HH+H Medicare Summit
 - <https://book.passkey.com/go/SFH3H3>
 - Processing fee incurred for telephone reservations

Questions?

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

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