

# Documenting Home Health Eligibility Criteria Series (Presentation Three)

Under the Care of a Physician or Allowed Practitioner  
2023

# NGS Home Health & Hospice (HHH)

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## NGS Mission Statement

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## Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

## Objectives

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 requirements that support physician and/or allowed practitioner oversight of home health services as it relates to Medicare home health eligibility criteria.





## Documenting Home Health Eligibility: Under the Care of a Physician or Allowed Practitioner

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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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Under the Care of a Physician or Allowed  
Practitioner

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References & Resources

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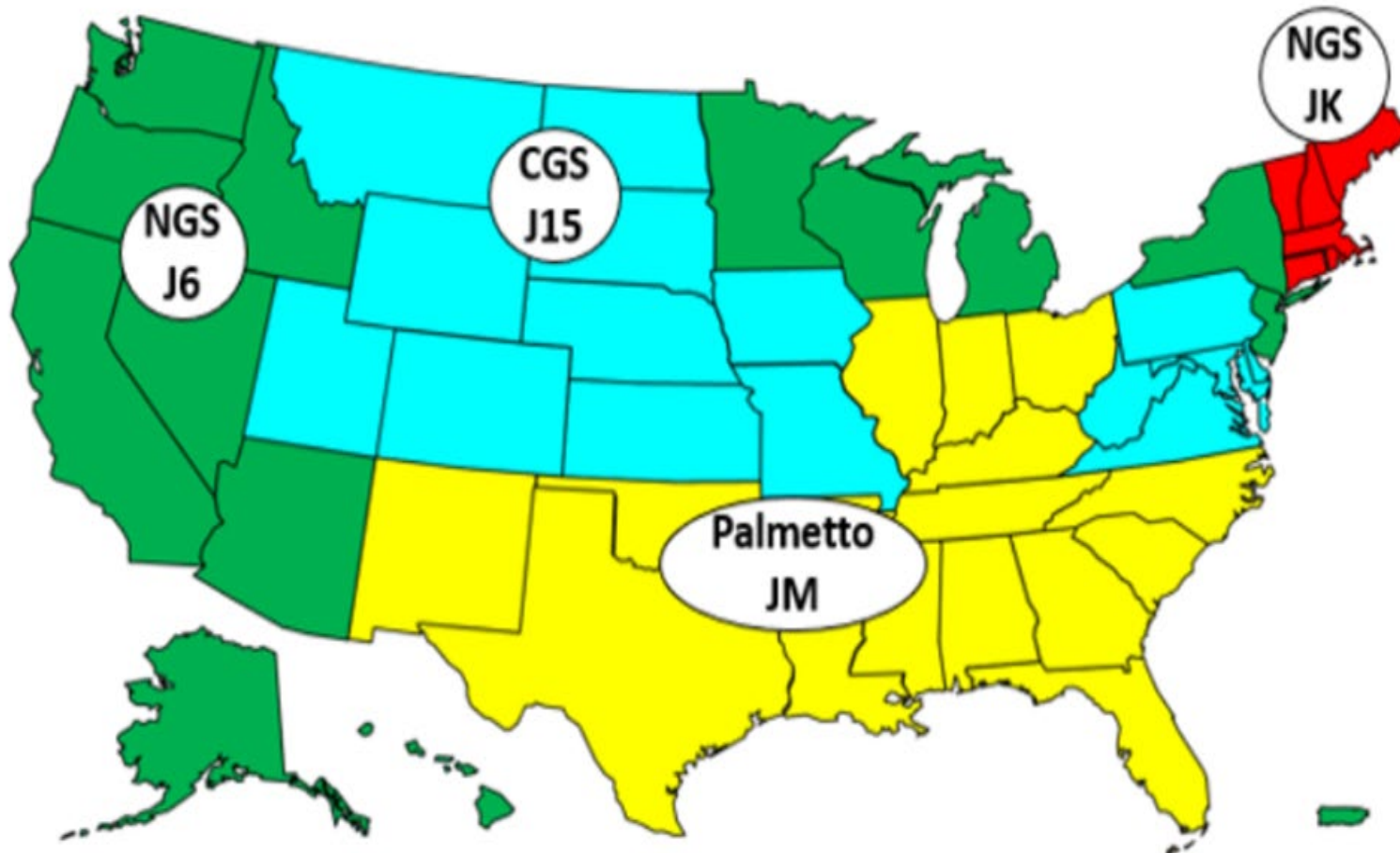
Question & Answer Period

# NGS Home Health Jurisdictions

# NGS Home Health Jurisdictions 6 and K

## Jurisdiction 6

Alaska  
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 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 <sup>(1)</sup>

- ✓ 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 <sup>(2)</sup>

- 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?

Under the Care of a Physician or  
Allowed Practitioner



# Under the Care of a Physician or Allowed Practitioner <sup>(1)</sup>



## Under the Care

The patient must be under the care of a physician or allowed practitioner who is qualified to sign the certification and plan of care. *Medicare Benefit Policy Manual, Chapter 7, Section 30.*



## The Plan of Care

A patient is expected to be under the care of the physician or allowed practitioner who signs the plan of care.



## Certification

It is expected that in most instances, 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.



# Under the Care of a Physician or Allowed Practitioner <sup>(2)</sup>

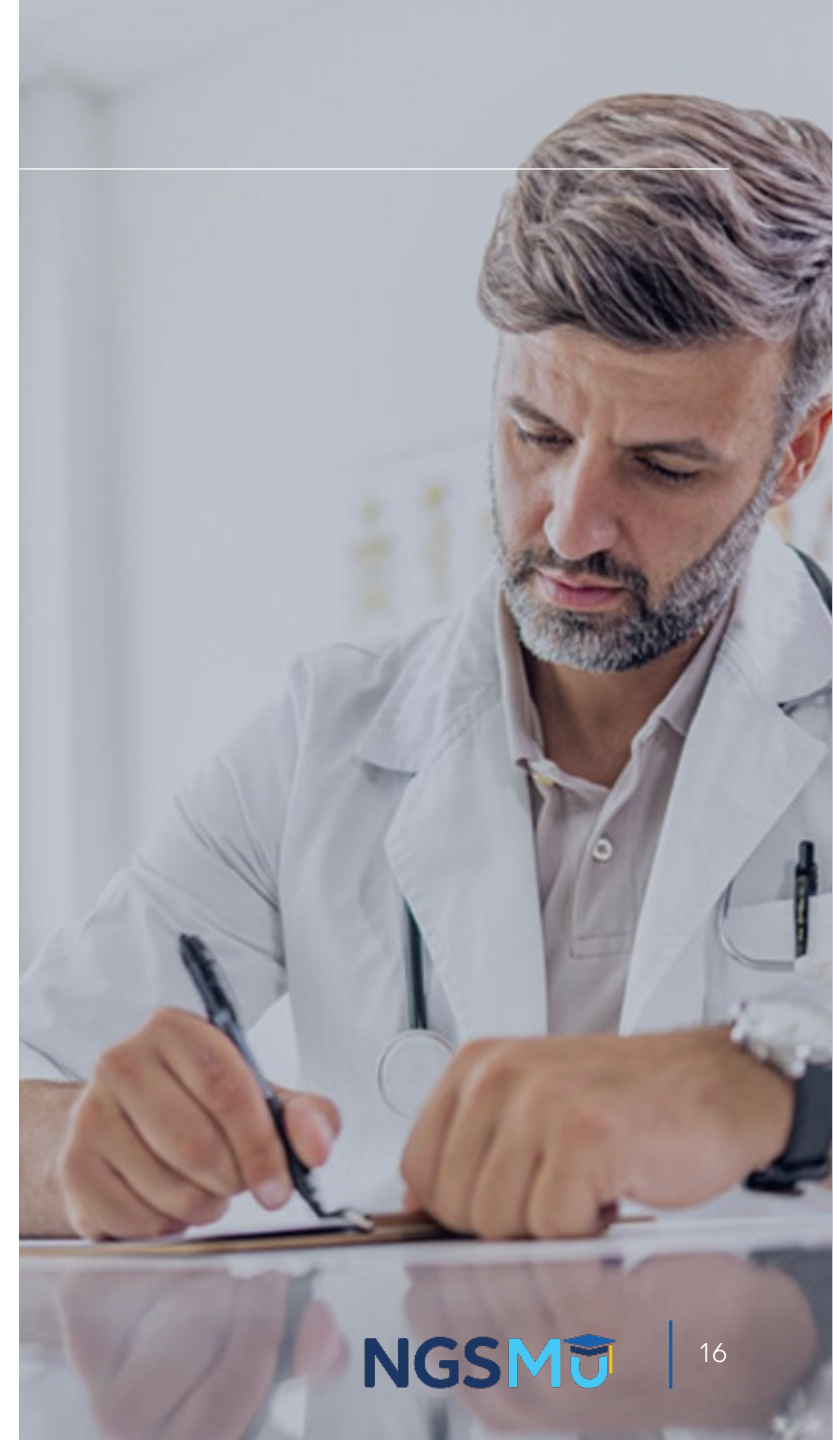
- Allowed practitioners in addition to physicians, can certify and recertify beneficiaries for eligibility, order home health services, and establish and review the care plan; the provider types include:
  - Physician Assistant (PA)
  - Nurse Practitioner (NP)
  - Clinical Nurse Specialist (CNS)

# Under the Care of a Physician or Allowed Practitioner <sup>(3)</sup>

- 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
  - NPs, CNSs, and PAs are required to practice in accordance with state law in the state in which the individual performs such services

# Under the Care of a Physician or Allowed Practitioner <sup>(4)</sup>

If the patient is starting home health directly after discharge from an acute/post-acute care setting where the physician or allowed practitioner, with privileges, that cared for the patient in that setting is certifying the patient's eligibility for the home health benefit, **but will not be following the patient after discharge**... then the certifying physician or allowed practitioner must identify the community physician or allowed practitioner who will be following the patient after discharge



# Under the Care of a Physician or Allowed Practitioner <sup>(5)</sup>

- One of the criteria that must be met for a patient to be considered eligible for the home health benefit is that the **patient must be under the care of a physician or allowed practitioner**; otherwise, the certification of eligibility is not valid

# Under the Care of a Physician or Allowed Practitioner <sup>(6)</sup>

- **Only one** physician or allowed practitioner must certify and attest to the fact that the beneficiary is eligible to receive home health services because all five eligibility criteria have been met
- It is expected that the physician and/or allowed practitioner who has been identified and has agreed to oversee home health services 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 (signing orders, recertifications, etc.)



# Under the Care of a Physician or Allowed Practitioner <sup>(7)</sup>

## ■ Reminders:

- The patient must be eligible to receive home health services using their Medicare benefit
  - ✓ The physician or allowed practitioner is “certifying” that the patient meets all five eligibility criteria (Slide 11) and is, therefore, eligible to receive services
- Certification of all five eligibility criteria must be complete prior to when the agency bills Medicare for reimbursement
  - ✓ Certification should be completed by the physician or allowed practitioner when the plan of care is established or as soon as possible thereafter
  - ✓ It is not acceptable for an agency to wait until the end of a 60-day certification period to obtain a completed certification or recertification

# 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<sup>®</sup> Publication, “Home Health Prospective Payment System”](#)
- [The Medicare Learning Network<sup>®</sup>](#)

# 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 (Presentation Three): Under the Care of a Physician or Allowed Practitioner
  - 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

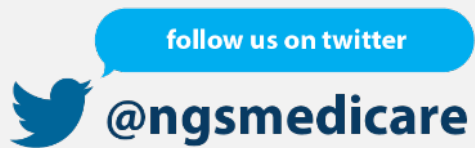


# Continuing Education Credits

- 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

# National Government Services Website and Contact Information

AK, AZ, CA, HI, ID, NV, OR, WA, AS, GU, MP	MI, MN, NY, NJ WI, PR, USVI	CT, ME, MA, NH, RI, VT
Interactive Voice Response (IVR) Unit: (866) 277-7287	IVR Unit: (866) 275-3033	IVR Unit: (866) 275-7396
Provider Contact Center (PCC): (866) 590-6724	PCC: (866) 590-6728	PCC: (866) 289-0423



[NGS Website](#)



Text NEWS to 37702; Text GAMES to 37702



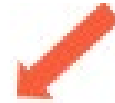


## Provider Contact Center Procedures

- 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

# NGS Email Updates

Subscribe to receive the latest Medicare information



The screenshot shows the top navigation bar of the National Government Services website. The bar is dark blue with white text. On the left is the logo for National Government Services. In the center are the navigation links: HOME, EDUCATION, RESOURCES, EVENTS, ENROLLMENT, and APPS. On the right is a search icon. Below the navigation bar is a grid of six service categories, each with an icon and a brief description:

- Medical Policies**: Find LCDs and related billing and coding articles.
- Enrollment**: Getting started, after you enroll, and revalidating your enrollment.
- Fee Schedules & Prices**: Code pricing search, payment systems, limits, and fee schedule lookup.
- Claims and Appeals**: Learn about claims, top errors, fees, MBI and appeals.
- Overpayments**: Repayment schedules, and post-pay adjustment.
- Medicare Compliance**: Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more.

# NGS HHH On-Demand Videos



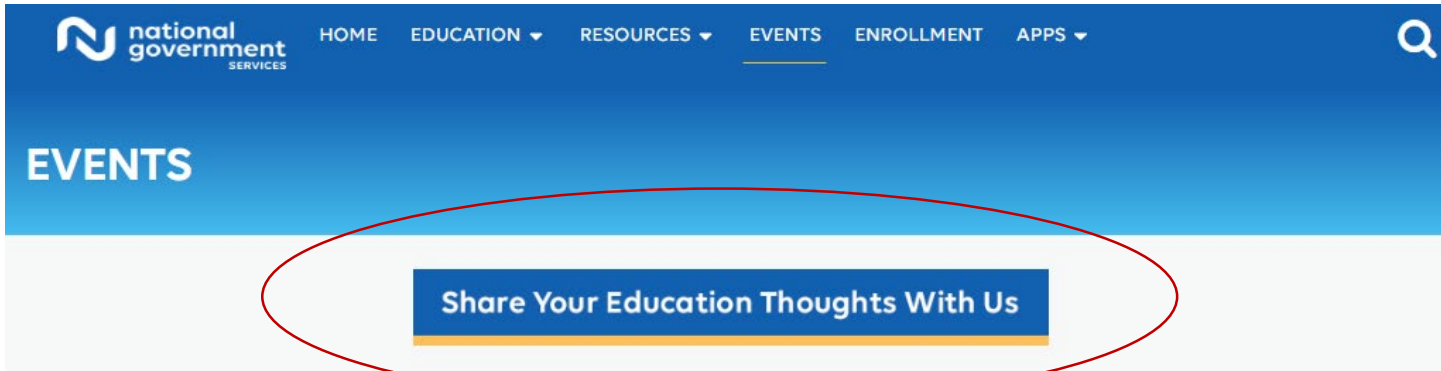
YouTube interface showing a playlist of HHH On-Demand Videos. The playlist includes:

- 1. Hospice Documentation - Painting the Picture of the Terminal Patient (1:08:28)
- 2. Hospice - General Inpatient Documentation (1:02:34)
- 3. Home Health Eligibility Criteria - Documenting Homebound Status (44:12)
- 4. Responding to a Home Health & Hospice ADR (55:04)

The interface also shows a search bar, navigation menu (Home, Explore, Subscriptions, Library, History, Your videos, Watch later, Liked videos), and a subscription button for NGS Medicare.com.



# Your Feedback Matters <sup>(1)</sup>



## We rely on your feedback!

When you visit our events page, please click on the banner and share your thoughts with us about the education we provide you. The survey only takes a few minutes, and lets us know:

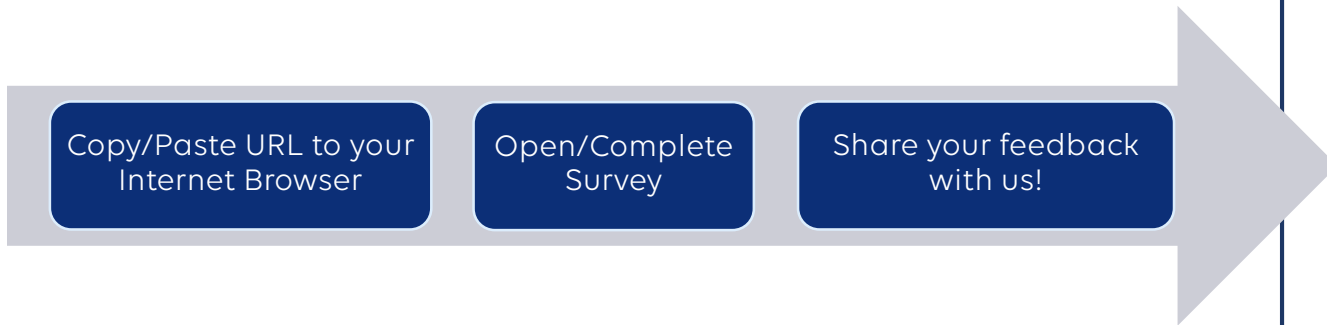
- What we are doing right
- What education you are looking for
- Educational topics you would like to see continued
- Where we can improve

Thank You!

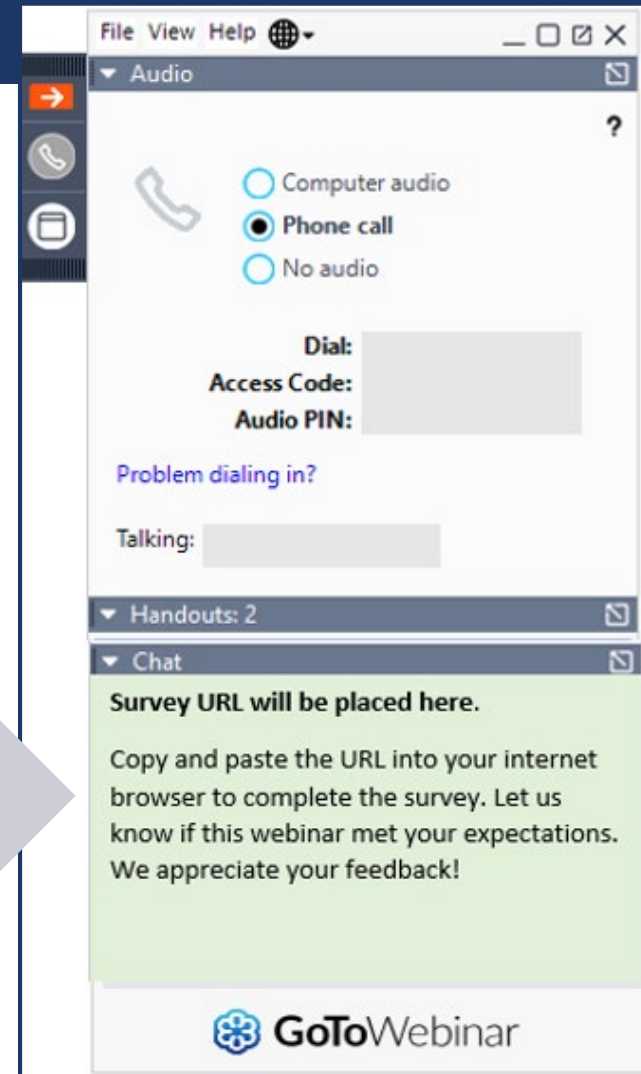


# Your Feedback Matters <sup>(2)</sup>

- 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!



Thank you for your feedback!



# Questions?

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