

# Home Health Documentation Collaboration

May 30, 2023

# Today's Presenters



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## Objective

Offer federal Medicare regulatory direction to providers ordering, referring, providing oversight, and/or providing services to patients receiving home health services in an effort to provide a greater understanding of medical record documentation collaboration requirements that support home health eligibility criteria.

# Agenda

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NGS Home Health Jurisdictions

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The Medicare Home Health Benefit  
& Eligibility Criteria

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Documentation Collaboration  
Requirements

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References and Resources

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Question and Answer Period

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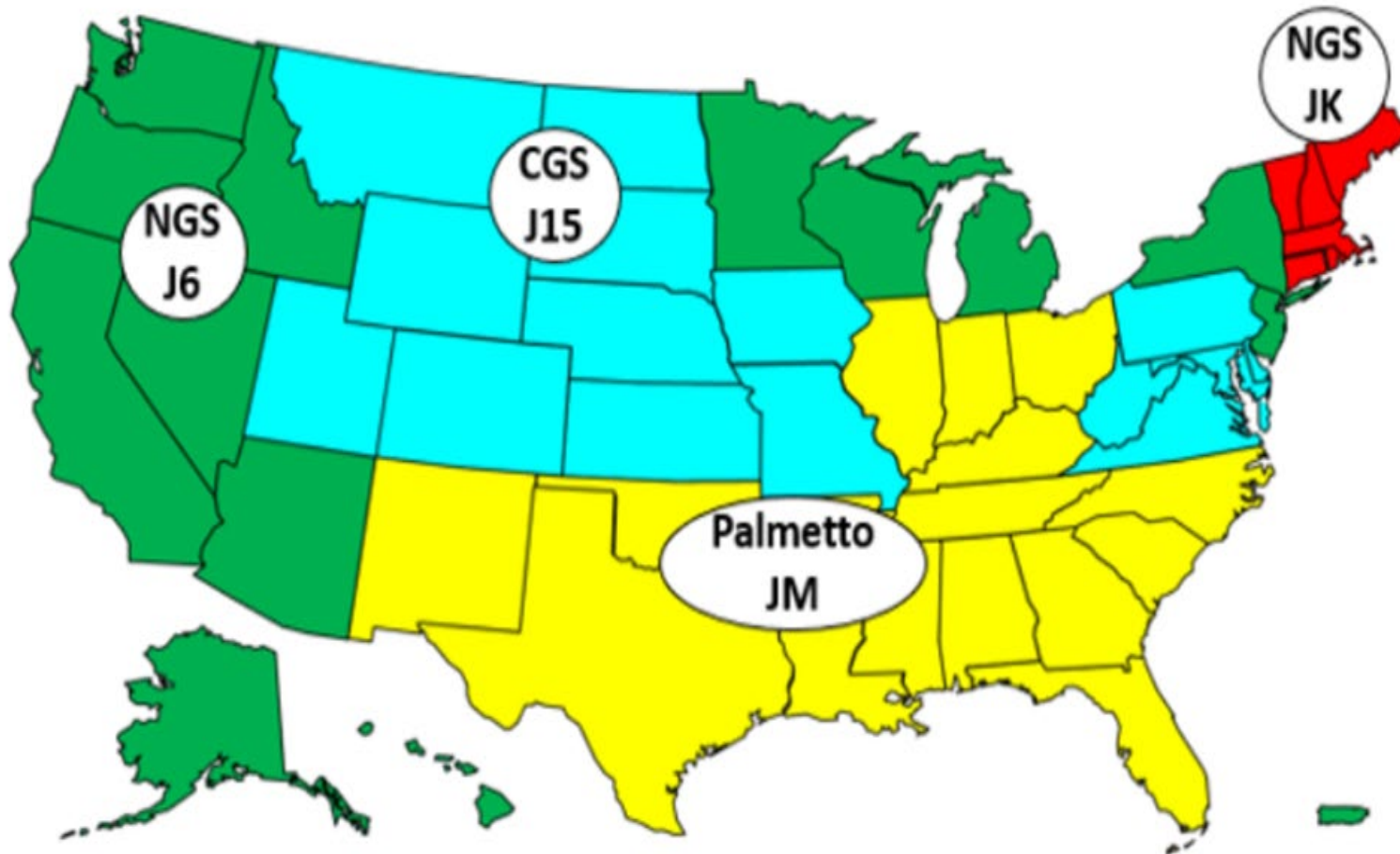


# NGS Home Health Jurisdictions

# 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 and Eligibility Criteria

# The Medicare Home Health Benefit

- **Services that the Medicare beneficiary (patient) may receive at home include:**
  - Skilled Nursing (SN)
  - Home Health Aides (HHAs)
  - Physical Therapy (PT)
  - Occupational Therapy (OT)
  - Speech Language Pathology (SLP)
  - Social Work (SW)

# Home Health Eligibility Criteria <sup>(1)</sup>

- **The beneficiary (patient) must:**

- Be confined to the home (homebound)
- Have a need for skilled services (in the home)
- Remain under the care of a physician or allowed practitioner (oversight)
- Receive services following a plan of care (POC)
- Have had a face-to-face (FTF) encounter

# Home Health Eligibility Criteria <sup>(2)</sup>

- Upon receipt of referral, the home health agency staff must ensure that:
  - The agency receives **ALL DOCUMENTATION** from the referring, certifying acute/post-acute care facility or provider office to support that the patient is eligible to receive home health services utilizing their Medicare benefit.
  - The patient meets **ALL FIVE** eligibility criteria.

# Home Health Eligibility Criteria <sup>(3)</sup>

- **Is the patient *homebound*?**
  - ✓ Are they able to leave the home to receive health care services on an outpatient basis?
- **Does the patient have a *need for 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 an allowed practitioner that has agreed to provide *oversight* of home health services?**
  - ✓ Is the name of the provider who agreed to provide oversight 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 1:1 encounter?

# Documentation Collaboration

# Documentation Collaboration <sup>(1)</sup>

- 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 office related to the primary reason related to the need for home health services must be included in the home health agency medical record.





## Effective Communication

The home health agency must ensure they communicate effectively with the referring acute/post-acute care facility, as well as the physician and/or allowed practitioner who has agreed to monitor home health services.



## Efficient Collaboration

Efficient collaboration between all entities referring to and/or providing home health services ensures the home health agency is able to obtain medical record documentation from all entities that support beneficiary/patient eligibility.



## Well-Organized Documentation

Well-organized medical record documentation shared between entities at the time of referral ensures a smooth transition of healthcare services, as well as an increased quality of care for Medicare beneficiaries/patients.

# Documentation Collaboration

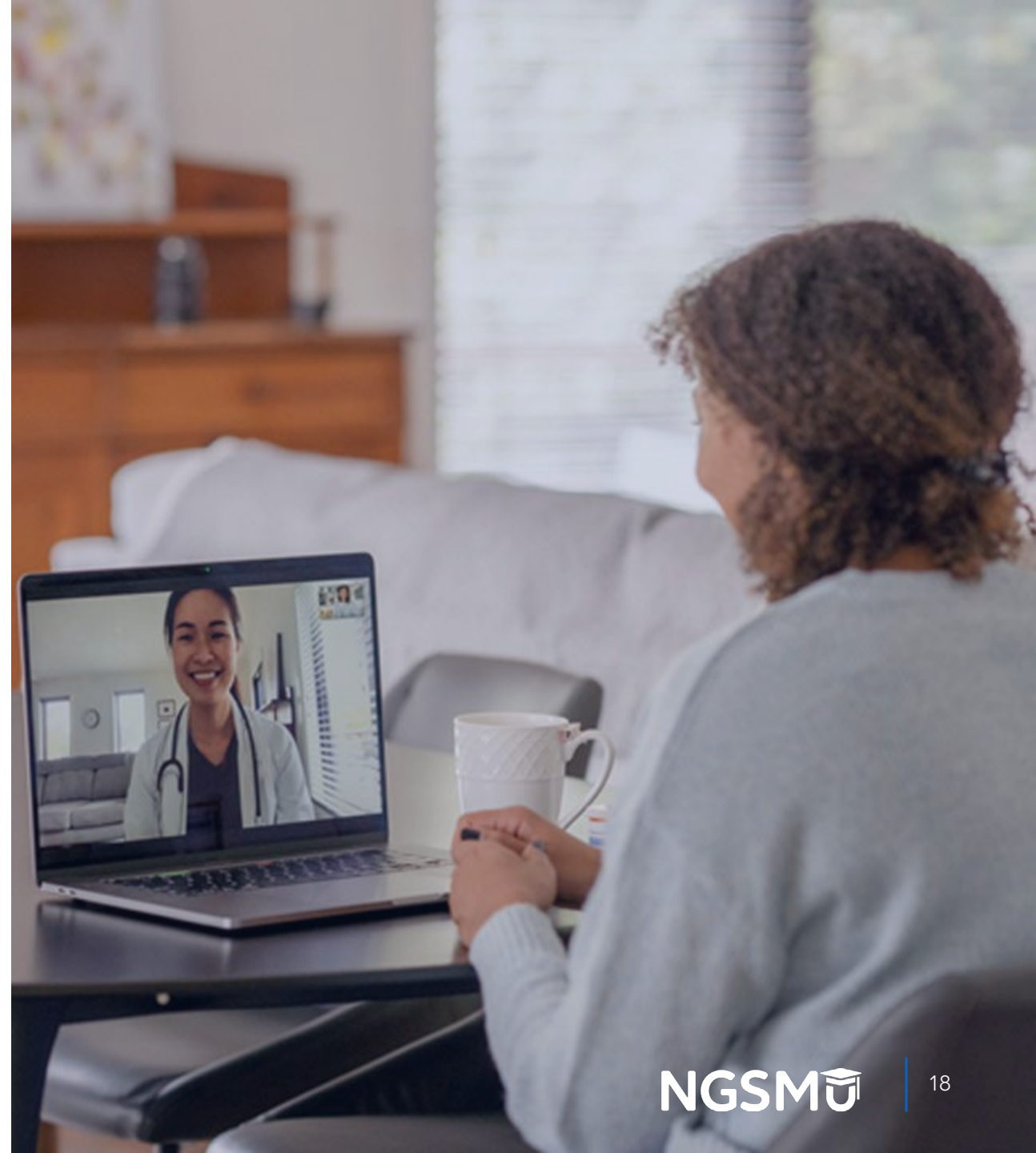
- Medicare reimbursement **will not be rendered** if pieces of the medical record documentation from outside entities that supports eligibility to receive home health services is not obtained.
  - It is the responsibility of the home health agency to ensure this documentation is obtained.
- The home health agency must request documentation supporting beneficiary/patient eligibility from all other entities that have provided, and continue to provide, care to the patient.
  - This includes contacting the referring, certifying/recertifying, acute/post-acute care, physician and/or allowed practitioners facilities and health care offices to obtain medical records that support eligibility to receive home health services.

# Documentation Collaboration <sup>(2)</sup>

- Home health agencies require as much documentation for the certifying physician/allowed practitioner medical records and/or the acute/post-acute care facility's medical records as necessary to assure that all five of the eligibility criteria have been met.
- Medical record documentation from the certifying physician/allowed practitioner medical records and/or the acute/post-acute care facility's medical records (if the patient was directly admitted to home health) **will be used as the basis upon which patient eligibility for the Medicare home health benefit will be determined.**
- The home health agency must be able to provide all medical record documentation to CMS and its review entities upon request.

# Documentation Collaboration <sup>(3)</sup>

- The home health agency generated medical record documentation for the patient, **by itself**, is not sufficient in demonstrating the patient's eligibility for Medicare home health services.
- It is the patient's medical record held by the certifying physician/allowed practitioner and/or the acute/post-acute care facility that must support "eligibility" criteria for home health services.



# Documentation Collaboration <sup>(4)</sup>

- **Examples of documentation to obtain at the point of referral to home health services include, but is not limited to**
  - Referral and orders for home health services
  - Documentation from anywhere in the medical record supporting homebound status and the need for skilled services
  - The actual face-to-face encounter documentation (not a form) identifying that a one-on-one physician and/or allowed practitioner visit occurred (with a diagnosis that is related to the primary reason the beneficiary/patient requires home health services)
    - ✓ Discharge summary
    - ✓ Interoffice progress notes

# Documentation Collaboration <sup>(5)</sup>



## Agency Documentation

Documentation from the home health agency can be incorporated into the certifying physician and/or allowed practitioner office medical record in an effort to support eligibility for home health services.



## Physician/Allowed Practitioner Documentation

The certifying physician and/or allowed practitioner providing oversight of home health services must review and sign any medical record documentation used to support certification of eligibility criteria.



## Timely Documentation

All documentation used to verify and/or support home health eligibility must be dated prior to submission of the claim.

# Ask a Question using the Question Box

The screenshot shows the GoToWebinar interface. At the top is a menu bar with 'File', 'View', and 'Help'. Below it is a tab labeled 'Attendee List (2 | Max 201)'. The main content area is divided into several sections: 'Attendees (1)' with a 'Staff (1)' button, a dropdown menu set to 'NAMES - ALPHABETICALLY', and a list showing 'Corena Bahr (Me)'; an 'Audio' section with 'Audio Mode' options 'Use Telephone' and 'Use Mic & Speakers' (selected), a 'MUTED' status indicator, and a 'Talking: Suzie Smith' indicator; and a 'Questions' section. The 'Questions' section contains a 'Questions Log' with a question 'Q: Is there a volume discount?' and an answer 'A: Yes! We will send you more info after the event.' Below the log is a text input field containing 'Yes' and a 'Send' button. A red arrow points from the left to the input field with the text 'Type questions here', and another red arrow points from the right to the 'Send' button with the text 'Then click Send'. At the bottom of the interface, it says 'Webinar Now' and 'Webinar ID: 731-938-951', followed by the 'GoToWebinar™' logo.

# Home Health References and Resources

# CMS Home Health References

- [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](#)
- [Home Health PPS](#)
- [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 = **Home Health Documentation Collaboration**
  - 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.



# NGS Website and Provider Contact Center

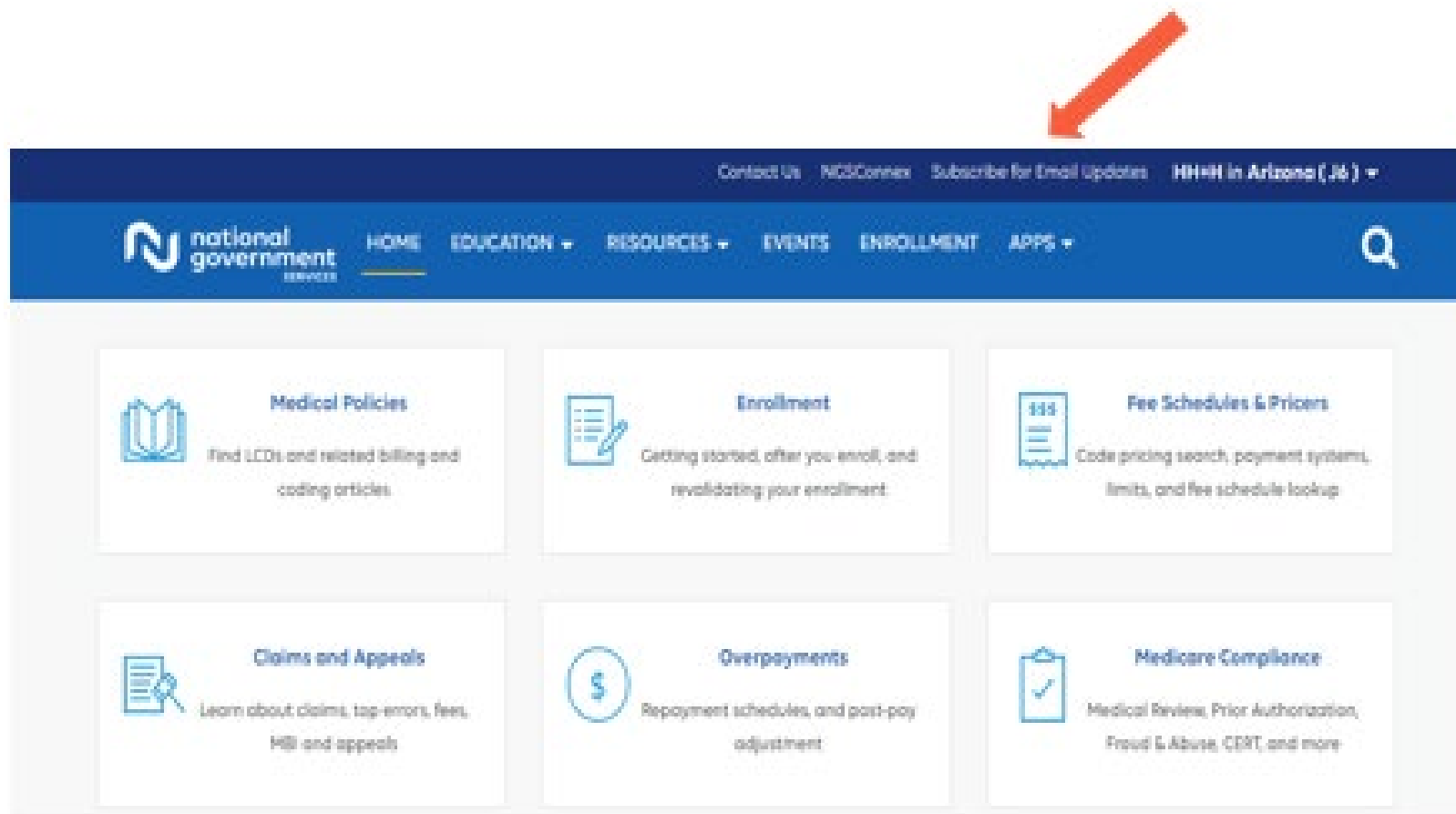
AK, AZ, CA, HI, ID, NV, OR, WA, AS, GU, MP	MI, MN, NY, NJ WI, PR, USVI	CT, ME, MA, NH, RI, VT
Interactive Voice Response (IVR) Unit: 866.277.7287	Provider Contact Center (PCC): 866.590.6724	Interactive Voice Response (IVR) Unit: 866.275.7396
Provider Contact Center (PCC): 866.590.6724	Provider Contact Center (PCC): 866.590.6728	Provider Contact Center (PCC): 866.289.0423
Welcome to <a href="https://www.NGSMedicare.com">NGSMedicare.com</a>		

# Provider Contact Center Procedures

- First option when contacting National Government Services
  - Required to log and track all incoming inquiries
- Tiered system to respond accurately to all provider inquiries
- Contact number and hours available on our website
  - Resources > Contact Us > Provider Contact Center

# NGS Email Updates

- Subscribe to receive the latest Medicare information



# NGS Home Health and Hospice On-Demand Video Library

- YouTube
- [Home Health & Hospice On-Demand Video Library](#)

The screenshot displays a YouTube channel interface for 'NGS Medicare'. On the left is a navigation sidebar with links to Home, Explore, Subscriptions, Library, History, Your videos, Watch later, and Liked videos. The main content area features a video player for 'Physician Certification of Terminal Illness' with a 'PLAY ALL' button. Below the player, it says 'HHH On-Demand Videos' with 7 videos, 50 views, and a last update on Dec 9, 2021. At the bottom of the main area is a 'SUBSCRIBED' button and a notification bell. To the right, a list of four videos is shown:

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)

All videos are from 'NGSMedicare.com'.

# 2023 HHH MAC Collaborative Summit

## Save the Date

September 13, 14, 15, 2023

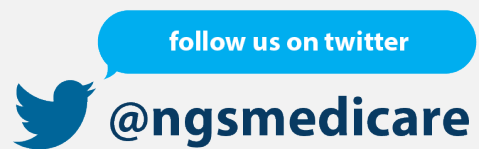
Flamingo Las Vegas Hotel & Casino  
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Las Vegas, NV 89109

Early Bird Registration \$249  
Includes three full days of education!

Rooms: \$95/night  
Group Name: 2023 HHH Medicare Summit  
<https://book.passkey.com/go/SFH3H3>

The background is a solid dark blue. On the right side, there are large, overlapping, semi-transparent blue geometric shapes, including a large 'S' or 'R' curve and a diagonal band. In the bottom-left corner, there is a pattern of small, light blue dots arranged in a grid-like fashion.

Questions?



medicare **mobile**

Text NEWS to 37702; Text GAMES to 37702



youtube.com/ngsmedicare