

Home Health Documentation Collaboration

6/27/2023

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

NGS Home Health Jurisdictions

The Medicare Home Health Benefit
& Eligibility Criteria

Documentation Collaboration
Requirements

References and Resources

Question and Answer Period

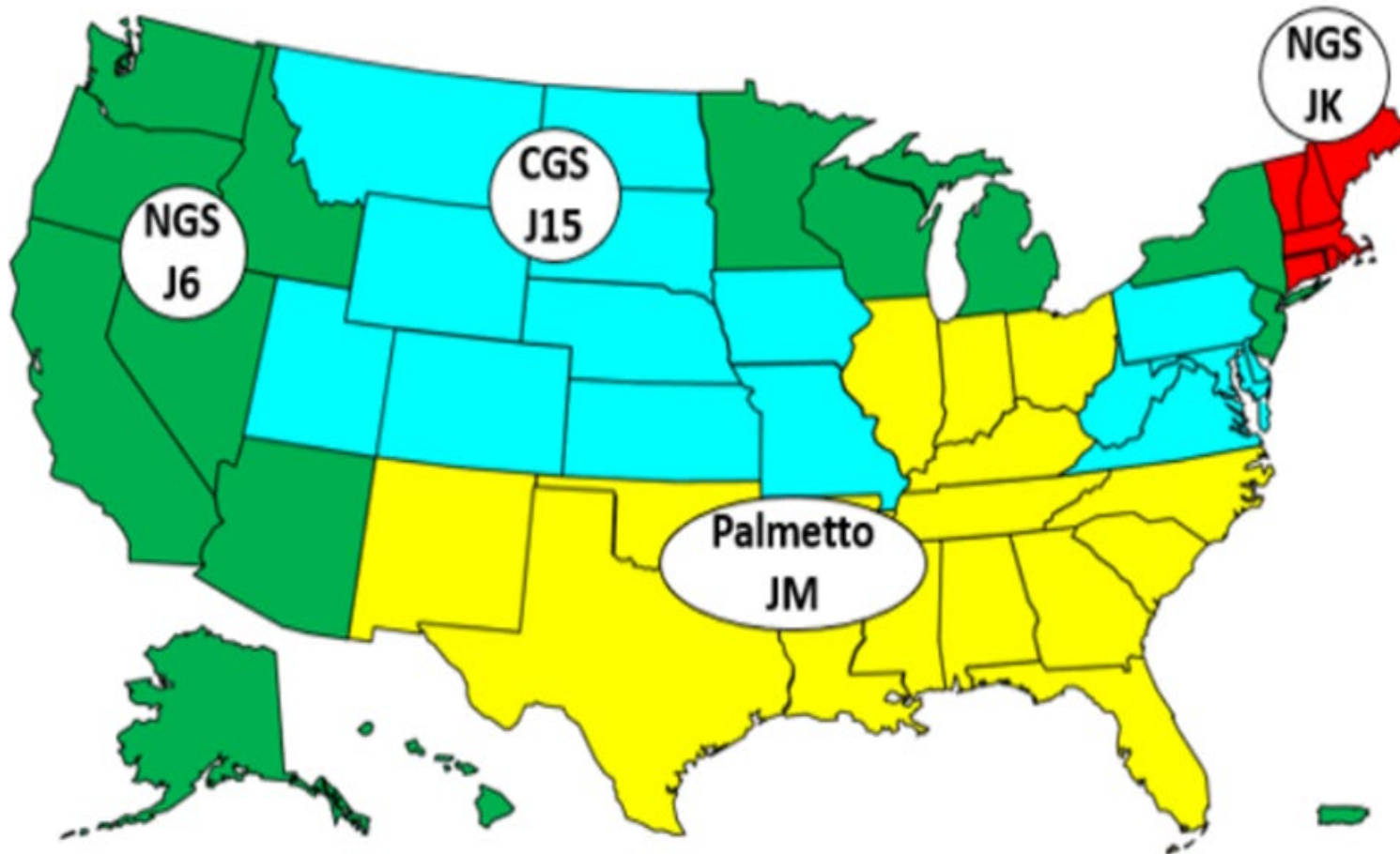


NGS Home Health Jurisdictions

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 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 ⁽¹⁾

- **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 ⁽²⁾

- 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 ⁽³⁾

- **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 ⁽¹⁾

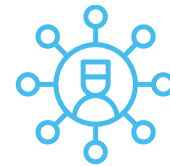
- Medical record documentation regarding any and all eligibility criteria should be shared with the home health agency at the point of referral.
- Documentation from the referring acute/post-acute care facility or the physician and/or allowed practitioner office related to the primary reason related 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

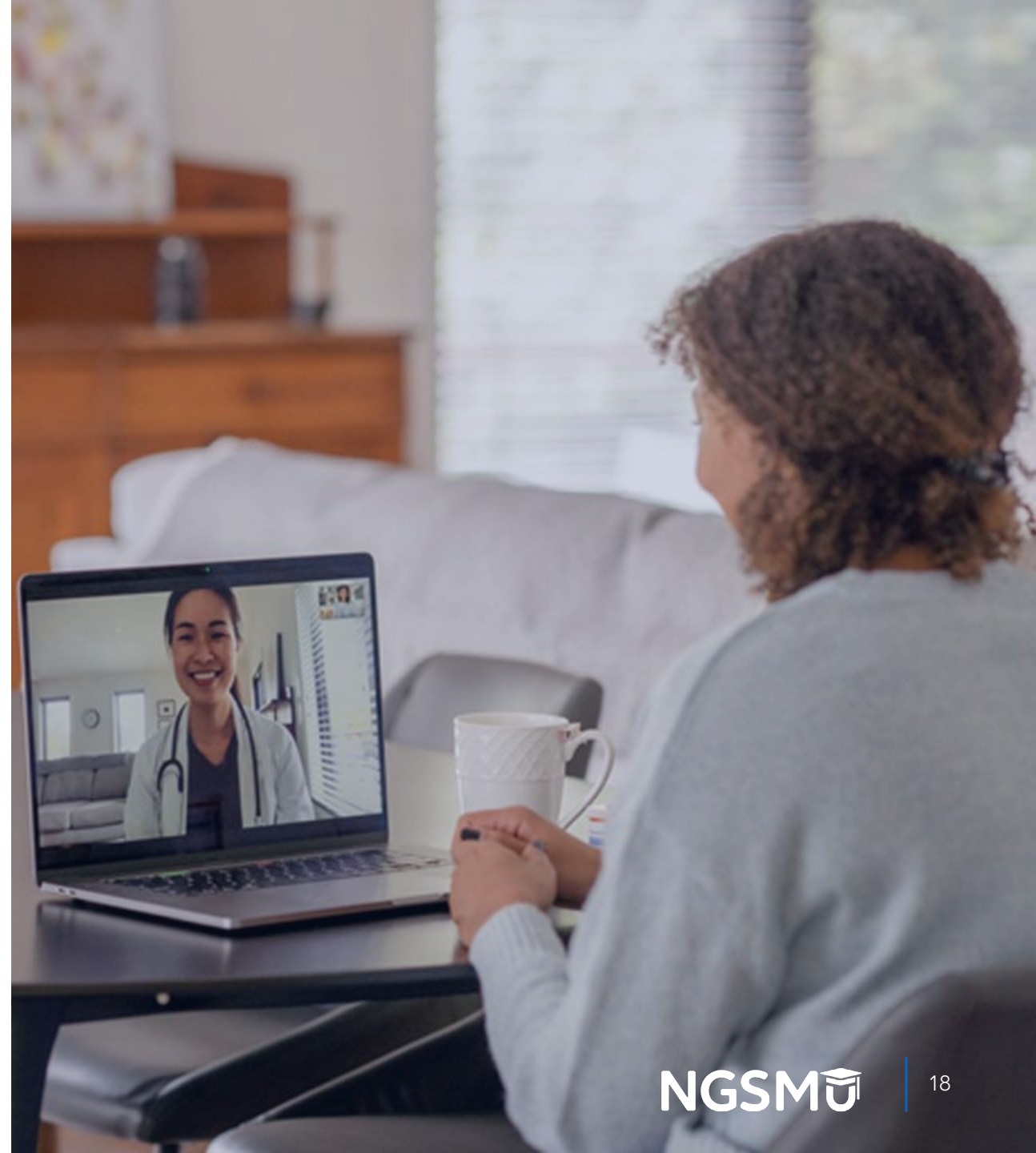
- Medicare reimbursement **will not be rendered** if pieces of the medical record documentation from outside entities that supports eligibility to receive home health services is not obtained.
 - It is the responsibility of the home health agency to ensure this documentation is obtained.
- The home health 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 ⁽²⁾

- 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 ⁽³⁾

- 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 ⁽⁴⁾

- **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 ⁽⁵⁾



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 with the following sections:

- Attendee List (2 | Max 201)**: Includes tabs for Attendees (1) and Staff (1). A dropdown menu shows "NAMES - ALPHABETICALLY" with "Corena Bahr (Me)" listed. A search bar is at the bottom.
- Audio**: Shows "Audio Mode" with radio buttons for "Use Telephone" and "Use Mic & Speakers" (selected). A "MUTED" status bar with a volume icon and a "00000000" volume level is displayed. A link for "Audio Setup" is present. It also shows "Talking: Suzie Smith".
- Questions**: Contains a "Questions Log" with a red box for a question: "Q: Is there a volume discount?" and a green box for 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.
- Webinar Now**: Displays "Webinar ID: 731-938-951" and the "GoToWebinar™" logo.

Two red arrows provide instructions: one points to the text input field in the Questions section with the text "Type questions here", and the other points to the "Send" button with the text "Then click Send".

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
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- 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

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NGS Website and Provider Contact Center

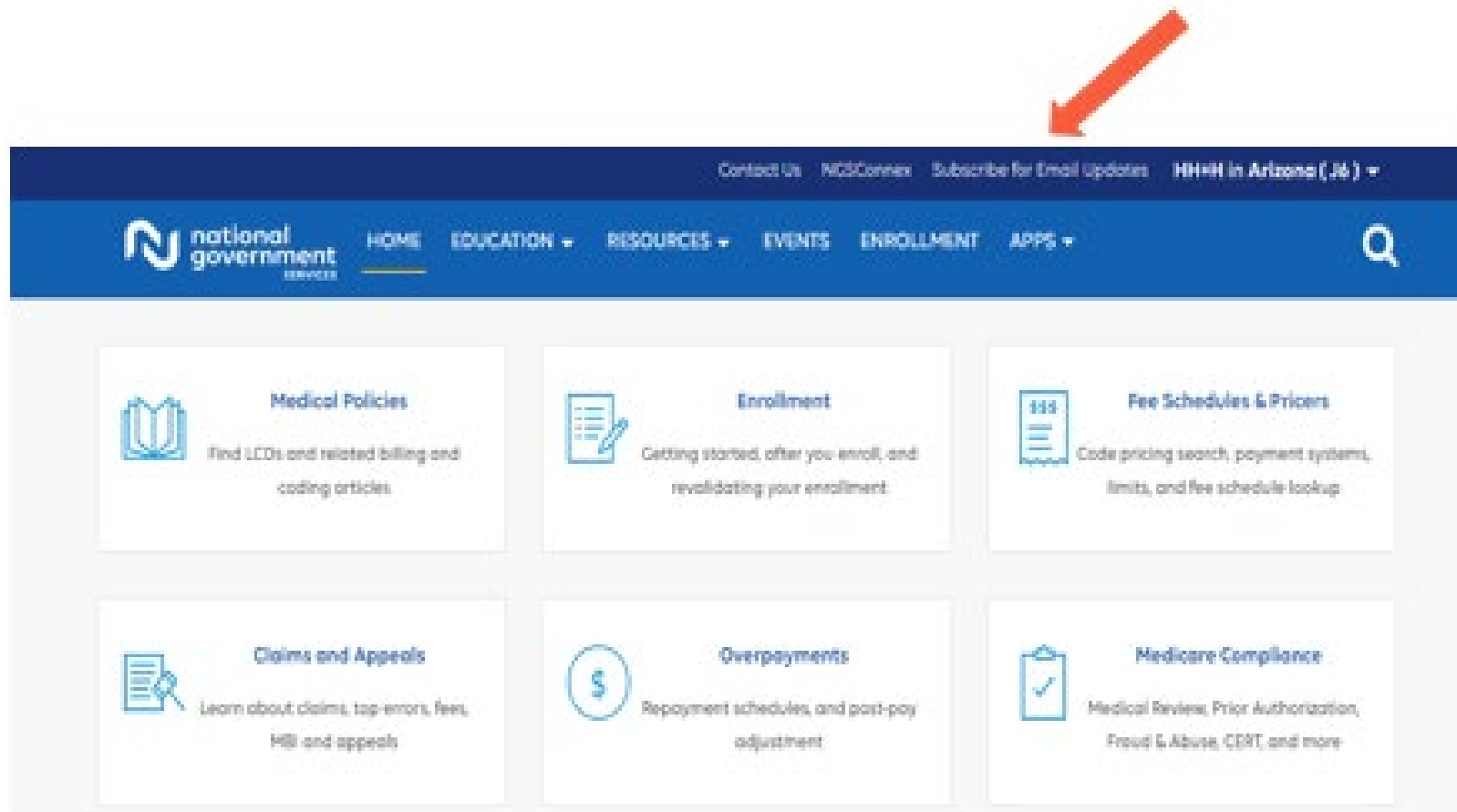
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Welcome to NGSMedicare.com		

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 page for "NGS Medicare". The left sidebar shows navigation options: Home, Explore, Subscriptions, Library, History, Your videos, Watch later, and Liked videos. The main content area features a playlist titled "HHH On-Demand Videos" with 7 videos, 50 views, and a last update on Dec 9, 2021. The playlist includes a "PLAY ALL" button. Below the playlist, there is a "SUBSCRIPTIONS" section showing the channel "NGSMedicare.com" with a "SUBSCRIBED" button and a notification bell icon. To the right, a list of four videos is displayed:

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)

2023 HHH MAC Collaborative Summit

Save the Date

September 13, 14, 15, 2023

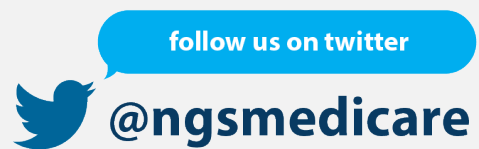
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Group Name: 2023 HHH Medicare Summit
<https://book.passkey.com/go/SFH3H3>

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

Questions?



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Text NEWS to 37702; Text GAMES to 37702



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