



Medicare Home Health Face-to-Face Requirement



Face-to-Face Overview

- Mandated by the Affordable Care Act (ACA)
- Condition for payment
- Prior to certifying a patient's eligibility for the home health benefit, the certifying physician must document that he or she, or an allowed non-physician practitioner (NPP) has had a face-to-face encounter with the patient
- Documentation regarding these encounters must be present on certifications for patients with starts of care on and after January 1, 2011



Background

- A physician must order Medicare home health services and must certify a patient's eligibility for the benefit
- The face-to-face requirement ensures that the orders and certification for home health services are based on a physician's current knowledge of the patient's clinical condition
- In addition to the certifying physician, NPPs who may perform the face-to-face are:
 - A nurse practitioner or clinical nurse specialist (as those terms are defined in section 1861(aa)(5) of the Social Security Act), who is working in collaboration with the physician in accordance with State law
 - A certified nurse-midwife (as defined in section 1861(gg) of the Social Security Act, as authorized by State law)
 - A physician assistant (as defined in section 1861(aa)(5) of the Social Security Act), under the supervision of the physician

Home Health Prospective Payment System (HH PPS) Final Rule Implementation Provisions

- CMS implemented the ACA mandate via the HH PPS Calendar Year (CY) 2011 rulemaking and finalized the following provisions:
 - Documentation regarding these face-to-face encounters must be present on certifications for patients with starts of care on and after January 1, 2011
 - As part of the certification form itself, or as an addendum to it, the physician must document when the physician or allowed NPP saw the patient, and document how the patient's clinical condition as seen during that encounter supports the patient's homebound status and need for skilled services
 - The face-to-face encounter must occur within the 90 days prior to the start of home health care, or within the 30 days after the start of care
 - In situations when a physician orders home health care for the patient based on a new condition that was not evident during a visit within the 90 days prior to start of care, the certifying physician or NPP must see the patient within 30 days after admission



Implementation Provisions – Physician Flexibility

- ACA and the final rule include several features to accommodate physician practice:
 - In addition to allowing NPPs to conduct the face-to-face encounter, Medicare allows a physician who attended to the patient in an acute or post-acute setting, but does not follow patient in the community (such as a hospitalist) to certify the need for home health care based on their contact with the patient, and establish and sign the plan of care. The acute/post-acute physician would then “hand off” the patient’s care to his or her community-based physician.
 - Medicare will also allow physicians who attended to the patient in an acute or post-acute setting to certify the need for home health care based on their contact with the patient, initiate the orders for home health services, and “hand off” the patient to his or her community-based physician to review and sign off on the plan of care
 - An allowed NPP who attends to a patient in an acute setting can collaborate with and inform the community certifying physician regarding his/her contact with the patient. The community physician could document the encounter and certify based on this information.
 - The law allows the face-to-face encounter to occur via telehealth, in rural areas, in an approved originating site.



Implementation Provisions – Encounter Documentation

- The documentation must include the date when the physician or allowed NPP saw the patient, and a brief narrative composed by the certifying physician who describes how the patient's clinical condition as seen during that encounter supports the patient's homebound status and need for skilled services.
- The certifying physician must document the encounter either on the certification which the physician signs, or a signed addendum to the certification. It may be written or typed.
- It is acceptable for the certifying physician to dictate the documentation content to one of the physician's support personnel to type. It is also acceptable for the documentation to be generated from a physician's electronic health record.
- It is unacceptable for the physician to verbally communicate the encounter to the HHA, where the HHA would then document the encounter as part of the certification for the physician to sign.



Plan of Care (POC) and Certification Clarifications

- Long-standing regulations have described the distinct content requirements for the POC and certification
- ACA requires the face-to-face encounter and corresponding documentation as a certification requirement; providers have the flexibility to implement the content requirements for both the POC and certification in a manner that best makes sense for them



Certification Content Clarifications

- The certifying physician's face-to-face description should be a brief narrative describing the patient's clinical condition and how the patient's condition supports homebound status and the need for skilled services.

Narrative Example

- "The patient is temporarily homebound secondary to status post total knee replacement and currently walker dependent with painful ambulation. PT is needed to restore the ability to walk without support. Short-term skilled nursing is needed to monitor for signs of decomposition or adverse events from the new COPD medical regimen."



Exceptional Circumstances

If 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 HHA to facilitate/coordinate the encounter and if all other certification requirements are met, the certification is deemed to be complete.



“Need for Skilled Services”

To be eligible for the benefit, a patient must need skilled nursing care on an intermittent basis or physical therapy or speech-language pathology; or have a continuing need for occupational therapy.



“Homebound” Definition

- An individual is considered to be “confined to his home” if:
 - The individual has a condition due to an illness or injury, that restricts the ability to leave his or her home except with the assistance of another individual or the aide of a supportive device (such as crutches, a cane, a wheelchair, or a walker) or if the individual has a condition due to an illness or injury such that leaving his or her home is medically contraindicated
 - The condition should be such that there exists a normal inability to leave home, that leaving the home requires a considerable and taxing effort
- Acceptable reasons for leaving the home include:
 - The need to receive “health care treatment”
 - Section 507 of BIPA 2000 further clarified the “homebound” definition by adding:
 - To attend an adult day care program (licensed or certified by a state or accredited)
 - To attend a religious service
 - Any other absence shall not so disqualify an individual if the absence is of infrequent or of relatively short duration



Additional Information

Medicare home health plays a vital role in allowing patients to receive care at home as an alternative to extended hospital or nursing home care. Questions and answers regarding this requirement are available via Medicare's home health agency website, <http://www.cms.gov/center/hha.asp> on the CMS website.