



Home Care Alliance of Massachusetts

# A Guide to Compliance with F2F

February 2015

**Note:** It is the responsibility of the physician to provide the documentation to substantiate certification, if this documentation is not sufficient to support certification of eligibility, then a HHA may provide information that can be corroborated and incorporated into the certifying physician’s and/or the acute/post-acute care facility’s medical record for the patient.

Certification Options			
Option 1	A	B	C
<p>When the F2F and Certification are BOTH Performed by the PCP</p>	<p>Physician’s MR contains all Medicare certifying documentation as to:</p> <ol style="list-style-type: none"> <li>1. Patient confined to the home;</li> <li>2. Needs skilled services;</li> <li>3. Is under the care of a physician;</li> <li>4. Receives services under a plan of care established and reviewed by a physician; and</li> <li>5. Had a face-to-face encounter (for a related illness??) with a physician or allowed non-physician practitioner (NPP).</li> </ol>	<p>Documentation in physician’s MR is supplemented by a F2F “Form” that as of 1/1/15:</p> <ul style="list-style-type: none"> <li>• Must now be signed by the clinician completing homebound and skill</li> <li>• <b>Must include</b> statement that acknowledges incorporation into physician’s MR</li> <li>• Physician needs to sign and date showing review and incorporation</li> </ul>	<p>Physician’s MR Plus “Addendum to Certification” that:</p> <ul style="list-style-type: none"> <li>• May be completed by HHA</li> <li>• Documents the need for skill and homebound</li> <li>• Physician signature and date acknowledges review and incorporation into physician’s MR</li> </ul>

Option 2	<b>A</b>	<b>B</b>	<b>C</b>
<p style="text-align: center;"><b>F2F and Certification from Hospitalist</b></p>	<p>Hospital’s record as provided to HHA as part of the discharge planning process contains all certifying elements, including hospitalist signature and date</p>	<p><b>Hospital’s MR Record supplemented by a modified F2F Form that</b></p> <ul style="list-style-type: none"> <li>• Must be signed by the HHA Clinician or Case Manager/Discharge Planner completing homebound and skill assessment</li> <li>• Must include statements that acknowledges incorporation into Hospital’s MR and that care will be followed by a community physician</li> <li>• Physician needs to sign and date</li> </ul>	<p><b>Hospital’s MR Plus “Addendum to Certification” that</b></p> <ul style="list-style-type: none"> <li>• May be completed by HHA</li> <li>• Documents the need for skill and homebound per criteria</li> <li>• Contains statement that care will be followed by a community physician</li> <li>• Physician signature and date acknowledges review and incorporation into hospital MR</li> </ul>

Option 3	A	B	C
<p style="text-align: center;">F2F by Performed by Hospitalist and Certification Performed by PCP</p> <p><i>*In each of these options, A, B, C,; the physician MR must contain information, in the form of clinical note, documentation of a call, etc that the face to face was performed by the hospitalist</i></p>	<p><b>Physician’s MR* contains all certifying documentation.</b></p> <p>Medicare Certification for HH:</p> <ol style="list-style-type: none"> <li>1. Be confined to the home;</li> <li>2. Need skilled services;</li> <li>3. Be under the care of a physician;</li> <li>4. Receive services under a plan of care established and reviewed by a physician; and</li> <li>5. Had a face-to-face encounter with a physician or allowed non-physician practitioner (NPP)</li> </ol>	<p><b>Physician’s MR Record* and F2F Form that</b></p> <ul style="list-style-type: none"> <li>• Must now be signed by the clinician completing homebound and skill.</li> <li>• <b>Must include</b> statement that acknowledges incorporation into physician’s MR</li> <li>• Physician needs to sign and date</li> </ul>	<p><b>Physician’s MR* Plus “Addendum to Certification” that:</b></p> <ul style="list-style-type: none"> <li>• May be completed by HHA</li> <li>• Documents the need for skill and homebound</li> <li>• Physician signature and date acknowledges review and incorporation into physician’s MR</li> </ul>