



# Home Health F2F Regulation

## 2015 Changes

Feb 10, 2015



# Agenda

- Overview of Regulation Changes
- Reference: Eligibility and Homebound
- What is Needed to Comply
- What the Home Health Agency Needs
- Guidelines for Certification Options
- What if Certification Not Met
- Resources



## Sec 6407a of Affordable Care Act

*“is only ~250 words long and only about 30 of those words articulate the proposed change to home health certification-----since the law has been passed CMS rulemaking (proposed and final) on this issue in the Federal Register has been over 35,000 words!  
This doesn't include all the transmittals and other materials from CMS and the carriers!*

*Somehow CMS has turned the following words:*

*“prior to making such certification the physician must document that the physician himself or herself has had a face-to-face encounter.....with the individual within a reasonable timeframe as determined by the Secretary”*

*Into 35,000 words of rules and regulations that are still hard to understand!”*

Steven Landers MD, MPH  
President & CEO, Visiting Nurse Association Health Group



# What Has Changed?

- Physician is responsible for documentation of F2F encounter and eligibility requirements; documentation **must be in the certifying physician's medical records or the acute/post-acute care facility's medical records**
- Certifying physicians and acute/post-acute care facilities must **provide the HHA with medical record documentation** that supports the certification of patient eligibility for the Medicare home health benefit.
- Information from the HHA can be incorporated into the certifying physician or acute/post-acute care facility's medical record for the patient. The certifying physician **must review and sign off** on anything incorporated into the patient's medical record that is used to support the certification of patient eligibility.



# Certification

*The certifying physician must certify that:*

- The patient needs skilled care
  - The patient is homebound
  - A plan of care has been established and will be periodically reviewed by a physician
  - Services will be furnished while the individual is under the care of a physician
  - Have had a face-to-face encounter with a physician or allowed non-physician practitioner (NPP).
- 42 CFR 424.22

*An individual is considered “confined to the home” (homebound) if the following two criteria are met:*

## **Criteria One** **One Must Be Met**

- Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person to leave their place of residence

**OR**

- Have a condition such that leaving his or her home is medically contraindicated.

## **Criteria Two** **Both Must Be Met**

There must exist a normal inability to leave home.

**AND**

Leaving home must require a considerable and taxing effort.



## *More on Homebound.....*

- The patient may be considered homebound if absences from the home are **infrequent**;
  - for periods of relatively short duration;
  - for the need to receive health care treatment;
  - for religious services;
  - to attend adult daycare programs; or
  - for other unique or infrequent events (e.g., funeral, graduation, trip to the barber).



# What is Needed?

- The certifying physician's and/or the acute/post-acute care facility's medical record for the patient must contain:
  - information that **justifies the referral** for Medicare home health services; documentation that substantiates the patient's:
    - need for the skilled services; and
    - homebound status;





# What is Needed?

- The **actual clinical note for the F2F encounter visit is signed and dated and demonstrates that the encounter:**
  - occurred within the required timeframe,
  - was related to the primary reason the patient requires home health services; and,
  - was performed by an allowed provider type.



# Allowed Provider Types

- The face-to-face encounter can be performed by:
  - the certifying physician (PCP);
  - the physician who cared for the patient in an acute or post-acute care facility (from which the patient was directly admitted to home health);
  - a nurse practitioner or a clinical nurse specialist who is working in collaboration with the certifying physician or the acute/post-acute care physician; or
  - A certified nurse midwife or physician assistant under the supervision of the certifying physician or the acute/post-acute care physician.

Per 42 CFR 424.22(a)(1)(v)(A)



# Certifying Physician

- For a patient to be eligible for home health, the certification must be provided by a physician.
- Medicare defines physician for the Home Health Benefit as a:
  - Doctor of Medicine;
  - Doctor of Osteopathy; or
  - Doctor of Podiatric Medicine



# What the HHA Needs?

- Certifying physicians and acute/post-acute care **facilities medical record documentation** that supports the certification of patient eligibility for the Medicare home health benefit
- This information can be found in clinical and progress notes and discharge summaries.

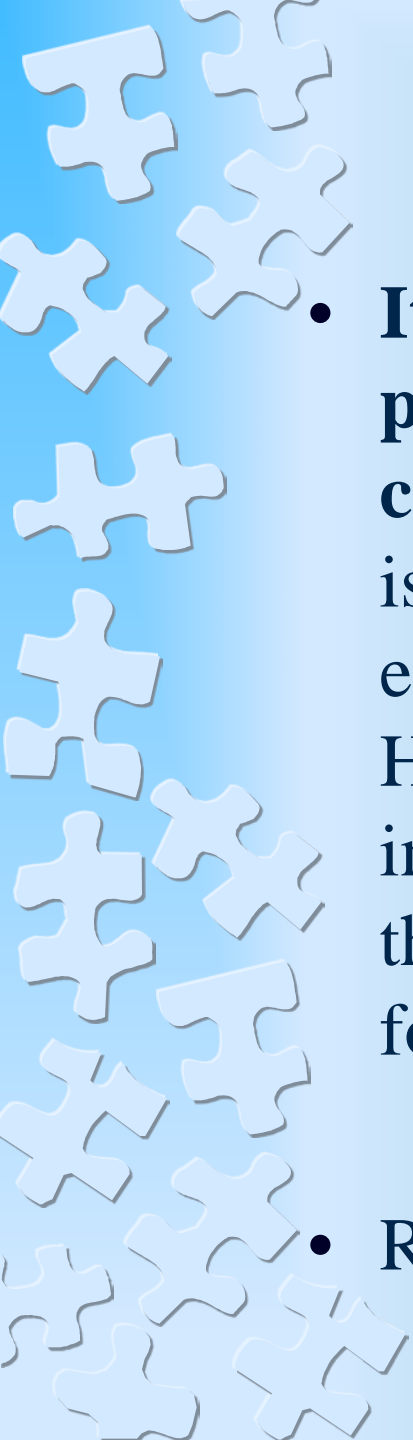


# Documentation Allowed by HHA

- Information **from the HHA** can be incorporated into the certifying physician's and/or the acute/post-acute care facility's medical record for the patient.
- **Information from the HHA must be corroborated by other medical record entries.**
- **Certifying physician must review and sign off** on anything incorporated into the patient's medical record that is used to support the certification of patient eligibility (*that is, agree with the material by signing and dating the entry*).



# **Options for Certification Documentation Compliance**

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- **It is the responsibility of the physician to provide the documentation to substantiate certification,** if the HHA feels this documentation is not sufficient to support certification of eligibility, (homebound and skilled need) then a HHA may provide information that can be incorporated into the certifying physician's and/or the acute/post-acute care facility's medical record for the patient.
  - Reviewed and signed by the physician.



# Options

1. F2F and Certification by PCP
2. F2F and Certification by hospital (POC by PCP)
3. F2F by Hospital and Certification by PCP





# 1). F2F and Certification by PCP



# Physician Record Contains All Certifying Documentation

Progress notes show:

- Need for the skilled services,
- Homebound status,
- Order for Home Health,
- F2F encounter,
  - Signed and Date of Encounter
  - Performed by allowed provider type



# Physician Record and F2F Form

Certify criteria is met by physician medical record and complimented by “F2F” form

- F2F needs to be modified to include clinicians signature who is documenting skill need and homebound
- Dated and signed “F2F” form **must now include** statement that acknowledges corroboration and incorporation into the physician medical record



# Physician Record and “Addendum to Certification”

Physician progress notes, plus “Addendum”

Addendum:

- May be completed by HHA
- Documents the need for skill and homebound
- Incorporated into physician medical record
- Physician’s signature and date acknowledges review and incorporation into physician MR



## **2). F2F and Certification by Hospitalist**



# 1. Hospital Record Contains All Certifying Documentation

Progress notes, discharge summary etc. show:

- Need for the skilled services,
- Homebound status,
- Order for Home Health,
- F2F encounter,
  - Signed and Date of Encounter
  - Performed by allowed provider type
  - Will be followed by community physician



## 2. Hospital Record and F2F Form

Certify criteria met by hospital medical record and “F2F” form

- F2F needs to be **modified** to include clinician's signature who is documenting skill need and homebound
- Dated and signed “F2F” form **must now include** statement that acknowledges corroboration and incorporation into the hospital medical record and **care will be followed by a community physician**
- F2F cannot stand alone; must have documentation from the physician



### 3. Hospital Record and “Addendum to Certification”

Hospital DC summary and progress notes,  
plus “Addendum”

- Incorporated into hospital medical record
- May be completed by the HHA
- Documents the need for skill and homebound
  - (uses criteria)
- Physician’s sign and date acknowledges review and incorporation into hospital MR
- Acknowledges patient will be followed by community physician





# **Addendum to Certification for Home Health Services**

**I certify the need for home health. My signature indicates review and incorporation into this patient's medical record. A signed copy will be sent to \_\_\_\_\_**

**HHA name and Address**

**For Hospitalist only: {  } I understand that this patient will be followed by their community physician**

**Physician Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Physician printed name \_\_\_\_\_**



**3). PCP Certifies  
But F2F Performed in Hospital**



When the F2F occurs in the hospital but the hospitalist does not certify....

*Physician's MR contains information that the PCP is aware of/acknowledges that the F2F was performed by the hospitalist*

**\*In each of these options, 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**



# **Physician's MR\* contains all certifying documentation.**

## **Medicare Certification for HH:**

- **1. Be confined to the home;**
- **2. Need skilled services;**
- **3. Be under the care of a physician;**
- **4. Receive services under a plan of care established and reviewed by a physician; and**
- **5. \* Have had a face-to-face encounter with a physician or allowed non-physician practitioner (NPP)**



# Physician's MR Record\* and F2F Form

- *Modified F2F form:*

- Must now be signed by the HHA clinician completing homebound and skill.
- **Must include** statement that acknowledges incorporation into physician's MR
- Physician's signature and date acknowledges review and incorporation into MR



# Physician's MR\* Plus “Addendum to Certification”

- *Addendum:*

- May be completed by HHA
- Documents the need for skill and homebound
- Physician signature and date acknowledges review and incorporation into physician's MR



# What if Certification Requirements are Not Met?

- Certifying physicians who show patterns of non-compliance with this requirement, including those physicians whose records are inadequate or incomplete for this purpose, may be subject to increased reviews, such as provider-specific probe reviews

(Per the regulations at 42 CFR 424.22(c))



# CMS Proposes F2F Template


- On January 29, CMS released F2F template. <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/HomeHealthPaperClinicalTemplatev11.pdf>
- CMS is seeking public comment on the “voluntary” clinical template.
- Comments can be sent to [HomeHealthTemplate@cms.hhs.gov](mailto:HomeHealthTemplate@cms.hhs.gov)





# Resources

- **(SE1436 Revised)** Certifying Patients for the Medicare Home Health Benefit  
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1436.pdf>
- **CMS released F2F template.**  
<http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/HomeHealthPaperClinicalTemplatev11.pdf>



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