



FTF Encounters & the Plan of Care

February 2016



Today's Presenters

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Objective

- To provide clear direction to HHAs, and providers referring Medicare beneficiaries to eligible HH services, as per CMS regulations.

Agenda

- Pre-test
- Eligibility criteria
- POC
- FTF encounters
- Certification of eligibility criteria
- Post-test
- Test answers
- Resources

Pre-Test

■ True or False?

- FTF encounter documentation requires specific narrative regarding homebound status and need for skilled services.
- The certification statement on CMS-485 form encompasses all five eligibility criteria, including the POC and FTF encounter.
- FTF encounter documentation is no longer required in 2015.
- The physician referring the patient to HH services must identify the physician who has agreed to monitor the patients care in the community.
- FTF encounter documentation must contain a narrative regarding any skilled oversight of nonskilled care ordered.

Medicare HH Eligibility Criteria

- A HHA must be able to provide, upon request, the supporting documentation that substantiates the eligibility for the Medicare HH benefit to review entities and/or CMS.
 - If the documentation used as the basis for the certification of eligibility is not sufficient to demonstrate that the patient is or was eligible to receive services under the Medicare HH benefit, payment will not be rendered for HH services provided.

Medicare HH Eligibility Criteria

- Medicare regulations state that to qualify for the HH benefit, the patient must be:
 - Be confined to the home;
 - Need skilled services;
 - Be under the care of a physician;
 - Receive services under a **POC established and reviewed by a physician**; and
 - Have had a **FTF encounter** with a physician or allowed NPP
- There must be documentation in the medical record to support that all five of these eligibility criteria have been met.

Medicare HH Eligibility Criteria

- If the certifying physician is an acute/post-acute care physician and will not be following the patient while receiving home care, the medical record documentation must identify the name of community physician who will be monitoring patient's HH services

POC

- One of five eligibility criteria
- No mandatory form requirement
 - CMS-485 form is no longer an up-to-date or CMS endorsed form
 - Certification statement on the CMS-485 form does not encompass the FTF encounter
- May utilize:
 - Discharge plan written by a referring certifying physician from an acute or post-acute facility at the time of patient discharge prompting referral to HH
 - Initial POC written by the referring certifying physician at the time of his/her office visit with the patient that prompted the referral to HH

POC

- The certifying physician must attest that a POC has been established and was or will be periodically reviewed by a physician
- As per CR 9189:
 - The referring/certifying physician's initial order for HH services initiates the establishment of a POC (for example: discharge plan) as part of the certification of patient eligibility
 - The physician's initial order must specify the medical treatments to be furnished and does not eliminate the need for the POC

POC

- It is expected that in most instances, the physician who certifies the patient's eligibility for Medicare HH services will be the same physician who establishes and signs the POC
- The HHA staff will further develop and evolve the POC with the community physician

POC

- If the patient is starting HH services directly after discharge from an acute/post-acute care setting where the referring physician, with privileges, that cared for the patient in that setting is certifying the patient's eligibility for the HH benefit, but will not be following the patient after discharge, then the certifying referring physician **must identify the community physician who will be following the patient after discharge**
 - Reminder: One of the eligibility criteria that must be met for a patient to be considered eligible for the HH benefit is that the patient must be under the care of a physician. Otherwise, the certification is not valid.

Eligibility Criteria

■ FTF Encounter

- One of five eligibility criteria
- No mandatory form requirement
- A NPP may complete and sign the FTF encounter without a counter physician signature
- No mandatory narrative regarding the need for skilled service and homebound status in the encounter documentation
- Mandatory narrative regarding skilled oversight of unskilled care (when ordered)
- May utilize:
 - Discharge Summary from the acute or post-acute care facility written at the time of patient discharge prompting referral to HH
 - Progress Note from the Physician office written at the time of the patient one on one visit with the physician in the office prompting referral to HH

FTF Encounters

- FTF encounter is part of the certification of patient eligibility
- A FTF encounter with the patient must be performed by the certifying referring physician himself or herself, a physician that cared for the patient in the acute or post-acute care facility or an allowed NPP

FTF Encounter 2015 Changes

■ 2014

- FTF Encounter Form
 - Narrative mandatory regarding:
 - Need for skilled services, and
 - Homebound status

■ 2015

- FTF Encounter
 - Documentation from the patient's medical record providing proof that a visit occurred (example: discharge summary or office progress note)
 - Narrative required when:
 - Skilled oversight of unskilled care is ordered

Certification

- All 5 eligibility criteria will be verified via review of the referring/certifying physicians medical record.
- Electronic signatures are acceptable.
- When there is a narrative requirement regarding skilled oversight, it must be located above the certification statement.
 - Reminder: The F2F encounter is not captured in the certification statement on the CMS-485 form

Certification

- Certifying physician must be enrolled in the Medicare Program and be a Doctor of Medicine, a Doctor of Osteopathy; or a Doctor of Podiatric Medicine
- Certifying physician cannot have financial relationship with HHA unless it meets one of exceptions in 42CFR411.355-42CFR411.357

Certification

- Per CR 9189:
 - The certifying physician must also document the date of the FTF encounter as part of the certification
 - There is no specific form or format for the certification, as long as the five certification requirements are met

CR 9189 Certification

- HHAs require as much documentation from the certifying physicians' medical records and/or the acute/post-acute care facility's medical records as necessary to assure that the patient eligibility criteria have been met and must be able to provide it to CMS and its review entities upon request.

Post-Test

■ True or False?

- FTF encounter documentation requires specific narrative regarding homebound status and need for skilled services.
- The certification statement on CMS-485 form encompasses all five eligibility criteria, including the POC and FTF encounter.
- FTF encounter documentation is no longer required in 2015.
- The physician referring the patient to HH services must identify the physician who has agreed to monitor the patients care in the community.
- FTF encounter documentation must contain a narrative regarding any skilled oversight of nonskilled care ordered.

Test Answers

- FTF encounter documentation requires specific narrative regarding homebound status and need for skilled services. **FALSE**
- The certification statement on CMS form 485 encompasses all five eligibility criteria, including the POC and FTF encounter. **FALSE**
- FTF encounter documentation is no longer required in 2015. **FALSE**
- The physician referring the patient to HH services must identify the physician who has agreed to monitor the patient's care in the community. **TRUE**
- FTF encounter documentation must contain a narrative regarding any skilled oversight of non-skilled care ordered. **TRUE**

Resources

- CR 9119, “Manual Updates to Clarify Requirements for Physician Certification and Recertification of Patient Eligibility for HH Services”
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9119.pdf>
 - In accordance with its references to Transmittal 92 & 208 in the CMS IOM Publications 100-01 and 100-02

Resources

- CR 9189, Transmittal 602
 - The purpose of this CR is to manualize policies in the calendar year 2015 HH Prospective Payment System Final Rule published on November 6, 2014, in which the CMS finalized clarifications and revisions to policies regarding physician certification and recertification of patient eligibility for Medicare HH services.
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R602PI.pdf>

Resources

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 7
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 10
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c10.pdf>
- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 6
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c06.pdf>

Questions

- Please type in any questions you may have to the question box at this time and they will be addressed momentarily...

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CERT A/B MAC Outreach & Education Task Force

- A joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program
- Shared goal of reducing the national improper payment rate as measured by the CERT program
- Partnership to educate Medicare providers on widespread topics affecting most providers and complement ongoing efforts of CMS, the MLN and the MACs individual error-reduction activities within its jurisdictions
- **Disclaimer:** The CERT A/B MAC Outreach & Education Task Force is independent from the CMS CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.

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CERT A/B MAC Outreach & Education Task Force

- The CERT Task Force educates on common billing errors and contributes educational Fast Facts to the CMS website
 - CMS MLN Provider Compliance Fast Facts web page
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html>
 - In addition, the CERT Task Force section on the NGS Medicare.com website provides a link to the CMS MLN Provider Compliance Fast Facts

CERT A/B MAC Outreach & Education Task Force

- **CERT Task Force Web Page**
 - Go to our website, <http://www.NGS Medicare.com>; in the **About Me** drop down box, select your provider type and applicable state, click on **Next**, **accept the Attestation**. Choose the **Medical Policy & Review** tab, then choose **CERT**, the **CERT Task Force** link is located to the right of the web page.
- **Task Force Scenarios**
 - Complying with medical record documentation requirements
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CERT A/B MAC Outreach & Education Task Force

- CMS works closely with the CERT A/B MAC Task Force and the CERT DME MAC Outreach & Education Task Force
 - CMS has a web page dedicated to education developed by the CERT A/B MAC Outreach & Education Task Force
 - <http://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-Outreach-and-Education-Task-Force.html>

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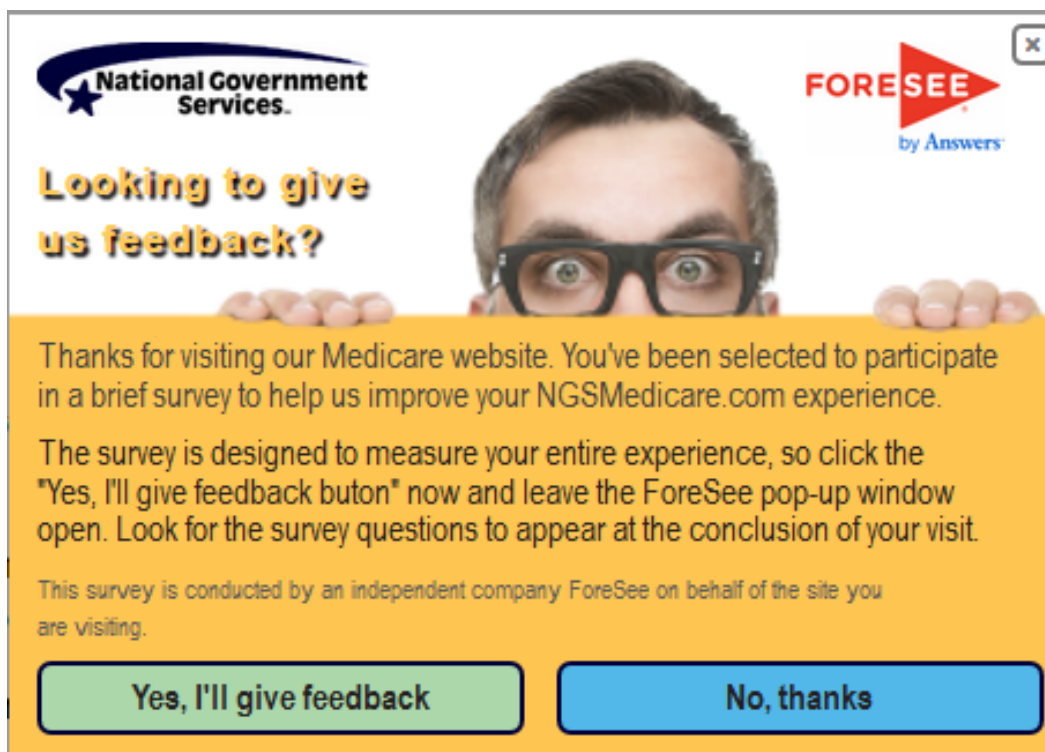
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