Certification & Recertification

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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
- Medicare HH eligibility criteria
- Certification
- Recertification
- Collaboration of supporting documentation
- Post-test
- Test answers
- Resources

Pre-Test

- True or false?
  - Certification of the patients eligibility when HH services are ordered is a condition of payment.
  - When re-certifying HH care services, the physician must document the estimated time frame he believes the patient will continue to require skilled services in their home.
  - The certification statement on the CMS-485 form is up-to-date and encompasses all five required eligibility criteria.
  - The HHA's generated medical record documentation for the patient, by itself, is sufficient in demonstrating the patient's eligibility for Medicare HH services.
  - Upon initial certification, the referring certifying physician must identify the physician who will be monitoring the patient's home care services.

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

- 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.

Certification

- 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 plan of care

Required Elements of the Certification

- The certifying physician must attest to & certify that:
  - The patient needs intermittent SN care, PT, and/or SLP services
  - The patient is confined to the home (that is, homebound)
  - A POC has been established and will be periodically reviewed by a physician
  - Services will be furnished while the individual was or is under the care of a physician
  - A FTF encounter occurred no more than 90 days prior to the SOC date or within 30 days after the start of the HH services, was related to the primary reason the patient requires HH services, and was performed by a physician or allowed NPP

Supporting Documentation Requirements

- The certifying physician and/or the acute/post-acute care facility medical record (if the patient was directly admitted to HH) for the patient must contain information that justifies the referral for Medicare HH services. This includes documentation that substantiates the patient's:
  - Need for the skilled services
  - Homebound status
- The certifying physician and/or the acute/post-acute care facility medical record (if the patient was directly admitted to HH) for the patient must contain the actual clinical note for the FTF encounter visit that demonstrates that the encounter:
  - Occurred within the required timeframe
  - Was related to the primary reason the patient requires HH services
  - Was performed by an allowed provider type

Certification

- Certification of all five eligibility criteria is a requirement for payment. Therefore:
  - Payment cannot be made for covered HH services that a HHA provides without physician certification that is obtained at time POC is established or as soon thereafter as possible
  - Certification (versus recertification) is considered to be anytime that a SOC OASIS is completed
  - Certification must be complete prior to when HHA bills. It is not acceptable for HHA to wait until end of 60 day episode to obtain certification/recertification
  - Rubber Stamp signatures are not acceptable
  - Electronic signatures are acceptable
  - When there is a narrative requirement regarding skilled oversight of unskilled care (management & evaluation nursing services), it must be located above the certification statement
  - Certification by physician must be retained by HHA

Certification

- CMS Form 485 is no longer an up-to-date or CMS endorsed document
- The Certification Statement on CMS-485 form does not encompass all five of the eligibility criteria
- Currently, there are no mandatory CMS forms for certification of the five eligibility criteria

Certification

- Per CR 9189:
  - The certifying physician must also document the date of the FTFe 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 physician's 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.

Recertification

- Recertification is required at least every 60 days
- Medicare does not limit the number of continuous episode recertifications for patients who continue to be eligible for the HH benefit
- The physician recertifying the patient's eligibility is the physician that has been monitoring the POC and providing oversight of HH Services

Recertification

- Per CR 9189 - for all medical necessity reviews, the Medicare review contractors shall:
  - Determine whether the supporting documentation addresses each of the 5 certification criteria
  - Review the certification documentation for any episode initiated with the completion of a HHA SOC assessment
    - This means that if the subject claim is for a subsequent episode of HH service, the HHA must submit all initial certification documentation as well as recertification documentation.

Recertification

- Recertification must :
  - Be obtained at the time the POC is reviewed since the same interval (at least once every 60 days) is required for the review of the plan.
    - Include an estimate of how much longer the skilled services will be required (certify the same eligibility criteria stated in the certification, with the exception of the FTF encounter)
  - Be signed & dated by the physician who reviews the POC.

Recertification

- The form of the recertification and the manner of obtaining timely recertifications are up to the individual HHA and the physician monitoring the patient's care in the community.
- The Medicare Conditions of Participation (COPs), at 42 CFR 484.55(d)(1), require that the recertification assessment be done during the last 5 days of the previous episode (days 56-60).

Collaboration of Supporting Documentation

- As per CR 9189:
  - The HHA's generated medical record documentation for the patient, by itself, is not sufficient in demonstrating the patient's eligibility for Medicare HH services.
  - It is the patient's medical record held by the referring certifying physician and/or the acute/post-acute care facility that must support the patient's eligibility for HH services.

Collaboration of Supporting Documentation

- Information from the HHA must be corroborated by other medical record entries and align with the time period in which services were rendered.
  - Information from the HHA can be incorporated into the certifying referring physician's and/or the community physician's medical record for the patient.
  - The certifying physician must review and sign any documentation incorporated into the patient's medical record that is used to support the certification.
  - If this documentation is to be used for verification of the eligibility criteria, it must be dated prior to submission of the claim.

Post-Test

- True or false?
  - Certification of the patients eligibility when HH services are ordered is a condition of payment.
  - When re-certifying HH care services, the physician must document the estimated time frame he believes the patient will continue to require skilled services in their home.
  - The certification statement on the CMS-485 form is up-to-date and encompasses all five required eligibility criteria.
  - The HHA's generated medical record documentation for the patient, by itself, is sufficient in demonstrating the patient's eligibility for Medicare HH services.
  - Upon initial certification, the referring certifying physician must identify the physician who will be monitoring the patient's home care services.

Test Answers

- Certification of the patients eligibility when HH services are ordered is a condition of payment. **TRUE**
- When re-certifying HH care services, the physician must document the estimated time frame he believes the patient will continue to require skilled services in their home. **TRUE**
- The certification statement on the CMS-485 form is up-to-date and encompasses all five required eligibility criteria. **FALSE**
- The HHA's generated medical record documentation for the patient, by itself, is sufficient in demonstrating the patient's eligibility for Medicare HH services. **FALSE**
- Upon initial certification, the referring certifying physician must identify the physician who will be monitoring the patient's home care services. **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

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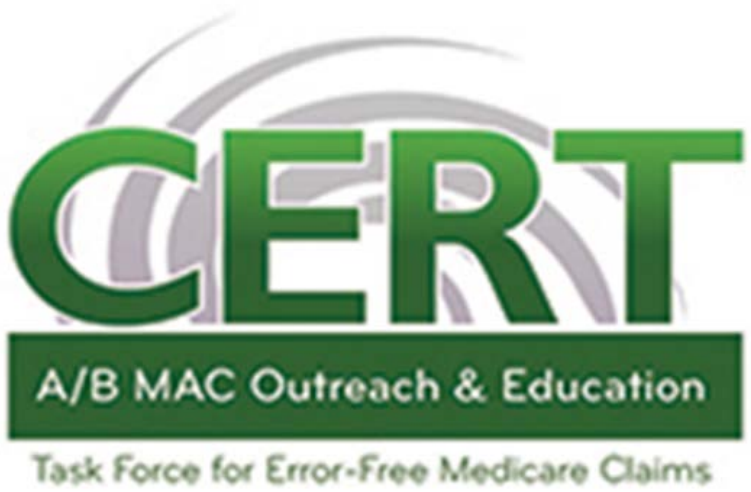

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- A joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program
- Shared goal of reducing the national improper payment rate as measured by the CERT program
- Partnership to educate 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
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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 NGSMedicare.com website provides a link to the CMS MLN Provider Compliance Fast Facts

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- 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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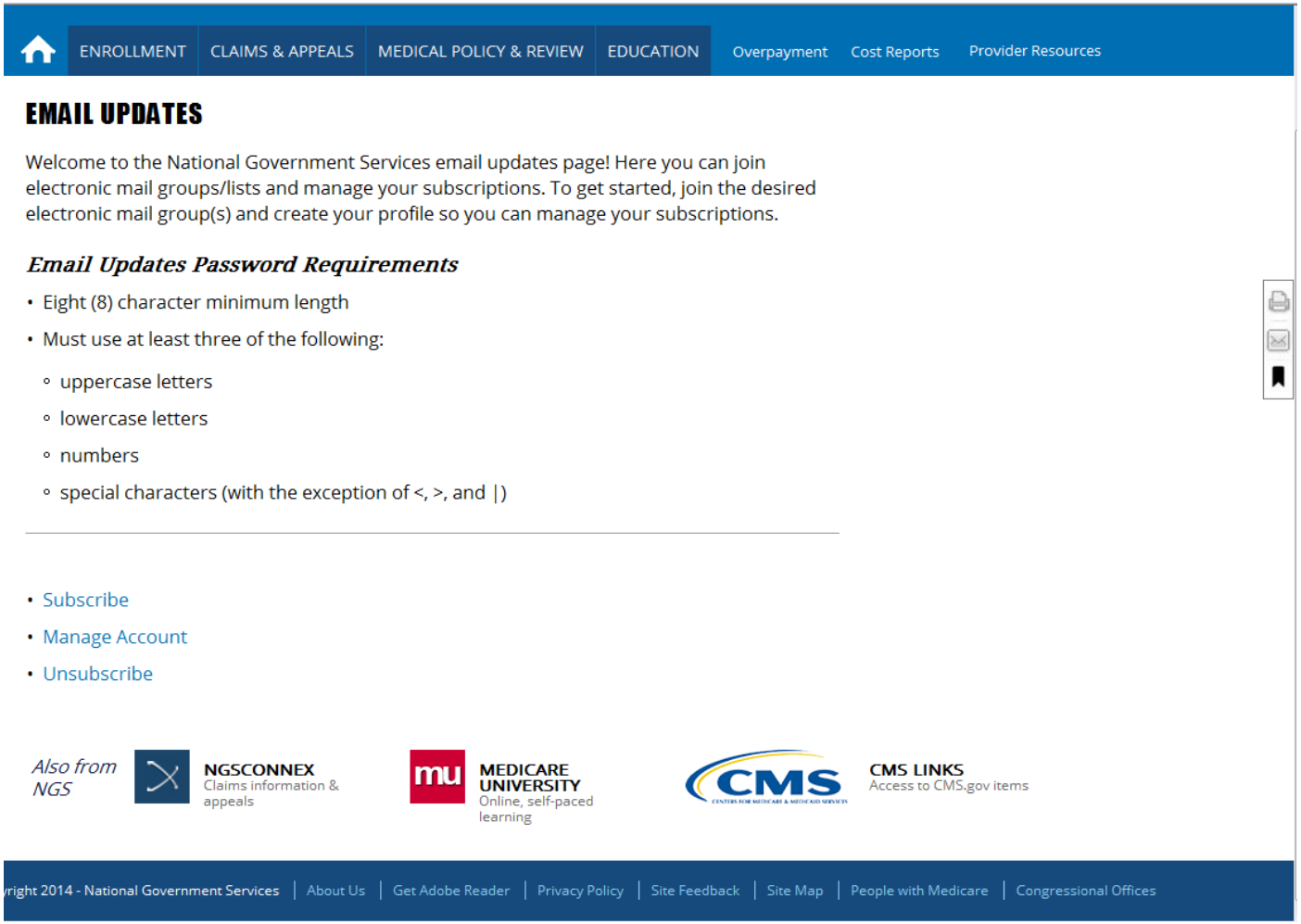

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