New England Home Care Conference & Trade Show

Shelly Bernardini RN, CPHM
National Government Services
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Today’s Presenters

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Acronyms

CFR – Code of Federal Regulations
CHF – Congestive heart failure
CMS – Centers for Medicare & Medicaid Services
COPD – Chronic obstructive pulmonary disease
ED – Emergency department
FTF – Face-to-face
HH – Home health
IOM – Internet-Only Manual
MD – Medical doctor
PECOS – Provider Enrollment, Chain & Ownership System
MU – Medicare University
NPP – Non-physician practitioner
OASIS – Outcome and assessment information set
PT – Physical therapy
ROM – Range of motion
SOB – Shortness of breath
SOC – Start of care
HHA – Home health agency
HIPPS – Health insurance prospective payment system
CHOW – Change of Ownership
Agenda/Objectives

To assist Home Health Agencies with:

- Provider enrollment
- Medicare regulations and guidelines for the Face-To-Face encounter
- NGS & website navigation to Home Health information
- Other online Medicare resources
PROVIDER
ENROLLMENT
Provider Enrollment

CMS 855A – Medicare Paper Application


**CMS 855A** usually has a 60 day application processing time
Provider Enrollment

• Internet-based Provider Enrollment, Chain & Ownership System (PECOS)
• Can be used in lieu of CMS-855 (Paper Application)

http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html

PECOS usually has a 45 day application processing time
PECOS is used to:
• Submit an initial Medicare enrollment application
• View or change enrollment information
• Track your enrollment application through the web submission process
• Add or change a reassignment of benefits
• Submit changes to existing Medicare enrollment information
• Reactivate an existing enrollment record
• Withdraw from the Medicare Program
• Submit a change of ownership (CHOW) of the Medicare-enrolled provider
Current 2014 Application Fee- $542.00

- Hardship requests must be filled out and submitted with application & will not be considered otherwise
Provider Enrollment

CMS Online Home Health Agency Center

• Three more links specific to provider enrollment
• Information on billing
• Policy information
• Manuals
• Educational resources

http://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html
FACE-TO-FACE ENCOUNTERS
The Affordable Care Act requires a certifying physician to document that either a physician (or non-physician practitioner NPP) has had a Face-To-Face encounter with patient for **all start of care episodes**.

- **Allowed Non-Physician Practitioner (NPP)**
  - Physician assistant
  - Clinical nurse specialist
  - Nurse practitioner
  - Certified nurse midwife
Certifying Physician Regulations

- The Certifying Physician (or NPP) can not have financial relationship with home health agency unless it meets one of exceptions in 42CFR411.355-42CFR411.357

- Certifying physician has to be Medicare-enrolled physician
Face-To-Face Encounter Documentation

Documentation must include clinical findings that support the need for the following eligibility requirements:

- Homebound status
- Skilled services

Reminder: The Face-To-Face Encounter is a condition for payment for patients with Medicare fee-for-service & may not be required for patients with Medicare Advantage plans.
Homebound Status-“Confined to the Home”
Definition

Change Request 8444 (Effective 11/19/13)

• 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 in order to leave their place of residence

• OR

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

*If the patient meets one of the above criteria, then he/she must ALSO meet two of the additional requirements below:

• There must exist a normal inability to leave home

• Leaving home must require a considerable and taxing effort
Timing Requirements

Face-To-Face Encounters

Timing Requirements for “in-person” encounters:

- Up to **90 days prior to** the start of care
  - If the visit was for the same diagnosis/condition that now requires home health services

- Within **30 days after** the start of care
  - For the diagnosis/condition that requires the home health services
Exception to Timing Requirement

- When the patient dies shortly after admission to home health
  - If there was a good faith effort to facilitate/coordinate the encounter
  - And all other certification requirements are met
“...Medicare allows a physician who attended to the patient in an acute or post-acute setting, but does not follow the 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 POC. The acute/post-acute physician would then “hand off” the patient’s care to his or her community based physician”
“...the physician who attended to the patient in an acute or post-acute setting (such as a hospitalist) 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”
Face-To-Face Tele-Health Regulation

• Tele-health services may be used at one of several specified authorized originating sites if the beneficiary is from a rural area where there is a health professional shortage or they reside outside of a metropolitan statistical area

**Authorized originating sites include:**

- ✓ Office of a physician or practitioner
- ✓ Hospital
- ✓ Critical access hospital
- ✓ Rural health clinic
- ✓ Federally qualified health center
- ✓ Hospital-based dialysis center
- ✓ Skilled nursing facility
- ✓ Community mental health center
Face-To-Face Documentation Requirements

• Titled as “Face-To-Face”
• Name of patient
• Date of encounter
• Clinical information to support need for skilled nursing and/or therapy services
• Clinical information to support homebound status
• Dated signature of certifying physician

Reminder: There must be **TWO (2) dates** on the form…one is the date that the encounter occurred and the other is the date that the physician signed the document. The 2 dates may be the same, or they may be different.
The Face-To-Face Encounter Document Reminders

• Must include when (actual date) the physician or NPP saw the patient on the Face-To-Face Encounter document.

• Can be a part of the certification form itself, or an addendum to the certification. *(IMPORTANT: When utilizing an addendum for the Face-To-Face Encounter, the certification and the Face-To-Face Encounter document each require a dated certifying physician signature.)*

• Requires documentation of the patients clinical condition as seen during the encounter that supports the patient’s homebound status and need for skilled services.

• Documentation of an encounter provided by a physician that occurred in an emergency room or in observation status can also be used as a Face-To-Face encounter by a community physician.
Home Health Agencies may:

- Add the title “Face-to-Face Encounter” to a document if documentation that is received from an acute or post-acute setting is not titled as such (example: Discharge Summary).
- Add the date the documentation is received from an acute or post-acute setting if the Face-to-Face encounter received is signed but the signature is not dated.

This only applies to Face-To-Face Encounter documents. Home Health Agencies are not allowed to alter the Face-to-Face documentation in any other way.
What to Avoid on the Face-To-Face Encounter Document

• Check boxes developed that do not include an area for written narrative/information that is required to support the need for the skilled services requested

• Blanket CMS statements ("leaving home is a taxing effort"). This is not a "description" of a homebound status

• Missing Dates/Signatures

• The term “see progress note” unless the progress note is
  • Signed & correctly dated by the certifying physician
  • Contains the required information about the patients homebound status
  • Contains the required information regarding the patients need for skilled nursing and/or therapy services
Example of an **Acceptable**
Face-To-Face Encounter

**FACE-TO-FACE ENCOUNTER**

**Patient name:** James Doe  
**Date of encounter:** February 19, 2013

**Face-To-Face Certification:** “I attest that I or an allowed NPP working with me had a face-to-face visit with this patient on the date above.”

**Clinical Condition:** Diagnoses: Acute Emphysema/Chronic Obstructive Pulmonary Disease. Patient has become increasingly short of breath with activity, weakness and decreasing oxygen saturation levels over the last 3 weeks resulting in her becoming wheelchair bound, requiring 2 assist for transferring, thus causing homebound status. Nursing services are needed for skilled assessment and education. Physical & Occupational Therapy evaluations are ordered.

**Certification to support the need for skilled services & homebound status:** “I certify that this patient is homebound and requires intermittent skilled nursing and/or physical/Occupation/Speech-Language Pathology services. He/she is under my care and the plan of care is periodically reviewed by a physician.”

**Dated Signature:** Electronically signed by William Smith MD on 2/22/13
Primary Care Office Visit Progress Note: (FACE-TO-FACE)-

4/2/13 James Doe visits today because of worsening bilateral knee pain. The patient has had an orthopedic evaluation for severe osteoarthritis but is not a candidate for surgery at this time due to his worsening pulmonary disease. He has been taking the prescribed non-steroidal anti-inflammatory medication without relief and continues to have difficulty with ambulation and climbing stairs. (5 steps into/out of house and 8 to bedroom) Balance is worsening and he presents today due to a fall last evening on the steps to get into the house that resulted in some minor abrasions and bruising to the right hip and knee (x-rays without fracture). Patient requires physical therapy and occupational therapy evaluations and requires an assistive device for safety with all ambulation. PT/OT to determine most appropriate device. This patient is declared homebound due to recent falls secondary to severe debilitating chronic osteoarthritis causing an unsteady gait, and need for assistive device when ambulating. Referral to ABC HH sent. Electronically signed by M. Jones MD on 4/2/13.

*Certification statement on the Plan of Care also signed by Dr. M. Jones
Example of an **Acceptable** Face-To-Face Encounter

**FACE-TO-FACE**

- I (or an allowed NPP) had a face-to-face encounter with **Jane Doe** on **March 8, 2013**.
- **Clinical information:** I am treating this patient for coronary artery disease and congestive heart failure following coronary stint placement. The patient requires rest when walking >20 feet due to severe fatigue and shortness of breath. Balance is poor-requiring use of a walker. She is homebound due to these issues. Home health nursing is needed for observation, assessment and education about new medications and physical/occupation therapy evaluations for gait training and assistive devices for activities of daily living.
- **Certification statement:** “I certify that this patient is homebound and requires intermittent skilled nursing and/or physical/Occupational Therapy. He/she is under my care and the plan of care is periodically reviewed by a physician.”
- **Date & Signature:** Electrically signed by Charles Williams MD on **March 13, 2013**
Dr. Jones,
I treated Ms. Doe in the Emergency Department of Community General Hospital on 2/28/13 after she suffered a fall in her home. She was accompanied by her daughter who states this is her second fall in <30d. X-rays of her left hip and shoulder are normal but there is significant bruising and abrasions. She is alert & oriented to person and place. Disoriented to time with short-term memory loss noted. Breath sounds clear, no cough. Abdomen soft with active bowel sounds. All pulses present. No pedal edema noted. **Patient is legally blind and requires assistance to leave home.** A PT evaluation was done as well as gait training with a cane. Patient is very hesitant to use a cane. The patient will benefit from additional gait training for safety. Need for a cane and blindness results in her being homebound. I provided a referral to ABC Home Health for continued PT. I informed the home health agency that you will be the physician approving the plan of care.
(From Dr. Williams)

Electronically signed by N. Jones MD 3/13/13
Example of an Acceptable Face-To-Face Encounter

Patient: Jane Doe
Date of encounter: January 11, 2013
The above named patient requires nursing service assessments and PT/OT evaluations because of pneumonia/COPD exacerbation resulting in increased shortness of breath, severe weakness, cough and decreased oxygen saturation levels. Diabetic patient with elevated glucose levels secondary to steroid medications will now require insulin injections & diabetic education. She is currently homebound with a new walker for her unsteady gait and requires training and education with her assistive device and insulin therapy.
Certification statement: "I attest that I had a face-to-face encounter with the above patient on the date noted above".
Electronically signed by Dr. James Smith

Received on January 15, 2013
Patient: John Smith
Date of encounter: September 4, 2013
Clinical information: Nursing services are required for this 42 year old wheelchair bound paraplegic male patient to include wound care of infected stage 4 sacral decubitus ulcer. Prescription medication for dressing change requirements provided. Dressing to be changed 3x/day.
Homebound Status: This wheelchair bound patient remains homebound
Certification statement: “I attest that I had a face-to-face encounter with the above patient on the date noted above”.

Signed electronically by A. Jones MD on 9/9/13
Example of an **Unacceptable** Face-To-Face Encounter

**Date of encounter**- January 21, 2013

**Patient name**- Jane Doe

**Clinical condition**- Pernicious anemia, chronic bronchitis. Requires nursing services for vitamin B12 injections and assessment and education about her illnesses

**Homebound status**- unable to drive

**Certification statement**- “I attest that I had a face-to-face encounter with the above patient on the date noted above”.

**Electronically signed** by N. Jacobs MD on **1/23/13**
Example of an **Unacceptable** Face-To-Face Encounter

**FACE-TO-FACE ENCOUNTER**

Date of encounter: March 28, 2013  
Patient name: Jane Doe  
Clinical condition: Diabetes, Hypertension  
Homebound status: Taxing effort to leave home  
Certification statement: “I attest that I had a face-to-face encounter with the above patient on the date noted above”.  
Electronically signature by M Davis MD on April 4, 2013
Example of an **Unacceptable** Face-to-Face Encounter

**FACE-TO-FACE ENCOUNTER**

Patient Name-Jane Doe  
Clinical Condition-total knee replacement 7/30/13  
Homebound status-requires assistance of 1 and a walker - status post total knee replacement surgery  
Electronically signed by Dr. W. Moore. 8/1/2013
Face-To-Face Corrections

• Home health agencies must ensure the Face-To-Face is completed correctly, which often times means repeatedly requesting that the certifying physician add or correct information on the Face-To-Face.

• Home health agencies **cannot** bill for their services without a completed Face-To-Face Encounter document.

**Helpful Hint:** In an effort to avoid repeated corrections to certifications and Face-To-Face Encounter documents, share all educational materials with the physicians and facilities that frequently utilize your home health agency.
A Face-To-Face encounter is required for all Home Health Agency initial episodes/start of care (SOC) claims. This includes:

- When the HH patient is hospitalized on day 60 and 61
  - When HH resumes, it will have to be billed as new SOC so new FTF is needed

- When the HH patient is hospitalized and discharged on day 60 or 61
  - If resumption of care assessment changes HIPPS code from a recertification assessment performed in last 5 days of prior episode, this must be reported as SOC assessment and FTF is needed

- When the current HH patient is recertified for another episode but is hospitalized before the first visit of this subsequent episode occurs
  - If HIPPS code on return to home care is different than HIPPS code obtained during recertification assessment in last 5 days of previous episode, then claim has to be entered as new SOC and new FTF is needed

- The HH patient’s insurance changes from Medicare Advantage to Medicare fee-for-service
  - Although patient has been receiving HH services, it is a SOC claim and FTF is needed
Late Face-To-Face Encounter

- Generate another OASIS with reported SOC date equal to first visit date after all Medicare Home Health eligibility criteria are met
  - If multiple OASIS assessments exist, use data from OASIS conducted closest to date of Medicare eligibility
  - Similar to the actions needed when a patient switches from Medicare Advantage to Medicare fee-for-service

CMS Home Health Face-To-Face Q&A Document (3/1/2013)
Question #51
• Jane D receives the **first skilled visit** from HHA on **1/1/13**. Patient has not had a recent visit with her doctor. She schedules an appointment and **sees her doctor** on **2/4/13**. This is day 35.
  - This is beyond 30-day requirement for FTF encounter

• **Determine date of eligibility:**
  - Date of encounter is day 1 (Face-To-Face) **(2/4/13)**
  - Count back 30 days….that is first day all Medicare eligibility requirements are met **(1/6/13)**
Late Face-To-Face Encounter Example Continued...

• 1/1/13-1/5/13 are Non-Covered Days
• This will require a New OASIS with SOC date of January 7 (M0030)
  • January 7 was first visit date and so is new SOC

The date the OASIS was actually generated (M0090) should be on or after the February 4 FTF encounter
  • Nurse completes new OASIS for this patient on February 7
NGS Website Navigation & Other Helpful Online Resources
http://www.NGSMedicare.com

- Start Page
- Click on the Home Health & Hospice Link (HHH)
NGS Website
Home Health & Hospice Portal

• Self-Service Center
• Latest HHH News Articles
• Latest Production Alerts
• Quick Links
• Navigation Menu
Self-Service Center

- Provides quick access to important Medicare, CMS, and National Government Services initiatives
- Do-it-yourself gateway to our products and services
- Select options such as Hot Topics, Calculators, etc., or click “View All Self-Service Tools to view all
Latest News Articles

- To review an article, click the article name
- To see more articles, click the View All link in the upper right corner of the Latest HHH News Articles area
Issue alerts are located here

- System claim edits affecting production-processing, remittance posting issues, and other production-related issues
- View all alerts by clicking the View All link

[UPDATE] Home Health Payment Totals Summary Amounts Not Matching the Home Health Totals
Detail | 08/17/2013
Provides easy access to many helpful tools…

- Contact Information
- Medical policy information
- News articles
- Training Events Calendar
Home Health Resources & Tools

(Top of Home Screen) Resources
Tools and Materials

- Claims, billing and payment information
- Coverage and documentation information
- Home Health job aids
- Self-help tools
Clinical Education

Education and Training > Policy Education: Documentation

- Capable Recipients for the Advance Beneficiary Notice
- Home Health Changes Regarding Physician Signatures
- Orders/Progress Notes Physician Signature Log
- Signature Requirements for Medical Documentation
- Submitting Electronic Medical Records
- Therapy Reassessment
Clinical Education

Education and Training > Policy Education:

Home Health Benefit

• Advance Beneficiary Notices for Home Health Agencies
• Face-to-Face Encounter Educational Quality Tool and Checklist Guide for Physicians Certifying Home Health
• Home Health Face-to-Face Encounter
• Initial Episode Clarified for Home Health Face-to-Face Encounter
http://www.MedicareUniversity.com

- Interactive online system available 24/7
- Educational opportunities available
  - Computer-based training courses
  - Teleconferences, Webinars, live seminars/face-to-face training
- Self-report attendance
Education and Training > Training Events Calendar
- Our upcoming training events can be found in our events calendar
# Events Calendar

Welcome to National Government Services Training Events Calendar. Please use the Help feature at the right for assistance using the calendar.

## Search by day, week, month, or the year

- Click the title of the event to go to the Event Details page.

## Search by keyword or location

### Display Month: Select

<table>
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<th>September 2013</th>
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### Advanced Search (New Search)

- **Start Date and Time:** Monday, September 02, 2013
- **Event Details:** Labor Day
- **Location:**

### September 1 - 30, 2013

#### Start Date and Time

<table>
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#### Event Details

**J6 Local Coverage Determination (LCD) policies**

National Government Services will be conducting Webinars to introduce Jurisdiction 5 (J6) Local Coverage Determination (LCD) policies. During these sessions we will discuss the J6 LCDs, how and why the LCDs were developed, and how they may impact providers.

**National Government Services Connex**

This Webinar provides detailed information on accessing NGSConnex and how the Web-based application will help you save time and money. We will demonstrate how to check:

- The claim status,
- Beneficiary eligibility,
- Financial data,
- Provider demographics, and
- Submit redeterminations and recodings.
Events Calendar

Registration options are found in the Event Details once the registration is open.

You will click the Register button to register for a teleconference.

You will click the URL in the Registration Information section to register for a Webinar or live event.
CMS covers 100 million people...
A great resource for beneficiaries and their families...housing information on providers, hospitals, plans & suppliers, home health agencies, coverage & home health compare!!

http://www.medicare.gov
Today’s Resources & References

http://www.NGSMedicare.com
• Face-to-Face Encounter Educational Quality Tool and Checklist Guide for Physicians Certifying Home Health
• MedLearn Matters article SE1038

www.cms.gov/Home-Health-Agency-HHA-Center
• CMS IOM Publication 100-02, *Medicare Benefit Policy Manual, Chapter 7*, Section 30.5.1.1
• CR 8444
• CMS Home Health Face-to-face Encounter Questions & Answers (3/1/13)
  • http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Downloads/Home-Health-Questions-Answers.pdf
  • http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html
What You Should Do Now…

• Share information with other staff at your facility
• Use presentation and provided references and resources for guidance
• Continue to attend educational sessions/services
• And for further questions & inquiries in New England call:

  **Provider Contact Center**
  Interactive Voice Response System: 877-567-7205
  Toll Free Number:  888-855-4356
Thank You!