



Medicare and Medicaid Home Health Services

Requirement for A Face-to-Face Encounter between the Patient and the Patient's Physician or Non-Physician Practitioner

Medicare covers home health services for individuals who are confined to their homes and in need on skilled nursing care on an intermittent basis or physical therapy, speech-language pathology, or where they have a continuing need for occupational therapy. To qualify for Medicare coverage, a patient must be under the care of a physician who certifies the need for care and that the individual is confined to his home. Being homebound is not an eligibility requirement for Medicaid.

A recent change in the law adds a new requirement to qualify for Medicare and Medicaid coverage. To encourage greater involvement of the physician in a patient's home health care services, a new law requires that the patient be seen face-to-face by the physician, or certain non-physician practitioners working with the physician, before home health services start or soon thereafter.

In many situations, these visits with the doctor would have occurred just before the start of home health care. Where that has not happened, the patient must arrange to see his/her doctor who is involved in the care that would be provided in the home. The key elements of this new law is that the patient must have the face-to-face visit within 90 days of home care starting or within 30 days of the start of care. In addition, the visit must be with the physician who is or will be caring for the patient during the home health care. Finally, the encounter must be for medical service related to the reason why home health services are needed.

The home health agency can help determine whether the patient has met the encounter requirement. The agency would need a full list of all the doctors the patient has seen in the 90 days before the start of home care. If none of those doctor visits qualify, the agency needs to know what doctor will be caring for the patient while in home care.

If the patient is being cared for by a nurse practitioner, physician's assistant, clinical nurse specialist, or certified nurse midwife, visits with these professionals may meet the requirement too.

This requirement is quite complex and in need of clarifications from Medicare and Medicaid. Here is a summary of the conditions that the new law establishes.

The provisions of the final rule require that the:

- Physician responsible for performing the initial certification (admission or start of care) document that the face-to-face occurred
- Patient encounter be related to the primary reason the patient requires home health services
- Encounter has occurred no more than 90 days prior to the home health start of care date or within 30 days of the start of the home health care
- Documentation include the date of the encounter, and an explanation of why the clinical findings of the encounter support that the patient is homebound and in need of either intermittent skilled nursing services or therapy services. (being homebound is not an eligibility requirement for Medicaid)
- Face-to-face encounters may be performed by the certifying physician or by a nurse practitioner or a clinical nurse specialist in consultation with the physician, or a physician's assistant supervised by the physician
- Documentation of the face-to-face patient encounter must be a separate and distinct section of, or an addendum to the certification, and must be clearly titled, dated and signed by the certifying physician.
- Non-physician practitioners performing the face-to-face encounter must document the clinical findings of that face-to-face patient encounter in the medical record and communicate those findings to the physician who certifies the encounter.
- Face-to-face patient encounters may occur through telehealth, but only if the telehealth encounter occurs at a Medicare approved originating site that does not include the patient's home.
- Certification of need for home health services must be obtained at the time the plan of care is established or as soon thereafter as possible and must be signed and dated by the physician who establishes the plan. (Certification is the act of signing the statement).
- Need for home health services may not be certified or recertified, and a plan of care may not be established and reviewed, by any physician who has a financial relationship that is not a Stark exception or an anti-kickback safe harbor
- A non-physician practitioner may not perform the face-to-face encounter if prohibited by anti-kickback laws.

If you have any questions about this new rule, please do not hesitate to ask the home health agency staff.