



Dear Patient:

As of January 1, 2011, Medicare established a new requirement for payment of home health services. As of May 1, 2011, Iowa Medicaid has also verified that the requirement must be followed by all patients of Medicare Certified home health care agencies. To meet this new requirement, you will need to have a face-to-face encounter with a physician, nurse practitioner, clinical nurse specialist, certified nurse midwife, or physician's assistant for a matter related to your need for home health services 90 days before your start of care or 30 days of your start of care. Not all encounters will meet this requirement. It depends on when, with whom, and why the encounter occurred.

We have prepared a summary of this new law to help you understand it better. We will help you determine if you meet the requirement and how to do so if you do not. For many patients, the requirement will be met before you were referred to home health care services. For those who do not already meet the requirement, we may not be able to admit you into care or you may be admitted with the understanding that not having the required encounter within 30 days may lead to your loss of continued care.

This is a requirement from Medicare and Medicaid, not this home health agency. You have the responsibility to meet that requirement and you may need to take steps to schedule an appointment and see the doctor or non-physician practitioner if you want Medicare or Medicaid to pay for your care. We will help you do so if you need any help.

Thank you for taking the time to understand this important new Medicare and Medicaid requirement. If you have any questions about it, just let us know.

Sincerely,

A handwritten signature in black ink that reads 'Jan M. Miller RN, BSN'. The signature is written in a cursive style.

Jan M. Miller, RN, BSN
Compliance Officer