

Care Transitions and...
Changes to Home Health: Face-to-Face Encounter Requirement
42 CFR 424.22 (a) (1)(v)

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Where did this come from?

- Patient Protection Act of 2010
- On-going effort by CMS to include physicians
 - NP/PAs cannot sign home health orders
 - Payment for care plan oversight
 - Now, “face-to-face

Where did this come from?

- CMS Proposed Rule in July 23, 2010 Federal Register: Medicare Program; Home Health Prospective Payment System Rate Update for Calendar Year 2011
- Effective January 1, 2011

FYI: To qualify for the Medicare Home Health Benefit

- 1. Beneficiary is homebound
- 2. Beneficiary is under a plan of care established and periodically reviewed by a physician (and as of January 1, 2010, registered in the PECOS system)
- 3. Beneficiary receives services from a Medicare participating HHA
- 4. Skilled Need

What does it say?

- *...prior to physician certification of the home health plan of care* the physician must document that he/she or designated non-physician practitioner has a face-to-face encounter (including telehealth) with the patient within 30 days of start of home care or within 2 weeks of initiation of care*
- The law allows contact with the NP/PA working under the supervision of the physician but does not alter the requirement that the physician sign the certification
- “certification” that they are homebound and signature for orders for care

What is the problem?

- 1. The PPACA suggested the encounter be within 6 months of a home health plan of care being established, CMS chose 30 days.
- 2. The encounter must be related to the reason the home health plan of care is being established-(almost never the case for patients being discharged from the hospital)

What is the problem?

- 3. “Physician” is PCP – not the physician or hospitalist who usually refer (60%) for home health care.
- 4. The certifying documentation must meet specific standards:
 - Clearly stating that the physician/non-physician practitioner had the encounter

What is the problem?

- 4. The certifying documentation must meet specific standards:
 - The date of the encounter
 - Descriptions on how the clinical findings of the encounter supported that the patient was *homebound and in need of intermittent skilled nursing and/or therapy services*
 - This must be a part of the practice medical record including signature and date

What is the problem?

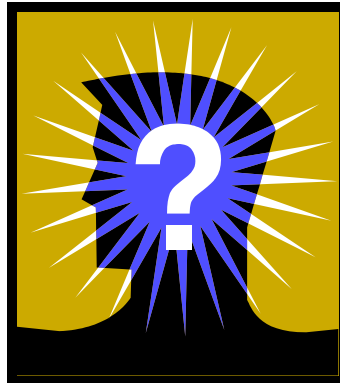
- 5. This documentation must be separate and distinct or as an addendum to the certification
- 6. Employees of the home health agency are excluded from performing the face-to-face encounter (medical director)
- 7. Our patients are frail, elderly, “homebound” by definition so getting to the PCP office within 14 days is not only difficult but contra-indicated (that is assuming the patient could even get an appointment within 14 days!)
- 8. Home health works in partnership with physicians to keep patients in the community

What is the problem?

- 9. Access issue leading to
- 10 prolonged hospitalization
- 11. diversion to institutions following care
- 12. Further complicates “transitions” to the community

What do we suggest?

- 1. Time period be made more flexible
 - Use the 6 month rule
 - Expand the 14 day window to 60 days
- 2. The hospitalist be able to conduct the face-to-face encounter – with communication to the PCP
- 3. Mitigate burden on physicians with a standardized form
- 4. Telephonic visits



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