

POLICY ON FACE TO FACE ENCOUNTER

PURPOSE:

The Affordable Care Act mandates that all patients receiving Medicare home care services must have a face to face encounter with a physician or Non-Physician Practitioner (NPP) (If the referral Physician work in collaboration with a nurse practitioner or a clinical nurse specialist, or supervise a physician's assistant.)

POLICY:

The Agency will comply with this regulation, and enforce the face-to-face encounter that can take place up to 90 days before the patient is admitted to home care services (the start of care visit). If the face-to-face encounter does not occur prior to the start of care visit it must be completed within 30 days from the date on which home care services were initiated. The face-to-face encounter and the documentation of the encounter is a requirement for reimbursement of all Medicare home health services.

PROCEDURE:

1. Distribution of the CMS Face to Face educational materials (Fact Sheets) to our patients, referral sources, discharge planners, and physicians, to help understand the regulation.
2. Use of our Patient Information letter regarding Face to Face regulation.
3. If is not possible that the referred patient comply with this regulation, bring to him/her the NON ACCEPTANCE letter.
4. If the patient was admitted into care without having the qualifying encounter within 90 days prior to the start of care, or within the 30 days following the start of care, bring to them the "Notice of Potential Liability for Charges" (within the first 21 days of services), informing them of the possible responsibility for all charges for care from the start of care until termination of care, or remind them to inform us when they have had the qualifying encounter.
5. If the patient was admitted into care without having the qualifying encounter within 90 days prior to the start of care, and after the 30 days following the start of care was not possible comply with the regulation, bring to them the "Notice of Termination of Care" informing them of the termination of our services.
7. Send to all referrals Physician and explanation letter that accompanied the "DOCUMENTATION GUIDE".
8. Encourage to all of our referrals physician comply with CMS Documentation Guide for Face to Face encounter that must comply with:
 - Made by the physician responsible for certifying home health (or non-physician practitioner as described above).
 - Related to the primary reason for which the patient requires home health services.
 - Made within 90 days prior to, or within 30 days of, the start of home health.
9. The encounter must be documented on the home health plan of care, or an addendum to that plan of care. Documentation of the certification of a face-to-face encounter must include:
 - The date of the encounter.
 - Indication that the encounter was related to the primary reason for home health.
 - An explanation of how the clinical findings of the encounter support the need for skilled nursing or therapy home health services.
 - An explanation of why the clinical findings of the encounter support that the patient is homebound.
 - The Physician signature, and date of that signature.

CMS Face-to-Face Requirement

■ A FACT SHEET FOR PATIENTS WHO WILL RECEIVE MEDICARE HOME HEALTH SERVICES (*Información para los pacientes*)

The Affordable Care Act mandates that as of January 1, 2011, all patients receiving Medicare home care services **must have a face-to-face encounter with a physician or Non-Physician Practitioner (NPP)**. *Todos los pacientes que necesiten Servicio de Salud a Domicilio, después de Enero 1, 2011, tiene que tener un encuentro directo cara a cara con su Doctor.*

- Ideally the face-to-face encounter will occur between the patient and the physician who will certify and sign the Medicare home health Plan of Treatment (POT). *Idealmente el encuentro cara a cara debe ocurrir con el doctor del paciente que va a certificar la necesidad de Home Care.*
- However, Nurse Practitioners (NP) and Clinical Nurse Specialist (CNS) in collaboration with the “certifying” physician can perform the face-to-face encounters, along with Physician Assistants (PA) who practice under the supervision of the certifying physician. *Tambien, una Enfermera Especializada, un Asistente de Doctor (PA), o Practicionista bajo la supervisión del doctor certificante, puede hacer el encuentro Cara a Cara.*
- All Non-Physician Practitioners would need to communicate their findings to the “certifying” physician prior to the signing of the POT. *Todos los doctores no practicionistas, deben comunicar lo que encuentren al Doctor Certificante.*
- Hospitalists may also perform the encounter prior to discharge while a patient resides in the hospital. However, the hospitalist would need to identify the primary physician (by name) who will be following the patient after discharge and who will sign the POT. *Los Hospitales pueden realizar el encuentro cara a cara antes de darle de alta al paciente, pero tienen que identificar el doctor primario del paciente, por nombre, que va a continuar con el cuidado del paciente y va a firmar el POT.*
- The primary physician would be expected to update the encounter information as needed if changes had occurred post hospital discharge. *Los doctores primarios pueden actualizar la información de encuentros cuantas veces como sea necesario después de alta del Hospital.*

When Must the Face-to-Face Encounter Occur?

- The face-to-face encounter can take place up to 90 days before the patient is admitted to home care services (the start of care visit). If the face-to-face encounter does not occur prior to the start of care visit it must be completed within 30 days from the date on which home care services were initiated. *El encuentro cara a cara debe ocurrir hasta 90 días antes del inicio del cuidado a domicilio (primera visita), si no fuera así, debe ocurrir dentro de los 30 días desde que comenzo el Servicio a Domicilio.*

Frequently Asked Questions

Does this apply to me?

If you are currently receiving Medicare home health services on or before January 1st then it does not. If you have never received home health services or you have been discharged from home care prior to January 1st then on or after January 1st 2011 you would need to see your doctor before or shortly after your first home care visit.

Can I receive home care services without a face-to-face encounter?

No! A face-to-face encounter is a condition of payment for all Medicare home health fee for service patients. The encounter must occur before home care services are initiated (up to 90 days before) or not more than 30 days after the first home care visit.

Can the face-to-face encounter be completed during a regularly scheduled physician office visit?

Yes, as long as the primary condition for which home care will be seeing you for is discussed with you during that visit.

Will I be charged extra for the face-to-face visit?

No, there should be no additional cost beyond what you currently pay for a normal physician visit.

- The face-to-face encounter and the documentation of the encounter is a requirement for reimbursement of all Medicare home health services. *El encuentro cara a cara y la documentación es requerido para el pago por servicios.*

Required Documentation **Documentación Requerida**

- CMS strongly encourages physicians to document the following in the patient's clinical record, signifying that the topics below were discussed with the patient during the face-to-face encounter: *Los doctores deben documentar lo siguiente:*
 - The date that the encounter took place. *Fecha del encuentro*
 - The primary condition for which home health services are needed, including the "medical necessity" that requires intermittent skilled nursing and/or skilled therapy services to be provided in the patient's home. *La condición primaria por que se necesita el Cuidado a Domicilio, y explicar la Necesidad Medica para el cuidado de enfermería/terapia.*
 - Determination of a patient's eligibility to receive Medicare home health services with their homebound status being clearly established and documented during the encounter. *Determinación de la elegibilidad para recibir cuidado a domicilio por Medicare, incluyendo por que esta confinado a su casa (homebound).*
- The home health provider/agency is required to provide documentation to CMS that the face-to-face encounter did occur and all the elements listed above were included in the encounter. *La Agencia tiene que someter la documentación a CMS de que el encuentro cara a cara ocurrió como es requerido.*
- **The verification must be placed on a separate document that will be submitted to the certifying physician on or attached to the patient's initial home health Plan of Treatment (POT).** *La verificación debe estar en un document separado y sometida al doctor certificante, o junto con el Plan de Cuidado inicial.*
- The "certifying" physician is required to "attest" in writing that a face-to-face encounter occurred and that the topics listed above were discussed with the patient on a specific date. The certifying physician would need to sign and date the additional document or section pertaining to the face-to-face encounter, as well as the POT. *El doctor certificante debe por escrito, testificar que el encuentro cara a cara ocurrió y los tópicos necesarios discutidos, y firmar el document.*
- **Please remember that no standardized language is allowed.** The law requires that the physician document the face-to-face encounter in his/her own words. *Un language generic no es permitido, el doctor debe documentar el encuentro cara a cara en sus propias palabras.*
- Non-physician practitioners performing face-to-face encounters should document the encounter in the medical record and communicate findings of the encounter to the certifying physician so that he/she can certify/sign that the required face-to-face encounter occurred. *Los doctores no practicionistas, deben documentar lo que encuentren en el cara a cara cita, y comunicarselo al doctor certificante, de forma tal que ellos puedan certificar y firmar el encuentro.*



Payment

- CMS has provided for no separate payment for a patient's face-to-face encounter in your office. Physician payment is allowed only for normal medically necessary services rendered under the fee schedule that might occur in conjunction with the face-to-face encounter. In addition there is no change to reimbursement for care plan certification/oversight. *CMS no provee pagos separado por el encuentro cara a cara, pagos a doctors es permitido solamente para necesidades medicas normales y necesarias bajo el calendario de pagos regular, no hay cambios para el reembolso de la certificación del plan de cuidado/actualizaciones.*
- CMS specifically states that physicians and non-physician providers cannot be compensated by a homecare agency for performing face-to-face encounters and all Federal STARK and Anti-Kickback laws must be observed. *Las Agencias de Cuidado de la salud, no pueden pagar a los doctors por el encuentro cara a cara.*

Face-to-Face Encounters via Telehealth *Cara a Cara encuentro para el cuidado de salud telefonico.*

- Face-to-face patient encounters may occur through telehealth, but only if the telehealth encounter occurs at a Medicare approved originating site i.e. hospitals, skilled nursing facilities etc. CMS at this time does not include the patient's home as an approved originating site. *Encuentro cara a cara para el cuidado de salud telefonico puede ser permitido, si ocurre en un lugar aprobado por Medicare: hospital, facilidad de cuidado de enfermería, etc. No puede ser la casa del paciente.*

Effective Date *Fecha Efectiva*

- Applies to all Medicare fee for service patients admitted to home health on or after January 1, 2011. Current patients who are receiving Medicare home health services on January 1st will not be required to have a face-to-face encounter. *Aplica para todo el cuidado a domicilio en Enero 1, 2011, pacientes activos antes de esa fecha estan excentos.*

There are additional updates due out from CMS on the Face to Face Encounter requirement. Find the complete CMS Final Rule online at <http://edocket.access.gpo.gov/2010/pdf/2010-27778.pdf>, note pages 57-63. *Mas información en internet a la pagina anterior.*

www.pnsystem.com
305.818.5940
SAMPLE

**PATIENT LETTER TO BE UTILIZED
WITH PATIENT FACT SHEET**

Dear Patient: _____

As of January 1, 2011, Medicare has established a new requirement for payment of home health services that you may need. To meet this new requirement, **you will need to have a face-to-face visit 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. This "special" visit with your physician can occur 90 days before you start receiving home care services or up to 30 days after the home care nurse or therapist admits you. **Not all doctor visits 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 and financial responsibility for the care provided.**

This is a requirement from Medicare, 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 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 requirement. If you have any questions about it, just let us know.

*A partir de Enero 1, 2011, Medicare estableció un nuevo requisito para pagar por el cuidado de la salud a domicilio, para cumplir con el **usted tiene que tener un encuentro cara a cara con su doctor, enfermera practicionista, o asistente de doctor, relacionado con la necesidad de sus servicios.** Esta visita especial debe ocurrir antes de 90 días de comenzar los servicios, o dentro de los primeros 30 días de haber comenzado estos. **No todas las visitas al doctor cumplen con este requerimiento, depende con quien, cuando y por que ocurrió el encuentro.***

*Le preparamos un **sumario** de la nueva ley para ayudarlo a entenderla. **Nosotros lo ayudaremos a determinar si usted cumple con este requisito o no.** Para muchos pacientes este requerimiento se cumple antes de comenzar los servicios de cuidado de salud a domicilio, si no se cumple puede que no podamos admitirlo para servicios, y si **no cumple el requisito dentro de los primeros 30 días del servicio, puede perder el cuidado que requiere, y tener responsabilidad financiera por el cuidado recibido.***

***Este es un requisito de Medicare, no de nuestra Agencia.** Usted tiene responsabilidad de cumplir con este requisito y hacer una cita con su doctor, si quiere que Medicare cumpla con los pagos por su cuidado. Si necesita ayuda para cumplir con este requisito, podemos ayudarlo.*

Gracias por ocupar su tiempo para conocer de este nuevo requisito, Si tiene alguna pregunta, por favor llámenos.

Sincerely

Agency representative & Title
Representante de la Agencia, Titulo

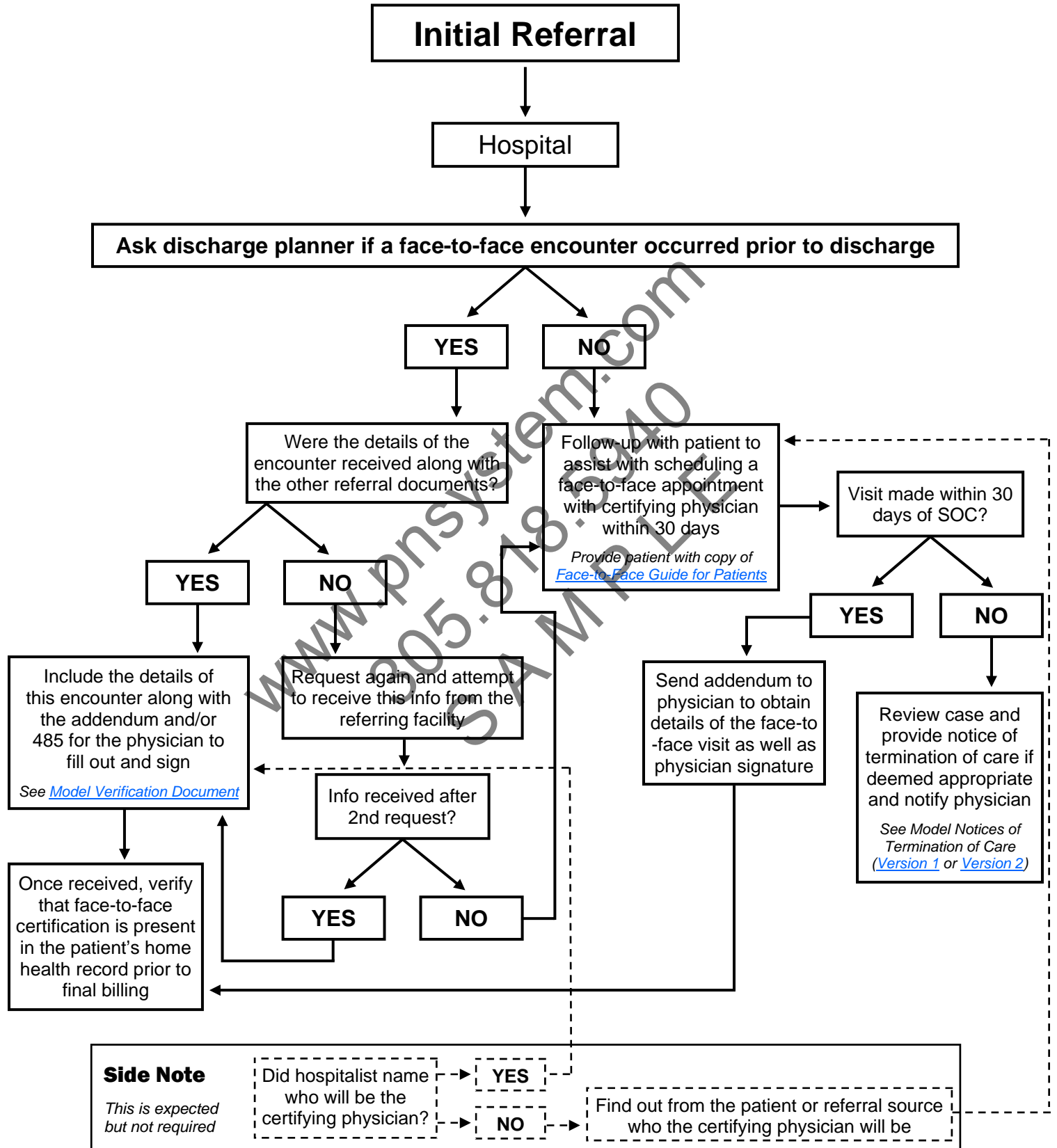
Date/Fecha

Patient Signature/*Firma del Paciente*: _____ *Date/Fecha*: _____

Original: Chart Copy: Patient

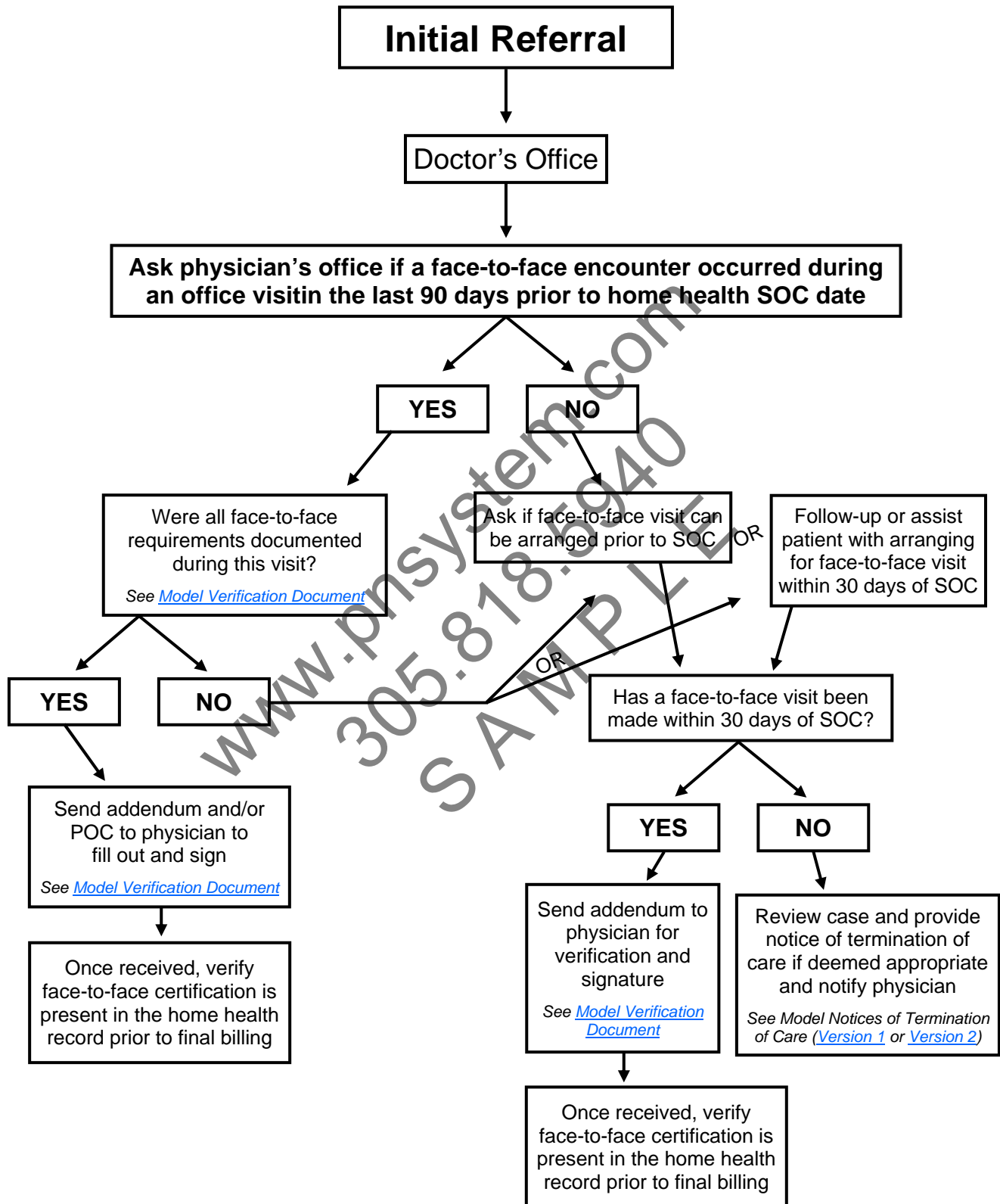
CMS Face-to-Face Requirement

■ A STEP-BY-STEP FLOWCHART AFTER RECEIVING A HOSPITAL REFERRAL



CMS Face-to-Face Requirement

■ A STEP-BY-STEP FLOWCHART AFTER RECEIVING A DOCTOR'S OFFICE REFERRAL



Face-To-Face (FTF) Encounters for Home Health Certification

Effective Date:	Required for start of care home health certifications on/after January 1, 2011.
Who – Performed by:	The certifying physician or qualified non-physician practitioner (NPP) who is not employed by or has a financial relationship with the home health agency as defined in §411.354, unless the financial relationship meets one of the exceptions set forth in §411.355 through §411.357. NPP is defined as a nurse practitioner, physician’s assistant, certified nurse midwife, or clinical nurse specialist.
When - Timeframe:	<ul style="list-style-type: none"> • FTF must occur no earlier than 90 days prior to the start of care (SOC) or within 30 days after the SOC. • If the FTF encounter occurred within 90 days of the SOC but is not related to the primary reason for home health, the NPP or certifying physician must have a FTF encounter within 30 days after the SOC.
Where - Location:	There is no requirement mandating where the FTF encounter takes place. In addition, Medicare eligible telehealth visits are allowed. See www.cms.gov/Telehealth for more information on what constitutes telehealth services under Medicare.
What - Documentation Requirements:	<ul style="list-style-type: none"> • The certifying physician must document the FTF visit took place regardless of who performed the FTF encounter. • If FTF encounter performed by NPP, must document clinical findings and provide these to the certifying physician. • Must be a separate and distinct section of, or an addendum to, the certification. • The documentation must include: <ul style="list-style-type: none"> ○ The date of the FTF encounter; and ○ Clinical findings to support that the encounter was related to the primary reason for home care, the patient is homebound, and in need of Medicare covered home health services. • Must be clearly titled, dated and signed by certifying physician. • HHAs may not formulate standard language on the certification forms related to the encounter.
Additional Information:	<ul style="list-style-type: none"> • FTF must be related to the primary reason for the home health admission.
Resources:	<ul style="list-style-type: none"> • Social Security Act, Section 1861(aa)(5): http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-aa-5 • November 2, 2010 “Home Health Prospective Payment System Rate Update for Calendar Year 2011” Final Rule, pages 296 - 330 - http://edocket.access.gpo.gov/2010/pdf/2010-27778.pdf • December 1, 2010, Home Health & Hospice Medicare A Newslines, pgs 32-35

**NOTICE OF NONACCEPTANCE
NOTICIA DE NO ACEPTACION PARA EL SERVICIO**

Patient's Name: _____
Nombre del Paciente

We, _____, are not able to accept you into our care at this time. As of January 1, 2011, Medicare requires that all Medicare patients have a face-to-face encounter with a physician or certain non-physician practitioners within 90 days prior to the start of home health care for a matter related to the patient's need for home health services. You are not eligible for Medicare payment for home health services unless there is a qualifying face-to-face encounter.

Medicare allows the patient to have the qualifying encounter within 30 days of admission into home health services. However, this organization does not accept patients into care until the encounter is established to avoid the risk that the services provided will not be paid by Medicare.

The information that we have does not establish that you have had the required face-to-face encounter. If you have information that establishes the qualifying encounter, please let us know and we can then admit you for home health services.

Please refer to the attached explanation regarding the Medicare requirement for qualifying encounters. We recognize that the Medicare requirement may cause a delay in your start of home health services and are available to assist you to meet this requirement.

Nosotros, _____ no podemos aceptarlo para servicios de cuidado de salud a domicilio en este momento, debido que a partir de Enero 1, 2011, Medicare require que todos sus pacientes tenga un cara a cara encuentro con su doctor, al menos 90 días antes de comenzar el servicio, relacionado a la necesidad del servicio. Usted no es elegible para el cuidado de la salud a domicilio a menos que cumpla con este requisito. Medicare tambien nos permite que hasta 30 días despues de comenzar el servicio el encuentro cara a cara ocurra, sin embargo nuestra Agencia no acepta pacientes hasta que el encuentro ocurra para evitar los riesgos de no pagos por Medicare.

La información que tenemos no documenta que usted a tenido el encuentro cara a cara requerido, si usted tiene documntación de que el encuentro ocurrió, favor de hacernoslo saber, y podríamos admitirlo.

Por favor lea el document adjunto, explicandole la necesidad del encuentro cara a cara. Entendemos que este Nuevo requerimiento de Medicare puede atrazar el comienzo de su servicio de cuidado de salud a domicilio, nosotros podemos asistirlo para cumplir con este requerimiento.

Agency representative & Title
Representante de la Agencia, Titulo

Date/Fecha

Patient Signature/*Firma del Paciente*: _____ *Date/Fecha*: _____

Notice of Potential Liability for Charges
Noticia de posible responsabilidad de Pagos

Patient Name: _____

Patient ID Number: _____

As of January 1, 2011, Medicare requires that all Medicare patients have a face-to-face encounter with a physician or certain non-physician practitioners within 90 days prior to or within 30 days of the initial start of home health care for a matter related to the your need for home health services. You are not eligible for Medicare payment for home health services unless there is a qualifying face-to-face encounter.

You are being admitted into care without having the qualifying encounter within 90 days prior to the start of care. If you do not have the required face-to-face encounter within the 30 days following the start of care, you will be responsible for all charges for care from the start of care until termination of care. Please inform us when you have had the qualifying encounter.

Please refer to the attached explanation regarding the Medicare requirement for qualifying encounters. We recognize that the Medicare requirement may cause you difficulties and we are available to assist you to meet this requirement.

Los servicios terminarán debido a que a partir de Enero 1, 2011, Medicare requiere que todos sus pacientes tenga un cara a cara encuentro con su doctor, al menos 90 días antes de comenzar el servicio, relacionado a la necesidad del servicio, o dentro de los primeros 30 días. Usted no es elegible para el cuidado de la salud a domicilio a menos que cumpla con este requisito.

Usted fue admitido en nuestra Agencia sin la calificación del encuentro cara a cara, Si usted no cumple con el cara a cara encuentro con su doctor, en los primeros 30 días de su servicio, usted sera responsable de los cargos por el cuidado que le estamos proveendo, desde la primera visita hasta que se termine el cuidado. Favor de avisarnos cuando usted halla tenido el encuentro requerido.

Reconocemos que este nuevo requerimiento de Medicare puede causarle problemas y estamos dispuesto a ayudarlo para cumplir con este requerimiento.

Agency representative & Title
Representante de la Agencia, Titulo

Date/Fecha

Patient Signature/Firma del Paciente: _____ Date/Fecha: _____

Original: Chart Copy: Patient

**NOTICE OF TERMINATION OF CARE
NOTICIA DE TERMINACION DEL SERVICIO**

*Note: We also need to give the Expedited Determination notice to the patient
(Le daremos la forma de Apelación)*

Patient Name (Nombre del paciente): _____

Patient ID Number (Número clinic): _____

All home health services provided by this agency will end on (effective date). _____

The services are ending because as of January 1, 2011, Medicare requires that all Medicare patients have a face-to-face encounter with a physician or certain non-physician practitioners within 90 days prior to or within 30 days of the initial start of home health care for a matter related to your need for home health services. You are not eligible for Medicare payment for home health services unless there is a qualifying face-to-face encounter.

You were admitted into care without having the qualifying encounter within 90 days prior to the start of care. The information that we have does not establish that you have had the required face-to-face encounter within the 30 days following the start of care. If you have information that establishes the qualifying encounter, please let us know and we can then continue to provide you with any needed home health services.

As you were previously informed, the failure to meet the qualifying encounter requirement for Medicare payment means that none of the home health services is covered under Medicare. That means that you are responsible for all charges for that care. You will be billed for those services by way of a separate invoice.

If you disagree with this decision, you may present your concerns to the Grievance Committee by write or call our Agency.

Please refer to the attached explanation regarding the Medicare requirement for qualifying encounters. We recognize that the Medicare requirement may cause you difficulties and we are available to assist you to meet this requirement.

Todos los servicios de cuidado de salud a domicilio terminarán en: _____

Los servicios terminarán debido a que a partir de Enero 1, 2011, Medicare require que todos sus pacientes tenga un cara a cara encuentro con su doctor, al menos 90 días antes de comenzar el servicio, relacionado a la necesidad del servicio, o dentro de los primeros 30 días. Usted no es elegible para el cuidado de la salud a domicilio a menos que cumpla con este requisito.

Usted fue admitido en nuestra Agencia sin la calificación del encuentro cara a cara, y la información que tenemos tampoco verifica que halla tenido en los primeros 30 días dicho encuentro, si usted tiene información de lo contrario, favor de suministrarnosla para poder continuar su servicio.

Como se le informó previamente, el no tener el encuentro cara a cara con su medico, hace que sus servicios de cuidado de salud a domicilio no sean cubiertos por Medicare, y usted es responsable de los pagos, se le mandara una facture separada.

Si está en desacuerdo con esta decision, puede presentar una queja por escrito o teléfono.

Vuelva a revisar el document adjunto del requerimiento del cara a cara encuentro con su doctor. Reconocemos que este Nuevo requerimiento puede causarle problemas y estamos dispuesto a ayudarlo para cumplir con este requerimiento.

Agency representative & Title
Representante de la Agencia, Titulo

Date/Fecha

Patient Signature/Firma del Paciente: _____ Date/Fecha: _____

Original: Chart Copy: Patient

**NOTICE OF TERMINATION OF CARE
NOTICIA DE TERMINACION DEL SERVICIO**

Note: We also need to give the Expedited Determination notice to the patient
(Le daremos la forma de Apelación)

Patient Name (Nombre del paciente): _____

Patient ID Number (Número clinic): _____

All home health services provided by this agency will end on (effective date): _____

The services are ending because as of January 1, 2011, Medicare requires that all Medicare patients have a face-to-face encounter with a physician or certain non-physician practitioners within 90 days prior to or within 30 days of the initial start of home health care for a matter related to the your need for home health services. You are not eligible for Medicare payment for home health services unless there is documentation that a qualifying face-to-face encounter was made by the physician certifying home health services

You were admitted into care without having the qualifying encounter within 90 days prior to the start of care. The information that we have does not establish that you have had the required face-to-face encounter within the 30 days of the start of care. If you have information that establishes the qualifying encounter, please let us know and we can then continue to provide you with any needed home health services.

As you were previously informed, the failure to meet the qualifying encounter requirement for Medicare payment means that none of the home health services is covered under Medicare. That means that you are responsible for all charges for that care. If you wish to continue to receive services, you will be responsible for all charges for care starting (date) _____

If you disagree with this decision, you may present your concerns to the Grievance Committee by write or call us.

Please refer to the attached explanation regarding the Medicare requirement for qualifying encounters. We recognize that the Medicare requirement may cause you difficulties and we are available to assist you to meet this requirement.

Todos los servicios de cuidado de salud a domicilio terminarán en: _____

Los servicios terminarán debido a que a partir de Enero 1, 2011, Medicare require que todos sus pacientes tenga un cara a cara encuentro con su doctor, al menos 90 días antes de comenzar el servicio, relacionado a la necesidad del servicio, o dentro de los primeros 30 días. Usted no es elegible para el cuidado de la salud a domicilio a menos que cumpla con este requisito.

Usted fue admitido en nuestra Agencia sin la calificación del encuentro cara a cara, y la información que tenemos tampoco verifica que halla tenido en los primeros 30 días dicho encuentro, si usted tiene información de lo contrario, favor de suministrarnosla para poder continuar su servicio.

Como se le informó previamente, el no tener el encuentro cara a cara con su medico, hace que sus servicios de cuidado de salud a domicilio no sean cubiertos por Medicare, Si usted quisiera continuar con los servicios, usted es responsable de los pagos a partir de: _____.

Si está en desacuerdo con esta decision, puede presentar una queja por escrito o teléfono.

Vuelva a revisar el document adjunto del requerimiento del cara a cara encuentro con su doctor. Reconocemos que este Nuevo requerimiento puede causarle problemas y estamos dispuesto a ayudarlo para cumplir con este requerimiento.

Agency representative & Title
Representante de la Agencia, Titulo

Date/Fecha

Patient Signature/Firma del Paciente: _____ Date/Fecha: _____

Original: Chart Copy: Patient

CMS Face-to-Face Requirement

■ A FACT SHEET FOR DISCHARGE PLANNERS

The Affordable Care Act mandates that as of January 1, 2011, all patients receiving Medicare home care services **must have a face-to-face encounter with a physician or Non-Physician Practitioner (NPP)**.

- The face-to-face visit requirement is only for those patients who are newly referred/admitted to a home health provider on or after January 1st. Patients who were in the process of receiving home health services prior to their inpatient facility stay, do not require a face-to-face encounter to establish the patient's eligibility to receive Medicare home health services.
- Ideally the face-to-face encounter will occur between the patient and the physician who will certify and sign the Medicare home health Plan of Treatment (POT).
- However, Nurse Practitioners (NP) and Clinical Nurse Specialist (CNS) in collaboration with the "certifying" physician can perform the face-to-face encounters, along with Physician Assistants (PA) who practice under the supervision of the certifying physician.
- All Non-Physician Practitioners would need to communicate their findings to the "certifying" physician prior to the signing of the POT.
- Hospitalists may also perform the encounter, prior to discharge while a patient resides in the hospital, even if a different primary physician will oversee the patient's course of home health services and certify the plan of care. However, the hospitalist would need to identify the primary physician (by name) who will be following the patient after discharge and who will sign the POT.
- The primary physician designated on the discharge plan would assume responsibility for the patient after discharge, be expected to update the encounter information as needed if changes had occurred post hospital discharge, sign the plan of care, etc.
- Whether it is the hospitalist or the primary physician ordering home care, CMS strongly encourages physicians to document the following in the patient's clinical record, signifying that the topics below were discussed with the patient during the face-to-face encounter:
 - The date that the encounter took place.
 - The primary condition for which home health services are needed (should be closely related to the reason why home health services are indicated) including the "medical necessity" that requires intermittent skilled nursing and/or skilled therapy services to be provided in the patient's home.
 - Determination of a patient's eligibility to receive Medicare home health services with their homebound status being clearly established and documented during the encounter (i.e. patient absences from the home are infrequent and for short durations, the primary reason the patient leaves the home is to receive medical care and it is a considerable and taxing effort for the patient to leave the home).

Frequently Asked Questions

Does this apply to all home care patients?

No! Just Medicare patients who are fee for service.

Can a Medicare patient receive home care services without a face-to-face encounter?

No! A face to face encounter is a condition of payment for all Medicare home health fee for service patients. The encounter must occur no more than 90 days before homecare services are initiated.

Does the face-to-face encounter need to be documented for those patients that are resuming home health services post hospital discharge?

No! The face to face encounter is a requirement for patients who are newly referred and/or admitted to a home health provider on or after January 1, 2011.

Can we use a standard form that contains the necessary information that then physician, hospitalist or non-physician practitioner can just sign?

No! The law requires that the physician or non-physician practitioner who performs the encounter needs to personally, in his/her own words, document this event.

Can a Medicare home health agency accept a referral without the face to face encounter occurring prior to facility discharge?

Yes! However, the patient must be seen by their primary physician or the non-physician practitioner, for a face to face encounter, within 30 days from the date that home health services has been initiated.

What Does the Home Health Agency Need From You?

- The home health provider/agency is required to provide documentation to CMS that the face-to-face encounter did occur and all the elements listed above were included in the encounter.
- Therefore, this information needs to be clearly communicated to the home health agency and it needs to accompany any other referral documents that you are sending to the agency.
- Non-physician practitioners performing face-to-face encounters should document the encounter in the medical record and communicate findings of the encounter to the certifying physician so that he/she can certify/sign that the required face-to-face encounter occurred.
- Hospitalists, who are performing the face-to-face encounter, should clearly indicate the name of the primary physician who will be certifying the home health POT.
- **Please remember that no standardized language is allowed.** The law requires that the physician document the face-to-face encounter in his/her own words.



When Must the Face-to-Face Encounter Occur?

- The face-to-face encounter can take place up to 90 days before the patient is admitted to home care services (the start of care visit) and this event can occur while the patient resides in the inpatient facility. The face-to-face encounter and the documentation of the encounter is a requirement for reimbursement for all Medicare home health services.

Effective Date

- Applies to all Medicare fee for service patients admitted to home health on or after January 1, 2011. Current patients who are receiving Medicare home health services on January 1st will not be required to have a face-to-face encounter.

There are additional updates due out from CMS on the Face to Face Encounter requirement. Those updates will be posted to the Home Care Association of Florida's website, located at www.homecarefla.org. Find the complete CMS Final Rule online at <http://edocket.access.gpo.gov/2010/pdf/2010-27778.pdf>, note pages 57-63.

WWW.911SYSTEM.COM
305.918.5940
S A M P L E

DISCHARGE PLANNER SOURCE LETTER

Dear _____

Since your facility refers patients for home health services, it is essential that you be made aware of a new requirement that will affect physicians that order Medicare home health services as well as the patients that they refer.

According to the Patient Protection Affordable Care Act, CMS issued a Final Regulation that goes into effect January 1, 2011. This regulation mandates that all Medicare fee for service patients referred for home health services **must have a face-to-face encounter with a physician or a Non-Physician Practitioner (NPP)**. This requirement is only for those patients who are *newly* referred/admitted to a home health provider on or after January 1, 2011. The encounter must occur no more than 90 days prior to the initiation of home care services/start of care visit. If this encounter does not occur prior to facility discharge, the home health agency may accept the referral with the understanding that the patient must be seen by their primary physician or other non-physician practitioner, for a face to face encounter, within 30 days from that date that home care services has been initiated. **Otherwise, the patient risks being financially responsible for all home care services provided to them during the ordered course of home care.**

Ideally, the face-to-face encounter will occur between the patient and the physician who will certify and sign the home health plan of treatment (POT). However, a nurse practitioner, a clinical nurse specialist or a physician's assistant, who practices under the supervision of a certifying physician, in collaboration with the certifying physician, can perform the face-to-face encounter. The Non-Physician Practitioners should document their clinical findings and communicate those findings to the certifying physician. **Only a physician may order home health services, certify that a face-to-face encounter occurred, and certify that other eligibility criteria are met (medical necessity and homebound status).**

Hospitalists may perform the face-to-face encounter, prior to discharge while the patient resides in the hospital, even if a different primary physician will oversee the patient's course of home health services and certify the plan of care. **But, the hospitalist will need to identify the primary physician (by name) who will follow the patient after discharge and sign the home health plan of treatment (POT).** The indicated primary physician will then be responsible for the patient after discharge, update the encounter information as needed if changes had occurred post discharge, sign the POT, etc.

Regardless of who documents the face-to-face encounter, the documentation must include the following:

- The date the encounter took place.
- The primary condition for which home health services are needed (should be closely related to the reason why home health services are indicated) including the "medical

necessity” for intermittent skilled nursing and/or therapy services to be provided in the patient’s home.

- Determination of a patient’s eligibility to receive Medicare home health services with their homebound status being clearly established and documented during the encounter (i.e. patient absences from the home are infrequent and for short durations, the primary reason the patient leaves the home is to receive medical care and it is a considerable and taxing effort for the patient to leave the home).
- The law requires that the physician or non-physician practitioner who performs the encounter needs to personally, in his/her own words, document the event. **No standardized language is allowed.**

Since we will be responsible for providing documentation to CMS that the face-to-face encounter did occur, the above information needs to be collected and clearly communicated along with any other referrals documents that you will be sending to our agency.

Please remember that non-physician practitioners performing face-to-face encounters should document the encounter in the medical record and communicate findings of the encounter to the certifying physician so that he/she can certify/sign that the required face-to-face encounter occurred. Hospitalists, who are performing the face-to-face encounter, should also remember to clearly indicate the name of the primary physician who will be certifying the home health POT.

We truly appreciate all your effort in helping our agency remain in compliance with these new CMS regulations as well as helping us provide quality patient care. Please feel free to contact us should you require further clarification of the above information.

Agency representative & Title
Representante de la Agencia, Titulo

Date/Fecha

Referring Source Letter

Dear _____

Since you refer patients for home health services, it's essential that you be made aware of a new requirement that will affect physicians that order, and the patients that they refer, for Medicare home health services.

In accord with the Patient Protection Affordable Care Act, CMS issued a Final Regulation that goes into effect January 1, 2011 whereby patients referred to home health agencies must have a face-to-face encounter with the physician that certifies the home health plan of care 90 days prior to, or 30 days of, the start of home health services. The primary reason for home health services must be addressed during this encounter.

Physicians that work in collaboration with a nurse practitioner or a clinical nurse specialist, or supervise a physician's assistant, the face-to-face encounter may be carried out by that non-physician practitioner who must have documented their clinical findings and communicated those findings to you. **However, only a physician may order home health services, certify that a face-to-face encounter occurred, and certify that other eligibility criteria are met (medical necessity and homebound status).**

The face-to-face encounter must be:

- Made by the physician responsible for certifying home health (or non-physician practitioner as described above)
- Related to the primary reason for which the patient requires home health services
- Made within 90 days prior to, or within 30 days of, the start of home health.

The encounter must be documented on the home health plan of care, or an addendum to that plan of care. Documentation of the certification of a face-to-face encounter must include:

- The date of the encounter
- Indication that the encounter was related to the primary reason for home health
- An explanation of how the clinical findings of the encounter support the need for skilled nursing or therapy services
- An explanation of why the clinical findings of the encounter support that the patient is homebound
- Your signature, and date of that signature

Agency representative & Title
Representante de la Agencia, Titulo

Date/Fecha

CMS Face-to-Face Requirement

■ A FACT SHEET FOR PHYSICIANS

The Affordable Care Act mandates that as of January 1, 2011, all patients receiving Medicare home care services **must have a face-to-face encounter with a physician or Non-Physician Practitioner (NPP)**.

- Ideally the face-to-face encounter will occur between the patient and the physician who will certify and sign the Medicare home health Plan of Treatment (POT).
- However, Nurse Practitioners (NP) and Clinical Nurse Specialist (CNS) in collaboration with the “certifying” physician can perform the face-to-face encounters, along with Physician Assistants (PA) who practice under the supervision of the certifying physician.
- All Non-Physician Practitioners would need to communicate their findings to the “certifying” physician prior to the signing of the POT.
- Hospitalists may also perform the encounter, prior to discharge while a patient resides in the hospital, even if a different primary physician will oversee the patient’s course of home health services and certify the plan of care. However, the hospitalist would need to identify the primary physician (by name) who will be following the patient after discharge and who will sign the POT.
- The primary physician designated on the discharge plan would assume responsibility for the patient after discharge, be expected to update the encounter information as needed if changes had occurred post hospital discharge, sign the plan of care, etc.

When Must the Face-to-Face Encounter Occur?

- The face-to-face encounter can take place up to 90 days before the patient is admitted to home care services (the start of care visit). If the face-to-face encounter does not occur prior to the start of care visit it must be completed within 30 days from the date on which home care services were initiated.
- The face-to-face encounter and the documentation of the encounter is a requirement for reimbursement of all Medicare home health services.

Required Documentation

- CMS strongly encourages physicians to document the following in the patient’s clinical record, signifying that the topics below were discussed with the patient during the face-to-face encounter:
 - The date that the encounter took place.
 - The primary condition for which home health services are needed, including the “medical necessity” that requires intermittent skilled nursing and/or skilled therapy services to be provided in the patient’s home.
 - Determination of a patient’s eligibility to receive Medicare home health services with their homebound status being clearly established and documented during the encounter.

Frequently Asked Questions

Does this apply to all my home care patients?

No! Just Medicare patients who are fee for service.

Can a Medicare patient receive home care services without a face-to-face encounter?

No! A face-to-face encounter is a condition of payment for all Medicare home health fee for service patients. The encounter must occur before home care services are initiated or not more than 30 days after.

Can the face-to-face encounter be completed during a regularly scheduled physician office visit?

Yes, as long as the primary condition for which home care services is being ordered is addressed during that visit.

Is a face-to-face encounter required for initial certifications and recertifications?

No! The face-to-face encounter is a requirement for the initial certification only.

Is there any additional reimbursement for conducting a face-to-face encounter?

Unfortunately no, CMS has stated that physician payment is only allowed for other Medically necessary services provided under the fee schedule and are rendered during a normal visit.

- The home health provider/agency is required to provide documentation to CMS that the face-to-face encounter did occur and all the elements listed above were included in the encounter.
- **The verification must be placed on a separate document that will be submitted to the certifying physician on or attached to the patient's initial home health Plan of Treatment (POT).**
- The "certifying" physician is required to "attest" in writing that a face-to-face encounter occurred and that the topics listed above were discussed with the patient on a specific date. The certifying physician would need to sign and date the additional document or section pertaining to the face-to-face encounter, as well as the POT.
- **Please remember that no standardized language is allowed.** The law requires that the physician document the face-to-face encounter in his/her own words.
- Non-physician practitioners performing face-to-face encounters should document the encounter in the medical record and communicate findings of the encounter to the certifying physician so that he/she can certify/sign that the required face-to-face encounter occurred.



Payment

- CMS has provided for no separate payment for a patient's face-to-face encounter in your office. Physician payment is allowed only for normal medically necessary services rendered under the fee schedule that might occur in conjunction with the face-to-face encounter. In addition there is no change to reimbursement for care plan certification/oversight.
- CMS specifically states that physicians and non-physician providers cannot be compensated by a home care agency for performing face-to-face encounters and all Federal STARK and Anti-Kickback laws must be observed.

Face-to-Face Encounters via Telehealth

- Face-to-face patient encounters may occur through telehealth, but only if the telehealth encounter occurs at a Medicare approved originating site i.e. hospitals, skilled nursing facilities etc. CMS at this time does not include the patient's home as an approved originating site.

Effective Date

- Applies to all Medicare fee for service patients admitted to home health on or after January 1, 2011. Current patients who are receiving Medicare home health services on January 1st will not be required to have a face-to-face encounter.

There are additional updates due out from CMS on the Face to Face Encounter requirement. Those updates will be posted to the Home Care Association of Florida's website, located at www.homecarefla.org. Find the complete CMS Final Rule online at <http://edocket.access.gpo.gov/2010/pdf/2010-27778.pdf>, note pages 57-63.

PHYSICIAN LETTER TO BE ACCOMPANIED BY THE "DOCUMENTATION GUIDE"

Dear Dr. _____

We are contacting you to inform you of a new requirement that will affect physicians that order, and the patients that they refer, for Medicare home health services.

In accord with the Patient Protection Affordable Care Act, CMS issued a Final Regulation that goes into effect January 1, 2011 whereby Medicare will pay for home health services only when a patient has had a face-to-face encounter with the physician that certifies the home health plan of care in the 90 days prior to, or 30 days of, the start of services. The primary reason for home health services must be addressed during this encounter.

If you work in collaboration with a nurse practitioner or a clinical nurse specialist, or supervise a physician's assistant, the face-to-face encounter may be carried out by that non-physician practitioner who must have documented their clinical findings and communicated those findings to you. However, only a physician may order home health services, certify that a face-to-face encounter occurred, and certify that other eligibility criteria are met (medical necessity and homebound status).

This face-to-face encounter must be:

- Made by the physician responsible for certifying home health (or non-physician practitioner as described above).
- Related to the primary reason for which the patient requires home health services.
- Made within 90 days prior to, or within 30 days of, the start of home health.

The encounter must be documented on the home health plan of care, or an addendum to that plan of care. Documentation of the certification of a face-to-face encounter must include:

- The date of the encounter.
- Indication that the encounter was related to the primary reason for home health.
- An explanation of how the clinical findings of the encounter support the need for skilled nursing or therapy services.
- An explanation of why the clinical findings of the encounter support that the patient is homebound.
- Your signature and date of that signature.

Agency representative & Title
Representante de la Agencia, Titulo

Date/Fecha

REFERRING PHYSICIAN LETTER TO BE ACCOMPANIED BY THE “DOCUMENTATION GUIDE”

Dear Dr. _____

We are writing to advise you that in accordance with the Patient Protection Affordable Care Act, CMS issued a Final Regulation that goes into effect January 1, 2011 whereby Medicare will pay for home health services only when a patient has had a face-to-face encounter with the physician that certifies the home health plan of care. The patient for whom you've ordered home health services must have a documented face-to-face encounter with you within 90 days prior to, or take place by 30 days of, the start of home health services. The primary reason for which your patient needs home health services must be addressed during the encounter.

If you work in collaboration with a nurse practitioner or a clinical nurse specialist, or supervise a physician's assistant, the face-to-face encounter may be carried out by that non-physician practitioner. These clinicians working for you must document their clinical findings and communicate those findings to you. However note, only a physician like yourself may order home health services, certify that a face-to-face encounter occurred, and certify that other eligibility criteria are met (medical necessity and homebound status). If your patient has had an office visit recently (within the last 90 days) the face-to-face encounter requirement may have already been met. The following bullet points below state what must have occurred during the office visit so that the face-to-face encounter requirement can be met.

This face-to-face encounter must be:

- Made by the physician responsible for certifying home health (or non-physician practitioner as described above).
- Related to the primary reason for which the patient requires home health services.
- Made within 90 days prior to, or within 30 days of, the start of home health.

The encounter must be documented on the home health plan of care, or an addendum to that plan of care. Documentation of the certification of a face-to-face encounter must include:

- The date of the encounter.
- Indication that the encounter was related to the primary reason for home health.
- An explanation of how the clinical findings of the encounter support the need for skilled nursing or therapy home health services.
- An explanation of why the clinical findings of the encounter support that the patient is homebound.
- Your signature, and date of that signature.

Accompanying this letter is a home health plan of care that contains the verbal orders we received and diagnosis for which the patient was referred to home health. In addition, a guide has been enclosed, if you wish to use it, which identifies all of the home health certification documentation requirements. It is important to note that this is a requirement mandated by CMS and it is a “condition or reimbursement”. We will not be reimbursed for the home care services we have provided to your patient unless you sign and verify that the “face to face encounter” has occurred. Thank you for your assistance.

Agency representative & Title
Representante de la Agencia, Titulo

Date/Fecha

www.pnsystem.com
305.818.5940
S A M P L E

