

IMPORTANT MEDICARE REQUIREMENT FOR HOME HEALTH CARE PATIENTS

In accordance with the Patient Protection Affordable Care Act, CMS issued a Final Regulation that goes into effect April 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*