



Kansas City Hospice & Palliative Care

CMS Face-to-Face Requirement

A FACT SHEET FOR INDIVIDUALS WHO WILL RECEIVE MEDICARE HOME HEALTH SERVICES

The Affordable Care Act mandates that as of January 1, 2011, all patients receiving Medicare homecare 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. 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 would be expected to update the encounter information as needed if changes had occurred post hospital discharge.

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 homecare 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 homecare 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.

Frequently Asked Questions

Does this apply to me?

If you are currently receiving Medicare home health services on or before January 1, then it does not. If you have never received home health services or you have been discharged from home care prior to January 1, then on or after January 1, 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.

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- Determination of a patient's eligibility to receive Medicare home health services with their homebound status being clearly established and documented during the encounter.
- 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 agency for performing face-to-face encounters and all Federal STARK and 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 1 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.



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