**IMPORTANT NOTICE TO PHYSICIANS:**

*Medicare Changes Physician’s Responsibilities Related to Face to Face Encounter*

**Effective January 1, 2015,** CMS has again made changes to the face-to-face documentation requirements that are part of the eligibility standards for Medicare home health services. Physicians ordering home health services need to understand that:

- **✓** Rumors that the Face-to-face encounter requirement is eliminated are not true.
- **✓** The new requirement is that documentation of the physician visit, including the patient’s clinical and functional status that supports the need for skilled services and details their homebound status must now be included in the certifying physician’s medical records.
- **✓** Home Health Agencies (HHAs) are now allowed to communicate with, and provide information to, the certifying physician that supports the patient’s homebound status and need for skilled care. This can be accomplished by the HHA using the 485/Plan of Care. However, it is required that the 485 that the HHA sends to the physician must:
  
  a. be corroborated by other medical record entries (such as the physician’s clinical notes and/or a hospital discharge summary, 
  b. be incorporated by the physician into his/her medical record (that is, the physician agrees with the home health material by signing and dating the entry).
  c. be signed, returned to the HHA.

In the event of medical review, HHAs will be expected to submit as part of their record the necessary information from the certifying physician’s medical record. To assure a complete record, HHAs will be requesting that physicians send a copy of the record for the face-to-face encounter (in the form of clinical notes, progress notes, discharge summaries, etc).

**Please Note: Medicare has informed home health of the following regulation:**

Per the regulations at 42 CFR 424.22(c), certifying physicians and acute/post-acute care facilities must provide, upon request, the medical record documentation that supports the certification of patient eligibility for the Medicare home health benefit to the home health agency, review entities, and/or CMS.

Certifying physicians who show patterns of non-compliance with this requirement, including those physicians whose records are inadequate or incomplete for this purpose, may be subject to increased reviews, such as provider-specific probe reviews.

For more information see the CMS powerpoint and documentation examples from their 12/16/14 webinar.

If you have any other questions please contact Colleen Bayard at cbayard@thinkhomecare.org

Prepared by the Home Care Alliance of Massachusetts

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