**IMPORTANT NOTICE TO ACUTE/POST-ACUTE HOSPITALS:**

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 (F2F) documentation requirements that are part of the eligibility requirements for Medicare home health services. *First, the rumors that F2F documentation is eliminated are not true.*

The new requirement is that documentation of the F2F and certification of eligibility (need for skilled services and details regarding homebound status) must be included in the certifying physician’s medical records or in the acute/post-acute care facility’s medical records when the physician certifying the need for home care is a hospitalist or other hospital based physician.

Examples provided by CMS on the December 16th provider call indicate that a **complete hospital discharge** summary that is signed and dated by the physician can now meet the F2F documentation requirement. A complete discharge summary for purposes of F2F is defined as one that: documents clearly the need for skilled services as well as the patient’s homebound status, and that reflects the physician “encounter” was related to the primary reason the patient is being referred for home health services.

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 and/or the acute/post-acute care facility's medical record. To assure a complete record, home health agencies will need upon referral, or will be requesting from the acute/post-acute care facility, a copy of the discharge summary and other clinical notes, that support the case for home health care.

In the event discharge documentation is insufficient in any one of the above areas, HHAs are - as of January 1, 2015 - allowed to communicate with and provide additional information from their patient assessment to the certifying physician at the hospital. However, CMS is requiring that what the HHA sends to the hospital based physician must: 1) be corroborated by other medical record entries (such as clinical notes or a hospital discharge summary; 2) be signed, and returned to the HHA; and 3) be incorporated by the certifying physician into the patient’s medical record (that is, the physician agrees with the HHA material by signing and dating the entry).

Please note: *The only education that CMS has provided on these changes was this PowerPoint and the above examples issues on December 16th. The home health industry is seeking clarification, especially around the requirement that home health information be incorporated into the hospital record. As information is released, this note may be updated.*

**Also 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.

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

*Provided by: The Home Care Alliance of MA, December 2014*