



COLORADO

**Department of Health Care
Policy & Financing**

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

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Health First Colorado Physicians and Home Health Providers

RE: Important info for Health First Colorado physicians who prescribe Home Health Services and Home Health Agencies: Face-to-Face Encounter Requirements for Home Health Services initiated on or after July 1, 2017

This bulletin provides guidance to Health First Colorado providers and prescribers of home health Services regarding the face-to-face encounter requirements for home health services. For home health services, physicians or certain authorized non-physician practitioners (NPP) (collectively “authorized practitioners”) must document the occurrence of a face-to-face encounter with the Medicaid-eligible beneficiary. The Centers for Medicare & Medicaid Services (CMS) published a final rule on February 2, 2016, revising the Medicaid Home Health service definition consistent with section 6407 of the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act) and section 504 of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) adding this requirement.

Requirements

1. Federally authorized practitioners include:
 - a. The ordering physician. In order to be an ordering physician, the physician must be enrolled in Health First Colorado.
 - b. The physician who cared for the patient in an acute or post-acute care facility (from which the patient was directly admitted to home health).
 - c. A Non-Physician Practitioner (NPP), which includes one of the following in a home health context:
 - (1) A nurse practitioner (NP) or clinical nurse specialist (CNS) who is working in collaboration with the ordering physician or the acute/post-acute care physician;
 - (2) A certified nurse midwife;
 - (3) A physician assistant under the supervision of the ordering physician.
2. A face-to-face encounter with a Federally authorized practitioner is required for initial orders for home health services and for all episodes initiated with the completion of a

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start-of-care OASIS assessment. A face-to-face encounter is not required at recertification of home health services.

3. The plan of care must document that a Federally authorized practitioner conducted a face-to-face encounter with the member related to the primary reason the member requires home health services. The face-to-face encounter required for initial orders must take place no more than 90 days before or 30 days after the start of home health services.

Guidelines on Specific Populations

1. Well Mom and Baby Visits: Face-to-face encounters need to be conducted for home health services that arise from well mom and baby visits. If, in the course of such a visit, an authorized practitioner determines that home health services are required to address the condition of the mother or child, such a visit could be the basis for a documented face-to-face encounter to the extent that the visit involves examining the condition of the mother or child.

2. Dual-Eligible Members: If the source of payment for the member's care has changed from Medicare to Medicaid, and a face-to-face encounter was performed at the start of home health services, a new face-to-face encounter is not required.

a. In this circumstance, the *Medicare* face-to-face documentation will meet the *Medicaid* face-to-face documentation requirement.

Guidelines for Documentation

1. The face-to-face encounter must be documented on the ordering physician's plan-of-care and must include:

a. The primary reason the patient requires home health services,

b. The date of the face-to-face encounter and

c. The identity of the practitioner (physician or NPP) who conducted the face-to-face encounter

2. The documentation needs to be sufficient to make the link between the individual's health conditions, the services ordered, an appropriate face-to-face encounter, and actual service provision.

3. The attending acute or post-acute physician or NPP can perform the face-to-face encounter. The physician (but not NPP) may also serve as the ordering physician writing the plan of care. Members discharged from a hospital to home health services



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are not required to receive a separate face-to-face encounter, as long as a physician or allowed NPP performs the face-to-face encounter in the hospital and communicates the clinical findings of the face-to-face encounter to the ordering physician in the community. This requirement is necessary to ensure that the ordering physician has sufficient information to determine the need for home health services in the absence of conducting the face-to-face encounter himself or herself.

- a. Clinical findings can be communicated in the form of clinical and progress notes and discharge summaries.
4. The clinical findings must be reflected in a written or electronic document in the member's medical record by the authorized practitioner.
5. The home health agency must maintain a copy of the face-to-face documentation.

For more information please contact Alexandra Koloskus, Home Health Policy Specialist, at Alexandra.Koloskus@state.co.us or (303) 866-5578. Thank you.

Sincerely,

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