



Roderick L. Bremby, Commissioner

Effective Date: July 1, 2017

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TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse Midwives, FQHCs, Hospitals, Behavioral Health Clinics, Rehabilitation Clinics, Medical Clinics, Access Agencies and Home Health Agencies
RE: New Face-to-Face Requirements for Initial Orders of Home Health Services

As required by federal law, effective for home health services **ordered** on or after **July 1, 2017**, a face-to-face visit and physician certification will be required for home health services that are paid under the Medicaid State Plan for HUSKY Health members (HUSKY A, B, C, and D). All home health services paid under the Medicaid State Plan as well as those provided to Medicaid waiver members must also comply with these requirements.

Home Health Face-to-Face Requirements for Initial Home Health Orders

The federal Centers for Medicare and Medicaid Services (CMS) revised the federal regulation at 42 C.F.R. § 440.70 to require that no payment for Medicaid home health services shall be made unless a face-to-face encounter with an enrolled physician or non-physician practitioner (NPP) has occurred. The CMS-approved NPPs include advanced practice registered nurses (APRN), physician assistants (PA), and certified nurse midwives (CNM) working in collaboration with an enrolled physician. CMS provided that the federal face-to-face encounter requirement applies to all **initial** orders for home health services.

The federal regulations referenced above require that this face-to-face encounter must:

- be related to the **primary reason** that the HUSKY Health member requires home health services;
- occur between the HUSKY Health member and an enrolled physician; or between the HUSKY Health member and an enrolled non-physician practitioner (NPP), defined as an APRN, PA, or CNM working in collaboration with an enrolled physician; **and**
- occur within a period that is no more than 90 days before or 30 days after, the start for all initial orders for home health services.

Notwithstanding Connecticut law that allows independent practice by certain APRNs, the Federal regulations permit an NPP to perform the face-to-face encounter, but also require the findings of that encounter **be communicated to, and signed off on, by the enrolled physician who has ordered the home health services**. Further the order for home health services must also be signed by the enrolled physician.

Home health orders for initial services that are originating from a hospital acute or post-acute discharge do not require a separate face-to-face encounter, as long as a face-to-face encounter with an appropriate physician or NPP occurred in that setting and documentation requirements, outlined below, are met.

If the source of payment for home health services changes from Medicare to Medicaid, and the face-to-face encounter was fulfilled and documented as part of the Medicare-authorized services, a new face-to-face encounter under Medicaid is not required. If requested, a copy of the documentation used to fulfill the Medicare face-to-face requirement must be made available to the department for review during a post-payment audit of home health services reimbursed under the Connecticut Medical Assistance Program (CMAP).

Home Health Face-to-Face Encounter Documentation Requirements

In order to demonstrate compliance with the face-to-face requirements described above, the ordering physician must maintain documentation, either in hard copy or electronic form, in the HUSKY Health member's medical record **and** also provide documentation to the home health agency substantiating that the face-to-face requirements have been met. The home health agency must ensure that it has received this documentation for each HUSKY Health member for whom a face-to-face visit is required. **The home health agency must also maintain the documentation, in hard copy or electronic form, in the HUSKY Health member's medical records at the home health agency.**

This documentation must, at a minimum, include all of the following:

- in the case where the face-to-face was performed by an authorized practitioner other than the physician ordering the home health service, the clinical findings of the face-to-face encounter, substantiating the need for home health services;

- the primary reason for which home health services are required;
- the date of the face-to-face encounter;
- the name, either hard copy or digital signature, and credentials of the practitioner who conducted the face-to-face encounter; and
- the dated signature of the enrolled **physician** who has prescribed the home health services if the face-to-face encounter was performed by a NPP.

Billing Questions: For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the DXC Technology Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions: Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed by DXC Technology to providers enrolled in the Connecticut Medical Assistance Program.

Responsible Unit: DSS, Division of Health Services, Medical Policy Section; Dana Robinson-Rush, Policy Consultant, (860) 424-5615.

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