

# CliniCare Flash Report

## V11 Notes – Home Health Section

11/10/16

**NEW! A new section for Home Health is being added to the bottom of all existing V11 Notes. It contains two forms: Face-to-Face Encounter and the Face-to-Face Certification Statement.**

### Situation

CMS is looking for ways to reduce fraud. Illinois and other states were chosen to participate in a CMS Home Health Pre-Claim Review demonstration project, due to the high rate of Home Health fraud. While burdensome, Advocate at Home has always collected documentation necessary to support Medical Necessity. We have done so to provide the right patient care and to protect Advocate and our physicians from allegations of fraud.

After 30 days in the demonstration project, Advocate at Home found that:

- 1) More than 25% of admissions did not meet the CMS documentation requirements – we were unable to obtain necessary documentation, even 30 days post referral.
- 2) Completing a separate Face to Face form, even the CMS form is no longer acceptable.

### Assessment

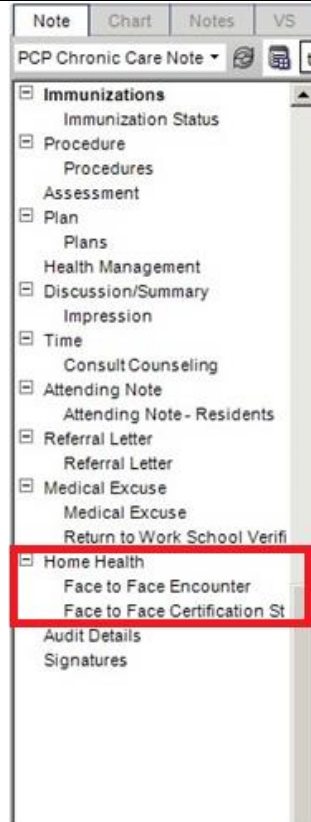
- 1) Advocate at Home, because of its size, presents a large ROI opportunity and is at greater risk of an OIG audit.
- 2) Delays in receiving CMS required documentation at the time of referral:
  - a. Affect patient safety and effective hand offs to Home Health
  - b. Prevent Advocate at Home, and other Home Health agencies, from being able to bill for service provided to patients. Based on our initial experience, we will potentially face millions of dollars in write offs if today's processes do not change.
  - c. Have already caused area Home Health agencies to close.

### New Requirements (beginning 10/3/2016)

1. Will require **Face to Face Encounter** elements be documented in the physician progress note. Separate F2F forms will not be accepted.
2. Will require the following documentation at the time of referral:
  - a) A physician order
  - b) A physician progress note written by a Physician, Resident, APN or PA documenting **all** of the required F2F encounter elements
    - i. Date of visit (within 90 day prior/30 days after Home Health start of care date)
    - ii. Documentation that patient was treated during the encounter for the primary reason for Home Health services
    - iii. Narrative documentation – why patient requires skilled home health
    - iv. Narrative documentation – why patient is homebound – 2 reasons
    - v. Physician, Resident, APN or PA signature, credentials and date
  - c) **Physician Certification Statement** signed by the physician
    - i. Name of community physician, if certifying physician is not following the patient

### Home Health Forms

There are 2 forms in the new section: The Face to Face Encounter and the Face to Face Certification Statement. They are both located at the bottom of the notes, just after the medical excuse section.

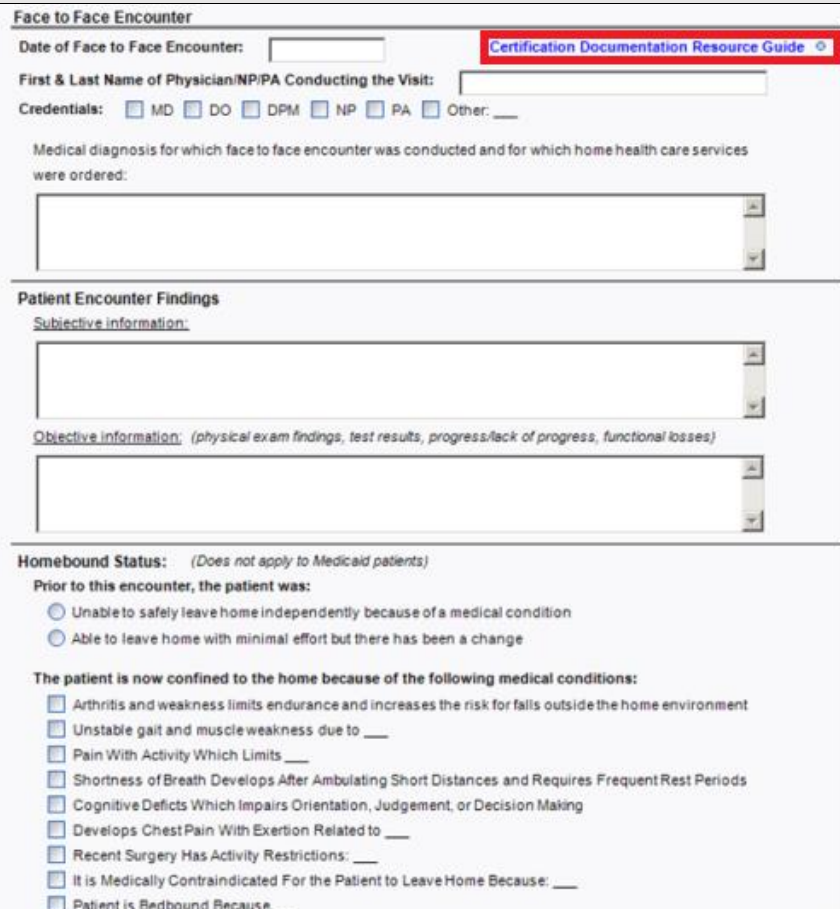


Note Chart Notes VS  
 PCP Chronic Care Note  
 Immunizations  
   Immunization Status  
 Procedure  
   Procedures  
   Assessment  
 Plan  
   Plans  
   Health Management  
 Discussion/Summary  
   Impression  
 Time  
   Consult Counseling  
 Attending Note  
   Attending Note - Residents  
 Referral Letter  
   Referral Letter  
 Medical Excuse  
   Medical Excuse  
   Return to Work School Verif  
**Home Health**  
   Face to Face Encounter  
   Face to Face Certification St  
 Audit Details  
 Signatures

### Face-to-Face Encounter

The Face-To-Face Encounter contains information specific to home health visits.

The documentation resource guide contains information related to the criteria for home healthcare. **Please see the bottom of the flash report** to view the form that displays when the radio button is clicked.



**Face to Face Encounter**  
 Date of Face to Face Encounter:  [Certification Documentation Resource Guide](#)  
 First & Last Name of Physician/NP/PA Conducting the Visit:   
 Credentials:  MD  DO  DPM  NP  PA  Other: \_\_\_\_  
 Medical diagnosis for which face to face encounter was conducted and for which home health care services were ordered:  
  
**Patient Encounter Findings**  
Subjective information:  
  
Objective information: (physical exam findings, test results, progress/lack of progress, functional losses)  
  
**Homebound Status:** (Does not apply to Medicaid patients)  
 Prior to this encounter, the patient was:  
 Unable to safely leave home independently because of a medical condition  
 Able to leave home with minimal effort but there has been a change  
 The patient is now confined to the home because of the following medical conditions:  
 Arthritis and weakness limits endurance and increases the risk for falls outside the home environment  
 Unstable gait and muscle weakness due to \_\_\_\_  
 Pain With Activity Which Limits \_\_\_\_  
 Shortness of Breath Develops After Ambulating Short Distances and Requires Frequent Rest Periods  
 Cognitive Deficits Which Impairs Orientation, Judgement, or Decision Making  
 Develops Chest Pain With Exertion Related to \_\_\_\_  
 Recent Surgery Has Activity Restrictions: \_\_\_\_  
 It is Medically Contraindicated For the Patient to Leave Home Because: \_\_\_\_  
 Patient is Bedbound Because \_\_\_\_

Because of the conditions cited above, one or more of the following types of assistance to leave home is normally required:

- Assistance of Another Person is Required for the Patient to Safely Leave the Home  
 Supportive Devices are Required to Safely Leave the Home:  Cane  Walker  Wheelchair  Crutches  
 Special Transportation is Required to Leave the House:  Ambulance  Transportation Van

**Plan:**

**This patient requires skilled nursing to:**

Teach the Patient/Caregiver to:

- Administer the Following:  IV  IM  
 SQ medication(s) that the patient/caregiver cannot safely administer \_\_\_

Provide skilled assessment and teaching of oral medications because:

- Regimen is highly complex  
 Patient is confused  
 Patient has new medications ordered  
 Patient is experiencing side effects  
 Non-adherence to medication regimen is suspected  
 Other: \_\_\_

- Administer infusion therapy that the patient/caregiver cannot safely administer

Perform skilled:  Wound Care  Catheter Care

- Ostomy Care that the patient/caregiver cannot administer or there is no caregiver available to render the care

Instruct on Disease Management: \_\_\_

Assess and provide instruction on pain management

**This Patient Requires:**

- Physical Therapy  Occupational Therapy  Speech Language Therapy  
 To assess and provide instruction on improving functional mobility at home  
 To assess and provide gait training, strengthening, and/or balance exercises to restore the patient's ability to ambulate or transfer safely  
 To teach patient and caregivers on non-pharmacologic pain reduction techniques and strategies  
 To increase strength and endurance and restore range of motion post-surgery. Surgical Procedure: \_\_\_  
 To evaluate the need for assistive/adaptive devices or environmental modifications needed to address functional deficits and improve safety in performing ADLs  
 To provide and instruct on home exercise program  
 To assess and provide instruction on managing dysphagia safely  
 To assess and provide instruction on managing aphasia and other language disorders

**This Patient Requires:**

- MSW  HHA

Describe why the patient needs these additional services:

### Face-to-Face Certification Statement

Once the encounter form has been entered, complete the certification statement.

#### Face to Face Certification Statement

**For Medicare/Medicaid Patients:**

**This section must be signed by MD, DO, or DPM**

I certify/recertify that this patient is confined to his/her home (and meets homebound criteria - Medicare only) and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy.

The patient is under my care and a plan of care has been initiated and will periodically be reviewed by a physician.

I (or an acute/post acute physician or collaborating NPP) had a Face-to-Face encounter with this patient on the following date , during which the primary reason for home health services was addressed.

I am the certifying physician and will follow the patient in the community.

I am the certifying physician, but Dr.  (First & Last Name)  MD  DO  DPM will follow the patient in the community.

Certifying Physician Signature/Credentials:   MD  DO  DPM

Date: \_\_\_\_

Physician Name: \_\_\_\_

### Certification Documentation Resource Guide

Clicking the radio button located in the top right corner of the Face-to-Face Encounter form will bring up this resource guide.


**Advocate at Home**

1.800.564.2025

### Face to Face Encounter Certification Documentation Resource Guide

#### Patient Eligibility: Confined to Home

##### Criteria 1: ONE Must Be Met

Because of illness or injury, need the aid of supportive devices such as:

- Crutches
- Canes
- Wheelchairs
- Walkers
- The use of special transportation
- The assistance of another person to leave their place of residence

Have a condition such that leaving his or her home is medically contraindicated.

##### Criteria 2: BOTH Must Be Met

There must exist a normal inability to leave home.

##### AND

Leaving home must require a considerable and taxing effort.

#### Reasons for and Types of Home Skilled Services

##### Eligibility Criteria 2

###### Cardiac

- Change/decline in status
- Changes in medication and medication management
- Skilled assessment and observation of cardiovascular status
- Teaching and training of disease process and symptom management
  - Diet, infection control, safety
  - O<sub>2</sub> use, safety, storage, re-ordering, and need for fire plan
  - Pulse oximetry PRN for S/S respiratory distress and notify physician if <... % on room air

###### Diabetic

- Change/decline in status
- Unstable blood sugars
- Changes in medication and medication management
- Skilled assessment and observation of endocrine status
- Teaching and training of disease process and symptom management
  - Diet, infection control, safety - S/S hyper/hypoglycemia
  - Blood sugar monitoring, signs and symptoms to report to physician or RN

###### GU Catheter

- Change/decline in status
- Skilled assessment and observation of genitourinary status and chronic catheter maintenance
- Teaching and training of disease process and symptom management
  - Diet and fluids, safety, infection control - signs and symptoms of UTI, perineal care
  - Medication management
- Reinsert foley every month + PRN

###### Infusion Therapy

- Lab monitoring **with** medication adjustment
- SN for skilled assessment and training for infusion therapy, line care and maintenance, symptom management, safety and infection control, instruct on signs and symptoms to report to physician or RN

###### Ostomy

- SN for assessment and observation of GI status, teaching and training of disease process and symptom management
  - Diet, infection control, safety, signs and symptoms to report to physician or RN
  - Medication management as appropriate
  - Instruct on ostomy care every 3-7 days and PRN

###### Pulmonary

- Change/decline in status
- Changes in medication and medication management
- Skilled assessment and observation of respiratory status
- Teaching and training of disease process and symptom management
  - Diet, infection control, safety
  - Pulse oximetry PRN for S/S respiratory distress and notify physician if <... % on room
  - O<sub>2</sub> use, safety, storage, re-ordering, and need for fire plan

###### Rehabilitation Services

- PT/OT skilled evaluation for rehabilitation services
  - Gait training, transfer training and stair training
  - Instruction on use of assistive devices for ambulation on all surfaces
  - Instruction on use of assistive devices for ADLs
  - Instruct and upgrade home exercise program
  - Recommend home adaptation to facilitate safety
  - Therapeutic exercises to increase strength and endurance
  - Passive and active ROM exercises for strengthening
  - Safety, pain and medication management
- ST skilled evaluation for speech, comprehension and safe swallow
  - Diet recommendations
  - Instruction on use of assistive devices for communication
  - Instruct and upgrade home exercise program

###### Wound/Post-Op Care

- SN skilled assessment and observation of skin/wound status, measure weekly
- Teaching and training of disease process and symptom management
  - Diet, medication management, safety, infection control
  - Assess for pain and teach pain management strategies
  - Perform/instruct on wound care until healed or becomes chronic
- Post-surgical wound assessment and care

10/15 MC 1535

If you have additional questions, please contact the [Clinical Informatics Department](#)