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SUBJECT Face-to-Face Encounter Requirements for Prescribing of Home Health Services Including Durable Medical Equipment and Medical Supplies		BY  Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate their MA enrollment every 5 years. Providers should log into PROMISe to check their revalidation date and submit a revalidation application at least 60 days prior. Enrollment (revalidation) applications may be found at http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994. Providers who enrolled on or before SEPTEMBER 25, 2011 must complete the revalidation process as soon as possible. DHS must complete the revalidation for all providers enrolled on or before September 25, 2011 by September 25, 2016.

PURPOSE:

The purpose of this Medical Assistance (MA) Bulletin is to inform MA Program enrolled prescribers and providers of the face-to-face requirements related to the initial prescribing of home health services, including certain durable medical equipment (DME), appliance and medical supply items, effective with dates of service on and after July 1, 2016.

SCOPE:

This bulletin applies to MA Program enrolled physicians who prescribe home health services, home health agencies (HHAs), medical suppliers and pharmacies that provide services to MA beneficiaries in the Fee-for-Service delivery system. This bulletin does not apply to MA Program enrolled physicians who prescribe home health services, HHAs, medical suppliers and pharmacies in the managed care delivery system.

BACKGROUND:

On February 2, 2016, the Centers for Medicare and Medicaid Services (CMS) issued a final rule (CMS 2348-F) that revised the Medicaid home health service definition consistent with section 6407 of the Patient Protection and Affordable Care Act of 2010 (ACA) (Pub.L. 111-148) and Section 504 of the Medicare Access and CHIP Reauthorization Act of 2015

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

(MACRA) (Pub. L. 114-10) to add requirements that, for home health services, physicians document, and for certain DME, appliance and medical supply items, physicians or certain authorized non-physician practitioners (NPPs) document the occurrence of a face-to-face encounter with the Medicaid eligible beneficiary within reasonable timeframes. NPPs are Physician Assistants (PAs), Certified Registered Nurse Practitioners (CRNPs), Certified Nurse Midwives (CNMs) and Clinical Nurse Specialists (CNSs). The final rule also aligns the timeframes for the face-to-face encounter with regulatory requirements for Medicare home health services. In addition, the final rule amended the definitions of medical supplies and DME and appliances.

The required documentation of a face-to-face encounter with a MA beneficiary applies when home health services are prescribed by a physician and initiated on or after July 1, 2016. The required documentation of a face-to-face encounter with the MA beneficiary also applies when certain DME, appliance and medical supply items are prescribed by a physician and initiated on or after July 1, 2016.

NOTE: The final rule does not revise the requirement that it is a physician that prescribes home health services, DME, appliance and medical supply items.

CMS maintains the list of DME, appliance and medical supply items subject to the face-to-face encounter requirement for the Medicare program. The items specified by CMS as subject to the regulatory requirement for the Medicare program are also subject to the Medicaid face-to-face requirement. Most items fall under the categories of beds, various pads for mattresses, gaseous and liquid oxygen systems and their oxygen contents, ventilators, respiratory assist devices, nebulizers, home blood glucose monitors, seat lift mechanisms, compression devices, ultra violet light therapy systems, nerve stimulators/devices, infusion pumps, traction equipment, wheelchairs/wheelchair accessories, automatic external defibrillator garments, and controlled dose inhalation drug delivery systems.

Practitioners, i.e., physicians and NPPs, HHAs, medical suppliers and pharmacies may view the federal implementing regulations at the following website link:
<https://www.gpo.gov/fdsys/pkg/FR-2016-02-02/pdf/2016-01585.pdf>.

The list of DME, appliance and medical supply items subject to the face-to-face encounter requirement may be viewed by accessing the following website link:
https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/DME_List_of_Specified_Covered_Items_updated_March_26_2015.pdf.

DISCUSSION:

The final rule aligns Medicaid requirements with Medicare timeframes for the face-to-face encounter for home health services and DME, appliance and medical supply items subject to the face-to-face requirement. The face-to-face encounter for home health services, DME, appliance and medical supply items may be performed by a physician or, as set forth below, certain federally authorized NPPs. CRNPs and CNMs must be working in collaboration

with the prescribing physician and CNSs and PAs must be working under the supervision of the beneficiary's physician.

Home Health Services:

Section 6407(b) of the Affordable Care Act (ACA) and implementing federal regulations require that no payment may be made by a state Medicaid Program for home health services, unless the prescribing physician documents that the physician or NPP had a face-to-face encounter with the MA beneficiary. The face-to-face encounter must be related to the primary reason the MA beneficiary requires home health services. The face-to-face encounter must occur within 90 days prior to or 30 days after the initiation of home health services, although it is expected that ordinarily the face-to-face encounter will occur prior to the start of services. The federally authorized NPPs able to perform face-to-face encounters for nursing, home health aide, physical therapy, occupational therapy, speech pathology and audiology services are: PAs, CRNPs, CNMs and CNSs.

DME, Appliance and Medical Supply Items:

Section 6407(b) of the Affordable Care Act (ACA) and implementing federal regulations require that no payment may be made by a state Medicaid Program for certain DME, appliance and medical supply items, unless a prescribing physician documents that the physician or NPP had a face-to-face encounter with the MA beneficiary. The face-to-face encounter must be related to the primary reason the MA beneficiary requires the item and occur within six months prior to services initiated. NPPs able to perform face-to-face encounters for DME, appliance, and medical supply items are: PAs, CRNPs, and CNSs. **NOTE: The federal implementing regulations do not include CNMs as authorized NPPs able to perform the required face-to-face encounters with an MA beneficiary.**

In circumstances when the physician initially prescribes the DME or appliance item subject to the requirement as a rental and then determines within six months of the date of MA beneficiary's initial face-to-face encounter that the MA beneficiary requires the item on a permanent basis, the physician must provide the medical supplier with a new prescription for the item along with supporting documentation that the face-to-face encounter occurred within six months of the date of the new prescription.

For Both Home Health Services and DME, Appliance and Medical Supply Items:

MA beneficiaries discharged from a hospital 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 a physician issues the home health services, DME, appliance or medical supply item prescription/order within six months of the date of discharge from the inpatient hospital setting. The physician must document in the hospital medical record the clinical findings and that a physician or allowed NPP had a face-to-face encounter with the MA beneficiary and communicate this information to the physician that is prescribing the home health services, the DME, appliance, and medical supply items subject to this requirement:

PROCEDURE:

In accordance with federal Medicaid Program requirements at 42 CFR § 440.70 (a)(2), a physician must prescribe home health services, DME, appliance and medical supply items.

Effective on and after July 1, 2016, for the initiation of home health services, the physician must provide supporting documentation to the HHA that the physician or NPP had a face-to-face encounter related to the primary reason the MA beneficiary requires home health services. The face-to-face encounter must occur within the 90 days before or within the 30 days after the initiation of home health services.

Effective on and after July 1, 2016, for the initiation of certain DME, appliance and medical supply items, the physician must provide supporting documentation to the pharmacy or medical supplier that the physician or applicable NPP had a face-to-face encounter with a MA beneficiary. The face-to-face encounter must occur no more than six months prior to the initiation of services.

During the face-to-face encounter, the physician or allowed NPP must evaluate the MA beneficiary for the medical condition that supports the reason and need for each covered home health services or certain DME, appliance or medical supply item prescribed.

Medical Record Documentation Requirements:

In order to assure clinical correlation between the face-to-face encounter and the associated initiation of prescribed home health services, including the DME, appliance, and medical supply items subject to this requirement:

- The physician or NPP performing the face-to-face encounter must communicate the clinical findings of that face-to-face encounter to the prescribing physician to ensure that the prescribing physician has sufficient information to determine the need for home health services;
- The clinical findings must be incorporated into a written or electronic document included in the MA beneficiary's medical record; and
- The primary reason the MA beneficiary requires the service, the date of the face-to-face encounter and the identity of the practitioner (physician or NPP), who provided the face-to-face encounter must be documented, and the entry signed and dated by the physician in the MA beneficiary's medical record within the required timeframes.

As a reminder, physicians must ensure their medical records and prescriptions are in compliance with MA Program payment regulations established in 55 Pa.Code §§1101.51 (relating to ongoing responsibilities of providers and onsite access), 1101.66 (relating to payment for rendered, prescribed services), and 1101.66a (relating to clarification of the terms "written" and "signature"—statement of policy).

Prescribing physicians, HHAs, medical suppliers and pharmacies are to continue to secure prior authorization of home health services, DME, appliance and medical supply items as required by the Department and identified on the MA Program Fee Schedule, which may be

viewed by accessing the following website link:

<http://www.dhs.pa.gov/publications/forproviders/schedules/outpatientfeeschedule/index.htm>.

The Department does not pay for telehealth services in regards to the face-to-face encounter requirements related to the prescribing of home health services and DME, appliance and medical supply items.