

interChange Provider Important Message

Attention: Ordering Physicians, Home Health Service Providers, Durable Medical Equipment (DME) Suppliers and Pharmacies

New Face-to-Face Requirements for Initial Orders of Home Health Services and Certain Durable Medical Equipment (DME) Updated as of 11/9/2017

- All red text is new for 11/9/2017

Effective for dates of service July 1, 2017 and forward, Federal law requires a face-to-face visit with an enrolled physician or applicable Centers for Medicare and Medicaid Services (CMS) approved non-physician practitioner (NPP), in addition to the prescription order for:

- All initial Home Health services paid under the Medicaid State Plan for HUSKY Health members (HUSKY A, B, C and D), as well as those provided to Medicaid Waiver members.
- Certain Durable Medical Equipment ordered for HUSKY Health Medicaid members (HUSKY A, C and D). The list of DME requiring the face-to face-encounter can be found by accessing the following Web site 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

To determine if the DME procedure code(s) found is payable under the Connecticut Medical Assistance Program (CMAP), DME providers should then access the applicable DME Fee Schedule posted on the www.ctdssmap.com Web site.

Training Materials can be found by accessing the following Web site link:

https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/Face_to_Face_Requirements_Home_Health_DME.pdf

CMS approved NPPs for Home Health and DME services include advanced practice registered nurses (APRNs), physician assistants (PAs) or certified nurse midwives

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(CNMs), for home health services only, working in collaboration with an enrolled physician. Federal law requires the following for Home Health and/or DME services as noted:

- the findings of a face-to-face encounter by an NPP be communicated to and signed off by the enrolled physician who has ordered the home health service;
- the ordering physician must maintain face to face home health documentation in the member's medical record;
- the ordering physician must provide documentation to the home health agency that the face-to-face requirements have been met;
- the ordering physician, physician assistant or APRN must maintain face to face DME documentation in the member's medical record;
- the ordering physician, physician assistant or APRN, must provide documentation to the DME provider that the face-to-face requirements have been met;
- the Home Health agency or DME provider must maintain the documentation in the member's medical record.

The face-to-face encounter must:

- be completed for initial orders for home health services related to a medical and/or behavioral health diagnoses;
- be related to the primary reason the HUSKY Health or waiver member requires applicable home health or DME services;
- occur between the applicable HUSKY Health or Waiver member and a Connecticut Medical Assistance Program (CMAP) enrolled physician or applicable CMS approved NPP;
- for home health services occur within a period:
 - no more than 90 days before or 30 days after the start of all initial home health service order(s)
- for DME services, occur within a period:

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- on or no more than 6 months before the date of the DME prescription/order;
- on or before the date of DME delivery.

To learn more about the face-to-face encounter requirements and exclusions for Home Health and DME services, providers should access the following CMAP Policy Transmittals on the www.ctdssmap.com Web site. On the Publications page, enter the appropriate criteria to locate the following provider bulletins:

- Home Health services - PB 2017-02 - New Face-to-Face Requirements for Initial Orders of Home Health Services
- DME services - PB 2017-19 - New Face-to-Face Requirements for Certain Durable Medical Equipment (DME)

Home Health Face-to-Face FAQs

1. Do you need a new face-to-face visit when the payer source of Medicare has changed to Medicaid? (Note: Medicare to Medicaid may result in a change to diagnosis and primary reason)

Response: No, as specified in PB 2017, 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.

2. Is the documentation of the initial face-to-face visit portable when the HUSKY Health member transfers to another home health agency?

Response: Yes, this documentation is portable between home health agencies and the HUSKY Health program would not require another face-to-face visit if the documentation of visit fulfills the face-to-face requirement.

3. Is there guidance on face-to-face requirements targeting physicians?

Response: All communications published related to the face-to-face requirements has included ordering practitioners as part of the audience. Additionally, language regarding the face-to-face requirements has been included in existing workshops and webinars conducted by DXC Technology and Connecticut Health Network of CT (CHNCT).

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4. Does this affect the pediatric population?

Response: The face-to-face encounter is required for all initial orders for home health services for all members regardless of age.

5. Is there a template that Home Health agencies (HHAs) should use with physicians?

Response: The Department does not require the use of a template to document that the requirements of the face-to-face have been met.

DME Face-to-Face FAQs

1. Since Medicare implemented the Face to Face rule, there are patients who wait weeks or months before the equipment can be delivered because most providers will not make the delivery until all documentation is collected. Similar delays for Medicaid recipients are possible once this requirement is implemented.

Response: This concern is dully noted, and the Department is committed to assist with ensuring that ordering practitioners understand the importance of fulfilling the face-to-face encounter requirements which includes providing the necessary documentation to the MEDS provider.

2. Under the DME Prescription Requirements, it states: *“Additionally, the prescription/order must be produced by a qualifying prescriber, who must verify that a face-to-face encounter visit took place within 6 months prior to the date of the prescription/order. The prescriber must also have documentation (as listed above under documentation requirements) of the qualifying face-to-face encounter that was conducted.”* Does this mean that on the prescription/order he must indicate that a Face-to-Face encounter took place AND give us the documentation of the Face-to-Face?

Will the documentation of the Face-to-Face suffice?

Response: No, the face-to-face encounter provided does not need to be documented on the prescription/order; however, it needs to be separately documented. In the event that the prescriber did not personally conduct the face-to-face encounter, he or she is responsible for verifying that a face-to-face encounter occurred and that the findings support the need for the DME item that he or she is ordering. The MEDS provider must obtain the face-to-face encounter documentation as well as the prescription/order and keep these on file.

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3. There is concern about nebulizers, oxygen equipment, hospital beds and other DME that is ordered to discharge a patient from the hospital. Patients need this equipment immediately and for us to collect the required documentation would delay possibly lifesaving treatments.

Response: In the circumstance of a hospital discharge, the attending practitioner can perform and document the face-to-face encounter and that information can be forwarded simultaneously with the prescription/order for the DME item. Please also refer to question and response #1 above.

4. Since only the DME provider will be affected financially if we do not have proper documentation on audit, how does CT DSS plan to education physician offices?

Response: The Department will publish a policy transmittal outlining the requirements. Information pertaining to the face-to-face requirements will be included in provider workshops hosted by DXC Technology. Additionally the Department is reaching out to the following organizations to ensure that they can communicate the face-to-face requirements and importance of compliance:

- Connecticut Medical Society
- American College of Physicians
- American Academy of Pediatrics

The Department will work to answer questions pertaining to fulfilling the requirements and maintain a repository of frequently asked questions that are not resolved by the published transmittals to the extent that FAQs are received.

5. Will this requirement affect the prior authorization process? Will providers be required to submit ALL forms for authorization for coverage, including the Face-to-Face?

Response: Yes, to the extent that the DME item that is subject to the face-to-face requirement and also requires prior authorization under CMAP, documentation of the face-to-face encounter will be required as part of the authorization process.

6. Under the Medicare program, DME providers are subjected to onerous and egregious audits with a dysfunctional appeals process. It is not unusual for a provider to wait 2 or more years to have appeals adjudicated. Please explain how the Department plans to enforce this requirement including the appeals process.

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Response: This requirement will not have a separate auditing process and instead will become part of the standard audit process conducted by the Department.

7. We expect that Medicaid will follow the guideline requiring that the F2F be performed by a physician, PA, NP, or CNS - this might cause problems as many of our customers do not currently see any of these within 6 months of their wheelchair evaluation. Is it possible to expand the clinicians who can document?
 - a. Currently, Medicaid requires an annual physical, which is hard for us to obtain without sending clients back to their doctor. This happens mostly for our clients in group homes, older children and young adults. We will have to inform caregivers & clients of this ruling either at or before the actual therapist evaluation takes place to be sure they have had a FTF or they schedule one if they have not.

Response: The list of practitioners who are authorized to perform the face-to-face encounter are explicitly written in the Code of Federal Regulations 42CFR 440.70 (f) and in the final rule. The Department does not have the authority to expand the list of practitioners.

8. How does DSS plan to review the chart notes? That might impact our concerns as well.

Response: This will follow our standard audit process.

9. Does a pharmacy which is also enrolled as a DME provider, need to comply with the face-to-face requirements when a glucometer is provided to a HUSKY member?

Response: Yes they do, if the glucometer or any other code found on the list of items which require a face-to-face is **billed under the DME benefit**. Please follow this Web site link in order to access the list which is maintained by Medicare: 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

10. Does the DME provider need to comply with the face-to-face requirements when a DME item identified on the list is being replaced?

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Response: No, the face-to-face requirement is not required when DME items are being replaced.