



MassHealth
Home Health Agency Bulletin 52
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TO: Home Health Agencies Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: Face-to-Face Encounter Requirements for Home Health Services

Background

This bulletin provides guidance to MassHealth providers of Home Health Services regarding the face-to-face encounter requirements for home health services. 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) to add requirements that, for home health services, physicians or certain authorized non-physician practitioners (NPP) (collectively “authorized practitioners”) document the occurrence of a face-to-face encounter with the Medicaid-eligible beneficiary. See 42 CFR 440.70.

General Guidelines

1. A face-to-face encounter is required for initial orders for home health services and for all episodes initiated with the completion of a start-of-care OASIS assessment. A face-to-face encounter is not required at recertification of home health services.
2. The plan of care must document that the authorized practitioner conducted a face-to-face encounter with the member related to the primary reason the member requires home health services and that such face-to-face encounters take place no more than 90 days before or 30 days after the start of home health services.
3. Authorized practitioners include
 - a. The ordering physician. In order to be an ordering physician, the physician must be enrolled in MassHealth.
 - 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. The NPP, which includes one of the following in a home health context:
 - (1) A nurse practitioner or clinical nurse specialist 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 ordering physician.

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.

Guidelines for Documentation

1. The face-to-face encounter must be documented on the physician's plan-of-care.
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 ordering physician must document that the face-to-face encounter is related to the primary reason the patient requires home health services and that the encounter occurred within the required timeframes prior to the start of home health services. The ordering physician must indicate which practitioner conducted the encounter and the date of the encounter.
4. 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. If the plan of care is not being drafted by the attending acute or post-acute physician, the physician or NPP is required to communicate the clinical findings of the face-to-face encounter to the ordering physician. 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.
5. The clinical findings must be reflected in a written or electronic document in the member's medical record by the authorized practitioner.
6. The home health agency must maintain a copy of the face-to-face documentation.

Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

