

PROVIDER BULLETIN

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Home Health Services

- Home Health Services
- Home Health Face-to-Face Requirements
- Home Health Face-to-Face Documentation Requirements
- Telehealth

Effective for Home Health Program services ordered on or after April 1, 2019, the following federal regulatory changes will be implemented in accordance with revisions to 42 CFR 440.70.

HOME HEALTH SERVICES

Home health services must be ordered by a MO HealthNet enrolled physician as part of a written plan of care that the ordering physician reviews every 60 days.

Home health services may be provided in an individual's residence and in any setting in which normal life activities take place other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities or any setting in which payment is or could be made under MO HealthNet for inpatient services.

Home health aide services and supplies are not contingent upon the participant receiving skilled nursing or skilled therapy services.

HOME HEALTH FACE-TO-FACE REQUIREMENTS

Home Health Program services are covered only if a face-to-face encounter occurs with the participant that meets the requirements of 42 CFR 440.70. The face-to-face encounter must:

- Be related to the primary reason that the participant requires home health services;
- Occur between the participant and the ordering physician or one of the following non-physician practitioners (NPP):
 - Nurse practitioner or clinical nurse specialist working in collaboration with the ordering physician and in accordance with state law
 - Certified nurse midwife
 - Physician Assistant under the supervision of the ordering physician

- Attending acute or post-acute physician if the participant is admitted to home health services immediately after an acute or post-acute stay; and
- Occur within a period that is no more than 90 days before or 30 days after the start of care for home health services.

If an allowed NPP performs the face-to-face encounter, the clinical findings of that face-to-face encounter must be communicated to the enrolled ordering physician.

HOME HEALTH FACE-TO-FACE DOCUMENTATION REQUIREMENTS

The Home Health Agency must obtain documentation substantiating that the face-to-face requirements have been met. This documentation may be maintained in either hard copy or electronic form in the HHA participant's medical record. The documentation must include the following:

- 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; and
- The name and credentials of the practitioner who conducted the encounter.

The home health agency must ensure that it has received this documentation for each participant for whom a face-to-face visit is required. The home health agency must maintain the documentation, in hard copy or electronic form, in the participant's medical record at the home health agency.

Documentation substantiating the need for home health services will be based on initial orders from the ordering physician's medical record and/or the acute/post-acute care facility's medical records. Home health agency documentation may be used to support the need for home health and must be signed off on by the ordering physician and incorporated into the medical record.

TELEHEALTH

The face-to-face encounter may occur through telehealth, as allowed by State law.

APPLICABILITY

These requirements apply to services provided to MO HealthNet Managed Care members. Home Health providers should contact the member's MO HealthNet Managed Care organization for any questions regarding home health services.

Provider Bulletins are available on the MO HealthNet Division (MHD) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

**Provider Communications Hotline
573-751-2896**