



HHCCN

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Purpose:

HHCCN is used to notify Traditional Medicare beneficiaries receiving home health care benefits of plan of care changes that are being decreased and not envisioned in the plan of care. Home health agencies must provide the HHCCN whenever they reduce or terminate a beneficiary's home health services due to physician/provider orders or limitations of the HHA in providing the specific service. Notification is required for covered and non-covered services listed in the plan of care (POC).

NOTE: Submit completed form by [HCHB Photo Submission](#).

Regulation: Chapter 30 Section 60

Policy: NA

Education :

[HHCCN Power Point](#) 

Video:

Video is available for this article online.

Process:

1. HHAs may be required to provide an HHCCN to an Original Medicare beneficiary at two points in time, for reasons not related to Medicare coverage called "triggering events":
2. Patient must have a copy of the signed form and there must be a copy added to the patients medical record at the branch- submit to office via photo process so form can be added to medical records.
3. A. Reductions

1. Reductions involve any decrease in items and/or services, such as frequency, amount, or level of care, provided by the HHA. When care that is listed on the POC or provided by the HHA is reduced, the beneficiary must receive the HHCCN listing the items/services being reduced and the reason for the reduction, regardless of who is responsible for paying for that service.

When a reduction occurs because the HHA decides to stop providing the service for administrative reasons or because of a physician's order, the HHCCN must be issued.

1. Example 1 - Reduction for HHA reasons: Because of a temporary staffing shortage, an HHA reduces daily physical therapy (PT) to PT 3 times weekly for 2 weeks. The HHCCN must be issued to the beneficiary prior to this care reduction that is due to an agency administration issue.
2. Example 2 - Reduction based on physician's orders: The beneficiary met PT goals sooner than expected, and the attending physician writes an order to discontinue home PT. Physical therapy services are discontinued with no change in existing skilled nursing orders. The HHCCN must be issued to the beneficiary prior to this care reduction that is a change to the existing POC because of a physician's order. Reductions include cases, such as this, where one type of care ends, but the beneficiary continues to receive another type of home health service.

An ABN is issued (and not the HHCCN) if a reduction occurs for an item or service that will no longer be covered by Medicare but the beneficiary wants to continue to receive the care and assume the financial charges.

2. Terminations

1. A termination is the cessation of all services provided by the HHA and can include Medicare covered and non-covered care. When all home health care is ending for reasons not related to Medicare coverage, the HHA issues the HHCCN with information appropriate to the specific situation.
 1. Example 1 - care termination due to agency reasons (such as staffing, closure of the HHA, concerns for staff safety), not related to Medicare coverage.
 1. An HHA decides to stop providing care because guard dogs at the home where the care is being furnished have posed safety issues for staff. Because termination is due to an HHA administrative decision, the HHCCN must be given to the beneficiary prior to discontinuation of services.
 2. Example 2 - care termination due to agency reasons (failure to meet face to face encounter requirement) An HHA has initiated care for a beneficiary, and the beneficiary has not yet had the required face to face encounter with the certifying physician or an allowed non-physician practitioner (NPP). The HHA believes that the face to face encounter requirement will not be met in the allowed time frame and decides to stop providing care. This termination is due to an HHA administrative decision; thus, the HHCCN must be given to the beneficiary prior to discontinuation of services. Issuing the HHCCN does not affect financial liability but serves as a written change of care notice as required by the HHA COPs.
 3. Example 3 - care termination due to a physician's orders to discontinue care or a lack of orders to continue care A physician orders discontinuation of all home health services or fails to order continued home health services. The Notice of Medicare Provider Non-Coverage (NOMNC), must be issued to the beneficiary when all Medicare covered services are ending based on the physician's orders. Since the NOMNC provides written



notification of the forthcoming termination of all home health care, it satisfies the regulatory requirement for change of care advisement (HHCCN issuance). Thus, when the NOMNC is issued as required, the HHA doesn't have to issue a separate HHCCN. When home health services end because of physician's orders, HHAs have the option of issuing the NOMNC alone or both the NOMNC and the HHCCN.

