

Eli's Hospice Insider

Illustrate Your Face-to-Face Rule Comments with Case Examples

The **Centers for Medicare & Medicaid Services'** proposed face-to-face encounter rule stirs up a wide range of questions and concerns. And hospice providers gave voice to them during listening sessions conducted by the **National Hospice and Palliative Care Association**.

Over 750 hospice locations dialed in to three calls during late July and early August, says **Judi Lund Person, MPH**, vice president, regulatory and state leadership with NHPCO in Alexandria, VA. They shared eight main areas of concern.

1. How will the new face-to-face encounter attestation and certification mesh with the existing documentation? Can the visit documentation and brief narrative be combined?
2. Will the new face-to-face encounter be a billable visit? Is there something in the regulations that says it can never be billed? If the physician or nurse practitioner conducting the visit is also providing necessary medical care, can the face-to-face visit be combined with this billable visit? If the face-to-face visit isn't billable, how does the physician or nurse practitioner get paid?
3. How can providers make the visits work within the 15 day time-frame? Is it possible that this could be extended to 21 or 30 days?
4. How can rural hospices logistically manage these visits? With one medical director and a service area that reaches hundreds of miles in all directions, how can we fit these visits in?
5. How can we use nurse practitioners to do these visits? If the NP is providing symptom management during the visit, will it be billable?
6. Is it possible for us to use physician assistants to conduct these visits?
7. Why can home health agencies use telemedicine to conduct similar visits while hospice isn't given this option? Is it possible for rural hospices to use skype to conduct the face-to-face encounters?
8. How do we track the 180 days of hospice service? Will it be based on benefit periods or actual days on service? How will hospice providers be able to track previous benefit periods provided by other hospices?

Share your thoughts: The listening sessions brought up a variety of concerns that only those in the field could have shared, Person says. Sending in comments to CMS is vital in making these concerns known. And sharing case examples that illustrate specifically how this new requirement will affect you and your patients is important, she says

The deadline for submitting comments is Sept. 14. You can submit comments online here: <http://www.regulations.gov/search/Regs/home.html#documentDetail?R=0900006480b1fe27>