

## Eli's Hospice Insider

### Regulations: Don't Waste Your Face To Face Encounter Delay Time

**Just because CMS postponed enforcement doesn't mean you get a free pass.**

Working the kinks out of your face to face encounter processes is going to take a while, so you'd better get started before your Medicare payment is at stake.

Back in December, the **Centers for Medicare & Medicaid Services** gave contractors instructions to delay enforcement of the FFE requirement for both home health agencies and hospices until April 1. Regional home health intermediary **Cahaba GBA** notified providers of the delay in late December, and **NHIC** and **Palmetto GBA** followed with provider announcements early this year.

The delay was "good news" for agencies, since they "definitely need more time to get processes in place to comply with the new requirements," observes consultant **Aaron Little** with **BKD** in Springfield, Mo. "Most of the feedback we've received so far is that of a sigh of relief for the delayed enforcement, because additional time is needed."

Hospices are taking a variety of approaches to FFE compliance in light of the delay. Some agencies are moving full steam ahead with their FFE processes, some are testing out the new requirement, and some are taking a wait-and-see attitude altogether.

The latter is a mistake, warns Chicago-based regulatory consultant **Rebecca Friedman Zuber**. "This is not a delay in implementation, it is a suspension of enforcement," Zuber stresses. "I am advising providers that they must move ahead with implementation."

In other words: Agencies are still required to implement the FFE requirement, Zuber tells **Eli**. "They just have time to build up the compliance of the physicians before CMS starts to deny claims."

"The rule is still in effect," agrees the **National Association for Home Care & Hospice**. "This threemonth enforcement reprieve provides an opportunity to test every aspect of the rule's operation."

Best: Use this time as a "dry run" to iron out the FFE wrinkles before the payment stakes get high. This opportunity "is our best way to see if the rule can work without harming innocent beneficiaries and how it can work best," NAHC says. "But there will be no experience to rely on for that information unless providers work to comply with the encounter requirements during the threemonth enforcement suspension period."

Don't expect a smooth road to FFE compliance. Many providers' processes will need time to evolve before identifying what processes work well and sufficiently meet the new requirements, Little expects. That's "especially due to the demand this requirement has on physicians."

Allot yourself plenty of time to get into compliance by the April 1 deadline, particularly regarding the content of the physician's FFE documentation. "Repetition is needed for physicians to acclimate their compositions of clinical findings" to comply with the regulations, Little predicts.

As an example, look to the hospice physician narrative that Medicare started requiring in October 2009. In the initial months of Medicare's implementation of that requirement, hospices saw gradual improvements in the content of the physicians' narratives, Little relates. "We suspect many providers may notice similar trends with the new home health requirement as the months progress."

