

Eli's Hospice Insider

Regulations: Face It: F2F Is Here To Stay

Despite much uproar and tons of advocacy against it, the physician face-to-face encounter (F2F) requirements for your patients isn't going anywhere -- and enforcement time is here.

"Effective April 1, 2011, the **Centers for Medicare & Medicaid Services** (CMS) expects home health agencies and hospices have fully established internal processes to comply with the face-to-face encounter requirements mandated by the Affordable Care Act (ACA) for purposes of certification of a patient's eligibility for Medicare home health services and of recertification for Medicare hospice services," CMS says on its website.

"Throughout the first quarter of 2011, CMS has continued outreach efforts to educate providers, physicians, and other stakeholders affected by these new requirements," CMS continues.

Your patients' physicians may still be unhappy about the requirement, but CMS hopes to win them over by explaining why physician buy-in is so important. "Compliance with these important requirements will ensure that home health agencies and hospices work in collaboration with physicians to promote the best possible care for beneficiaries, while also strengthening the integrity of the Medicare program," the agency says in a message to providers. CMS plans to monitor F2F implementation to keep access disruptions to a minimum.

However, the **National Association for Home Care & Hospice** plans to "push forward with efforts to repeal and/or reform ... the face-to-face encounter legislation," the trade group says. Industry advocates should "continue their lobbying efforts to prevent the 'train wreck' that could result from CMS' insistence on going forward with implementation," NAHC urges.

"The regulations set a standard with which it is impossible to comply," NAHC's **Val Halamandaris** says.

"I support having patients being seen by their physician," says **Joanne Ruden** with the **Visiting Nurse Association of Mercer County** in Trenton, N.J. "Unfortunately CMS has created such an unreasonable process, they are hurting our chances of accomplishing that best practice goal," says Ruden, who spoke out about F2F problems at NAHC's recent March on Washington conference in Washington, D.C.

Leading up to the enforcement date, the VNA was seeing only 2 percent of F2F forms returned and filled out completely, Ruden said in the conference. At the CMS panel, "no one answered my question of what to do with the 98 percent of our Medicare patients who will lose service they need and are qualified for over a technicality," Ruden tells **Eli**.

One possibility: "NAHC is seriously exploring litigation options related to the face-to-face encounter rule, which NAHC believes is being prematurely enforced," it says.

Turn To Q&As For Guidance

Providers continue to have many questions about the F2F requirement. One resource is sets of questions and answers posted by regional home health intermediary **Cahaba GBA**.

For example: If the patient experiences a change in condition, does she need a new F2F? No, Cahaba says in the home health agency Q&A set. "The FTF is part of the certification process on admission, and only needs to be completed at initial certification."

Another one: For a patient who is admitted to hospice, then quickly revokes, then is readmitted within 30 days, would the original F2F hold for the second admission? "No, a new FTF would be required for the readmission," Cahaba responds the hospice Q&A set.

Resources: Links to Cahaba's F2F Q&As are at <http://www.cahabagba.com/faq.htm> in the "HH+H" column. Links to CMS's F2F Q&As for HHAs and physicians are at <http://www.cms.gov/center/hha.asp>; CMS's hospice Q&As are at http://www.cms.gov/Hospice/downloads/Hospice_Face2Face_FAQ_032511.pdf.