

Eli's Hospice Insider

Regulations: Prepare For Face-To-Face Encounter Burden

If your patients fail to see the doc in the mandated timeframe, it means no money for you.

The feds have given hospice agencies a bit more leeway on the physician face-to-face encounter requirement, but it's still going to give you serious operational headaches.

Based on a provision in the Patient Protection and Affordable Care Act (PPACA), the **Centers for Medicare & Medicaid Services** is requiring a hospice physician or nurse practitioner (NP) to have a face-to-face encounter with patients prior to a 180-day recertification, or Medicare won't pay for the patient's claims. The purpose of this face-to-face encounter is to gather clinical findings that support continued hospice care. The provider must also attest that the visit took place.

Proposed: Back in July, CMS proposed that the face-to-face encounter must occur within 15 days of recertification for a hospice recertification requiring the face-to-face encounter and attestation.

Final: Now CMS has relaxed that timeline to within 30 days of a hospice recertification requiring the face-to-face encounter and attestation, according to the 2011 home health prospective payment system final rule CMS issued Nov. 2.

Add Face-to-Face as Fourth Recert Requirement

In the final rule, CMS explains that the face-to-face visit will become the fourth physician certification requirement for patients approaching their third benefit period. CMS currently requires a signed recertification to include:

Confirmation that the patient is terminally ill, with a prognosis of six months or less if the illness runs its normal course;

A written and signed physician narrative; and

Clinical documentation supporting the patient's terminal diagnosis.

As of Jan. 1, 2011, CMS will require an attestation for the face-to-face encounter on the third and all subsequent recertifications. This attestation "must be either a separate and distinct area on the recertification form or a separate and distinct addendum to the recertification form that is easily identifiable and clearly titled," the **National Association for Home Care & Hospice** notes in its member newsletter.

The attestation must be located directly above the physician or NP attestation signature and the date line, CMS says. The attestation must include the following elements:

The date of the face-to-face encounter;

The signature of the physician or NP who conducted the encounter; and

The date the attestation was signed.

Steel Yourself for Logistical Headaches

While there are some improved aspects of the face-to-face requirement, there are still lots of problems with this new requirement that will take effect in January.

For example: While some held out hope that the face-to-face encounters would be billable, CMS has clarified that these new requirements are part of a hospice's administrative responsibilities related to certification, and will not be

reimbursed. On the bright side, however, CMS has said that "if reasonable and necessary medical care is provided in conjunction with the face-to-face encounter, those services could be reimbursed," NAHC says.

In addition, CMS clarified that the face-to-face encounter doesn't necessarily have to occur in the patient's home, provided it is medically safe to transport the patient. But you'll be on the hook for any ambulance or other transportation costs. These services will be covered through your per diem rates.

Hitch: Hospices looking to cut costs by working with NPs to conduct the face-to-face encounters received good and bad news. While CMS nixes the prospect of contracting NPs to perform only the face-to-face encounter, hospice providers can employ NPs on a full-time, part-time, or per-diem basis if needed. "Provided the NP receives a W-2 from the hospice or is volunteering for the hospice, the NP is considered to be employed," NAHC says.