

## Eli's Hospice Insider

### Regulations: Use These 9 Pointers To Smooth Your FFE Transition

#### Your January deadline isn't going anywhere, experts stress.

The face-to-face encounter requirement takes effect Jan. 1 -- no exceptions -- which means you have a huge amount of compliance work to do.

Despite repeated requests for a delay from hospice providers who commented on the proposed rule, the **Centers for Medicare & Medicaid Services** says it's bound by law to begin the FFE requirement Jan. 1, according to the home health prospective payment system final rule published in the Nov. 17 Federal Register.

"Keep in mind having a valid recertification is a statutory requirement for coverage and payment," stresses consultant **Roseanne Berry** with **R&C Healthcare Solutions** in Phoenix. "And the FFE is now part of the statutory requirements for recertifications. ... The stakes are high."

Don't expect to get a last-minute reprieve from CMS, either. "The January deadline is non-negotiable, so failure is not an option," Berry tells **Eli**. "Hospices cannot wait to act. The time is right now."

Follow these tips from the experts to help you achieve compliance:

**1. Know what you're up against.** "First thing is to read the final rule and all the comments, so you have a baseline on which to build your understanding and your process changes," Berry advises. "Learn all you can about the regulation."

**2. Map out your operational changes.** Once you know what's required, you can "identify your current process and where it will need to change to accommodate the new requirement," Berry says.

The way a hospice processes recertifications will change dramatically, Berry points out. It is "important to look at and put fail-safe, almost redundant, systems in place, at least initially."

You'll need representatives from nearly all your departments to collaborate to make FEE compliance work, Berry believes. That means including input from reps from admissions, billing, compliance, clinical teams, medical records, sales and marketing, IT, quality, human resources, finance, and education.

**3. Update P&P.** Hand in hand with revamping your procedures comes writing up your policies, notes consultant **Heather Wilson** with **Weatherbee Resources** in Hyannis, Mass. Hospices should "develop a policy and procedure that describes the systems and processes the hospice will use to meet these requirements," Wilson tells **Eli**.

**4. Ramp up hiring.** Now's the time to analyze your FFE expectations so you can hire physicians or NPs, if necessary, Berry recommends. "Hospices will need to determine what their staffing needs will be going forward and get the physicians and/or NPs on board," she says.

**5. Talk to software vendors.** If you use electronic medical records, be proactive about contacting your software vendors and asking how they will support this new requirement, Berry says.

**6. Update your recert form.** CMS declines to give hospices a specific recert and FFE form, but it does lay out some specific suggestions in the rule for how it would like to see the recert look. Like the physician narrative that went into effect last October, the FFE attestation needs to either be a separate and distinct part of the cert or in a separate addendum.

**Don't forget:** The attestation must include "the date of the visit, and the signature of the physician or NP who made the

visit, along with the date signed," CMS explains in the rule.

Make sure your recert form includes all the new required components, Wilson advises.

**7. Start education efforts.** You should train physicians and NPs who will conduct the FFEs, as well as other staff who will be instrumental in making sure the FFEs get scheduled, documented, etc., Berry says.

"Hospice physicians will need to learn how to incorporate information from the FFE into the patient's narrative," she adds. In the final rule, CMS shoots down provider suggestions to combine the narrative and FFE clinical findings documentation.

**9. Use your experience.** Adding the FFE will be similar to adding the physician narrative, Berry says. "A hospice should consider what they learned last year when the physician narrative became required -- what went well, what did not go so well," she says. "Build on lessons learned."

**Note:** Listen to Roseanne Berry's Nov. 17 Eli-sponsored audioconference on the hospice face-to-face encounter final rule at [www.audioeducator.com](http://www.audioeducator.com) -- click on the "Hospice" link in the "Select Conference" box, then scroll down.

**Resource:** For more details about how to structure the recert, see the final rule at <http://edocket.access.gpo.gov/2010/pdf/2010-27778.pdf> starting on p. 70435.