

Eli's Hospice Insider

Strategies: You Can Help Docs With F2F Documentation, CMS Says

But don't try to do the documentation for them.

With the April 1 deadline for the physician face-to-face encounter come and gone, hospice providers are desperate to comply with the burdensome regulation. Now some information has come from the feds that may help agencies in that effort.

Physicians can merely sign off on the F2F documentation their "support staff" prepares for them, says a new question-and-answer posted by the **Centers for Medicare & Medicaid Services** on its website. "A physician's own support staff can help the physician draft the face-to-face encounter documentation narrative in a number of ways," CMS says in the Q&A.

The agency lists examples of how that might work. "The support staff can extract the narrative from the physician's own medical record documentation of the encounter," CMS says in Q&A #10482. Or "the support staff can generate the narrative from the physician's electronic medical record software."

Another option: "The certifying physician can dictate the narrative to the physician's support staff," CMS says.

Hospital discharge planners can fulfill this support staff role too, CMS said in a Q&A posted last month (Q&A #10414).

In fact, the definition of support staff is pretty wide. "Physician support staff are those staff who work with or for the physician on a regular basis, and, as part of their job duties regularly perform documentation, take dictation from the physician and/or extract from the physician's medical records to support the physician in a variety of ways," CMS says in a separate Q&A (#10484).

But the definition doesn't stretch to hospice employees. Your staff "cannot draft the narrative documentation for the physician to sign," CMS says in the Q&A. "This would violate the statutory requirement."

Support Staff Will Be Compliance Allies

"This allowance by CMS will make it easier for agencies to receive the documentation that they need from physicians," predicts consultant **M. Aaron Little** with **BKD** in Springfield, Mo.

Pressure from the docs themselves probably helped bring about this clarification, believes Chicago-based regulatory consultant **Rebecca Friedman Zuber**. "Clearly this stuff is coming from the [American Medical Association] and probably other physician groups," Zuber tells **Eli**.

"This is a step in the right direction," says Rohnert Park, Calif.-based consultant **Tom Boyd**. "But [it] can also increase the likelihood of error or miscommunications." You'll have to review documentation carefully for the necessary elements.

And while the clarification is helpful, it won't be a panacea for the problems hospice providers are having in securing F2F documentation. "I am still hearing about a lot of frustration and 'acting out' on the part of physicians," Zuber relates.

"Among the reasons doctors resent this is the absence of payment to them for F2F and the increased responsibility," Boyd says.

Do this: The new Q&A reinforces the importance of targeting F2F education at your referring physicians' support staff, Little stresses. Agencies should "thoroughly educate the support personnel of their key referring physicians so that those personnel can understand exactly what information is needed by the agency to satisfy this new requirement," he urges.

"The physicians' support personnel will likely play a very critical role in helping the agency maintain compliance."

Meanwhile, industry representatives continue to work for a postponement of the F2F enforcement deadline. Support from physician and hospital groups may boost the chances of success for a delay.

Optimistic: "The odds favor CMS granting the further extension of suspension of the rule's enforcement," believes **William Dombi**, vice president for law with the **National Association for Home Care & Hospice**. In a recent meeting with CMS, an "unprecedented coalition of parties presented a persuasive case for the extension on the merits of doing so," Dombi says in the trade group's member newsletter.

If a delay fails to materialize, the industry will launch a much more high-profile advocacy effort, NAHC says.