

Eli's Hospice Insider

Strategy: Tame The FFE Requirement With These 12 Tips

Make sure you reach out to a variety of sources for education.

The new face-to-face encounter requirement is overwhelming hospice providers, but you can use these strategies to get a handle on the mandate before the April 1 enforcement date leaves you with a compliance headache:

1. Target physicians for education.

Getting the word out to physicians has proven a major challenge for hospices trying to implement FFE requirements. "A major difficulty ... is the participation of the physician community," says **Harvey Zuckerberg** with the **Michigan Home Health Association**.

If you haven't already, you can start your education campaign with a letter to physicians explaining the new requirement.

Resource: FFE letters for physicians and other referral sources that you can adapt are furnished for free by the **National Association for Home Care & Hospice** at www.nahc.org/regulatory/home.html (scroll down to "PPS Face-to-Face Encounter Model Letters and Tools") and the Home Care Association of New Jersey at www.homecaresnj.org/public/HealthCareEncounterTools.html.

Then you can follow up with educational meetings, which can be opportunities for other marketing activities.

2. Reach out to physician groups.

Don't limit your educational efforts to individuals and practices. "We have pushed the medical society in our state to help with the message," notes **Marcia Tetterton** with the **Virginia Association for Home Care & Hospice**.

Disseminating information through state physician groups can help ensure docs get the correct information, instead of agencies' conflicting interpretations of the new rule, notes **Peter Cobb** with the **Vermont Assembly of Home Health Agencies**.

3. Identify non-physician referral sources for education.

Some home health agencies have seen success in working with hospitals, discharge planners, and hospitalist physicians, says **Kathleen Anderson** with the **Ohio Council for Home Care and Hospice**.

4. Team up with other agencies.

You can work with other agencies in your area in two ways. First, you can present a united front to physicians on education. This may eliminate a problem that a hospital caller complained about in a recent Open Door Forum -- receiving a plethora of different FFE instructions, forms, etc. from multiple agencies.

Second, "agencies are sharing and collaborating with one another regarding ways to overcome obstacles and challenges," says **Kim Foltz** with the **Iowa Alliance in Home Care**. Picking each others' brains may lead to solutions for operational problems.

5. Don't forget one last group for education.

Your staff will need FFE training, points out **Beth Putnam** with **Central Montana Medical Center's** home care division

in Lewiston.

Even if you've already educated staff, you'll need to plan more training to correct ongoing problems you see and keep staff updated on the evolving requirement.

6. Don't neglect details.

Be sure to check that your software is ready to accept your FFE documentation, if you're electronic, Putnam says.

7. Decide on your FFE policy.

Many agencies are opting to require FFE documentation, or at least that the encounter has occurred, before admitting a patient. CMS has informally instructed agencies in Open Door Forums to not discharge patients because the FFE is missing, even if it means the agency will be furnishing unreimbursed care for a reason out of its control. Hospices will be on safer ground by not admitting these patients at all, some industry observers conclude.

"Those agencies that do take on the risk of taking on patients before the [face-to-face visit] is provided ... run the risk of not getting paid," emphasizes **Keith Ballenger** with **Adventist Home Care Services** in Silver Spring, Md.

Whatever policy you decide on, put it in writing and apply it equally, experts recommend.

8. Line up FFE processes.

Whether you require forms before care starts or once it's begun, you need to set up your processes on checking for the encounters and related documentation to make sure you don't bill for episodes that lack the FFE requirements. Providers "have to make sure that the face-to-face forms come from the facilities and physicians themselves," Ballenger notes.

9. Be flexible.

How you obtain information from referral sources may have to vary for maximum success. "We are finding out ... that the best way to implement this new regulation is differing among our referral sources," says **Brad Garpestad** of **Spectrum Medical Inc.** in Great Falls, Mont.

"We are trying to be as flexible and accommodating as possible," Garpestad tells **Eli**. "We are trying to be cognizant of the referral source and what methods work best for their individual setting, the physicians' time and burden of this requirement, and ultimately trying to advocate for the beneficiary."

10. Anticipate problems.

"We are looking at developing different policies and processes for each of the common hurdles that come up," Garpestad adds. This will help guide staff on how best to obtain fulfillment of the requirements.

11. Use your resources.

In addition to the many FFE tools offered by NAHC and HCANJ, CMS offers a frequently asked question set, MedLearn Matters article, and provider message on the new requirement. Go to <http://www.cms.gov/center/hha.asp> and scroll down to "Home Health Face-To-Face" for links to the documents.

Also: You can access an **Eli**-sponsored March 23 FFE educational session by **BKD's M. Aaron Little**. Information is at www.audioeducator.com/conference-conferencehome-health-face-toface-encounter-230311.

12. Lobby for change.

It's not over yet. When law- and policymakers hear about the burdens of this requirement, they may be receptive to changes, or even outright appeal.

To prevent beneficiary access problems and hospice non-payment risks, "we strongly urge Congress and [the Centers for



Medicare & Medicaid Services] to take action to ensure this does not happen by establishing reasonable exceptions to the requirement," Foltz says.