Health Information Compliance Alert

Face to Face Compliance: Get Your F2F Documentation in Order before Denials Cripple Your Cash Flow

Reviewers are focusing on face-to-face compliance, especially the physician narrative.

The onslaught of medical review of home health claims means that you need to tighten your hold on face-to-face compliance to avoid denials. Now's the time to educate physicians on how to make sure their narratives fulfill documentation requirements.

Consider these expert tips to keep your reimbursement safe against F2F scrutiny that's heavier than ever:

1. **Launch or relaunch training for referral sources**. "Start over with education to the physicians," urges consultant Pam Warmack with Clinic Connections in Ruston, La. Make sure they understand what's required in the physician narrative.

Materials like this MLN Matters article on F2F for physicians may help: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1219.pdf.

Don't reinvent the wheel, advises clinical consultant Lynda Laff with Laff Associates in Hilton Head Island, S.C. The Centers for Medicare & Medicaid Services (CMS) allows home health agencies to give referring physicians an F2F form to fill out, as long as the doc crafts her own narrative statement.

Forms offered by Home Health & Hospice Medicare Administrative Contractor NHIC at www.medicarenhic.com/providersarticles/F2FQualityChecklist.pdf, by the trade group the National Association for Home Care & Hospice at caring.org/regulatory/home.html, and others can help you guide physicians in their documentation without stepping out of bounds.

2. **Use examples.** In training and educational materials for physicians and their staff, be sure to show them the right way to fulfill the requirement.

"CMS has said we may provide examples of the type of documentation needed," Warmack says. "But we may not complete the forms for the MDs," she warns.

3. **Focus on physician support staff.** Be sure to communicate how a physician's office staff can help fulfill the requirement. "The certifying physician may dictate the face-to-face encounter documentation content to one of the physician's support personnel to type," Palmetto offers in an article about its F2F denials. "The documentation may also be generated from a physician's electronic health record."

Coordinate with the doc's support staff to minimize hassle. Furnish all training materials "to your MD office contacts (nurses and/or MD designated office staff) as well so that they can also work with the agency on making sure the F2F is completed correctly," Laff offers.

4. **Reconfigure your intake department.** "Agencies should develop a Care Transitions team instead of the accustomed simple referral/intake department," Laff counsels. The Care Transitions Team would include an RN as well as other nonclinical staff members who would ensure the appropriate information is obtained. To do so, they would send an F2F document to the referral source immediately at referral, when possible, Laff tells Eli.

This group would also have other duties, but to ensure F2F compliance, the RN would review the signed F2Fs received at referral, Laff says. "The RN would also teach all intake staff and all clinical managers and marketers how to review the

completed F2F document so that all 'hands' that touch the F2F document have at a minimum basic knowledge about the F2F content requirements," she adds.

5. **Put F2F checks in place.** Make sure you have an F2F in place before dropping the RAP, Laff suggests. "I would even go so far as to recommend that no patient would be admitted without attempting to obtain a valid F2F at referral," Laff says.

If you don't have the F2F in hand, you need another process in place to track and ensure the F2F occurs within the 30-day timeframe allowed and you get the required documentation of it.

6. **Return inadequate forms for correction.** You can't accept a subpar F2F form just to avoid a hassle with the referral source. "We ... must critique each F2F that arrives in the provider office and determine if it would withstand a review at the MAC level," Warmack stresses. "If not, return it to the MD and ask for additional documentation."

"Providers are having physicians grow angry with the request to revisit the F2F already submitted," Warmack admits. "But what else can we do?"

7. **Support the F2F.** "I advocate requesting copies of MD office progress notes and hospital discharge information to supplement the face to face," Warmack says.

8. **Consider drastic measures.** If you can't get physicians to hold up their end of the bargain on F2F, you may have to refuse their referrals.