

Health Information Compliance Alert

Home Health Compliance: Follow These 5 Steps To Protect Against F2F Claims Denials

Are you doing everything you can to boost your face-to-face compliance?

It's no longer just your compliance record at stake over face-to-face compliance -- your hard-earned Medicare reimbursement is at risk too, thanks to new claims edits.

Consider the following expert advice to improve your compliance with the regulatory requirement that's been in enforcement since April 1:

1. Keep educating. Even if you did an education push before the enforcement deadline, you still need to put more resources toward this effort. First, agencies need to educate themselves, recommends **Barry Cargill** with the Michigan Home Health Association. Make sure you're up to date on the frequently asked questions the Centers for Medicare & Medicaid Services issues on its website, as well as other newly issued guidance.

Then be sure to educate your referring physicians, counsels **Beth Foster** with the Ohio Council for Home Care and Hospice. For example, you can spell out what's allowed in the law and what trouble they are risking if they accept inappropriate help (i.e., filling out the F2F narrative) from other agencies.

"In spite of CMS's claim that they have provided education to physicians, many [physicians] report they are totally unaware of the requirements," says **Jennifer Sorensen** of the Minnesota Home Care Association.

Don't forget to include others in your F2F education, such as hospital discharge planners and skilled nursing facilities, adds **Tracy Wodatch** with the Connecticut Association for Home Care & Hospice. Many statand national trade groups have made sample forms and documentation guides available for such training.

And educating patients themselves is important. You might want to get proactive and educate "before they need home care," Sorensen suggests. "This could be done via letters to the editor and by joining forces with those who regularly send publications to the senior population."

Often, the difficulty an agency has obtaining F2F documentation will correspond to how difficult it was for them to obtain signatures on the plan of care, etc. before the new rule took effect, Foster notes. Use education opportunities to improve your rapport with referral sources and their office staff.

2. Track F2F information. Don't let F2F encounters and their documentation slip through the cracks, or you could pay in medical review. "Track the encounter documentation to make sure it is in the medical record before billing," Foster advises.

"One of the things that has been helpful for some agencies is specifically assigning one person to make sure that all of the necessary pieces of information" are there, suggests **Kip Bowmar** with the Kentucky Home Health Association. "If it is not all there, then follow up with the physician's office to try to get it completed within 30 days of the start of care." HHAs report such positions taking between 0.5 and 1 FTE.

3. Refuse referrals without F2F documentation. It may seem like a tough stance to take with referral sources, but many agencies report finding success with this method, notes **Joe Hafkenschiel** with the California Association for Health Services at Home.

If you have a state Medicaid F2F requirement that requires discharge notice, incorporate that into your procedures,

Foster says. "Ohio agencies must give a 30 day notice to discharge Medicaid consumers, so many agencies are giving the consumer that notice when admitted," she says.

4. Streamline documentation. If at all possible, band together with your fellow agencies or with the hospital to provide physicians with just one form to fill out. "We have a statewide form that was sent by [the Vermont Assembly of Home Health Agencies] to all physicians in the state in January, so that they would all get the same message," reports VAHHA's **Peter Cobb**. "In Ohio we have a few big hospital systems that have created a form for the F2F encounter documentation," Foster says.

5. Lobby for change. HHAs should continue to "call for CMS to ease the documentation part of this requirement," Bowmar says.

Note: Sample F2F documents from the National Association for Home Care & Hospice are at www.nahc.org/regulatory/home.html.