

## Health Information Compliance Alert

### Reader Question: Keep Physician Communication Open To Avoid Getting Stuck With The Home Health Bill

Question: We have run into a unique situation for us. A client's family member called and asked for home health for their elderly loved one who had just seen the physician and was diagnosed with an upper respiratory infection and placed on new medication. During discussion with family member they also reported frequent falls. This client lives in a rural setting. We contacted the physician via fax about the client being evaluated for home health and received the fax back with his handwritten "OK." Care initiated and agency saw client for one episode with positive impact noted. The physician is now refusing to sign the 485 and face-to-face documentation. Initially he said via his nurse that he did not authorize home health, but when we showed him documentation that he did OK home health, he just is refusing to sign and not giving us an explanation. We are asking our medical director to help in this situation, but we are a small community and doubt if our medical director will be able to sway this particular physician. Needless to say we are not going to accept any more future clients from this physician, but I am wondering if there is anything more we can do? Can we report him? What he did to us is wrong.

Answer: Make sure the ordering doc is on board with your care plan early on, experts advise. "These situations are really unfortunate," says Chicago-based regulatory consultant **Rebecca Friedman Zuber**. "The agency gets left high and dry for doing the right thing for the patient."

After the fact, there's not much an agency can do in this situation, says attorney **Robert Markette Jr.** with **Benesch Friedlander Coplan & Aronoff** in Indianapolis. "You cannot force the physician to sign the document," Markette notes.

Without the F2F documentation and POC signed, an agency just can't bill. "It is unfortunate, but that is the requirement," Zuber notes.

Instead, agencies should focus on maintaining better communication with the physician up front to avoid furnishing an entire episode worth of care essentially for free, the experts advise.

"The plan of care should be signed, but even before that, the agency should be in communication with the physician about the plan and to receive the verbal orders needed to begin providing the care," Zuber explains. "When the physician signs the plan of care (485) s/he is signing verbal orders on which the agency has relied to initiate care."

"It would not surprise me that the physician just quickly scratched off the OK with little or no thought," Markette observes. "Then when he received the 485 and F2F, changed his mind."

#### Reach Out And Touch Someone At The Doc's Office

**Try this:** "It might have been a good idea to take some time and call the physician and discuss the case directly," Markette advises. "The agency might have realized the physician was opposed to this sooner if there had been more contact."

An initial phone call might not seem necessary, Markette tells **Eli**. "But if the agency staff had called the physician's staff after hearing from the patient, and discussed the patient and the family contact, maybe they would have learned something up front and chosen not to admit the patient. Then again, they might not," he concedes. There is always a risk that a physician won't sign later.

The bottom line: "Additional upfront contact in a case with an unfamiliar physician where the referral comes from the family, not the physician, may be worthwhile to avoid finding out later the physician won't sign," Markette counsels.

