

Home Health Face to Face

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FACE TO FACE REGULATORY OVERVIEW





Timing of Face to Face

- Encounter with beneficiary by Physician or Non-Physician Practitioner must occur 90 days prior to SOC or up to 30 days after SOC.
- Documentation must include patient's clinical condition based on that encounter that supports the homebound status and need for skilled services
- If the skilled service condition is a new condition that was not present during a prior 90 day encounter then another encounter within 30 days would be required.

Who can perform Face to Face

- Physician-attending, primary care or specialist related to condition receiving skilled services
- NNP include nurse practitioner, clinical nurse specialist, certified nurse-midwife and/or physician assistant under the supervision of the physician



What about Hospitalist?

- Physician who attended to patient in acute or post acute setting (“hospitalist”) but does not follow patient in community
 - If “hospitalist” certify the need for home health and sign the plan of care no additional documentation either than F2F and 485
 - If “hospitalist” initiate orders for home health and then hands off patient to community based physician to certify and sign 485 then the “hospitalist” fills out face to face encounter and the community based physician reviews the face to face and documents either by addendum or signature on the face to face communication document indicating that it is to serve as the certifying physicians' face to face document.

What is included in the Face to Face

CMS does not require a specific form but it must be clearly titled and easily recognizable as documentation of the face to face encounter

- Documentation must include the following:
 - Date of Encounter
 - Brief Narrative describe homebound status
 - Need for Skilled Services



Denial Trends

Top denial reasons for 2013 as released by Palmetto GBA

- Face to Face encounter requirements not met (72% denial rate)
5FF2F – FACE TO FACE ENCOUNTER REQUIREMENTS NOT MET
5TF2F – FACE TO FACE ENCOUNTER REQUIREMENTS NOT MET
- Auto deny- records not submitted (14%)
- Info provided does not support the medical necessity for service (3%)
- Physicians plan of care/certification present signed but not dated (2%)

What can agencies do?

- Educate Physicians
- Educate Referral Sources
- Educate Hospitals



Educate

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- Make copies or refer physicians to MLN
 - SE 1038
 - SE 1219
 - SE 1405
- Develop one page educational resources
- Request Meetings with hospitals, physicians, office Managers or key individuals in offices,

Hospital Communication Tips

Request Meetings with the C-suite
Hospital Case Management
Chief Medical Officer
Information Systems or
Compliance Department

What to Communicate

- Identify face to face encounter as barrier to discharge from hospital
- Identify the impact face to face noncompliance has on home health agency
 - Admission requirements
 - Financial Impact
 - Outcome impact
 - Identify need to educate providers on face to face appropriate documentation guidelines
- Identify your goal of helping physicians comply with requirements
- Discuss opportunity to for hospital in development of electronic template and offer guidance

Pre-Billing Auditing

Completion including signature/date

Timing: is it within time frame (90/30)

Does it include date of encounter

Is it legible

Is the physician completing the face to face the same physician completing the 485 certification?

- Narrative describing clinical condition and symptoms for skilled home health care
- Is the description for homebound including condition and symptoms that support homebound status

Compliance Plan

Face to Face auditing should be part of your compliance plan

- Audits of face to face documentation for current and post patients
- Evaluation of agency process
- Process improvement projects for areas that need improvement
- Identification of physician that have reoccurring issues with a plan of action