When I See Your Face – I’m a Believer!
Certifications & F2F Encounters

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Roseanne Berry, RN, MSN
Charlene Ross, RN, MBA, MSN
Consultant / Educators

What You Will Learn Today

• The components of 418.22 related to the certification process & F2F encounter as related to payment requirements
• Challenges encountered with the implementation of the F2F encounter
• Appropriate processes needed to ensure timely completion of the F2F encounter

What Medicare Says About Certification and Recertification
Why Do We Care?

- Medicare requirement in order to receive reimbursement
- Must have a written certification and narrative statement before you submit a claim for payment
- Must have completed a face to face encounter and attestation prior to 3rd and subsequent benefit periods
- Allows for billing for all days of service

Certification Requirements

The ultimate decision of eligibility lies with the Medical Director (and attending, if they have one, on admission)

Other Regulations Related to Certification

- 418.25 Admission to Hospice Care
  - Medical director considers
    - Terminal diagnosis
    - Other health conditions
    - Currently clinically relevant information supporting all diagnoses
- 418.102 Medical Director
  - Initial certification considers
    - Primary terminal condition
    - Related diagnosis(es)
    - Current subjective and objective medical findings
    - Current medication and treatment orders
    - Information about the medical management of any of the conditions unrelated to the terminal illness
A Word about Physician's Signature

- Regarding certifications and recertifications
- Must be handwritten or electronically signed
- Must be legible or over a typed or printed name
- Faxed signatures are acceptable
- Stamped signatures are not acceptable
- Signature must be dated by the physician
- CR 6698 Signature guidelines for Medical Review Purposes (Medicare Program Integrity Manual)

418.22 Certification of Terminal Illness

- Having a valid certification is a statutory requirement for coverage and payment
- Plain English
  - Follow the regulations and you will submit valid claims
  - Don't follow the regulations and you will be submitting false claims, i.e., fraud and abuse

Timing: Certification & Recertification

- Verbal or written certification or recertification cannot occur more than 15 days before or within 2 calendar days of
  - Date of election or
  - 1st day of subsequent benefit periods
Who Signs the Certification?

- Admission - Initial certification (1st 90 day benefit)
  - Hospice physician
  - Attending physician
- Admission – 2nd or later benefit period
  - Hospice physician
- Recertification
  - Hospice physician

Face to Face Encounter

Became effective January 1, 2011
- CMS
  - Developed proposed and final rule on how it will work
  - Could not delay implementation
  - Could not change anything that is in the law
  - But did delay enforcement until April 1

Why Have the Face-to-Face Encounter?

- MedPac and CMS Concerns
  - Use of hospice benefit for chronically ill, i.e., serving as long term care benefit
  - Increasing longer length of stays
  - Hospice benefit is for terminally ill
CMS Expected Outcomes

- Increase physician accountability in recertification process
- Lead to discharge of ineligible beneficiaries thereby reducing some lengths of stay
- Improve quality of care
- Complementary approach with aggregate cap in preventing fraud and abuse

Timing: Face-to-Face Encounter

- All patients not more than 30 calendar days prior to 3rd benefit period or subsequent recertification
- Includes
  - Transfers to hospice
  - Admissions (prior to admission)

Timing – Exceptional Circumstances

- In cases where a hospice newly admits a patient who is in the third or later benefit period, exceptional circumstances may prevent a face-to-face encounter prior to the start of the benefit period

Medicare Benefit Policy Manual
Examples of Exceptional Circumstances

- Identified by CMS
- If patient is an emergency weekend admission, it may be impossible for a hospice physician or NP to see the patient until the following Monday
- If CMS data systems are unavailable, the hospice may be unaware that the patient is in the third benefit period

Timing – Exceptional Circumstances

- In such documented cases, a face to face encounter which occurs within 2 days after admission will be considered to be timely. Additionally, for such documented exceptional cases, if the patient dies within 2 days of admission without a face to face encounter, a face to face encounter can be deemed as complete.

Medicare Benefit Policy Manual

Face to Face Not Timely

- When the face to face encounter does not occur timely
  - > than 30 days before effective date of election
  - After the effective date of election
- Results in failure to meet recertification eligibility requirements and ceases to be eligible for the Medicare Hospice Benefit
- Hospice can continue to care for patient but assumes financial responsibility
What Happens Now?

- Patient then readmitted when certification for eligibility criteria are met (face to face occurs not > 30 days prior to benefit period)
- Election of benefit
- Benefit period dates
- Initial and comprehensive assessments
- Plan of Care

Face-to-Face Encounter

Who can do it

- Hospice physician
  - Employed
  - Contracted
  - Volunteer
- Hospice nurse practitioner
  - Employed
  - Volunteer
  - Cannot contract with NPs because they are considered nurses and therefore a core service

Face-to-Face Encounter

Who can do it

- If hospice physician (not same physician who will sign the certification statement) has the face-to-face encounter must share clinical findings with certifying hospice physician (who will then complete the narrative and sign the recertification statement)
Face-to-Face Encounter
Who can do it

- If Hospice NP has the face-to-face encounter must share clinical findings with certifying hospice physician (who will then complete the narrative and sign the recertification statement)
- Remember NPs cannot certify or recertify (not permitted under current statute)

Face-to-Face Encounter
Where it can take place

- Regulation is silent on “where”
- Examples
  - Patient’s home
  - Facility
    - Nursing facility
    - Hospital
    - Hospice inpatient facility
  - Hospice physician or nurse practitioner office
    - Hospice provides care that optimizes patient comfort and is consistent with patient and family goals
    - If require ambulance transport due to condition, hospice pays (part of per diem)

Face-to-Face Encounter
When it would be billable

- Face-to-face encounter is administrative
  - Part of recertification process and therefore included in hospice per diem
  - Not billable

However...
Face-to-Face Encounter
When it would be billable

- Billable
  - Services provided medically reasonable and necessary
  - Provided by
    - Hospice physician
    - Hospice NP who is the attending
    - Not billable if NP is not the attending
    - Attending is determined by the patient as having most significant role in the patient’s medical care
  - Billed by hospice to Part A
- Documentation
  - Supports that services were reasonable and necessary
  - Can be on same note as the clinical findings of eligibility or on a separate note
  - Coordinated with attending physician

Content: Face-to-Face Encounter

- Attestation by whomever had the face-to-face encounter
- Date of the encounter
- Separate and distinct section of, or addendum to, the recertification form
- In addition if F2F is by nurse practitioner or non-certifying hospice physician
- Attestation must state clinical findings provided to certifying physician for use in determining continues eligibility for hospice care

Content: Face-to-Face Encounter
Clinical Findings

- Documentation of clinical findings same requirements as initial certifications
- Same as what you have been assessing all along
  - Local coverage determinations (LCDs)
  - Disease progression
  - Decline in clinical status
  - Decline in functional status
  - Co-morbid & secondary conditions impacting prognosis
  - Why the patient remains eligible for hospice
  - Snapshot in time
Content: Narrative Attestation

- Attestation for narrative to be positioned directly above the hospice physician’s signature
- Narrative composed by same physician who signs the certification or recertification statement

Content: Narrative Explanation

- The brief narrative explanation is still required but now must include an explanation of why the clinical findings of the face-to-face encounter support a prognosis of 6 months or less for 3rd and subsequent benefit periods

Content: Certification and Recertification

- Recertification form
  - Completed by hospice physician who
    - Had the face to face encounter or
    - Received information from nurse practitioner / hospice physician who had the face-to-face encounter
- Certifications/recertification forms
  - Include applicable benefit period dates which can be written in prior to signing
  - Signed and dated by the physician
Challenges Encountered

Identifying the Benefit Period

- Process for verifying benefit periods for all new admissions
- Tracking system in place to alert IDG of pending recertification and what benefit period
- System in place to re-define benefit period if F2F missed or not completed timely
Setting Expectations to Complete the F2F

- Scheduling of full time hospice physicians
- Scheduling of part time / contracted physicians with a busy practice
- Scheduling of prn or full time NPs
- Documentation completed and turned in timely

Pros & Cons of Using NPs

**Pros**

- Cost effective for F2F with no medically necessary services
- More availability than PT / contracted hospice physicians
- Can assume responsibilities of RN

**Cons**

- Cannot bill when medically necessary services are needed (unless NP also attending)
- May have lack of understanding of eligibility
- May not know course of patient’s illness if not involved in IDG
- Makes scheduled nursing visit more costly & less efficient
- Must be employed
- Demand may exceed supply

Documentation of the F2F Encounter

- First – do no harm!
- Remember, Documentation is a snapshot in time
- Needs to paint the picture of continued eligibility
  - Why hospice
  - Why now
What Does a Good Narrative Look Like?

Diagnosis
Dementia - Recertification
- Dementia, FAST 7B, 5% weight loss in past 3 months despite supplements, dysphagia
- Comorbid includes COPD

Diagnosis
Adult Failure to Thrive - Admission
- Has lost 14 lbs last 4 months, Weight 100 lbs, BMI 19
- PPS 40% - need max assist in all ADLs
- Comorbid - dementia, CHF
What Does a Good F2F Encounter Documentation Look Like?

Dementia

Summary of visit
- Mr S is completely dependent on staff for care. He is fearful of staff and notably uneasy and scared when I introduced myself and began the assessment. He spoke no intelligible words to me. Staff states he refuses care at times and requires Ativan frequently. He can no longer feed himself or propel his own WC which he could do before. Now leans to right when in WC. His dysphagia has worsened over the past 6 months and consumes only 25-40% of meals. Current weight is 105 lbs, BMI of 21 with 10 lb weight loss over 6 month period.

Adult Failure to Thrive

Summary of Visit
- Ms K is completely dependent on staff for care. On admission she was able to propel self with WC, but is not able to anymore. Her daughter was in the room at the time of the assessment and has noted a decline in cognitive and physical abilities in the past month. Now requires 1 – 2 person assistance in all ADLS. Her appetite is fair and feeds self only with verbal cues. She is beginning to pocket food during meals. She appears cachectic. Her current weight is 104.8 (BMI 17.9) which is a 15 lb weight loss since admission 6 months ago.
Processes to Ensure Success

Documenting Extraordinary Circumstances
- Ensure staff all know what comprises extraordinary circumstances
- File documentation of extraordinary circumstances with certification/recertification forms
- Print screen CMS data system demonstrating system not available
  - Do daily until system available
  - Ensure a process in place to complete F2F within 2 days once verified that it is needed

Use of Correct Forms
- Review certification/recertification form to assure that it has all elements
  - Benefit periods
  - F2F attestation
  - Narrative attestation
  - Place for printing physician name
  - Date forms with latest revision date
  - Clean out the supply closet for anything prior to the revision date and trash
  - Review all admission packets
  - Trunk search for outdated - forms amnesty day
One Form or Two?

- One form includes
  - F2F attestation that encounter occurred
  - Hospice NP or physician signature and statement that clinical findings provided to certifying physician
  - Narrative and related attestation completed and signed by certifying physician
  - Recertification statement signed by certifying physician
- Is your EMR compliant?
  - If not, consider paper forms

One Form

**Pros**
- 1 form to track for completion
- 1 form to print and stock
- 1 form to file
- 1 form to use for data entry into system
- If already have narrative & recertification statement on 1 form, the F2F attestation could be added

**Cons**
- Busy - lots of places for dates & signatures
- Could make review more difficult
- Must have distinct sections for F2F & narrative
- Documentation & signatures for different components can occur at different times
- If NP, different physician made F2F, then another person has to touch the form & sign
- If have narrative & recertification statement on separate forms, would need to combine them all into 1 form

Separate Forms

- Separate forms could include
  - F2F Encounter attestation (could also be on the clinical documentation of F2F)
    - Hospice physician / NP signature & statement that encounter occurred & clinical findings provided to certifying physician
  - Narrative & related attestation completed & signed by certifying physician
  - Recertification statement signed by certifying physician
  - May have a combination of the above on 1 form
Multiple Forms

Pros
- Each form distinct making it easier to review
- Easier to use since documentation & signatures may occur at different times & by different individuals
- Combine narrative & recertification into 1 form with F2F attestation separate would reduce forms & complexity while still allowing for different dates & signatures

Cons
- Multiple forms to track for completion
- Multiple forms to print & stock
- Multiple forms to file
- Multiple forms to suit for data entry into system

On-going Monitoring and Alerts

Process Checks
Face to Face
- How did you do during the "enforcement free" period?
- What did you learn?
- What is the quality of F2F documentation
- Are physicians dating own signatures
Process Checks

• What is your process for obtaining and communicating certification and recertification
• How do you identify patients up for recertification
• How do you know the certifications / narratives are completed prior to billing
• Do you have the benefit period dates on the certification / recertification form (after 1/1/2011)
• What about transfers
  • Obtain current benefit recertification documentation
  • Certification statement
  • Narrative & attestation
  • F2F encounter documentation & attestation as appropriate

Process Checks

• What is your process for verifying the signature of the attending
• What is your process for verifying the physician dated the certification
• What happens when the physician forgets to date the certification
• What about the signatures you can’t read
• Are your policies in alignment with regulations and your practices

Auditing

• Certification and recertification is a coverage requirement
• OIG considers this a risk area (several of OIG 28 risk areas)
• Compliance Program should include prebilling auditing of certifications and recertifications
  • Initial certifications (first benefit period) by attending physician if have one
    • Attending physician as identified by patient
    • Hospice physician
    • No name practitioners
  • Certifications/recertification statements not more than 15 days before or 2 days after the period begins
    • If verbal, signed before billed
    • Narratives completed before billing
    • F2F not more than 30 days before benefit period starts
    • F2F occurs prior to narrative & date recertification signed
FREQUENTLY ASKED QUESTIONS

Medicare as Secondary Payor

If a patient has Medicare as the secondary payer but the primary has been paying 100% during the first 2 benefit periods and now the primary is no longer paying 100% by the time the patient is entering his 3rd benefit period, is the F2F required at that point, or is that considered the first Medicare benefit period and we start a 90-day period without the F2F?

MSP

* Answer: You need to treat any Medicare beneficiary whether Medicare is primary or secondary as a Medicare patient for all the payment requirements which includes certification, recertification, admission, discharges. Therefore you should already have a certification for the 1st and 2nd benefit periods and a F2F is required for the 3rd and subsequent benefit period.
• Question: A patient was on the 45th day of her 4th benefit period when she revoked services. Five days after revoking she was readmitted to the hospice in her 5th benefit period. Can we use the F2F we completed for her 4th benefit period before she revoked since it was completed within the last 30 days?

• Answer: CMS has made it clear that it has to be prior to the 3rd or subsequent. In this example it was not prior to but was indeed during a previous benefit period. So, another F2F is needed prior to the admission.

• Question: On April 15, we admitted a Medicare patient to our hospice program. In the immediate days following the admission, we learned that the patient had elected the hospice benefit previously with another provider and was now with us in a subsequent 60-day hospice benefit period. Our medical director performed a face-to-face encounter on April 18. Please let us know:
  • whether the admission forms and documentation completed on April 15 suffice for the Medicare benefit period commencing on April 18; or,
  • whether we should have discharged the patient and completed all new admission forms and documentation on April 18 for a Medicare hospice admission date of April 18.
• Answer: If the F2F encounter is not completed prior to the first day of the benefit period, CMS has stated that the patient must be discharged from the Medicare Hospice Benefit and readmitted. The patient must then be treated as a new admit and needs to have a F2F encounter prior to admission. CMS has verbally stated that all new paperwork would need to be completed for the patient. Therefore you need to consider April 18 as a new admission to include the required documentation.

• Question: We admit a patient to hospice in their 3rd benefit period. We fail to provide the F2F encounter prior to the admission (not due to one of the exceptional circumstances). The F2F occurs 7 days after Election of the MHB and admission to services. Because we did not meet the F2F encounter time frame we failed to meet the threshold requirement for recertifying the patient’s terminal illness. Therefore the patient would cease to be eligible for the Medicare Hospice Benefit (MHB). The hospice may continue to serve the patient under hospice care, but assumes all financial responsibility for the care until the F2F encounter is completed. When the F2F encounter is complete and if the patient continues to be eligible, the patient can be re-admitted to the MHB. Does this mean that we need to have new Election Forms and Consents signed on the date the F2F & Certification criteria are met and go through the admission process again on the new date in order to start billing for services? In other words, the date of admission would now be the date that we were in compliance with the regulations?

• Answer: If the F2F encounter is not completed prior to the first day of the benefit period for a current patient, CMS has stated that the patient must be discharged from the Medicare Hospice Benefit and readmitted. The patient must then be treated as a new admit and needs to have a F2F encounter prior to admission. CMS has verbally stated that all new paperwork would need to be completed for the patient.
• Question: Since there is a two day time frame after recertification in which to obtain the completed recertification as it is a process, does that two day time frame not also extend to the face to face encounter so that would extend the time frame to obtain that face to face visit?

• Answer: The 2 day time frame is specifically for the certification statement and does not include the F2F

• Question: If a patient requires a face to face visit prior to admission due to previous hospice care and entering the 3rd benefit period, and the physician conducts the visit on the same day as the admission is completed, but prior to the time of the admission, what kind of documentation will be required to show that the face to face occurred prior to admission?.
  • Would they expect to see a time documented?
  • Where would they expect to see this located?
Answer: Follow your policy for documenting the F2F visit and your admission visit. It should be apparent in the notes that the physician made the visit and then the admission occurred. It could be in your admission note as well as the F2F visit note where the physician could say I am providing the F2F visit before the patient has been admitted.

Contact Information

Roseanne Berry, MSN, RN
roseanne@rchealthcaresolutions.com
480-650-5604

Charlene Ross, MSN, MBA, RN
charlene@rchealthcaresolutions.com

www.rchealthcaresolutions.com

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