Face-to-Face for Home Health

The Patient Protection and Affordable Care Act mandates that a physician face-to-face (F2F) encounter occur as a condition for payment for fee-for-service Medicare home health. The Centers for Medicare & Medicaid Services (CMS) published the PPS update 2011 final rule that included language to implement this section of the Act.

Homecare Homebase has reacted to this rule by developing new features to assist agencies in meeting the F2F requirements. Due to the short period of time between release of the final rule and the effective date of January 1 2011, as well as lack of CMS clarification and interpretation of key elements in the rule, features released in December 2010 are considered a foundation that likely will require modifications as HCHB receives, at a later date, Program Manual guidance from CMS, interpretation from industry trade associations as well as customer feedback on the actual implementation of the process.

As of December 9th, CMS has provided some, but not all clarification regarding the role of the hospitalist. According to CMS and NAHC interpretation, the hospitalist (or any inpatient-referring physician) may sign the certification / F2F encounter narrative with the primary physician signing the Plan of Care. In this case, the hospitalist role is to certify the patient for home health services (homebound status, need for intermittent care, and provide a plan for services) while the primary (community physician) is responsible for signing the Plan of Care. The F2F document HCHB has designed, with guidance from the National Association of Home Care & Hospice (NAHC) based upon CMS communication, will serve in both scenarios: the certification / F2F encounter narrative for facility referrals as well as for community referrals where the same physician must perform both functions (perform the certification / F2F encounter and sign the POC).

Please Note: Due to regulatory clarification, some features have changed since the creation of this document. Additional changes will occur as regulations continue to be clarified. This Feature Overview document will be updated with all changes before the production release.

THE BASICS

HCHB has added new features to record, facilitate and track the F2F encounter documentation within the home health service line. These features include a form to be mailed as an addendum with the plan of care or to a second physician, workflow to track the document, workflow to facilitate coordinating appointments for clients, reminder workflow to follow up on unmet encounters, billing audits to hold claims that have not met the F2F requirements, and reports to assist with tracking.
Clinical Manager

Referral Form

A new area in the clinical record will capture the Face-to-Face (F2) event documentation. This point of entry will be contained in the referral screen, physicians tab. The F2F documentation will be enabled for Medicare as primary or secondary payor.

A new button in the referral screen, physicians tab, has been enabled at all times for home health, once a physician has been entered. This button is labeled F2F Encounter. The F2F documentation is required once traditional Medicare has been entered. However, the user can continue as in current functionality, to not enter a physician and still be able to save the referral in the process pending referral state. Upon adding the physician later, the Face-to-Face Encounter button will then be required. It will not be required for other payors.

Saving the referral form will prompt a message to return to the F2F documentation if it has not been completed referral where traditional Medicare is primary or secondary. This feature will behave the same as current messages which require the user to either cancel and go back to enter the information or select OK to move on and place the referral in the Process Pending Referral category.

Location of Face-to-Face Encounter Documentation
Face-to-Face Entry Form

Selecting the F2F Encounter button on the physicians tab in the referral form opens the F2F Encounter Grid. Selecting Add in the bottom left creates the F2F form.
The F2F entry opens after selecting Add on the grid:

The **Agency Taken Date** defaults to the current date. This is the date the agency received the initial F2F information. It defaults to the current date.

The physician entered in sort order 1 in the referral will default to the **Physician Responsible for Face-to-Face Encounter** field. **Please Note:** The physician can be changed, however regulations require that only in the case of an inpatient facility-referred patient can the facility physician sign the F2F in lieu of the physician who is signing the Plan of Care. A message will be presented to the user when attempting to change the physician name.

The **Date of Face-to-Face Encounter** is the known or proposed date the physician saw or intends to see the client for the F2F. Since this date may not be known at this point of the referral entry process it may be left blank.

The **Completed and signed F2F documentation provided to agency on paper** can be selected if the agency has already received a written and signed document with the F2F information recorded. If this field is selected there will not be follow up workflow for mailing and tracking of the document as it has been deemed completed, received and signed. This field should only be selected if there is a completed and signed F2F document in the possession of the agency.

The **Send to Physician** check will default to being selected. It will not be editable. When the Completed and signed F2F documentation provided to agency on paper check has been selected, this field will automatically be de-selected.

The **Home Health Certification and Face-to-Face Encounter Acknowledgement** is populated from a system setting. HCHB has developed standard text in accordance with the latest CMS clarification and NAHC interpretation, which will display in the F2F certification / narrative form that will be sent to the physician. This section serves as an explanation of the use of this form as well as a place to guide the
physician into completing specific items. Due to the possibility of interpretation differences, agencies may edit this statement within the system setting. This section is not editable at the client entry form level.

The Face-to-Face Encounter Narrative is the field in which the physician will enter his/her narrative on paper or electronically in Provider Link (see separate Feature Overview for Provider Link). The space is reserved on the entry form so that the narrative of an electronically signed F2F document can be viewed after being entered.

View / Add Client Attachments is available to use if a completed and signed F2F document was provided to the agency.

Validation of the Entry Form

The F2F encounter form will perform initial validations upon selecting Save or Save & Stay. The system will perform date checks comparing the Date of F2F Encounter with the Requested Evaluation Date field, if entered, or the current date if Requested Evaluation Date field has not yet been entered in the referral entry process. The date checks will verify that the Date of Face-to-Face Encounter is planned for no more than 30 days after the Requested Evaluation / current date or no more than 90 days prior to the Requested Evaluation / current. According to the regulations, the F2F date must be compared to the SOC date, therefore a final check will take place later in the F2F process to check the F2F date against the actual SOC date once it has been determined. For this reason, the F2F document cannot be completed until after the SOC is initiated.
Workflow: New Event

Stage 1: Review / Edit / Approve F2F Encounter

Once a F2F encounter form has been entered, the referral has been completed, and Medicare eligibility verified, workflow will initiate. The new workflow event is Home Health F2F Encounter and the first stage initiated is Review / Edit / Approve F2F Encounter. From this stage, the user can view the referral, create coordination notes (new F2F note type will default but can be changed) and view the F2F encounter form.

Once the encounter has been viewed, the facilitate and approve buttons will be active. In order to approve the F2F encounter, the 485 must be approved. If it has not been approved the following message will be presented.
The facilitate button will initiate workflow that will allow agencies to perform steps to assist the client in making a physician appointment. If initiated, this button will create another workflow stage (see stage 2).

![Facilitate Button](image)

Cancel will close the stage, leaving it on the actions screen.

**Stage 2: Facilitate F2F Encounter Appointment**

Once the facilitate button is initiated from the review / edit / approve stage, the facilitate stage is initiated. The coordination notes button, if accessed, will again default to the F2F coordination note for entry if desired.

![F2F Encounter Appointment](image)

View Referral will allow the user to access the referral screen. Stage Complete will end the stage with no further follow up initiated and Cancel will close the stage, leaving it on the actions screen.
Stage 3: Review Home Health F2F Encounter from Physician Website

This stage will be initiated when a physician approves or declines a F2F encounter document in Provider Link. Please see Provider Link Feature Overview for details.

Stage 4: Process New F2F Encounter to Physician

This stage will initiate after the Review / Edit / Approve F2F Encounter stage has been completed. Similar to processing a stage for orders, the user will edit the necessary fields and send to the physician.
Stage 5: Follow Up on Unresolved Face-to-Face Encounter [First Reminder]

This stage will initiate if there is an outstanding F2F encounter document “X” number of days after SOC according to the number entered in a new system setting. During the installation, HCHB will insert the number 15 in this setting for all customer databases. Customers can change this date according to agency process and policy.

From this stage, users can view the F2F document, enter coordination notes, process the document to log in as signed, complete and cancel the task.

Stage 6: Follow Up on Unresolved Face-to-Face Encounter [Second Reminder]

This stage will perform exactly as the first reminder (Stage 5) if there is still an outstanding F2F encounter document “X” number of days after SOC according to the number entered in the second system setting. The update will insert the number 22 for this setting in all customer databases. Customers can change this date according to agency process and policy.

From this stage, users can view the F2F document, enter coordination notes, process the document to log in as signed, complete and cancel the task.

Workflow Setup

Workflow will require set up for designated responsible positions for each stage of the new Home Health F2F Event.

- Review / Edit /Approve F2F Encounter
- Facilitate F2F Encounter Appointment
- Review Home Health F2F Encounter from Physician Website (if Physician Portal is used)
- Process New F2F Encounter to Physician
- Follow Up on Unresolved Face-to-Face Encounter [First Reminder]
- Follow Up on Unresolved Face-to-Face Encounter [Second Reminder]
The F2F Encounter Grid in Medical Record

The home health F2F Encounter Grid will be used as a viewing and tracking mechanism within the medical record. The grid will be blank until a F2F encounter has been initiated through the referral process. The grid will also serve as the entry point if any further F2F encounter documents require creation after the initial document at SOC.

Only one F2F document will be allowed to exist per initial SOC. The F2F document will be considered complete when it has passed validations and a signed date has been entered.

While the F2F encounter is required only for the first episode of care, the grid will continue to display in all subsequent episodes as view only. The user will select the row within the grid and use either the option buttons at the bottom of the window to perform an action on the document or right-click the row to receive a menu to complete the same commands as the buttons.
Processing the F2F Encounter (Logging in as Signed)

The F2F encounter documents that are sent to the physician must be logged in after the agency has received them signed. Processing F2F encounter documents can be performed from any area where the grid exists: F2F Grid in the client record / referral screen, orders console, and via the first and second workflow reminder stages Follow up on Unresolved F2F Encounters.

Accessing the Process Window

Step 1: From the F2F Grid

Select the client episode in clinical input. Right-click and select medical record, Face-to-Face Encounters. When the grid opens, right click the row containing the event and select Process F2F Encounter from the menu. The user can also initiate processing by selecting the row then the button “Process F2F Documentation”. The process window will open for entry.
Step 2: From Orders Console

The F2F encounter document will be accessible in Orders Console once any type of order has been created for the client. The F2F document does not exist as its own entry but has been added as a link from an order to allow for easy access for processing. Right-click any order and select Face-to-Face Encounter from the menu. The Process F2F Document window will open.

Step 3: From Workflow

When selecting the Process F2F Encounter Documentation button from the two reminder stages Follow-up on Unresolved F2F Encounter Documentation, the Process F2F Encounter Documentation window will open.
Logging in the F2F from the Process Window

The Process F2F Document window displays the client name, Encounter Visit Date, F2F Physician and preferred communication method.

The Date F2F Sent will default and How F2F Sent will default to the physician's preferred communication method. The user will enter the Date F2F signed by physician and either Save changes to update the record or Cancel. The Date F2F Signed will update the grid Date Signed field.
Point Care Manager

Field users will play a part in confirming and documenting F2F information. The F2F data entered in clinical manager during the referral process is visible in PointCare for viewing only in a new section of Demographics called “Face-to-Face”. Accessing and editing this area is required on SOC visits.

Tap on the Edit link to open the F2F entry form. The form contains any F2F information entered at the point of referral. Since entry at referral is not required, some of all of these fields may be blank. These fields are view only to inform the admitting clinician of the F2F status.

The comments field will require an entry. The purpose of this field is to allow the user to either obtain the F2F information from the client or physician or to confirm what was already entered. Upon completion of the SOC visit, comments entered in this field will create a Home Health F2F Encounter coordination note. This note will be displayed with all coordination notes and available during the SOC documentation review stages as well as in the Review / Edit / Approve F2F Encounter stage on the action screen.

The F2F area in Demographics will be visible for all subsequent visits but not required or editable.

Coordination Notes Setup

The Home Health F2F Encounter Coordination Note is installed in all customer databases. The settings are not editable and are set to send to PointCare, and to show in the medical record. The new note will require setup for designated responsible position for workflow. Agencies may also choose to set up a template.
Reports

Home Health Certification Addendum / Face-to-Face Encounter Acknowledgement Report

According to CMS and NAHC interpretation, the hospitalist (or any inpatient-referring physician) may sign the certification / F2F encounter narrative with the primary physician signing the Plan of Care. In this case, the hospitalist role is to certify the patient for home health services (homebound status, need for intermittent care, and provide a plan for services) while the primary (community physician) is responsible for signing the Plan of Care. The F2F document HCHB has designed, with guidance from NAHC based upon CMS communication, will serve in both scenarios: the certification / F2F encounter narrative for facility referrals as well as for community referrals where the same physician must perform both functions (perform the certification / F2F encounter and sign the POC).

This data compiled for this report is the result of user entry in the F2F encounter form and the Home Health Certification and Face-to-Face Encounter system setting. These combined entries along with pre-populated header information from the client record as well as a certification / narrative box display on the report.
Please note: The information leading to the creation of this report is current as of December 9, 2010. Since changes to interpretation and further CMS clarification is expected, the data being presented and captured on this form is likely to change.

**Home Health Face-to-Face Encounter Tracking Report**

This report was designed to assist agencies in determining which F2F documents are outstanding. It is accessed from Reports Manager, All Reports.
Multiple selections are available to isolate data: agencies, teams, locations, clients, case managers, responsible physicians (designated to sign the POC), episode statuses, SOC dates, F2F statuses, days until F2F due (by week), exclude paper F2F, primary and secondary payors. Sorting and grouping are also available.
End of Episode Billing Workflow

Because the Final Claim cannot be billed without the proper Face-to-Face Encounter documentation, a new validation has been added to the EOE workflow stages to prevent billing from occurring when the conditions for the F2F encounter have not been met. The validation will exist for new start of care episodes (SOCs) that begin on or after 1/1/2011. End of episode billing will not be allowed to occur when any of the following conditions exist:

- The Physician responsible for the Face-to-Face Encounter field is not populated
- The Face-to-Face Date field is not populated
- The Face-to-Face Date is >90 days prior to SOC or >30 days after the SOC date
- The Physician signed date is not populated

Attempting to clear the claim when any of the above conditions exist will result in the following informational message and the user will be prevented from advancing to the ‘Bill EOE’ stage.

![Warning Message](image)

Users may receive this warning when selecting the ‘Claim Cleared’ button during the ‘Perform Claims Audit’ or the ‘Review/Clear Held Claim’ stages.

**NOTE:** When the system setting for Multi-Directional PPS EOE Workflow is enabled, the Review/Clear Held Claim stage has a button for ‘Preview Final Bill’ instead of the ‘Claim Cleared’ button. In this case, the message would be displayed upon selection of the ‘Preview Final Bill’ button and the user would not be able to advance the stage.

A new claim held reason for ‘Missing Face-to-Face Encounter’ has been scripted into the Claim Held Reasons table in Table Administration. This claim held reason is ‘required’ and will not be editable for users.
When the warning message on the workflow stage is received, and the 'Claim Held' button is selected, the user will need to add a Claim Held Reason. Users will now see the 'Missing Face-to-Face Encounter' held claim reason in the drop down for selection.
Prebilling Validation Report

A new column labeled ‘F2F’ has been added to the Prebilling Validation Report. The F2F column will display an ‘N’ when any of the following conditions exist:

- The Physician responsible for the Face-to-Face Encounter field is not populated
- The Face-to-Face Date field is not populated
- The Face-to-Face Date is >90 days prior to SOC or >30 days after the SOC date
- The Physician signed date is not populated

Otherwise, the column will be blank.
1) F2F Encounter from Clinical Input
   - Right-clicking on a client from the clinical input screen and select the **Face-to-Face Encounter** option for that Client
   - When the user sees the F2F Encounter grid, they need to add a required F2F Encounter.
   - After the encounter is saved the F2F Encounter workflow (**Review/Edit/Approve F2F Encounter stage**) will generate on the action screen for that clients Review/Edit/Approve F2F Encounter.