Question: Do the Face-to-Face statutory and regulatory requirements apply to Medicare Advantage (MA) plans?
Answer: Section 6407 of the ACA requires a face-to-face encounter when physicians certify eligibility for home health or durable medical equipment. The clear intent of the requirement is to reduce the incidence and "risk of waste, fraud, [and] abuse." In effect, FFS is adopting a utilization control mechanism that has been available to coordinated care plans under Medicare Advantage since the inception of the program. However, it is not the case that MAOs are also required to conduct face-to-face evaluations if MAOs do not believe that they are warranted. On the other hand, MAOs are permitted to require them. This would be especially true in cases where PFFS, PPO, or RPPO plans are required to reimburse for services provided by non-contracting providers. In such cases, sponsoring MAOs may find it prudent to adopt rules similar to FFS to prevent "waste, fraud or abuse."

Question: Will a Change Request (Transmittal) for G codes be issued soon? If not, will the effective date be delayed?
Answer: Yes a CR will be issued soon.

Question: Is electronic certification/face to face documentation, with e-signature acceptable?
Answer: Yes

Question: May a resident perform and document a face-to-face encounter?
Answer: The encounters needs to be performed by the physicians who certify, or by certain NPPs who collaborate with the certifying physicians, or who work for the certifying physicians.
Is the resident an enrolled Medicare provider? If so, he answer to your question is "yes". The discharge plan would need to describe the community physician to whom the physician was transferring care of the patient. He/she would also have to at least order HH services/initiate the POC. If the resident is not an enrolled provider, then the resident won't be able to order HH services/certify per a different provision in the ACA. In this case, the resident could get his Medicare-enrolled supervising attending to document the f 2 f and certify, initiate the POC, etc., assuming the resident's supervising attending has seen the patient.

Question: May an ER physician who cares for a patient during an ER visit and determines that a patient is in need of home health services and is homebound, and who establishes a plan for home care document the face to face encounter/certification? (Note: Referral to home care is often a way to avoid a hospital admission)
Answer: Yes, with the same caveats as above (regarding a resident).

Footnote from CMS: It is important to note that certain NPPs in the acute and post-acute settings can play an important role in the face to face encounter mandate. If those NPPs described in the ACA provision collaborate with the community certifying physician, their encounter with the patient during an acute stay, ER visit, SNF stay, etc. could satisfy

the requirement. In this case, the community physician would certify, establish and sign the POC, and document the face to face based on the information received from the NPP.

Question: May HHAs provide transportation to patients for their physician face to face encounter visits?
Answer: Home health agencies may provide transportation to patients as long as they charge fair market value for the service. Failure to charge fair market value would be considered to be a kickback in the form of a non-allowable gift to a patient.

Question: For clarification: Can the Hospitalist sign the F2F encounter attestation and the Certification statement and the local community MD (different from the hospitalist MD) sign the Plan of Care?
Answer: Yes, any inpatient physician may document and sign the face to face encounter and certification, while a community physician orders and signs the plan of care.

Question: Please clarify the regulatory requirement of no standardized language. To be used in documentation of F 2 F are we able to create a form that contains check box options for the physicians in regards to diagnosis, etc.?
Answer: A checkbox would not meet CMS' intent since the agency would be providing prescribed verbiage that a physician must choose from. This "standardized" language may not fit with the clinical condition of the patient. The full text from CMS in the Federal Register reads: "The law requires this as a condition for HH payment. We proposed that the documentation of the encounter be a separate and distinct section of, or an addendum to, the certification, and that the documentation include why the clinical findings of the encounter support HH eligibility. We believe that our proposed documentation requirements meet the Congress' intent for more physician involvement in determining the patient's eligibility and managing the care plan. We believe that were we to allow the HHA to craft standard language which the physician would then simply sign, we would not achieve the sort of physician involvement in the eligibility determination and care plan which was the Congress' intent. As such, we believe that if a HHA were to develop standardized encounter language to be signed by the physician, they would not be adhering to the statutory payment requirements that the "physician document" the encounter."

Question: May a home health agency put labels on a form for the physician to complete?
Answer: When asked if it would, however, be acceptable for the agency to at least label the section of the 485 or addendum where the physician's documentation should be placed, titling it for example "Physician Verification of Face-to-Face Encounter," and then to include subheadings which include: Date of Encounter, Medical Condition for Encounter, Services Needed, Clinical Findings, Homebound Status, Physician Signature, Date. CMS responded: "Yes, this is fine. As long as the info/clinical findings and how the findings support eligibility are documented by the physician, in his/her own words.

Question: If a hospitalist documents the F2F and certifies the patient, is the primary physician (who will sign the 485 and oversee the episode of care) required to complete a face to face as well? Or does the hospitalist's F2F meet the requirement?
Answer: No, a second face to face by the physician ordering services and signing the plan of care is not required.

Question: If a F2F encounter occurred within the past 90 days prior to referral for homecare and the reason for the f2f was not related to the homecare referral we must then get an additional f2f encounter documented?
Answer: Yes a second encounter will be required.

Question: I thought the face to face for homecare was effective for admissions as of 1/1/11?
Answer: The face to face encounter is required for any patient with a Start of Care Medicare fee-for-service episode 1/1/11 and after. It is not required for re-certification episodes.