

Provider Update

A Newsletter for Physicians and Allied Health Care Professionals · Volume 1, 2017

Home Care Orders: A Necessary Pain

As the eyes and ears of the primary care physician, UR Medicine Home Care bridges the gap between the medical care you provide, and the follow-up care we provide in the patient's home. Home visits allow a behind-the-scenes view of your patient's home life and circumstances, which may not be shared at office or facility-based visits, but which may give critical insight into creating an effective plan of care.

Home Care is unique, in that nearly all of the orders for a patient are verbal orders initiated by a Registered Nurse. The initial Home Care Certification order details the services we are providing to the patient, and is signed by the attending MD. In the event that more than one MD will be signing separate pieces of the home plan, each MD will be sent one or more individual orders to sign.

Barriers We Face

Did you know that 20% of our Home Care orders take an average of 28 days to be signed and returned?

Because of the complexity of home care orders, timely MD signature is critical to:

- Enable the patient to receive home service
- Complete the legal Medical Record
- Demonstrate we are operating under MD supervision
- Bill insurances within required time frames



Your collaboration with our Home Care team is key to our success!

- We need MD's actual signature on the home care order, not a stamped signature
- We need ALL the pages of the order returned, not just the signature page
- We need orders signed and returned to us, within five days of your receiving them

Our Home Care team promises to:

- Confirm the patient is being followed by you, and the office location you see them at, so orders can be delivered timely and accurately to you.
- Send to you for signature, only the orders for which you have agreed to be accountable for.
- Communicate with you after we initiate each new service, and regularly thereafter as needed, about the patient response to our plan of care.

**Questions? Want an in-service?
Call Community Relations Representatives
Ellen Avery, RN, Karen Ihrman, or
Karen Quartaro at (800) 724-5727**

**FACE TO FACE
ENCOUNTER FORMS**
Information You Need
To Know



Face-to-Face Encounter Regulation

Since its inception in 2011, the Face-to-Face Encounter Regulation has undergone several interpretations by CMS. In 2015, changes were again made to what CMS will accept as supporting documentation. Additionally, the regulation was expanded to include Medicaid patients on 7/1/16.

What is the same?

- Intent of the law is to **affirm the role of the physician as the person who orders home health care** based on personal examination of the patient.
- The **physician** (or the non-physician practitioner (NPP) working for or in collaboration with the physician) who certifies a patient as eligible for Medicare home health services, **must perform a visit with the patient** (the Face-to-Face encounter).
- The Face-to-Face Encounter **visit must occur within the 90 days prior** to the start of home health care, **or within the first 30 days after the start of home health care**, for the **same focus of care** that the patient requires home care for.

Documentation of the Face-to-Face Encounter visit **must include five elements:**

- Date of MD visit, and within the required time frame
- MD visit was related to the primary reason the patient requires home care
- Visit performed by an allowed provider
- Description of the clinical need for services
- Description of how the patient is homebound

What is new?

- Documentation of the five elements, must be present in the provider's actual Face-to-Face Encounter visit with the patient
- The home care agency is now required to review/keep a copy of the provider's Face-to-Face Encounter visit note, and produce it upon audit by CMS.

If the provider note does not sufficiently document the five elements, **the home care agency will not be paid for any of the care provided to the patient at home!**

Effective 7/1/16 Medicaid patients must also meet the first four elements, but are not required to be homebound.

What does acceptable provider documentation look like?

- Specific template for the progress note is not required by CMS
- Note must **detail the specific clinical reason** that the different services are needed, and what specifically each service will be providing in the home (i.e. patient has left foot wound and requires Skilled Nursing to assess wound and instruct family in hydrocolloid with silver dressing every other day).
- Note must **detail the factors that cause a patient to be homebound** (i.e. patient is homebound s/p left TKR and walker dependent with painful ambulation).

What UR Medicine Home Care is doing to help make this easy for providers:

- Dedicated Face-to-Face Encounter Regulation nurse – Kim Merville
- Streamlined process of tracking cases
- Feedback and education on provider note components

What UR Medicine Home Care needs from our providers:

- Confirmation that the patient was/was not seen within the timeframes
- A copy of the provider's progress note from the actual Face-to-Face Encounter visit

Please contact Kim Merville, Regulation Specialist, at (585) 274-4285 with any questions you have.