Additional Questions & Answers
Palmetto GBA Organizational Process Improvement Coaching Project (OPICP) Conference July 30, 2015

1. Where can we send samples of F2F documentation for review? We would like to have some feedback in writing.

   Response: Palmetto GBA will be implementing the CMS "probe and educate" pre-payment review process for home health providers in October 2015. As part of the probe and educate process Palmetto GBA will be generating claim-specific feedback in writing. Following the pre-payment review and communication of the provider-specific results, there will be an opportunity for home health providers to interact with Palmetto GBA staff on process improvements. These process improvements will be based on the claim-specific feedback provided by Palmetto GBA as part of the probe and educate pre-payment reviews.

2. How do you see CMS or Palmetto GBA scaling out this process to other providers?

   Response: Palmetto GBA is part of a Home Health and Hospice Medicare Administrative Contractor (HHH MAC) workgroup that is specifically focused on reducing the errors contributing to the Comprehensive Error Rate Testing (CERT) improper payment rate. The workgroup will be leveraging the knowledge developed by Palmetto GBA's Organizational Process Improvement Coaching Project (OPICP) to help providers identify and improve the process steps that are driving the Home Health CERT improper payment rate. This unified and collaborative approach will include non-HHH MACs (serving physicians, acute and other post-acute Medicare providers), home health providers, hospitals, and physicians throughout the US in order to help the adoption of the best practices presented during the OPICP Conference on July 30, 2015.

3. If the physician signs and incorporates into his record the agency's compliant assessment narrative does this satisfy [the requirement] if his record corroborates?

   Response: No. The physician's record must corroborate any supplemental information provided by the home health agency. According to Chapter 7, **Section *30.5.1.2 – Supporting Documentation Requirements (Rev. 208, Issued: 04-22-15, Effective: 01-01-15, Implementation: 05-11-15)*** of the CMS Medicare Benefit Policy Manual

   > • *Information from the HHA, such as the initial and/or comprehensive assessment of the patient required per 42 CFR 484.55, can be incorporated into the certifying physician's medical record for the patient and used to support the patient's homebound status and need for skilled care.* ***However, this information must be corroborated by other medical record entries in the certifying physician's and/or the acute/post-acute care facility's medical record for the patient.*** **(Emphasis added)**

4. If the physician completes F2F form with narrative and incorporates it into his medical record and the narrative satisfies the requirements is this compliant? Would it be denied?

   Response: CMS does not require a specific F2F form or physician narrative as part of the current home health certification requirement. The current requirement is discussed in MLN Matters® Number MM9119 available online at the following URL:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9119.pdf

Additionally CMS has published medical review instructions for Home Health Certification. Please see **30.5 - Physician Certification *and Recertification of Patient Eligibility for Medicare Home Health Services (Rev. 208, Issued: 04-22-15, Effective: 01-01-15, Implementation: 05-11-15)*** at the following URL:

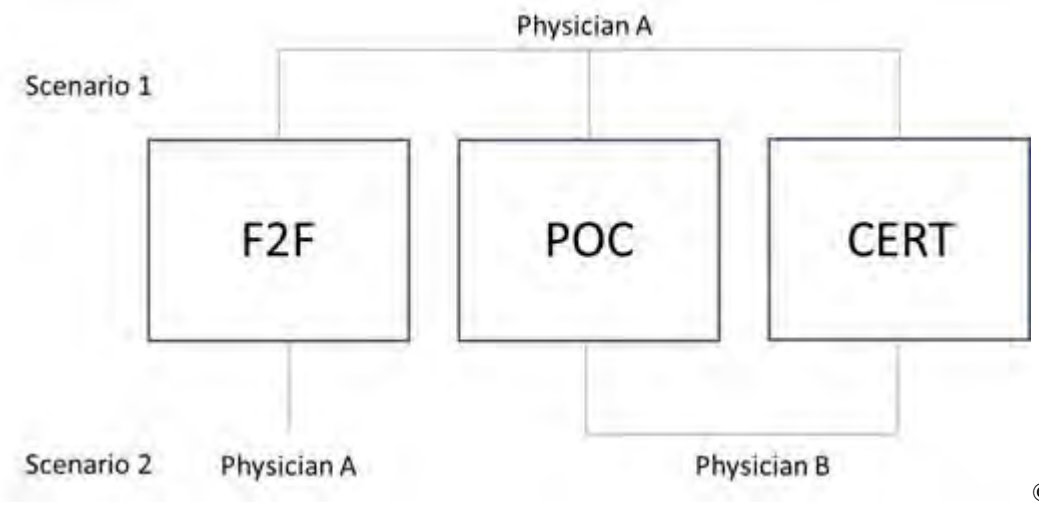
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf

5. With Palmetto GBA now hearing from so many providers on physician education issues and challenges that come with that, will you now take these comments/concerns to CMS?

   Response: Palmetto GBA works closely with CMS and its fellow HHH Medicare Administrative Contractors. The knowledge developed through Palmetto GBA's Organizational Process Improvement Coaching Project (OPICP) is being shared and will help improve the communication among those referring, certifying, providing, and reimbursing home health services.

6. MD discharge summary (F2F) received with great clinical documentation. Hospital MD turns over care to community PCP. We [presumably the home health agency] include F2F date on Plan of Care (POC) with certification statement for PCP to sign.
   a. Does the PCP have to cosign the actual D/C summary (the F2F)?
   b. What if the D/C summary had been from an NPP? Is cosignature on the D/C summary req'd?

   Response: This question refers to Scenario 2 in the following diagram ©2015Palmetto GBA, LLC:



   a. While there is no requirement that Physician B "cosign" Physician A's discharge summary, physicians often acknowledge records created by others before incorporating them into their own records.
   b. Same as above.

7. For supplemental information to the physician progress note – can the agency fill out a F2F form and send it to the physician for signature /date – to be included with the physician progress note?

   Response: CMS does not require a specific F2F form, but does require that any supplemental information provided to the physician by the home health agency be signed, dated and incorporated into the physician record. The specific requirements are described in MLN Matters® Number: SE1436 available online at the following URL:

   https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1436.pdf

8. How is Palmetto GBA going to review physician documentation? By requesting the doctor's record/facility record or will the home health agency be responsible to provide the physician records with the home health documentation for submission?

   Response: Palmetto GBA will request the supporting documentation from the home health agency. Chapter 7, Section 30.5.1.2 (Supporting Documentation Requirements) of the Medicare Benefit Policy Manual states:

   30.5.1.2 – Supporting Documentation Requirements (Rev. 208, Issued: 04-22-15, Effective: 01-01-15, Implementation: 05-11-15)

   As of January 1, 2015, documentation in the certifying physician's medical records and/or the acute /post-acute care facility's medical records (if the patient was directly admitted to home health) will be used as the basis upon which patient eligibility for the Medicare home health benefit will be determined. Documentation from the certifying physician's medical records and/or the acute /post-acute care facility's medical records (if the patient was directly admitted to home health) used to support the certification of home health eligibility must be provided, upon request, to the home health agency, review entities, and/or the Centers for Medicare and Medicaid Services (CMS). ***In turn, an HHA must be able to provide, upon request, the supporting documentation that substantiates the eligibility for the Medicare home health benefit to review entities and/or CMS. If the documentation used as the basis for the certification of eligibility is not sufficient to demonstrate that the patient is or was eligible to receive services under the Medicare home health benefit, payment will not be rendered for home health services provided.*** **(Emphasis added)**

   The complete Chapter 7 citation is available online at the following URL:

   https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf

9. Could Palmetto GBA collaborate with healthcare providers and CMS to provide physician Continuing Education Units (CEUs)?

Response: Yes. Palmetto GBA is open to working with the provider community (including State home health, hospital, and physician organizations) to improve the documentation and communication around the home health certification requirement.

10. Based on ADRs [reviewed to date] reviewers seem to have different F2F criteria. What is Palmetto GBA's plan for improvement?

    Response: Palmetto GBA actively monitors inter-reviewer reliability using test cases that are reviewed independently, scored and then discussed jointly during training sessions with medical review and medical affairs staff. Palmetto GBA is preparing for the Home Health Probe and Educate reviews through case-studies and the implementation of a home health record review checklist that will promote a consistent review process.

11. F2F performed by hospitalist. We're told "the record" has to indicate the MD in community taking over care. Where?
    a. Is the hospital nurse discharge instruction sufficient?
    b. Is our intake form sufficient?
    c. What if the hospital discharge planner completes the referral form?

    Response: While the information may be recorded in any of the above sections of the record, the information must come from the certifying physician. According to CR 9119 it's the certifying physician that must identify the community physician:

    If the patient is starting home health directly after discharge from an acute/post-acute care setting where the physician, with privileges, that cared for the patient in that setting is certifying the patient's eligibility for the home health benefit, but will not be following the patient after discharge, then the certifying physician must identify the community physician who will be following the patient after discharge. One of the criteria that must be met for a patient to be considered eligible for the home health benefit is that the patient must be under the care of a physician (number 4 listed above). Otherwise, the certification is not valid.

    If the certification will be performed by another physician, CR 9119 goes on to say:

    The certification must be complete prior to when an HHA bills Medicare for reimbursement; however, physicians should complete the certification when the plan of care is established, or as soon as possible thereafter. This is longstanding CMS policy as referenced in Pub 100-01, Medicare General Information, Eligibility, and Entitlement Manual, chapter 4, section 30.1. It is not acceptable for HHAs to wait until the end of a 60-day episode of care to obtain a completed certification/recertification.

12. If hospitalist does not identify the following physician by name, how/what is the best way to comply? Can we provide this information on Plan of Care (POC) for the follow-up physician to sign?

    Response: Because the compliant certification process (described in CR 9119) requires "The services are or were furnished while the patient is or was under the care of a physician", if the hospitalist will not

be following the beneficiary or identifying who the following physician will be, the plan of care will need to be established by the certifying physician.

13. A physician's assistant (PA) sees a patient in the office and completes a visit note, signs and provides it to the home health agency. Does the MD in that office have to co-sign the visit note? The F2F date is included on the Plan of Care (POC) for certifying MD signature.

    Response: The presumption here is that the above mentioned PA "visit note" represents a compliant Face-to-Face (F2F) encounter (i.e. is complete, accurate and timely). Although the PA and supervising physician would be subject to the State-specific requirements for physician oversight of physician assistant activities, for the purposes of the Medicare home health certification requirement PA F2F encounter does not need to be "cosigned" by the supervising physician.

    According to CMS Change Request 9119

    To be eligible for Medicare home health services, a patient must have Medicare Part A and/or Part B and, per §1814(a)(2)(C) and §1835(a)(2)(A) of the Act:

    - *Be confined to the home;*
    - *Need skilled services;*
    - *Be under the care of a physician;*
    - *Receive services under a plan of care established and reviewed by a physician; and*

    • ***Have had a face-to-face encounter with a physician or allowed non-physician practitioner (NPP) (emphasis added)***

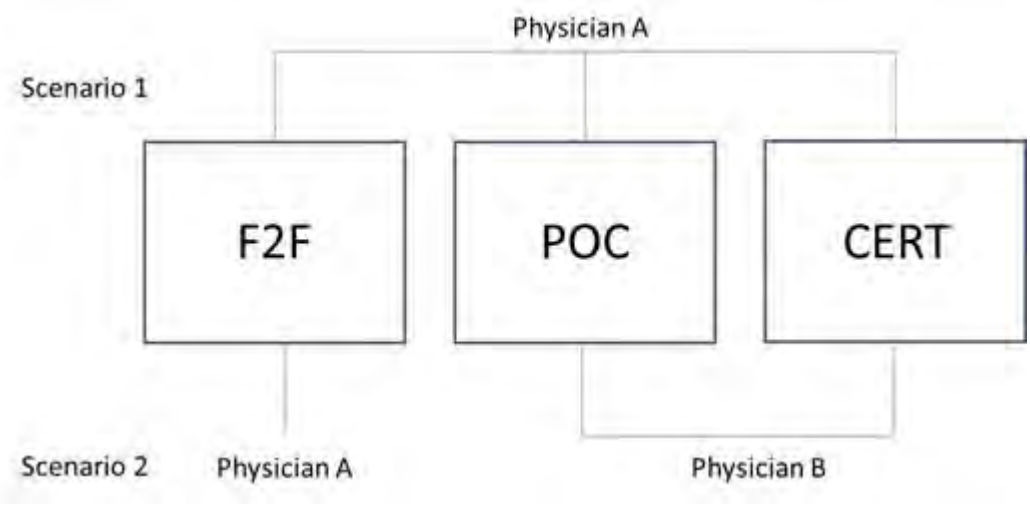
    Accordingly CR 9119 states that among the allowed NPPs are

    - A physician assistant under the supervision of the certifying physician *or under the supervision of an acute or post-acute care physician with privileges who cared for the patient in the acute or post-acute care facility from which the patient was directly admitted to home health.*

    and

    NPPs performing the encounter are subject to the same financial restrictions with the HHA as the certifying physician, as described in 42 CFR 424.22(d).

14. If the physician who signs the Plan of Care (POC) is different from the one who completes the F2F documentation and certification statement (i.e., Scenario 2), does the Primary Care Physician (PCP) who signs the POC have to sign the F2F documentation (whether it is a progress note, a physician visit note, a discharge summary or an addendum to one of those)?



Response: No. While it is customary for physicians to sign and date information received from other physicians (e.g., consultations/reports) the PCP ("Physician B" in the above Scenario 2) does not have to sign Physician A's HH F2F Encounter.

CMS provides additional instructions regarding different physicians establishing the plan of care and performing the home health physician certification in Publications 100-01 and 100-02. According to Chapter 7 of the CMS Benefit Policy Manual (Publication 100-02):

30.3 - Under the Care of a Physician
(Rev. 208, Issued: 04-22-15, Effective: 01-01-15, Implementation: 05-11-15)
The patient must be under the care of a physician who is qualified to sign the physician certification and plan of care in accordance with 42 CFR 424.22.

A patient is expected to be under the care of the physician who signs the plan of care. It is expected *that in most instances, the physician who certifies the patient's eligibility for Medicare home health services, in accordance with §30.5 below, will be the same physician who establishes and signs the plan of care…*

Additionally, according to the CMS Manual System Publication 100-01 *Medicare General Information, Eligibility, and Entitlement* Section 30.1 - *Content of the Physician's Certification*
(Rev. 92, Issued: 04-22-15, Effective: 01-01-15, Implementation: 05-11-15)

"Certifications must be obtained at the time the plan of care is established or as soon thereafter as possible.

The physician must sign and date the plan of care (POC) and the certification prior to the claim being submitted for payment; rubber signature stamps are not acceptable. The plan of care may be signed by another physician who is authorized by the attending physician to care for his/her patients in his/her absence."

So it's the certifying physician that takes into account the medical record, including the F2F documentation, as part of the physician certification process and must sign-off and incorporate the HHA documentation "in a timely manner". Specific requirements are provided below in the Medicare Program Integrity Manual (Publication 100-08) Chapter 6, **Section *6.2.3 – The Use of the Patient's Medical Record Documentation to Support the Home Health Certification***

(Rev. 602 Issued: 07-10-15, Effective: 08-11-15, Implementation: 08-11-15)

As mentioned in section 6.2.1.1 – Certification Requirements, for home health services to be covered by Medicare, the certifying physician's and/or the acute/post-acute care facility's medical record for the patient must contain sufficient documentation of the patient's medical condition(s) to substantiate eligibility for home health services. The information may include, but is not limited to, such factors as the patient's diagnosis, duration of the patient's condition, clinical course (worsening or improvement), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, etc.

The HHA's generated medical record documentation for the patient, by itself, is not sufficient in demonstrating the patient's eligibility for Medicare home health services. As noted earlier, per 42CFR424.22 (a) and (c) it is the patient's medical record held by the certifying physician and/or the acute/post-acute care facility that must support the patient's eligibility for home health services. Therefore, any documentation used to support certification that was generated by the home health agency must be signed off by the certifying physician and incorporated into the medical record held by the physician or the acute/post-acute care facility's medical record. ***Any information provided to the certifying physician from the HHA and incorporated into the patient's medical record held by the physician or the acute/post-acute care facility's medical record (if the patient was directly admitted to home health) must corroborate the rest of the patient's medical record****. This could include, but is not limited to, the comprehensive assessment, plan of care, the inpatient discharge summary or multi-disciplinary clinical notes, etc., which must correspond to the dates of service being billed and not contradict the certifying physician's and/or the acute/post-acute care facility's own documentation or medical record entries. The reviewer shall consider all documentation from the HHA that has been signed off in a timely manner and incorporated into the physician/hospital record when making its coverage determination. HHA documentation that is used to support the home health certification is considered to be incorporated timely when it is signed off prior to or at the time of claim submission.* ***See section 6.2.6 Examples of Sufficient Documentation Incorporated Into a Physician's Medical Record****.* (Details are contained in CMS Change Request 9189 available at:

https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R602PI.pdf

15. Does an agency have to have a physician progress note (discharge summary, etc.) as the F2F documentation – supplementing additional documentation if needed?

    Response: Yes the home health agency "must be able to provide, upon request, the supporting documentation that substantiates the eligibility for the Medicare home health benefit to review entities and/or CMS". Chapter 7 of the CMS Manual System Publication 100-02 Benefit Policy Manual

provides the following guidance regarding the responsibilities of the physician, acute, and post-acute care facilities – including the home health agency:

30.5.1.2 – Supporting Documentation Requirements
(Rev. 208, Issued: 04-22-15, Effective: 01-01-15, Implementation: 05-11-15)
As of January 1, 2015, documentation in the certifying physician's medical records and/or the acute /post-acute care facility's medical records (if the patient was directly admitted to home health) will be used as the basis upon which patient eligibility for the Medicare home health benefit will be determined. Documentation from the certifying physician's medical records and/or the acute /post-acute care facility's medical records (if the patient was directly admitted to home health) used to support the certification of home health eligibility must be provided, upon request, to the home health agency, review entities, and/or the Centers for Medicare and Medicaid Services (CMS). In turn, an HHA must be able to provide, upon request, the supporting documentation that substantiates the eligibility for the Medicare home health benefit to review entities and/or CMS.