

CMS Delays Face-to-Face Enforcement

HCA today learned that – thanks to aggressive advocacy by the nation’s home care community – the U.S. Centers for Medicare and Medicaid Services (CMS) has instructed its contractors to delay enforcement of the new physician face-to-face rule for the first quarter of 2011.

This is a major development in a months-long advocacy campaign by HCA and our partners at the National Association for Home Care and Hospice (NAHC), the Visiting Nurse Associations of America (VNAA), our

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Initial 2011 LTHHCP Rates Posted

CHHA rates issued last week

As reported in an *E-alert* to the membership on Monday, the initial 2011 Long Term Home Health Care Program (LTHHCP) rates have been posted to the state Department of Health’s Health Commerce System (HCS).

See RATES p. 2



Inside ASAP

If you haven’t seen it already, check out **HCA’s holiday e-card** on YouTube. Visit <http://www.hca-nys.org/2010HolidayCard.htm>.

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This is the last ASAP of 2010. HCA’s offices will be closed on December 24 and on December 31. Happy Holidays!



Helping New Yorkers
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Initial 2011 rates for Certified Home Health Agencies (CHHAs) were issued last week. More information on the CHHA rates can be found in last week's edition of *ASAP*.

LTHHCPs can find their individual agency rates on the HCS at <https://commerce.health.state.ny.us/hcs>. Because the HCS is a secure site, providers are required to enter their HCS user ID and password (your staff that submits cost reports should already have this information) and then click "Sign In." Under "My Applications," select "LTHHCP Rate Sheets" and then click on the "Rate Publication Selection List" drop box entitled Initial-Rates January 2011, and then click on "Show Reports."

The 2011 initial rates for LTHHCPs cover the period of January 1, 2011 through December 31, 2011 and include a two year rolling trend factor of one-percent based on a one-percent initial trend factor for 2011 and a zero-percent trend factor carried over from 2010.

Also included in the rate sheets are: the three-percent rate adjustment for purposes of improving recruitment and retention of non-supervisory home care services workers with direct patient care responsibilities, along with a 4.7 percent rate add-on adjustment for the newer Recruitment, Training and Retention (RT&R) initiative (\$100 million statewide). However, this 4.7 percent RT&R adjustment is only approved through March 31, 2011; whether it continues throughout the rest of 2011 and 2012 depends on the 2011-12 State Budget process and approval of the federal match.

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For providers outside of New York City, monies included in the Accessibility, Quality and Efficiency Adjustments (AQE) ended on March 31, 2009 and are **not** part of the initial rates.

It should be noted that unlike CHHAs, LTHHCPs have already been issued their Medicaid rates for the periods of April 1, 2009 through December 31, 2009 and January 1, 2010 through December 31, 2010; the CHHA rates await federal State Plan Amendment (SPA) approval due to New York eliminating the Medicaid trend factor beginning on April 1, 2009.

The final LTHHCP Medicaid rates are expected in the summer of 2011.

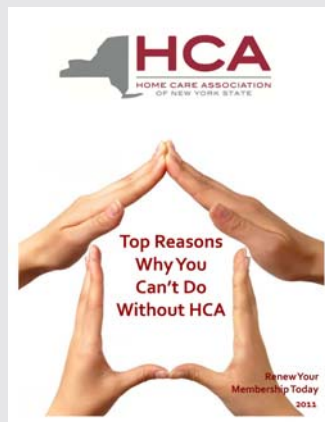
More details are provided in HCA's *Public Policy Memorandum No. 16*, available at:

<http://www.hca-nys.org/documents/122010MemoLTHHCPInitialRates.pdf>

For further information, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.

Have You Renewed Your HCA Membership for 2011?

HCA member renewal packets were sent earlier this month. **Please take a few minutes to complete your application form** and return it to the Association at your earliest possible convenience.



Membership in HCA enables individual home care agency members to join together, forming a collective voice directed at achieving and securing a policy and regulatory environment that supports the home care community.

With enormous challenges on the horizon – the 2011 home health Prospective Payment System (PPS) cuts, new PPS regulations, likely Medicaid reductions in response to a projected \$9-plus-billion-dollar deficit next year, to name just a few – your membership in HCA is crucial

so that our advocacy position remains strong in the coming year.

Membership in HCA also provides your organization with access to expert technical guidance from HCA's policy staff, frequent communications updates (including this newsletter), advocacy resources, member forums, and top-notch education programs.

If you have not received a membership renewal package, please visit the HCA website to find the 2011 applications for HCA Provider members at <http://www.hca-nys.org/provider.cfm>, Associate members at <http://www.hca-nys.org/associate.cfm>, and Allied members at <http://www.hca-nys.org/allied.cfm>.

Please also download HCA's member value statement, entitled *Top Ten Reasons Why You Can't Do Without HCA*, at <http://www.hca-nys.org/mvstatement.cfm>. The value statement provides a succinct, three-page overview of the unique ways that HCA goes to bat and provides great value for our members.

For further information, contact Laura Constable at (518) 810-0660 or Lconstable@hcanys.org.

GOP Takes Control of State Senate as Court Declines Election Recount Request

Republicans this week officially regained control of the State Senate, now that New York's highest court, the state Court of Appeals, ruled against Democratic State Senator Craig Johnson's request for a hand recount of ballots in his race against Republican challenger Jack Martins on Long Island.

Trailing Mr. Martins by over 400 votes, and losing his legal case for a recount, Senator Johnson conceded the election on Monday afternoon, an outcome that yields Republicans a 32-to-30 majority in the Senate come 2011. (Until Monday, the Johnson-Martins race had been the only Senate contest that remained undecided, stemming from the November 2 statewide election.)

Democrats will hold the Senate Majority until January 1, at which point Republican Senator Dean Skelos is expected to become Majority Leader when the Legislature reconvenes and new members are sworn in. Assembly Democrats will retain their majority in 2011. The majority leadership in each house generally wields control over the chamber's agenda while influencing the fate and movement of bills.

Redistricting: a hot-button issue in 2011

One likely area of majority party influence next year is the electoral redistricting process, which will be a major focus of the upcoming legislative session. As the law is currently written, majority parties in both houses have considerable say over how the state's electoral map looks for years to come, now that the 2010 U.S. Census has been completed.

Indeed, according to data released just this week, New York is expected to lose two Congressional seats as a result of nationwide population shifts reported from the Census – a reduction from 29 seats to 27, the lowest number of Congressional seats in New York State since 1823. Nationwide, 10 states are losing seats and 8 states will be gaining seats, with Texas gaining the most, at four seats.

See MAJORITY p. 5

Face-to-Face, Therapy Rule & Other Issues Detailed in PPS Webinars

Three-part program will provide an overview of the new PPS rule and offers strategies for administrative implementation

On January 4, 5 and 6, HCA and the Home Care Associations of New Jersey and Pennsylvania will hold a must-attend three-part webinar series to help members better understand and plan a strategy for implementation of the 2011 Medicare home health Prospective Payment System (PPS) rule.

The 2011 PPS rule, finalized in November, includes several new payment changes and regulations that remain the target of HCA's federal advocacy, including the physician face-to-face requirement (see page 1 story), the "case-mix-creep" adjustment, market-basket reimbursement reductions, and other changes that members need to know about.

This webinar series – entitled *The 2011 Final PPS Rule: what your agency needs to know to successfully manage the challenges* – will provide an overview of the final rule, offer strategies for administration, and share information on how you can educate doctors in your community on the new face-to-face requirement. Each of the three webinars will be sixty to ninety minutes in length and will begin at 11:30 a.m. each day.

Here's a schedule of the presenters:

January 4

Mary St. Pierre, Vice President of Government Relations for the National Association for Home Care and Hospice (NAHC), will present an overview of the final 2011 PPS rule and will share what NAHC is doing in Washington to try and alleviate some of the burden of this law.

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Outside groups have pushed for state legislation that would form an independent legislative redistricting commission to redraw congressional and state district lines in an effort to take partisan influence out of the process. They argue that allowing the Legislature to redraw legislative lines, as the law currently allows, could result in political gerrymandering by the majority parties of each house.

Beyond redistricting, the Senate's political shift will bring major changes in leadership and committee structure next year. HCA will immediately inform the membership of any announced changes and will continue our outreach with key legislators from both parties who are responsible for policy in the areas of health care and aging issues.

The next few weeks also provide a key opportunity for HCA members to begin your outreach with incumbent legislators who are returning to office in January as well as any newly elected legislators representing your districts in the Senate and Assembly.

This month's edition of HCA's *The Educator* newsletter has a story entitled: "Five tips for preparing your advocacy plans in 2011." HCA encourages members to read the article – at <http://www.hca-nys.org/TheEducatorVolume1Edition4.pdf> – and to prepare for a vigorous advocacy campaign in 2011, especially considering the dramatic fiscal actions that state elected leaders are expected to make next year in the face of a \$9 billion to \$10 billion state deficit.

HCA will continue to keep you posted of any new developments in the legislative and advocacy arenas.

For more information, please contact a member of HCA's Policy staff.

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January 5

Arnie Cisneros, PT, President of Home Health Strategic Management, will provide information on his organization's analysis of the effects of the PPS rule on the ability of home care clinicians to deliver care, as well as outline strategies to achieve success under PPS — particularly related to the therapy changes.

January 6

Steven Landers, MD, MPH, Director, Home Health Care, Cleveland Clinic will provide an overview of the new face-to-face physician encounter requirement and offer strategies on how to work with your physicians most effectively.

The fee for this three-part series is \$159 for members. The registration deadline is **December 31**. **Registration information is available at the end of this edition of ASAP**. Instructions for calling into the series will be sent via e-mail to registrants on January 3. The fee covers the speaker presentations, handout materials, and webinar services.

Electronic CON Process Starts

This week, the state Department of Health (DOH) is starting an electronic certificate of need process (NYSE-CON) that will enable organizations and their consultants to file applications electronically for state approval of new services and buildings and conduct correspondence with DOH reviewers via a web-based tracking system. DOH also has posted training modules to assist users of this new system.

Phase 1 of NYSE-CON can be used by Certified Home Health Agencies and Long Term Home Health Care Programs, but not Licensed Home Care Services Agencies at this time.

In anticipation of the NYSE-CON application being available via the Health Commerce System (HCS) earlier this week, DOH reminded users of the process for gaining access to the system.

If one is only looking to search and review information pertaining to a CON application, an HCS account will not be necessary. This information will be available via the Public View system which was slated for release earlier this week.

To use NYSE-CON for other purposes, one will need to have an HCS account by taking the following steps:

- If you have an HCS account, you should work with the HCS Coordinator at your organization to make sure you have been given the appropriate role. The HCS Coordinators have been given the details on the roles and they will determine what is most appropriate.
- If your organization is on the HCS, but you do not have an HCS account, you should work with your organization's HCS Coordinator to submit your account request form to DOH for review. Account

HCA Publishes December Edition of *The Educator*

HCA has published the fourth edition of *The Educator* newsletter – your monthly go-to source for information, ideas and tips to help enhance your organization. This month's issue includes:

- Five tips for preparing your advocacy plans in 2011
- A provider's perspective on implementing home telehealth for palliative care
- The results of a new study on telehospice utilization
- Online learning opportunities through the Health Learning Management System
- A drill-down of Home Care Compare Process Quality Outcomes Data
- A look back at National Home Care Month in November
- The latest educational program updates



The Educator was e-mailed to subscribers on Tuesday. If you would like to subscribe, please go to *The Educator* subscription link for members at <http://www.surveymonkey.com/s/Educatorsubscription>. Additional information about *The Educator* can be found at <http://www.hca-nys.org/Educator.cfm>.

To read this month's issue, visit <http://www.hca-nys.org/TheEducatorVolume1Edition4.pdf>.

activation takes approximately seven business days from submission. Once you are set up with an HCS account, follow the steps detailed in the first bullet.

- If your organization is not on the HCS, DOH will be following up with additional information on how to establish an account.

HCA will be scheduling an information program by DOH on the new NYSE-CON. Once more details become available, we will notify members.

DOH posts modules

DOH has also posted on the HCS a series of training modules to help users of this new system. The modules cover: searching for projects; viewing project information; viewing CON project applications; viewing and creating a correspondence; and submitting an application.

To locate the modules on the HCS, first select the “Topics” tab. In the “Select Group” drop-down, select the group you are associated with. (Training materials have been added to the following groups: Hospitals, Health Care, Long Term Care, and NYS DOH.) Then, select the “Training” folder. Under the “Select Group” section, select the NYSE CON link. This will bring you to the training modules.

More information is at <http://www.health.ny.gov/facilities/cons/nysecon/>.

If you have questions, contact DOH at cons@health.state.ny.us.

Comparative Billing Reports to be Sent to Some Hospices

Sometime in January, hospices in New York are expected to be sent comparative billing reports (CBRs) that show a provider’s billing pattern for an array of procedures or services, along with billing comparisons to their peers.

CBRs are being sent to various providers – most recently to independent physical therapists, and, now, up to 5,000 hospices nationwide.

According to the CBR contractor, SafeGuard Services, LLC (SGS):

The CBR is not intended to be punitive or sent as an indication of fraud. Rather it is intended to be a proactive statement that will help the provider identify potential errors in their billing practice. A CBR contains peer comparisons which can be used to provide helpful insights into their coding and billing practices. The information provided is designed to help the provider prevent improper billing and payment.

As part of its contract with the U.S. Centers for Medicare and Medicaid Services, SGS is a Program Safeguard Contractor (PSC), Zone Program Integrity Contractor (ZPIC), and Medicare Prescription Drug Integrity Contractor (MEDIC). In this capacity, SGS performs specific program integrity functions under the Medicare integrity program.

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The hospice CBR reports will provide analysis that will encompass all Medicare Part A hospice provider final claims data with claims from dates of service between January 1, 2009 to December 31, 2009 that were processed by July 2010 and meet the criteria listed below:

- NCH Claim Type Code = 50 (hospice claim);
- HCPCS codes: Q5001-Q5008;
- Revenue codes: 0651, 0652, 0655, and 0656; and
- Paid and denied claims.

More information, including *Frequently Asked Questions*, is at <http://www.safeguard-servicesllc.com/cbr/>.

For additional information, contact Andrew Koski at (518) 810-0662 or akoski@hcanys.org.

CMS Issues Transmittal on New 2011 G-Codes

This week, the U.S. Centers for Medicare and Medicaid Services (CMS) issued Transmittal 824 which requires the reporting of new additional data on home health Medicare claims effective January 1, 2011 (Bill Types 32X and 33X) to further clarify the provider of therapy services by distinguishing between a qualified physical therapist (PT) and a qualified PT assistant.

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HCA Continues Appeal for Revision of Statistical Reports

HCA is continuing to appeal for proper review and corresponding revisions to the recently released and expanded state Department of Health (DOH) statistical reports for Licensed Home Care Services Agencies (LHCSAs) and Certified Home Health Agencies (CHHAs).

The reports, which were released last week, were advanced and issued with minimal opportunity for public input, especially by the members of the Home Health Reimbursement Workgroup and the respective state health care associations. A DOH conference call convened with available workgroup members – but which excluded state associations – was the sole venue for interactive discussion on the Department's revised drafts. HCA will continue advocating for further, appropriate revisions, as well as reasonable timetables. DOH's release imposes a February 15, 2011 due date for submission by providers.

From the outset, along with myriad concerns communicated to DOH by HCA and DOH workgroup members about the elements and requirements of the statistical reports (as DOH had proposed), concerns also remained about the nature and content of the data requests (e.g., retrospectivity of requested data, proprietary nature of the data, volume and administrative burden of the information being requested, etc.) as well as the timetable for implementation. HCA had emphatically requested an appropriate implementation of the final, revised report, which we asserted should be determined by DOH in concert with the affected sectors of the home care system. See the November 12 edition of *ASAP*, page 6, for a summary of HCA's concerns and recommendations communicated to the Department.

HCA will keep the membership apprised of our continuing advocacy efforts to revise and ensure appropriate content, usage, integrity and implementation of these new reports.

For more information, please contact a member of the HCA Policy staff.

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CMS's Transmittal – available at <http://www.cms.gov/transmittals/downloads/R824OTN.pdf> – also requires the reporting of direct skilled nursing care provided to the patient by a licensed nurse, including two new related G-codes.

In order to collect more specific information regarding the sort of services provided to home health patients, as requested by the Medicare Payment Advisory Commission (MedPAC), CMS has revised the current descriptions for existing G-codes for PTs (G0151), occupational therapists (G0152), and speech-language pathologists (G0153).

In addition, CMS has added two new G-codes (G0157 and G0158) for the reporting of physical therapy and occupational therapy services provided by qualified therapy assistants. They are:

- G0157 Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes.
- G0158 Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes.

CMS has also added and is requiring three new G-codes for the reporting of the establishment or delivery of therapy maintenance programs by qualified therapists. The following are descriptions for those new G-codes:

- G0159 Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes.
- G0160 Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes.
- G0161 Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes.

Lastly, CMS has revised the current definition for the existing G-code for skilled nursing services (G0154) and is requiring home health agencies to use G0154 only for the reporting of direct skilled nursing care to the patient by a licensed nurse (licensed practical nurse or registered nurse). Additionally, CMS has added and is requiring three new G-codes:

- G0162 Skilled services by a licensed nurse (RN only) for management and evaluation of the plan of care, each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting).
- G0163 Skilled services of a licensed nurse (LPN or RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting).

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- G0164 Skilled services of a licensed nurse (LPN or RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes.

CMS recognizes that, in the course of a visit, a nurse or qualified therapist could likely provide more than one of the nursing or therapy services reflected in the new and revised codes. Agencies must not report more than one G-code for the nursing visit regardless of the variety of nursing services provided during the visit. Similarly, the agency must not report more than one G-code for the therapy visit, regardless of the variety of therapy services provided during the visit.

In cases where more than one nursing or therapy service is provided in a visit, the agency must report the G-code which reflects the service for which the clinician spent most of his or her time. For instance if direct skilled nursing services are provided, and the nurse also provides training/education of a patient or family member during that same visit, CMS would expect the agency to report the G-code which reflects the service for which most of the time was spent during that visit. Similarly, if a qualified therapist is performing a therapy service and also establishes a maintenance program during the same visit, the agency should report the G-code which reflects the service for which most of the time was spent during that visit.

HCA recommends that providers disseminate CMS's Transmittal to the appropriate staff in your agencies.

For further information, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.

Governor-elect Cuomo to Retain Two Key Paterson Aides in New Administration

Governor-elect Andrew Cuomo today announced that two key members of the Paterson Administration would remain on his staff in January.

Larry Schwartz has agreed to remain in the executive chamber to serve as Senior Advisor to the Governor. Mr. Schwartz's role will be to assist with the transition. Mr. Schwartz currently serves as Secretary to Governor Paterson. Prior to that appointment, he served as Deputy County Executive for Westchester County. In that time, he acted as chief operating officer for County Executive Andrew Spano, overseeing the daily operations of Westchester County government.

Paul Francis will serve as Director of Agency Redesign and Efficiency. Mr. Francis was the Chief Operating Officer of the Financial Products Division of Bloomberg, L.P., which he joined in September 2008. Previously, Mr. Francis was Director of State Operations from January to July 2008. He also served as the Director of the Division of the Budget for 2007.

HCA will continue to keep the membership informed of any other key appointments in the incoming Cuomo Administration.

For more information, please contact the HCA Policy staff.

NGS Announces Upcoming Education Sessions

National Government Services (NGS), New York's Medicare intermediary, will conduct a Home Health Ask the Contractor Teleconference (ACT) on **January 4** and a **January 13** teleconference on the U.S. Centers for Medicare and Medicaid Services (CMS) Quarterly Updates.

The ACT session, which begins at 1 p.m., will provide updates to the provider community and a forum for questions and answers. Providers are encouraged to submit questions ahead of time to provideroutreacheducation@wellpoint.com. The subject line should be "Home Health ACT Question."

Meanwhile, the CMS Quarterly Updates teleconference will educate providers on updates implemented between October 5, 2010 and January 3, 2011. It begins at **2 p.m.**

Registration for both of these sessions is now open. Visit www.NGSMedicare.com. Choose your business type and state and select the Training Events Calendar option under the Education and Training category (on the left-hand side). Your registration is complete only when you receive a confirmation at your e-mail address immediately after submitting your registration.

For more information, please contact HCA's Policy staff.

Health Resources

Publications

- "Palliative Care: A Novel Solution to the Healthcare Crisis," by the Center for Policy Research of Syracuse University's Maxwell School

<http://www-cpr.maxwell.syr.edu/pbriefs/pb43.pdf>

- "Achieving Accountable and Affordable Care Key Health Policy Choices to Move the Health Care System Forward," by the Center for American Progress

<http://www.americanprogress.org/issues/2010/12/pdf/affordablecare.pdf>

- "Medicare: CMS Needs to Collect Consistent Information from Quality Improvement Organizations to Strengthen Its Establishment of Budgets for Quality of Care Reviews," by the Government Accountability Office

<http://www.gao.gov/products/GAO-11-116R>

For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcanys.org.

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sister state home care associations, and HCA's member organizations aimed at urging CMS to back off from its onerous new face-to-face requirement, scheduled to go into effect in a matter of days as part of the 2011 Medicare home health Prospective Payment System (PPS) rule. HCA also greatly appreciates the active outreach by Members of the New York Congressional Delegation to CMS officials to secure this delay.

HCA awaits more details on CMS's decision and will immediately inform the membership of any updates as soon as additional information becomes available.

Even with the delay in enforcement, home care providers must be prepared to start implementing the face-to-face requirement starting on January 1 so that HCA, NAHC and other home care community partners can gather feedback on agency experiences under the new rule as part of our efforts to retain a responsible process for care-authorization.

As previously reported in *ASAP*, the face-to-face rule was created pursuant to a provision of the federal health reform legislation (the "Patient Protection and Affordable Care Act," or PPACA). It requires that, prior to certifying a patient's eligibility for Medicare home health, the physician must document that the physician or a non-physician practitioner has had a face-to-face encounter with the patient.

Delaying the face-to-face rule has been a principal feature of HCA's federal advocacy in recent weeks.

Visiting Washington on Monday, HCA President **Joanne Cunningham** had again pressed New York's Congressional Delegation for a delay in the face-to-face requirement at a New York Chiefs of Staff event attended by the entire New York Congressional Delegation, where she urged for continued pressure by the Delegation on CMS for a more responsible transitioning process.

At HCA's request, several members of the Delegation had already signed a letter circulated by NAHC that urged CMS Administrator Dr. Donald Berwick to pursue: "a well planned and executed education campaign, the issuance of comprehensive guidelines to address existing ambiguities in the rules, and a trial period."

HCA and our partner home care associations have repeatedly stressed that this new rule: lacks clear compliance guidelines, will disrupt access to services, and creates an unnecessary upheaval of existing care-authorization processes.

As part of our multi-pronged advocacy effort, HCA has also been in continual communication with the Medical Society of the State of New York (MSSNY) to ensure that New York's physician community is aware of the impact that this requirement will have on home care services and to foster physician engagement with the home care community on strategies that will help mitigate any obstacles in the transition to this new rule.

HCA thanks our partners at NAHC, the VNAA, and the Members of New York's Congressional Delegation for their successful advocacy in urging a delay in enforcement of the new rule. We also thank our members who reached out to the Delegation to seek their support of this important delay.

Even with this enforcement delay, the home care community's aggressive advocacy remains critical in order to retain a responsible transition and to gather input on agency experiences with the rule prior to the initiation of enforcement actions.

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As agencies prepare for the implementation phase starting in January, HCA urges members to read new clarifications provided by this week CMS and National Government Services (NGS), New York's Medicare contractor.

CMS posts Q&A document

CMS has posted a Questions and Answers (Q&A) document on the face-to-face rule, covering such topics as: the coordination of face-to-face certifications with existing plan of care certification practices; clarification of the hospitalist's role; technical information related to documentation of the face-to-face encounter; and other information.

In the Q&As, CMS specifically clarifies that:

- “CMS has interpreted the language in the statute to apply only to certifications and not recertifications” in answer to the question: “Is the face-to-face encounter requirement effective only for patients admitted to home health (i.e. have a new start of care) January 1, 2011 and later?”
- The face-to-face provision applies only to Medicare fee-for-service, not for patients in Medicare Advantage plans.
- A physician may document the certification when the physician or hospitalist has the patient's record in front of him or her, as long as the face-to-face encounter occurs in the specified timeframe of 90 days prior to the start of care or 30 days after the start of care and the documentation is completed before billing.

HCA has posted the CMS Q&As to our website at <http://www.hca-nys.org/F2F.cfm>.

NGS information

Meanwhile, NGS has also posted information related to the face-to-face requirement. The information can be found on NGS's website at www.ngsmedicare.com.

In addition to the required documentation that a face-to-face encounter occurred, NGS says that providers must include clinical findings supporting the patient's eligibility for home health services. If the face-to-face encounter is performed by a non-physician practitioner (NPP), the NPP must provide the clinical information to the physician who then includes this information on the certification.

The certifying physician's documentation of the face-to-face patient encounter should be either a separate and distinct area on the certification or a separate and distinct addendum to the certification that is “easily identifiable and clearly titled.” CMS instructs home health agencies that this cannot be a fill-in-the-blank type documentation.

NGS provides the following additional information:

- The NPP authorized to perform the face-to-face encounter includes a nurse practitioner, clinical nurse specialist, physician assistant, and certified nurse midwife. Neither the certifying physician nor the

NPP can have a financial relationship with the home health agency unless the physician's relationship meets one of the exceptions spelled out in the law.

- The encounter must have occurred within 90 days prior to the start of care if the reason for the encounter is related to the reason the patient needs home health services. Or, if no such encounter has occurred, an in-person encounter must occur within 30 days after the start of care. This applies only to the initial certification.
- The face-to-face encounter can occur at any location, including through telehealth services if the patient is located at one of several specified types of originating sites. Additional information is provided in Section 1834(m) of PPACA.
- Home health agencies will be accountable for the physician's certification documentation much like the agency is responsible for obtaining signed and dated physician orders and certification of the plan of care. The agency is not permitted to give the patient a home health advance beneficiary notice (HHABN) if the face-to-face encounter does not occur.

HCA will immediately inform the membership of any response from CMS to the home care community's request for a delay in this onerous rule.

For further information, contact a member of HCA's Policy staff.



Presents:

The 2011 PPS Final Rule –

What Your Agency Needs to Know to Successfully Manage the New Changes

Webinar Series

Webinar Series

January 4, 5 & 6
11:30am

All Webinars will begin at 11:30am (EST) and will be sixty to ninety minutes in length.

Home Care Association Member Fee:

\$125 for all three Webinars

Prospective Member Fee

\$199 for all three Webinars

IMPORTANT: Sharing of the call in number is not permitted and offenders will be invoiced \$300 for the series, for each additional line utilized.

Deadline to register is December 31.

Instructions for dialing into the Webinar and e-mailing of handouts will occur on January 3.

The PPS Final Rule for Home Care Agencies includes some of the most challenging policy changes for providers in years. These significant changes come in the midst of heightened oversight of home care state and federal regulations that have resulted in significant recoupments and new Medicare payment reductions that will significantly reduce reimbursement for providers.

To assist your agencies in fully understanding and successfully navigating the changes that are part of the PPS Rule for 2011, the Home Care Associations of New Jersey, New York and Pennsylvania offer your agency a three-part Webinar Series on the PPS Rule on January 4th, 5th and 6th. This three-part program will arm your agency’s leaders, financial managers and clinical supervisors with information about the PPS and offer ideas and strategies to help your agency manage the new changes to come in 2011. The Webinar series presenters will provide information about how to refine your assessment and documentation methods (particularly related to therapy documentation) to secure appropriate reimbursement for the services your agency provides. You will also hear from one of the nation’s most ardent home care advocates tips to collaborate successfully with your physician partners.

For one fee, you will receive all three Webinars which include:

January 4th

An Overview of the 2011 PPS Rule – Highlights of the Most Challenging Components

Mary St. Pierre, Vice President, Regulatory Affairs, National Association of Home Care and Hospice will provide an overview of the how the final rule affects your agency and provide an update on NAHC’s advocacy related to securing changes to the most challenging and unworkable provisions of the PPS rule. Policy staff from each of the three state associations will also be available to provide additional insights.

January 5th

Prepare Your Agency and Clinicians for Survival

Arnie Cisneros, PT, President of Home Health Strategic Management, will provide information on his organization’s analysis of the effects of the PPS rule on the ability of home care clinicians to deliver care, as well as outline strategies to achieve success under PPS – particularly related to the therapy changes.

January 6th

Home Health Agencies and Physicians Working Together to Enhance Efficiencies and Successfully Collaborate in Patient Care

Steven Landers, M.D., M.P.H, Director, Home Health Care, Cleveland Clinic will provide an overview of the new face to face encounter requirement and offer strategies on how to work with your physicians most effectively.

Questions? Contact the NY Association at: info@hcanys.org



PPS 2011 – Webinar Series

January 4, 5 & 6 – 11:30am

REGISTRATION FORM

Register by December 31

Once complete please fax to: (518) 426-8788

Upon receipt of completed registration form you will receive a confirmation email.

Name: _____

Title: _____

Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ Ext. _____ Fax: _____

Email: _____
(Required)

Please list the phone number you will dial in from: _____
(Required)

REGISTRATION FEE (for all three Webinars)

NJ – NY – PA Association Member _____ phone lines at \$125 ea = \$ _____

Prospective Member _____ phone lines at \$199 ea = \$ _____

IMPORTANT: *Sharing of the call in number is not permitted and offenders will be invoiced \$300 for the series, for each additional line utilized.*

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Please check method of payment:

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Make checks payable to: HCA Education and Research and mail to:
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Refunds will be issued only if written cancellation is received by HCA one week prior to the workshop. No refunds will be issued after the dial-in number is sent to your agency. In the event of a written cancellation, HCA will retain \$30 of the initial fee to cover administrative overhead.

Fax to (518) 426-8788