



Hospice Face-to-Face Encounter Regulations Frequently Asked Questions December 23, 2010

Note: this version replaces the FAQ document released 12/21/10.

- 1. Q – When will CMS begin enforcement of the F2F requirement? Does that mean the implementation date has changed?**
A – On December 23, 2010, CMS alerted contractors (MACs) of a 3-month suspension for the enforcement of the F2F requirement. The January 1, 2011 date for implementation still applies. Enforcement by MACs will begin on April 1, 2011.
- 2. Q - Is the change to have the attestation statement above the signatures effective now or January 1, 2011?**
A - We have been advising providers to make the change on January 1, 2011
- 3. Q-If Medicare is a patient's secondary insurance and is being billed for balance after primary insurance, (whether Medicare pays or not) is a Face to Face visit required?**
A -The statute requires that for Medicare to cover and pay for hospice services, the beneficiary must have a face-to-face encounter as part of the recertification process prior to the 3rd benefit period recertification and each subsequent recertification. It doesn't matter whether Medicare is primary or secondary; it only matters that Medicare is a payor.
- 4. Q – Does the face-to-face encounter apply to Medicaid patients?**
A - No, the Affordable Care Act did not enlarge the hospice face-to-face requirement to encompass the Medicaid program, so this is only a Medicare requirement.
- 5. Q - Is it acceptable that hospice MD only completes an attestation statement for face to face encounter or would CMS expect that physical assessment be documented?**
A - CMS has not specified what clinical documentation should be completed for the Face to Face Encounter, so it would be at your discretion. From a survey standpoint, I think that a surveyor may look for visit documentation of an assessment/ evaluation.
- 6. Q - I am inquiring about completing the Face to Face encounter when a patient transfers in the 3rd or later benefit period to a new hospice. If the patient transfers to a new hospice during the 3rd benefit period the receiving hospice must recertify the patient at the time of the transfer, even if documentation demonstrates that the patient has had the required Face to Face encounter and been recertified by the sending hospice?**
A - When a patient transfers hospice providers in their 3rd or later benefit period, the benefit period remains the same. The transferring hospice provider would provide the receiving hospice provider documentation of the face to face (F2F) encounter at the time of transfer. When/if the patient's next benefit period approaches, the new hospice would complete a F2F encounter at that time.

7. **Q - Has CMS addressed the patient who is admitted in period 3 or higher and has not had a F2F encounter by the transferring agency or has been off hospice for 30 days or longer?**
A - If a patient transfers in their 3rd benefit period, the transferring hospice would need to send evidence of the F2F visit for that benefit period with the other required documentation to the receiving hospice. If you are admitting a patient who is their 3rd benefit period, you need to complete the F2F prior to the start of the 3rd benefit period per the statutory language.
8. **Q - If a hospice is hospital-based, and physicians or NPs are employees of the hospital, would those MDs/NPs meet the requirements of the F2F rule? Or no, because they don't receive their W2 or contract directly from the hospice?**
A -Waiting on an answer.
9. **Q - If a patient is in their third benefit period, and had a face to face visit, then goes out of the service area and needs to be discharged, but is later readmitted to the same hospice, do we need to start over with the new admission and do another face to face visit prior to the admission, or are we meeting this regulation since the patient had a face to face visit already in their third benefit period?**
A - If a patient is discharged or revokes, they forfeit the remaining days in that benefit period. When/if they reelect the benefit, they are admitted to the next benefit period. Only a patient who transfers from one hospice provider to another remains in the same benefit period.
10. **Q – Is there a grace period to complete a F2F encounter? Will billing be retroactive back to the beginning of the period?**
A - There is no grace period and billing cannot be retroactive. Billing for days of care will commence once the F2F encounter has been completed.
11. **Q - I'm having trouble with the recertification process for new patients with prior hospice services being admitted in their third or greater benefit period. Does the Face to Face encounter have to occur prior to them being admitted/recertified or because we have two days to obtain the verbal certification can the face to face occur on the first or second day of admission/recertification?**
A - Yes, the statute language states that the face to face encounter must be completed "prior to" the 180th day (3rd benefit period). There is no 2 day allowance after admission.
12. **Q - Can a Clinical Nurse Specialist (CNS) do the F2F encounter?**
A - Unfortunately the statute is written for a physician or an NP to complete the face to face visits and not a CNS.

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