

## **CMS Response to Public Comments Received for CMS-10564: Home Health Face-to-Face Encounter Clinical Templates**

The Centers for Medicare & Medicaid Services (CMS) received comments from Physician Groups, Home Health Agencies and industry advocacy organizations related to CMS-10564. This is the reconciliation of the comments.

### **Comment**

Several commenters suggested that the template is too much information for the physicians to fill out and that the template should be constructed as an addendum to the physician's already existing documentation instead of replacing what the physician currently uses for the whole visit.

### **Response:**

The templates are designed to be an optional way for providers to document the Home Health Face-to-Face (HH F2F) encounter. The templates are not meant to add to any of the providers existing methods of documentation but rather function as a reminder of the important elements that need to be documented so that the Medicare review nurses can make an informed decision about whether the criteria for Medicare coverage was met.

With regard to the templates requiring too much information, due to the templates taking the form of a standard physician's progress note, sections were added to allow the provider to document the patient's initial assessment if the provider chooses to do so. Skip boxes were also added to each template giving the provider the ability to "skip" those sections if he or she has already documented that information elsewhere in the patient's medical record.

### **Comment**

Several commenters expressed concern about CMS failing to provide the proper education to physicians, non-physician practitioners, hospitals, nursing homes, auditors, and other referral services regarding the template's use and purpose.

### **Response:**

CMS conducted a National Provider Call on 12/16/2014 to educate Medicare providers about the policies and requirements for Medicare Home Health eligibility. CMS also held three open door forum conference calls to educate and solicit informal comments from the public regarding the creation of the Home Health Face-to-Face Clinical templates. These calls were held on 2/11/2015, 3/11/2015, and 5/20/2015 respectively. CMS considers provider education to be extremely important, and once the template is officially available for provider use, CMS will provide additional education to providers regarding the template's optional use.

### **Comment**

A commenter suggested placing a header over the F2F section that says “Plan for Home Health Services.” The commenter also suggested replacing “specify” or “please specify” with “specify what is needed” or “specify reason needed.” The commenter went on to suggest that a definition of “normal inability to leave the home” be added, and that it should be made clearer that the homebound section is necessary for Medicare coverage of home health as the patient may have other insurance. Finally, the commenter suggested that the template heading be changed to include or say “To receive MEDICARE COVERED home health services, the patient must be homebound.”

### **Response:**

CMS thanks the commenter for their suggestion to insert the title “Plan for Home Health Services.” In response, we have modified the progress note to include the title “Plan for Home Health Services:” under the Plan/Orders section of the document. CMS would also like to thank the commenter for their suggestion regarding the use of the word “specify.” We have modified the progress note section to include the words “specify services needed” for each Home Health service listed in the Plan/Orders section of the document.

With regard to the commenter’s suggestion to add the definition of “normal inability to leave home,” this phrase refers to whether or not a beneficiary is “homebound.” For a beneficiary to be considered Homebound, they must meet the criteria that are listed under the “Homebound Status” section of the progress note, and finally, with regard to the commenter’s suggestion to include in the title “To receive MEDICARE COVERED home health services the patient must be “homebound,” please note that at the bottom of the second page of the progress note the following is printed in bold and italics: “To receive home health services, the patient must be homebound and meet Medicare’s criteria for “Confined to the Home.”

### **Comment**

A commenter objected to several aspects of the regulation and that the home health agency’s payment is dependent on the physician’s cooperation, their knowledge of Medicare home health requirements, and timeliness of submission.

**Response:** CMS thanks the commenter for their many comments regarding the home health regulation. However this PRA comment and response period is in reference to the Home Health Face-to-Face Clinical Templates (CMS-10564) thus your comments fall outside of the scope of these proceedings.

**Comment:**

A commenter expressed concern regarding potential added financial and human resource burdens to physicians by having the EMR vendor incorporate the template into their EMR system.

**Response:**

CMS believes that the incorporation of this template to an EMR system would not add to provider burden. Many providers have an established EMR system in place and adding the template to their system could easily be achieved. It should be noted that while the use of the template is entirely optional, CMS believes that the template's use will actually reduce provider burden by prompting medical providers to document the required information for the Home Health face-to-face encounter. Providers may document the Home Health face-to-face encounter any way they so choose, but providers should keep in mind that Medicare will pay for Home Health services only if the requirements for the face-to-face documentation are met per the Medicare Benefit Policy Manual, Chapter 7 – Home Health Services, 30.5.1.2. - Supporting Documentation Requirements, and 42 CFR 424.2, Requirements for Home Health Services.