
For Immediate Release: March 19, 2015

Contact: Roger L. Noyes (HCA) 518-810-0665

**Statement by HCA President Joanne Cunningham:
*SGR Fix Must Also Repair Damaging Face-to-Face Mandate
Plaguing Home Care Providers and Physicians Alike***

The SGR bill now being negotiated in Congress rightly fixes the chronic issue of physician underpayment. Unfortunately, it appears that the measure, at present, declines to address another longstanding concern that has plagued the home care industry, complicated its relationship with physicians, and left access to care hanging in the balance.

The history of the physician ‘face-to-face’ rule for Medicare home health is a contorted one. While HCA supports the rule’s intent in a broad sense – to better involve physicians in the planning and oversight of home care services – both Congress and the home care industry agree that the execution of this rule by the U.S. Centers for Medicare and Medicaid Services (CMS) has been confusing, administratively duplicative, costly, an undue burden on access to care, and well outside the statutory expectations of the Affordable Care Act, as 75 Members of Congress so stated in a letter to CMS in 2013.

Under this rule, home care providers must obtain certification from physicians indicating that the physician has seen the patient referred for Medicare home care services. The physician certification must also concur that the patient needs, and is eligible for, home health. Absent the certification, home health providers risk losing reimbursement for services duly rendered to patients in need.

Short of repealing this problem regulation, the home care industry has asked, at a minimum, for Congressional action compelling CMS to streamline the face-to-face certification process. We have repeated this call in the most recent SGR negotiations as Congress considered a fix to the physician fee schedule.

Even CMS, to some degree, has acknowledged the problem with its prescribed manner of implementing the face-to-face certification requirement. As of 2015, CMS no longer requires the physician to complete a time-consuming narrative documenting the face-to-face encounter. Yet CMS’s new documentation standards, in place of the narrative component, are equally confusing, continue to pose enormous financial risks for providers, and only further strain the coordination of services with physicians.

Congress must act now to support the home care industry’s approach, which abides by the spirit of the requirement but uses existing care-planning documentation to certify the face-to-face encounter in a streamlined manner that is better for providers, the patients, and the Medicare benefit as a whole.

###