



**MSSNY-HCA JOINT TASK FORCE TO
REMOVE OBSTACLES TO ACCESS
COMMUNITY BASED LONG TERM CARE**

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Seidman, MD
Eugene Kalmuk, MD
Andrew Kleinman, MD
Ruth Kleinman, MD
Jay Slotkin, MD

Anne Calvo
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Michelle Mazzacco
Sandy Merlino
Laurie Neander
Elizabeth Zicari

Al Cardillo
Elizabeth Dears
Morris Auster
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MINUTES

SEPTEMBER 16, 2016

Attendees:

Evelyn Dooley Seidman, MD
Anne Calvo
Marianne Grady
Pam Joachim
Andrew Kleinman, MD
Ruth Kleinman, MD
Michelle Mazzacco
Sandy Merlino
Laurie Neander
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Liz Dears
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Dr. Dooley Seidman summarized the roots for the formation of this Task Force. It was an outgrowth of a Resolution developed by the MSSNY LTC Subcommittee and approved ultimately by the MSSNY House of Delegates earlier this year. It further emanated from the HCA homecare-physician presentation and discussion with the LTC committee in January.

A list of priority issues were identified for discussion as a means by which physician-home care engagement and partnerships could be enhanced; these include:

- Face-to-face requirements
- Overbearing regulations, forms, documentation requirements for certifying patient eligibility and services
- Lack of shared EHRs
- Insufficient understanding of home care
- Barriers to MD house calls
- MD hesitancy over us of/involvement in home care
- Effect of these on HC-MD provider costs and reimbursement

The majority of the meeting was focused on the burdensome requirements of the Face to Face requirements established by ACA, and overly complicated by CMS. It was noted that the Home Care industry has worked assiduously to

address this problem on both the state and federal levels as it remains the most onerous requirement on home care providers and physicians who care for patients who need services provided through home care agencies. On the federal level, 70 Congressmen/woman have signed onto a letter to CMS to urge simplification of the F2F requirement by allowing the physician's notation of the plan of care to satisfy the requirement.

On the state level, HCA, along with MSSNY, HANYS and Iroquois have met with DOH to urge, that as applicable to Medicaid, areas be identified where the F2F requirement could be eliminated such as with the DSRIP PPSs, ACOs, etc. It was suggested that MSSNY, HCA and Iroquois follow up the DOH meeting with the State Medicaid Director Jason Helgerson and Deputy Commissioner of OHSM, Dan Sheppard. **For further action.**

Dr. Dooley- Seidman had asked about the effect of the shortened form that had been suggested. Al Cardillo responded that CMS implementation is getting around anything that could be accomplished through the use of a shortened form. Every patient record must include every element that CMS wants to see or the claim will be denied. The situation is further complicated by the fact that at the hospital level a hospitalist is involved in discharge planning while the patient who returns home sees their primary care physician in the community. Two physicians could be involved in the order for services but CMS only wants one to sign off on the F2F. This situation is further complicated by the fact that home care agency EHRs and hospital EHRs do not interface well.

Dr. Kleinman asked whether the problem could be addressed through use of telehealth. In addition to the fact that telehealth in Medicaid can only be used in rural settings, the definition of originating site under Medicare includes only a facility such as a nursing home or hospital and does not include patient's home. So one item for further discussion would be to clarify the definition of originating site under both Medicare and Medicaid; understand how it differs under each program and advance legislation on the federal level to allow for the use of telehealth for home care under both Medicare and Medicaid. **For further action.**

Discussion ensued in which it was pointed out that for hospice a Medical Director is required. Could a requirement that home care agencies have a medical director resolve the F2F problem on the community level. Ms. Calvo indicated that the CMO could only sign orders for his/her own patients; if they are not the attending physician, then they could not sign the order. Dr. Dooley Siedman indicated that she would bring this question to the MSSNY LTC Subcommittee to (1) determine whether making such a requirement should be embraced and (2) whether the Task Force would recommend regulatory changes that would allow the CMO at an home care agency to sign orders for both his/her patients and for patients for whom another physician is attending. **For further discussion.**

It was recommended that the Task Force, while pursuing broader federal/state resolution of the F2F problem, create work arounds to address F2F in the short term, including:

1. Requiring certification prior to patient discharge from the hospital (though implications for hospitals and timely patient discharge would provide resistance to this option). Dr. Slotkin also recommended that one or more of the larger institutions downstate should conduct a study to ascertain the cost implications of such a proposal.

2. Imbed F2F elements into EHR systems prompting the physician to enter all data/documentation to support the order for home care services. This would assist in assuring compliance with F2F on both the facility and community based levels.

For further action

One concern raised is the fact that the problem cannot be solely addressed using HIT.

Communication with community based physicians takes place in a variety of ways whether by fax, in-person hand offs and electronically. Better education is needed of the physician community.

Under the heading of better education, it was suggested that physicians need to be educated on a number of topics including but not limited to:

- The fact that F2F is not just the problem of the home care agency; it is also the physician's problem
- The importance of completing certification in a timely and comprehensive manner

It was recommended that MSSNY and HCA co-author a series of articles on F2F and publish them in the MSSNY's monthly News of New York. In particular, the first article should focus on the definition of F2F. **For further action.**

It was also recommended that MSSNY and HCA should work to secure passage of legislation or regulation to allow PAs and NPs to sign the F2F documents; noting that it is usually the NP or PA who sees the patient in the community setting but the onus is on the physician to sign the certification. **For further action.**

Dr. Dooley Seidman inquired as to how many claims are denied by fiscal intermediaries for failure to adequately comply with F2F requirements. It was noted that the extent of this problem is not yet clear. Often, a claim is simply not filed because documentation is lacking. That doesn't mean that the services aren't provided. It means, however, that the agency incurs a fiscal hit. Dr. Dooley Seidman suggested that the Task Force work to quantify this problem. **For further discussion.**

As an aside, Al Cardillo noted that the fiscal intermediary in New York is backlogged on other issues and hasn't yet focused on the F2F issue and that the knowledge of the actual fiscal hit might not be known for some time.

Dr. Dooley Seidman has asked that the Task Force meet monthly through the end of the year and develop a report with recommendations to the Quality Committee for its consideration at its January/February meeting with a view that any recommendations agreed upon will be sent by Resolution for consideration by the MSSNY House of Delegates at its meeting in April of 2017.

The meeting adjourned at 1:30PM.

1.) For further action:

- clarify the definition of originating site under both Medicare and Medicaid; understand how it differs under each program and advance legislation on the federal level to allow for the use of telehealth for home care under both Medicare and Medicaid.

- It was recommended that the Task Force, while pursuing broader federal/state resolution of the F2F problem, create work arounds to address F2F in the short term, including:
 - Requiring certification prior to patient discharge from the hospital.
 - Imbed F2F elements into EHR systems prompting the physician to enter all data/documentation to support the order for home care services.
- MSSNY and HCA co-author a series of articles on F2F and publish them in the MSSNY's monthly News of New York. In particular, the first article should focus on the definition of F2F.
- MSSNY and HCA should work to secure passage of legislation or regulation to allow PAs and NPs to sign the F2F documents.
- MSSNY, HCA and Iroquois should follow up the initial DOH meeting on easing the Medicaid F2F burden by next bringing the issue directly to the State Medicaid Director Jason Helgerson and Deputy Commissioner of OHSM, Dan Sheppard.

2.) For further discussion:

- Should the Task Force recommend a requirement that home care agencies have a medical director resolve the F2F problem on the community level. If so, is additional regulatory/legislative change needed to allow him/her write orders for non-patients, and increased funding needed for home care agencies to support a medical director function.
- Quantify how many claims are denied by fiscal intermediaries for failure to adequately comply with F2F requirements.
- Conduct a study to ascertain the cost implications of requiring certification prior to patient discharge from the hospital.