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**SENATOR KELLY AYOTTE VISITS VNA OF MANCHESTER
AND SOUTHERN NEW HAMPSHIRE**

Purposeful visit to understand the Medicare Home Health Face to Face Burden

Manchester, NH: Senator Kelly Ayotte recently visited the VNA of Manchester and Southern New Hampshire and after spending time with a homecare nurse and patient in the home, she sat down with Jim Culhane, Director, VNA of Manchester & So. NH, Gina Balkus, CEO of the Homecare Association of NH, and Karen Michel, CEO of Rockingham VNA and Board President of the Homecare Association to better understand the Medicare Home Health Face-to-Face (F2F) burden in New Hampshire.

Specifically, Ayotte came to understand the devastating impact on homecare agencies for documentation that is currently being appropriately completed, yet denied by the Center for Medicare and Medicaid Services (CMS) as insufficient, resulting in denial of payment to the agency to support necessary home care visits.

Balkus explained, "Medicare already requires that physicians overseeing home health care must certify that the patient is homebound and needs skilled care." She adds, "In addition, the Affordable Care Act requires that a physician must have a Face-to-Face Encounter with the patient either 90 days before, or within 30 days after, the start of home health care. The physician must then write a narrative in order to document the Face-to-Face encounter by explaining why the clinical findings of the encounter support that the patient is homebound and needs skilled care."

Balkus does not argue that the F2F is necessary, but she is gravely concerned about the subjective and arbitrary nature of what Medicare deems a "sufficient narrative" as they continuously deny a majority of all reviewed claims as having insufficient F2F documentation. Balkus states, "If the physician does not document the Face-to-Face encounter **sufficiently**, the home health agency **is not reimbursed for the care provided to the patient.**"

Since January, 2014, National Government Services (NGS), the Medicare Administrative Contractor for New England, has dramatically increased medical review of home health agencies and has issued a deluge of payment denials for "insufficient F2F documentation."

In a survey by the Homecare Association of New Hampshire, 20 NH agencies responded for the period 1/1/14- 9/15/14. The survey showed:

- **1565 Additional Documentation Requests (ADRs.)** For most agencies, ADRs doubled or tripled over the prior year.
- **840 payment denials worth \$2.13 million** due to F2F “insufficiency”
- **\$1.7 million** in pending ADRs
- **\$1 million** in claims not yet submitted to NGS while agencies seek F2F clarification from physicians

Senator Ayotte agreed that there appears to be an issue that not only impacts patients in need of care in the home, but the agencies who require reimbursement if they are going to remain viable and sustainable organizations. She committed to partner with other New England Senators to urge CMS to address two issues:

- 1) The F2F regulation and it’s damage to the homecare industry; and
- 2) Direct NGS (National Government Services, our Medicare intermediary) to halt medical review activity and associated F2F denials.

“We are very encouraged by Senator Ayotte’s support for us and look forward to seeing whether a New England delegation can help us overcome what has really become a crisis here in New Hampshire,” said Balkus.

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