



Voluntary Home Health Templates



*Voluntary Home Health
Electronic Clinical
Template
and
Paper Clinical Template*

*Melanie Combs-Dyer
Director,
Provider Compliance Group
CMS
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Introductions

- **Melanie Combs-Dyer**
Director, Provider Compliance Group, CMS
- **Mark Pilley, MD**
Chief Medical Director, Strategic Health Solutions
(CMS' Supplemental Medical Review Contractor)

Background

- The Comprehensive Error Rate Testing (CERT) program measures the improper payment rate for Fee-For-Service **(FFS) Medicare**.
- During the November 2014 report period, the CERT program found that more than **half of the home health claims were paid improperly**.
- The 51.4 percent improper payment rate in home health is a **substantial increase** from the 17.3 percent improper payment rate the previous year.
- One of the drivers of the home health error rate is **insufficient documentation** of the face-to-face encounter.

Background

- In the CY 2015 HH PPS Final Rule, CMS removed the face-to-face encounter narrative requirement for most home health services, greatly simplifying face-to-face encounter documentation requirements.
- As part of the certification of eligibility, the physician is simply:
 - documenting the date of the face-to-face encounter; and
 - certifying (attesting) that the face-to-face encounter was related to the primary reason the patient requires home health services, occurred no more than 90 days prior to the home health start of care or within 30 days of the start of the home health care, and was performed by a physician or an allowed non-physician practitioner.

The focus of these calls: Physician's/practitioner's documentation of patient eligibility for the Medicare home health benefit (e.g., the **progress note** or clinic note **written by a physician/practitioner** during a visit where they are evaluating the patient) including homebound status and the need for skilled services.

Terminology:

Electronic Clinical Template

- During these calls, the term “**electronic clinical template**” will be used to describe a series of prompts or reminders built into an electronic health record (EHR) that a physician/practitioner could use to document a visit with the patient.
- CMS will NOT require EHR **vendors** to adopt the CMS electronic clinical templates. CMS will NOT require that **physicians/practitioners** use electronic clinical templates. **The templates are voluntary for EHR vendors and for physician/practitioners.**
- If an EHR vendor chooses to build the CMS template into their EHR and if a physician/practitioner chooses to use the CMS template, the resulting progress note would **be part of the physician’s/practitioner’s medical record** for that patient.

Terminology: Paper Clinical Template

- During these calls, the term “**paper clinical template**” will be used to describe a series of prompts on a printed page that a physician/practitioner could use to document a visit with the patient.
- CMS will NOT require physicians/practitioners use paper clinical templates. If CMS develops a paper template, its use would be **voluntary**.
- If a physician/practitioner chooses to use the CMS template (or any other paper template) to assist in documenting a visit with a patient, the resulting progress note would be **part of the physician’s/practitioner’s medical record** for that patient.

Paperwork Reduction Act

- CMS will follow all **Paperwork Reduction Act (PRA)** rules during the development of these Home Health clinical templates.
 - CMS plans to seek public comment on these voluntary Home Health Clinical Template in advance of the submitting a formal information collection request through the PRA and Office of Management and Budget (OMB) approval process. In accordance with the implementing regulations of the PRA (5 CFR 1320.3(h)(8)), the burden associated with facts or opinions obtained or solicited at or in conjunction with public hearings or meetings is not subject to the PRA. Furthermore, this voluntary Home Health Template is a draft document; the content may be subject to additional changes. We are not currently using the form as an information collection instrument. In accordance with the public protections stated in the implementing regulations of the PRA (5 CFR 1320.6), please note that the form is not valid and there is no obligation to use these voluntary templates as a collection instrument unless it displays an approved OMB control number.

History of CMS Development of Electronic Clinical Templates

- CMS began developing an Electronic Clinical Template for physician/practitioner progress notes for **Power Mobility Devices** in 2012
- CMS began developing an Electronic Clinical Template for physician/practitioner progress notes for **Lower Limb Prosthetics** in 2013
- CMS began developing an Electronic Clinical Template for physician/practitioner progress notes for **Home Health Services** in 2014, but stopped work as CMS announced, via the rule-making process, that the agency was considering changes to home health documentation requirements. The final regulation announcing those changes was issued in the fall of 2014 and went into effect on January 1, 2015.

The focus of these calls: Physician's/practitioner's documentation of patient eligibility for the Medicare home health benefit (e.g., the **progress note** or clinic note **written by a physician/practitioner** during a visit where they are evaluating the patient) including homebound status and the need for skilled services.

History of CMS Development of Paper Clinical Templates

- CMS has never before attempted to develop a Paper Clinical Template for a progress note.
- In response to suggestions from the industry for documentation guidance, CMS is considering developing a paper clinical template that could be completed by a physician/practitioner, emphasizing what could support a patient's eligibility for the Medicare home health benefit.

Location of Draft Documents

- A link to the most recent DRAFT home health **electronic** clinical template can be found in the downloads section of:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Electronic-Clinical-Templates/HomeHealthHHElectronicClinicalTemplate.html>

- A link to the most recent DRAFT home health **paper** clinical template can be found in the downloads section of:

http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Home_Health_Medical_Review_Update.html

The Draft Electronic Template Looks Like This:

**Suggested Voluntary Electronic Clinical Template Elements of a
Progress Note Documenting a
Face-to-Face Examination for Home Health Services
DRAFT v4.1 (01/28/15)**

A.

1. Patient Information
 - a. First Name: _____
 - b. Last Name: _____
 - c. Date of Birth: _____
2. Provider Information
 - d. First Name: _____
 - e. Last Name: _____
 - f. Credentials: MD/DO/DP
 PA/NP (required concurrence and co-signature by MD/DO/DP)
 Other: _____
 - g. Address where exam is taking place: _____
 - h. NPI: _____

B. (Cannot be completed by the Home Health Agency (HHA) or anyone with a financial relationship to the HHA)

1. Enter **date** of patient visit ___/___/___
2. **Subjective Information** (chief complaint patient history)

3. **Objective Information** (constitutional data, physical examination findings, test results)

4. **Assessment**

The Draft Paper Template Looks Like This:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Voluntary Paper Physician Progress Note (if considering ordering Home Health Services for patient)
DRAFT 1.1 (01/30/2015)

NOTE: This Voluntary Paper Clinical Template is a draft and is not valid until it contains an OMB Control Number. CMS is seeking public comment on this document under the 5 CFR 1320.3(h)(8) exemption to the Paperwork Reduction Act. Comments can be sent to HomeHealthTemplate@cms.hhs.gov.

- *The form is DRAFT.*
- *We are not currently collecting the information on the form.*
- *The information on the form may be subject to additional change/revisions.*
- *The form is not valid until it contains an OMB control number.*
- *When OFM initiates the OMB approval process, it will announce it via the 60-day notice in the Federal Register.*

SECTION A	
Patient Information First Name: Last Name: Date of Birth:	Information for Physician Conducting the Visit First Name: Last Name: Credentials: <input type="checkbox"/> MD/DO/DP <input type="checkbox"/> NP/PA <input type="checkbox"/> Other: _____ Address where visit is taking place: NPI:
SECTION B (Cannot be completed by the Home Health Agency or anyone with a financial relationship to the Home Health Agency)	
1. Enter date of patient visit <u> </u> / <u> </u> / <u> </u>	
2. Subjective Information (chief complaint and pertinent medical history)	
3. Objective Information (constitutional data, physical examination findings, test results)	

Reminder

- CMS reminds Physicians/other practitioners to share necessary information with the Home Health Agencies.

Submitting Comments

- Comments can be provided on Open Door Forums to be held at 1 PM ET:
 - March 11, 2015
 - April 8, 2015
 - May 6, 2015
- Comments can be emailed to **HomeHealthTemplate@cms.hhs.gov**

Question #1 for Participants

1. Do you have questions about the **definitions** “electronic clinical template” or “paper clinical template” or the **process** for developing them?

Question #2 for Participants

CMS has **decided** to develop a home health **electronic** clinical template. CMS is still considering whether to develop a home health paper clinical template.

2. Should CMS develop a home health paper clinical template?

Question #3 for Participants

Keeping in mind that:

- *The template is intended to be a “skip-template.” Not all sections are relevant for all patients.*
- *The use of a template is voluntary.*

3. Many email commenters have suggested that the first draft of the clinical templates is too long. **What specific changes could shorten the templates** while still ensuring that the resulting progress note is sufficient for a) patient care and b) for the physician/practitioner to bill for the appropriate level Evaluation and management service?

Open Phones
