Bloomberg BNA

Health Care Program Compliance Guide™

Chapter 1020—Exhibit 1
Hospice Compliance Checklist

The following checklist is based on a review of the various government documents addressing hospices, including the Social Security Act and implementing regulations, CMS program manuals, and OIG guidance documents.

☐ ***Certification of Terminal Illness.*** Create written policies, procedures, and oversight mechanisms to ensure that:

__ the medical director and attending physician (if any) thoroughly review and certify the admitting diagnosis and prognosis of terminal illness, preferably before a patient is admitted for hospice services, but in all cases, within the two-day time limit stipulated under Medicare regulations;

__ complete documentation to support the certification of terminal illness is included in the patient's medical record before billing for hospice care;

__ a brief narrative statement is completed, and if in an attachment, is signed and dated by the physician;

__ for the third certification period and beyond, the brief narrative and physician certifications are informed by the findings of the face-to-face visit done by a physician or nurse practitioner; and

__ signed certification of terminal illness or recertification is obtained before billing for hospice care.

☐ ***Patient Informed Consent.*** Establish mechanisms to ensure that a beneficiary's hospice election is informed and voluntary. The patient should be:

__ informed of the determination of the life-limiting condition;

__ made aware that the goal of hospice is directed toward relief of symptoms, rather than the cure of the underlying disease, and that a beneficiary who elects to enroll in a hospice program waives all rights to curative care related to the terminal illness; and

__ provided with a hospice election statement that includes:

_ identification of the hospice that will provide care,

_ acknowledgement by the beneficiary of a full understanding of the nature of hospice care,

_ acknowledgement by the beneficiary of an understanding that certain curative services are waived by the election,

_ the effective date of the election,

_ the right to revoke the election, and

_ the beneficiary's or guardian's signature.

☐ ***Written Plan of Care.*** Require that a written plan of care be established and updated as necessary for each hospice patient. Establish policies and procedures to require that:

__ the plan is developed and monitored by an interdisciplinary health care team that includes an attending and a hospice physician, as well as a nurse, home health aide, social worker, and pastoral or other counselor;

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__ the plan is individually tailored to meet the physical, emotional, spiritual, and other needs of the patient and family;

__ the plan includes a detailed assessment of the scope and frequency of services necessary to meet patient and family needs;

__ the hospice care provided is identified and supported in the plan as developed by the interdisciplinary team;

__ the hospice regularly reviews the appropriateness of services being provided, patient admission to hospice, patient length of stay delays, and specific treatments;

__ the plan is reviewed and updated, at intervals specified in the plan, by the interdisciplinary team; and

__ the hospice properly documents any review or update of the plan.

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☐ ***Review and Recertification of Terminal Illness.*** Establish policies and procedures to require that:

__ the patient's medical condition and status are sufficiently reviewed during interdisciplinary team meetings to ensure continued appropriate care and changes when necessary;

__ clinical progression or status of a patient's disease and medical condition are properly documented;

__ the hospice physician, at the beginning of each benefit period and within the time limits stipulated under Medicare regulations, recertifies that the patient is terminally ill (the certification form should include a statement to hospice physicians reminding them of Medicare hospice requirements for basing coverage and payment upon the physicians' certifications);

__ a brief narrative statement by a physician is included in the recertification; and

__ a face-to-face visit occurred within 30 days before the start of the third certification period and respective re-certification.

☐ ***Nursing Home Residents.*** To prevent potential problems associated with nursing home residents enrolled in hospice care, establish policies and procedures to ensure that:

__ evaluation and counseling services are not initiated by the hospice personnel;

__ patients are not encouraged to make premature or uninformed hospice elections;

__ the hospice makes all covered services available to meet patient needs and does not routinely discharge patients in need of costly inpatient care;

__ the hospice retains professional responsibility for services furnished by nursing home staff;

__ all care furnished by a nursing home related to the terminal illness is in accordance with the hospice plan of care, and any discharge follows a discharge plan prepared for the patient;

__ the hospice and nursing home have a coordination agreement and communicate with each other about plan of care changes, are aware of each other's responsibilities in implementing the plan, and complete those respective functions;

__ the clinical records of both providers contain evidence of the coordinated plan of care;

__ substantially all core hospice services are provided by hospice employees; and

__ hospice and nursing home forms and documentation are maintained separately.

☐ ***Billing Issues.*** To ensure appropriate claims for reimbursement for hospice care under Medicare, hospice providers should establish policies and procedures that:

__ provide for complete and timely documentation of the specific clinical factors that support a patient's clinical eligibility for the hospice benefit;

__ delineate who has the authority to make changes in the patient record;

__ emphasize that patients may be admitted to hospice care only when appropriate documentation supports eligibility in accordance with the LCDs and when not all elements of an LCD are met, why clinical eligibility is nonetheless supported;

__ indicate that diagnosis and procedure codes for hospice services reported in claims should be based on the patient's clinical condition as reflected in the medical record;

__ ensure that each provider maintains a clear record of services provided when several providers (e.g., a hospice, nursing home, and hospital) are involved in furnishing services to hospice patients;

__ communicate to physicians, patients, and hospice personnel that services will be paid for only if they are reasonable and necessary for the patient, given the clinical condition;

__ ensure all drugs, medical equipment and other therapies related to the terminal illness are billed by the hospice to Medicare and take reasonable steps to ensure that coordinating vendors (e.g., pharmacies) are not separately billing Medicare unless the items they furnish are unrelated to the patient's terminal illness;

__ ensure that the patient's election form and completed certifications of terminal illness are obtained and on file no later than the first day for which payment is claimed;

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__ ensure that the written certification and/or recertification of terminal illness are obtained within time limits stipulated under Medicare regulations;

__ ensure that the location of hospice service is correctly designated in reimbursement claims;

__ ensure all professional physician services for which the hospice bills Medicare are accompanied by appropriate billing modifiers when unrelated to the terminal illness (e.g. GW modifier) and supported by appropriate physician medical records of the patient visit/encounter; and

__ create policies and procedures to ensure that compensation for hospice admission personnel, billing department personnel, and billing consultants do not offer inappropriate financial incentives to bill for hospice care for patients who do not meet applicable eligibility criteria.

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