

# Hospice Conditions of Participation vs. Conditions of Payment: Understanding the Difference

Melinda A. Gaboury, COS-C  
Chief Executive Officer  
Healthcare Provider Solutions  
[healthcareprovidersolutions](http://healthcareprovidersolutions)



1

## Learning Outcomes

Upon completing this session, participants will be able to:

- ✓ Describe the hospice Conditions of Participation
- ✓ Discuss the hospice Conditions of Payment – Medicare benefit coverage requirements.
- ✓ Implement practices to prevent claim denials under medical review.
- ✓ Implement processes for survey readiness.



2



## Conditions of Participation and Conditions of Payment

Missing pieces may result in survey issues and/or claim denials.

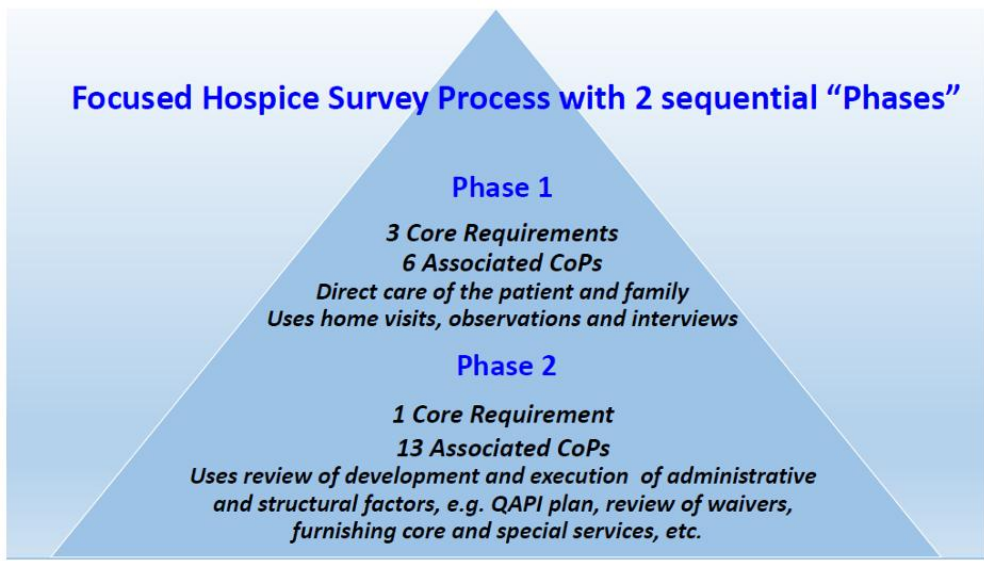


# Hospice Conditions of Participation

**State Operations Manual Appendix M –  
Guidance to Surveyors: Hospice (Rev. 22;  
Issued 06-07-24)**



# Hospice Survey Process



5

## Phase 1: 3 Core Conditions of Participation & 6 Associated CoPs

### Associated Quality of Care CoPs

- §418.60 Condition of participation: Infection control.
- §418.76 Condition of participation: Hospice aide and homemaker services
- §418.102 Condition of participation: Medical director
- §418.108 Condition of participation: Short-term inpatient care
- §418.110 Hospices that provide inpatient care directly.
- §418.112 Condition of participation: Hospices that provide hospice care to residents of a SNF/NF, ICF/IID

Core CoP: §418.52 Patient rights.

Core CoP: §418.54 Initial and comprehensive assessment of the patient.

Core CoP: §418.56 Interdisciplinary group, care planning, and coordination of services.



6

## Phase 2: 1 Core CoP and 13 Associated Quality of Care CoPs (Conditions of Participation)

### Core CoP §418.58: QAPI

1. §418.62 CoP: Licensed professional services.
2. §418.64 CoP: Core services.
3. §418.66 CoP: Nursing services—Waiver of requirement that substantially all nursing services be routinely provided directly by a hospice.
4. §418.70 CoP: Furnishing of non-core services.
5. §418.72 CoP: Physical therapy, occupational therapy, and speech language pathology.
6. §418.74 CoP: Waiver of requirement—Physical therapy, occupational therapy, speech language pathology, and dietary counseling.
7. §418.78 CoP—Volunteers.
8. §418.100 CoP: Organization and administration of services.
9. §418.104 CoP: Clinical records.
10. §418.106 CoP: Drugs and biologicals, medical supplies, and durable medical equipment.
11. §418.113 CoP: Emergency preparedness.
12. §418.114 CoP: Personnel qualifications.
13. §418.116 CoP: Compliance with Federal, State, and local laws and regulations related to the health and safety of patients.



7

## Conditions of Payment: Benefit Coverage Requirements

### Medicare Benefit Policy Manual

<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c09.pdf>



8

## 42 C.F.R § 418.200 Conditions of Payment

Medical Necessity/Hospice Eligibility	Hospice Election	Plan of Care (POC)	Certification of Terminal Illness (CTI)
<p>Services <b>MUST</b> be reasonable and necessary for the palliation and management of the terminal illness as well as RELATED conditions.</p>	<p>The individual must elect hospice care in accordance with §418.24.</p>	<ul style="list-style-type: none"> <li>• A POC <b>MUST</b> be established and periodically reviewed by the attending physician, the medical director, and the IDG as set forth in §418.56</li> <li>• The POC must be established <b>BEFORE</b> hospice care is provided.</li> <li>• The services must be consistent with the POC.</li> </ul>	<p>A certification that the individual is terminally ill must be completed as set forth in §418.22.</p>



## Medical Necessity-Hospice Eligibility




# Documentation to Support Eligibility


At Hospice Admission	Throughout Election
<ul style="list-style-type: none"> <li>▪ Answers the question: Why hospice and why now?</li> <li>▪ Addresses changes in condition over the last 6-12 months resulting in the hospice referral</li> <li>▪ Addresses the nature and condition causing admission to support the terminal prognosis</li> <li>▪ Includes physician signed documentation to support the terminal diagnosis and related conditions</li> <li>▪ Includes objective measurements to support the hospice referral and establish a baseline</li> </ul>	<ul style="list-style-type: none"> <li>▪ Support hospice eligibility from intake/referral and ongoing</li> <li>▪ Includes all changes in the patient's condition from the baseline established at the hospice start of care</li> <li>▪ Continues to address irreversible, persistent and new S/S of disease progression</li> <li>▪ Includes objective, clinical findings to support both the general decline and the disease specific LCD guidelines</li> </ul>




11

## Supporting Medical Necessity – At Initial Certification, EACH Visit, Each IDG meeting and Recertification(s)

 **Clinical Status:** appetite, BMI, functional status, cognitive status, infections, weight/MAC changes (unintentional/irreversible), temperature changes, hypotension (systolic <90), respiratory, O2 dependent.

 **Signs (Objective)** - Examples: ascites, heart rate - bradycardia, tachycardia, irregular; edema, rash, skin breakdown/wound, cough, diarrhea, vomiting, aspiration, dysphagia, urine output, pain, sweating.

 **Symptoms (Subjective)** -Examples: shortness of breath, dizziness, itching, pain, soreness, nausea, anxiety, headache.



12

## Supporting Medical Necessity

### Include documentation that supports the findings:

“as evidenced by”

“despite optimal treatment”

Now vs. Then

Are changes new, persistent, ongoing, worsening?



13

## Documentation Example 1

The patient exhibits signs and symptoms of disease progression as evidenced by the new onset of dyspnea at rest despite treatment with oxygen at 4 liters per minute via nasal cannula continuously and nebulizer treatments 4x/day and is now bedbound from 3 weeks ago when the patient was dyspneic with ambulation and only required oxygen at 2-3 liters per minute for 30 minutes after ambulation.

“despite optimal treatment”

Now vs. Then

Are changes new, persistent, ongoing?



14

## Documentation Example 2

The patient exhibits signs and symptoms of disease progression with worsening dysphagia, despite a downgraded diet from soft to pureed with nectar thickened liquids 3 weeks ago; and cognitive decline as evidenced by increased coughing during feeding of pureed meals; and today the patient's coughing resulted in a reddened face and vomiting. Following this episode the patient suffered increased anxiety and tearfulness requiring treatment with prn Xanax. The patient has increased episodes of tearfulness and is no longer able to speak comprehensible words from speaking at least 5-6 words two weeks ago.

“despite optimal treatment”  
Now vs. Then  
Are changes new, persistent, ongoing?



15

## Common Documentation Issues

- X Unexplained weight gain
- X Weight loss used to support a downward trajectory then weight loss STOPS
- X No longer able to weigh patient
- X No explanation for stable weight
- X Documented FAST scores not supported in other documentation or inconsistent
- X Documenting without comparison over time- Ex: sleeping more



16

## Actual Medical Necessity Denial Reason

“Reviewer Comment: (DENY) all charges (5PX06). The documentation does not support a trajectory of terminal decline. Unable to determine a trend of weight loss. MAC stable at 24 cm. PPS stable at 40%. Consumes 30% of 3 meals. No s/sx of ongoing dysphagia noted. There were no stage 3-4 wounds, recent falls or intractable infections noted. Terminal decline was not supported for the month in review.”



17

## Hospice Election & Addendum Statement



18

## Hospice Election Statement Requirements

### **IMPORTANT!!!! - The following information is REQUIRED TO BE INCLUDED ON THE HOSPICE ELECTION STATEMENT:**

- ▶ Name of the hospice.
- ▶ Patient/representative's acknowledgement of the following:
  - a. That the patient has been given a full understanding of hospice care, particularly the palliative rather than curative nature of treatment.
  - b. The patient's or representative's acknowledgment that information on the hospice's coverage responsibility was provided and that the patient understands that certain Medicare services are waived by the election\*



19

## Hospice Election Statement Requirements

### **IMPORTANT!!!! - The following information is REQUIRED TO BE INCLUDED ON THE HOSPICE ELECTION STATEMENT**

- c. The individual's acknowledgement that the individual has been provided information on the hospice's coverage responsibility and that certain Medicare services are waived by the election. For hospice elections beginning on or after October 1, 2020, this would include providing the individual with information indicating that services unrelated to the terminal illness and related conditions are exceptional and unusual and the hospice should be providing virtually all care needed by the individual who has elected hospice.
- ▶ The effective date of election. (May be the 1<sup>st</sup> day of hospice care or a later date but CANNOT be earlier than the date of the election statement.)



20

## Hospice Election Statement Requirements

### **IMPORTANT!!!! - The following information is REQUIRED TO BE INCLUDED ON THE HOSPICE ELECTION STATEMENT:**

- ▶ The individual's designated attending physician (if any). Information identifying the attending physician recorded on the election statement should provide enough detail so that it is clear which physician or Nurse Practitioner (NP) was designated as the attending physician. This information should include, but is not limited to, the attending physician's full name, office address, NPI number, or any other detailed information to clearly identify the attending physician; (Provider credentials should be noted.)
- ▶ The patient's/representative's acknowledgement that the designated attending physician was their choice.
- ▶ Information on individual cost-sharing for hospice services.



21

## Hospice Election Statement Requirements

### **IMPORTANT!!!! - The following information is REQUIRED TO BE INCLUDED ON THE HOSPICE ELECTION STATEMENT**

- ▶ Notification of the individual's or representative's right to receive an election statement addendum for conditions, items services and drugs the hospice has determined to be unrelated to the individual's terminal illness and related conditions and would not be covered by hospice. **IMPORTANT:** Acknowledgement by the patient or representative of the choice to elect or decline the addendum statement must be documented.
- ▶ Information on the BFCC-QIO including the right to immediate advocacy and the name and contact information for the BFCC-QIO that serves the area where the patient is receiving hospice care.
- ▶ The signature of the patient or their representative.

**Note: If the patient/representative decline the hospice addendum statement, no additional documentation is needed.**



22

# BFCC-QIO

- ▶ There are 2 BFCC-QIOs – Acentra (Formerly Kepro) and Commence Health (Formerly Livanta)
- ▶ Ensure the correct BFCC-QIO name and contact information specific to the area where the patient is receiving care is noted ON the election statement.

Quality Improvement Organizations (find your QIO by State) <https://www.cms.gov/media/664631>

Acentra:  
<https://acentraqio.com/>

Commence Health:  
<https://www.commencehealthqio.cms.gov/en>



~~Model Example of Hospice Election Statement~~

Patient Name: _____
Hospice Agency Name: _____
<b>Hospice Election</b>
I, _____ (Patient Name) choose to elect the Medicare hospice benefit and receive Hospice services from _____ (Name of Hospice Agency) to begin on _____ (Start of Care Date).
<small>(Note: The start of care date, also known as the effective date of the election, may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement. An individual may not designate an effective date that is retroactive.)</small>
<b>Right to choose an attending physician</b>
<ul style="list-style-type: none"> <li>I understand that I have a right to choose my attending physician to oversee my care.</li> <li>My attending physician will work in collaboration with the hospice agency to provide care related to my terminal illness and related conditions.</li> </ul>
<input type="checkbox"/> I do not wish to choose an attending physician <input type="checkbox"/> I acknowledge that my choice for an attending physician is: _____ <small>(Please provide any information that will uniquely identify your attending physician choice.)</small>
Physician Full name: _____ <small>(Ensure NPI or office address are also noted.)</small>
<b>Hospice Philosophy and Coverage of Hospice Care</b>
By electing hospice care under the Medicare hospice benefit, I acknowledge that:
<ul style="list-style-type: none"> <li>I was given an explanation and have a full understanding of the purpose of hospice care including that the nature of hospice care is to relieve pain and other symptoms related to my terminal illness and related conditions and such care will not be directed toward cure. The focus of hospice care is to provide comfort and support to both me and my family/caregivers.</li> <li>I was provided information on what items, services, and drugs the hospice is to cover and furnish upon my election to receive hospice care.</li> <li>I was provided with information about potential cost-sharing for certain hospice services, if applicable.</li> <li>I understand that by electing hospice care under the Medicare hospice benefit, I waive (give up) the right to Medicare payments for items, services, and drugs related to my terminal illness and related conditions. This means that while this election is in force, Medicare will make payments for care related to my terminal illness and related conditions only to the designated hospice and attending physician that I have selected.</li> <li>I understand that items, services, and drugs unrelated to my terminal illness and related conditions are exceptional and unusual, and in general, the hospice will be providing virtually all of my care while I am under a hospice election. The items, services, and drugs determined to be unrelated to my terminal illness and related conditions will continue to be eligible for coverage by Medicare under separate benefits.</li> </ul>

Last updated: March 2024

~~Model Example of Hospice Election Statement~~

<b>Right to Request "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"</b>
<ul style="list-style-type: none"> <li>As a Medicare beneficiary who elects to receive hospice care, you have the right to request at any time, in writing, the "Patient Notification of Hospice Non-Covered Items, Services, and Drugs" addendum that lists conditions, items, services, and drugs that the hospice has determined to be unrelated to your terminal illness and related conditions, and that will not be covered by the hospice.</li> <li>If I request this form within the first 5 days of the election start date, the hospice must furnish the written addendum within 5 days of the request date. If I request this form during the course of hospice care (that is, after the first 5 days of the hospice election start date), the hospice must furnish the written addendum within 3 days of the request date.</li> </ul>
<b>Beneficiary and Family-Centered Care Quality Organization (BFCC-QIO)</b>
As a Medicare hospice beneficiary, you have the right to contact the Beneficiary and Family-Centered Care Quality Organization (BFCC-QIO) to request Immediate Advocacy if you disagree with any of the hospice's determinations. The BFCC-QIO that services your area is:
BFCC-QIO Name: _____ <small>Ensure the BFCC-QIO for the area that serves the patient is noted including name and phone number of address.</small>
BFCC-QIO Phone Number or Website: _____
Signature of Beneficiary: _____
Signature of Beneficiary Representative (if beneficiary is unable to sign): _____
Date Signed: _____

Last updated: March 2024



**ALL SPACES MUST BE COMPLETED AT THE TIME OF ELECTION!!!**

## Actual Election Statement Denial Reason

“Reviewer Comment: (DENY) all charges (5PX06). The election statement is missing the required additional waiver information providing the individual with information that services unrelated to the terminal illness and related conditions are exceptional and unusual and the hospice should be providing virtually all care.”



25

## Hospice Election Statement Addendum Requirements

If the patient/representative requests to receive the hospice addendum statement, the following **MUST** be documented and is required to be on the hospice addendum statement.

- ▶ The addendum form **MUST be titled** – ***Patient Notification of Hospice Non-Covered Items, Services and Drugs.***

And **MUST** include:

- ▶ The hospice name.
- ▶ The individual’s name **and** hospice medical record identifier.
- ▶ The individual’s terminal and related condition(s).
- ▶ The individual’s condition(s) and associated items, services and drugs determined by the hospice to be unrelated to the terminal illness and related conditions that will **NOT** be covered by hospice.



26

## Hospice Election Statement Addendum Requirements

- ▶ A written clinical explanation why the identified conditions, items, services and drugs are considered to be unrelated to the terminal illness and related conditions and not needed for pain or symptom management.
- ▶ References to any relevant clinical practice, policy or coverage guidelines.
- ▶ A statement that includes the purpose of the addendum is to notify the individual (or representative) in writing of the conditions, items, services and drugs the hospice will not be covering because the hospice has determined they are unrelated to the individual's terminal illness and related conditions.
- ▶ Must state that the patient has a right to immediate advocacy available through the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) if the individual (or representative) disagrees with the hospice's determination.



27

## Hospice Election Statement Addendum Requirements

- ▶ The election statement addendum signature **MUST** include a statement that signing the addendum (or its updates) is only acknowledgement of receipt of the addendum (or its updates) and not necessarily the individual's (or representative's) agreement with the hospice's determinations. **IMPORTANT:** If the individual (or representative) refuses to sign a requested addendum, the hospice must document why (on the addendum itself) and it would become a part of the medical record.
- ▶ The name, signature and date of the individual or representative. **NOTE:** The addendum statement if chosen by the patient/representative is an election statement requirement and a condition of payment. Documentation supporting all attempts to obtain signatures in addition to the guidance noted above **MUST** be included in the record as referenced above.
- ▶ The date the hospice furnished the addendum. The date furnished must be within the required timeframe. (Within 5 days of request if requested within 5 days of the hospice election or within 3 days if requested at any other time during the hospice election.)



28

# Exceptions to the Hospice Addendum Statement

- ▶ If the patient dies, revokes or is discharged within the required timeframe after requesting the addendum and before the addendum was furnished, the addendum is not required to be furnished.
- ▶ If the patient dies, revokes or is discharged after the addendum is furnished but before a signature is obtained; a signature is not required.

**NOTE:** The patient/representative signature is only an acknowledgement of receipt of the addendum statement and does not signify that the patient/representative agree with the hospice's determination for non-covered items, services and drugs.



-Model Example of "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"

Patient Name: \_\_\_\_\_ Ensure the DATE FURNISHED is noted on the form.

Patient MRN: \_\_\_\_\_

Hospice Agency Name: \_\_\_\_\_ Date Furnished: \_\_\_\_\_

**Purpose of Issuing this Notification**  
 The purpose of this addendum is to notify the requesting Medicare beneficiary (or beneficiary representative), in writing, of those conditions, items, services, and drugs not covered by the hospice because the hospice has determined they are unrelated to your terminal illness and related conditions. If you request this notification within the first 5 days of the election start date, the hospice must furnish the written addendum within 5 days of the request date. If you request this notification during the course of hospice care (that is, after the first 5 days of the hospice election start date), the hospice must furnish this written addendum within 3 days of the request date.

**Diagnoses Related to Terminal Illness and Related Conditions**

1.	5.
2.	6.
3.	7.
4.	8.

**Diagnoses Unrelated to Terminal Illness and Related Conditions**

1.	5.
2.	6.
3.	7.
4.	8.

**Items, Services, and Drugs Determined by Hospice to be Unrelated to Your Terminal Illness and Related Conditions (these items, services, and drugs will not be covered under the hospice benefit):**

Items/Services/Drugs	Reason for Non-coverage

Note: The hospice makes the decision as to whether conditions, items, services, and drugs are related for each patient. As the beneficiary (or beneficiary representative), you should share this fact and clinical explanation with other healthcare providers from which you seek items, services, or drugs, unrelated to your terminal illness and related conditions to assist in making treatment decisions. The hospice should provide its reasons for non-coverage in language that you (or your representative) understand.

**Right to Immediate Advocacy**  
 As a Medicare beneficiary, you have the right to contact the Medicare and Family Centered Care-Quality Improvement Organization (BFCC-QIO) to request for Immediate Advocacy if you (or your representative) disagrees with the decision of the hospice agency on items not covered because the hospice has determined they are unrelated to your terminal illness and related conditions.

Updated March 2024

-Model Example of "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"

Please visit this website to find the BFCC-QIO for your area: <https://aap.org/program.cfm?locate-your-qio> or call 1-800-MEDICARE (1-800-633-4227).TTY users can call 1-877-486-2045.

**Note:** The "date furnished" is defined as when the beneficiary (or representative) receives an addendum within 3 or 5 days from their request and not the date of the signature.

**Signing this notification (or its updates) is only acknowledgement of receipt of this notification (or its updates) and does not constitute your agreement with the hospice's determinations.**

Signature of Beneficiary: \_\_\_\_\_

Signature of Beneficiary Representative (if beneficiary is unable to sign): \_\_\_\_\_

Date Signed: \_\_\_\_\_

Updated March 2024

**All sections MUST be completed prior to patient/representative signature!!! A signed copy must be available to provide to medical reviewer.**



# Actual Addendum Statement Denial Reason

“Reviewer Comment: (DENY) all charges (5PX06). Per Medicare guidelines, the Patient Notification of Hospice Non-Covered Items, Services and Drugs addendum is invalid due to missing the medical record identifier (MRN).”



# Hospice Plan of Care

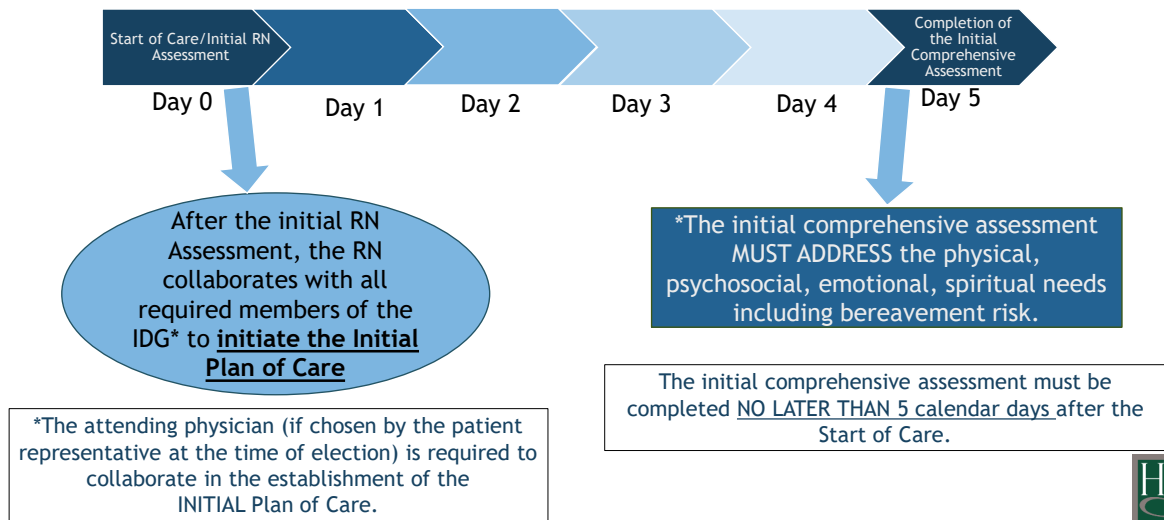


# Hospice Plan of Care

- A POC MUST be established and periodically reviewed by the attending physician, the medical director, and the IDG as set forth in § 418.56 – must be reviewed no less frequently than every 15 days.
- The POC must be established BEFORE hospice care is provided. (Based on information gathered during the initial RN assessment).
- The services must be consistent with the POC.
- The POC must be individualized, written and reflect the patient/family goals and interventions based on problems identified in the initial, comprehensive and updated comprehensive assessments.



# Timeline of the Initial Comprehensive Assessment



## Medicare Benefit Policy Manual 40- Benefit Coverage: Plan of Care

*“All services provided by the hospice must be in accordance with a patient’s individualized plan of care that is established and updated by the hospice interdisciplinary group, in consultation with the patient’s attending physician (if any). The individualized plan of care is a continually evolving document. As such, Medicare expects the plan of care to be initiated based upon the information gathered in the patient’s initial assessment, and the plan of care will be expanded upon, as appropriate, based on the information that is gathered during the comprehensive assessment.”*



35

## Do the assessment findings guide the patient’s individual plan of care?

- ▶ Review of the plan of care is typically completed during the IDG; however, this can be completed at anytime. Does documentation support a participation by all required members of the IDG?
- ▶ What changed in the patient’s assessment that needs to be reflected in the plan of care interventions or goals?
- ▶ Does a new problem need to be added or resolved?
- ▶ After reviewing the plan of care for updates, review the current care plans to ensure:
  - Current interventions are effective – If not, revise
  - Patient’s progress toward goals – If no progression, is the goal realistic and should it be revised?



36

## Do the assessment findings guide the patient's individual plan of care?

REVISE the plan of care based on the patient's ongoing assessments:

- ▶ Update when the patient's condition changes, with medication changes, DME changes and services provided to further support symptoms of disease progression.
  - Increased long-acting morphine dose to 30mg 2 times a day due to the patient requiring an increase in short acting morphine PRN for breakthrough pain.
  - Oxygen order changed from PRN to 2L continuously to manage shortness of breath.
  - Hospice aide increased to 5 times a week as wife can no longer manage increase physical requirements for bathing.
  -



37

## Certification of Terminal Illness (CTI)



38

## Certification of Terminal Illness

**INITIAL CERTIFICATION:** The hospice must obtain **verbal or written certification** of the terminal illness, **no later than 2 calendar days** after the start of the initial benefit period. Initial certifications may be completed **up to 15 days** before hospice care is elected. Must be obtained from the hospice physician AND the patient's attending physician (if chosen).

**RECERTIFICATIONS:** The hospice must obtain **verbal or written certification** of the terminal illness, **no later than 2 calendar days** after the start of the benefit period. Recertifications may be completed **up to 15 days before** the start of the next benefit period.

The record should reflect that the physician considered the following when making the terminal prognosis determination and the information is part of the medical record: (1) The primary terminal condition (2) Related Diagnosis(es), if any (3) Current Subjective and objective medical findings (4) Current medication and treatment orders and (5) Information about the medical management of any of the patient's current conditions unrelated to the terminal diagnosis. – All records supporting the patient's hospice eligibility should be obtained.



39

## Certification of Terminal Illness

### The written CTI MUST include:

- ▶ Statement that the individual's medical prognosis is that their life expectancy is 6 months or less if the terminal illness runs its normal
- ▶ Specific clinical findings and other documentation supporting a life expectancy of 6 months or less;
- ▶ Signature(s) of the physician(s), the date signed, and the benefit period dates that the certification or recertification covers (for more on signature requirements, see Pub. 100-08, Medicare Program Integrity Manual, chapter 3, section 3.3.2.4).
- ▶ Physician's brief narrative (written by the certifying physician) explaining the clinical findings that support a life expectancy of 6 months or less as part of the certification and recertification forms, or as an addendum to the certification and recertification forms;



40

## Certification of Terminal Illness

### The written CTI MUST include:

- ▶ If the narrative is part of the certification or recertification form, the narrative is located immediately above the physician's signature
- ▶ Narrative includes a statement directly above the physician signature attesting that by signing, the physician confirms that he/she composed the narrative based on his/her review of the patient's medical record or, if applicable, his or her examination of the patient. The physician may dictate the narrative.
- ▶ Narrative reflects the patient's individual clinical circumstances and does not contain check boxes or standard language used for all patients. The physician synthesized the patient's comprehensive medical information in order to compose this brief clinical justification narrative.



41

## Certification of Terminal Illness – F2F Encounter

### For 3<sup>rd</sup> and all subsequent benefit periods - The written CTI MUST include:

- ▶ Narrative associated with the third benefit period recertification and every subsequent recertification must include an explanation of why the clinical findings of the face-to-face encounter support a life expectancy of 6 months or less
- ▶ Face to face encounter is performed by hospice employed physician or NP
- ▶ Encounter is conducted no more than 30 days prior to the beginning of the benefit period or on the day the benefit period begins and BEFORE the physician recertifies the patient.
- ▶ A hospice physician or nurse practitioner who performs the encounter attested in writing that he or she had a face-to-face encounter with the patient, including the date of the encounter.



42

## Certification of Terminal Illness – F2F Encounter

**For 3<sup>rd</sup> and all subsequent benefit periods - The written CTI MUST include:**

- ▶ The attestation, its accompanying signature, and the date signed, is a separate and distinct section of, or an addendum to, the recertification form, and is clearly titled
- ▶ If the nurse practitioner or non-certifying hospice physician performed the encounter, the attestation states that the clinical findings of that visit were provided to the certifying physician, for use in determining whether the patient continues to have a life expectancy of 6 months or less, should the illness run its normal course.



43

## Hospice Face-to-Face Clarifications

- ▶ For hospice providers, it extends the hospice F2F telehealth flexibility through December 31, 2027; however, telehealth is NOT permitted, beginning January 31, 2026, if:
  - ▶ the individual receiving hospice is located in an area subject to a CMS moratorium on enrollment of hospice programs;
  - ▶ the individual is receiving hospice care from a provider subject to the Provisional Period of Enhanced Oversight (PPEO); or
  - ▶ the encounter is performed by a hospice physician or nurse practitioner who is not enrolled in Medicare and is not an opt-out physician or practitioner.
- ▶ For hospice providers, requires CMS to create a claims modifier or code to indicate if a F2F encounter was conducted via telehealth starting January 1, 2027.



44

## Common CTI Issues

- x CTI narrative is copied and pasted from initial nursing narrative note or F2F encounter note performed by another provider and not drafted by the certifying physician.
- x CTI narrative includes minimal documentation. Example: “Admitted to hospice with Alzheimer’s disease continues to decline and sleeps more than 12 hours daily. DNR, PPS 40% which correlates with a 6 month or less prognosis”.
- x Illegible CTI narrative.
- x Missing verbal and/or written CTI no later than 2 days after the initial certification/recertification (may be obtained within 15 days of the initial certification or recertification).
- x Brief narrative statement missing from CTI or includes a list of diagnoses only.
- x Late or missing F2F encounter for 3<sup>rd</sup> or subsequent benefit periods.



45

## Actual Claim Denial Due to F2F Issue:

“The certification requirements for each hospice period require that a proper and timely face-to-face be obtained. Further, the face-to-face must be signed and attested to by the physician or nurse practitioner. Here, the face-to-face is clearly unsigned. (Physicians name), is listed as the primary physician on the face-to-face and the “entered by” notation further indicates that (physician) composed the electronic medical record. However, Medicare requires that services provided, ordered, certified by authenticated by the persons responsible for the care of the beneficiary in accordance with Medicare’s policies. The method used shall be a handwritten or electronic signature. The lack of a signature here is **fatal** to the claim for payment”.



46

## Process Implementation Tips to Support Survey and Payment Success

- ▶ Verify the hospice election statement is completed accurately including all required elements at the time of completion.
- ▶ Establish a process to ensure the hospice addendum statement is furnished to the patient within 5 days of request (if requested within 5 days of election) and within 3 days of request at any other time during the hospice election AND a signed copy is obtained.
- ▶ Establish a review process to ensure the Plan of Care includes all required elements and is signed and dated by the physician.
- ▶ Review CTI narrative statements to ensure the narrative is not copied and pasted from the nursing narrative. Remember – the CTI must be in the physicians' own words.



47

## Process Implementation Tips to Support Survey and Payment Success

- ▶ Keep survey readiness at the forefront of day to day operations.
- ▶ Perform focus audits on identified compliance issues.
- ▶ Perform pre-bill audits prior to submitting claims to ensure all required documentation is accurate and complete.
- ▶ Verify all clinician name entries including on Plan of Care and e-signatures include the name and credentials of the clinician.
- ▶ Utilize a signature log/attestation for all signing clinicians to ensure handwritten signatures are verifiable.
- ▶ Establish a schedule for pending Face to Face encounters.



48

## Process Implementation Tips to Support Survey and Payment Success

- ▶ Ensure IDG documentation supports attendance at the meeting by all required members of the IDG: Hospice physician, RN, SW, Chaplain.
- ▶ Utilize IDG meetings to address the patient's current status that includes ongoing and new problems, signs/symptoms, medication changes, weight loss/gain, appetite changes, dyspnea, skin changes, new treatments and COMPARE to prior status.
- ▶ Establish a process to capture documentation that supports collaboration by all members of the IDG including the attending physician occurred after the initial RN assessment and before care was provided.
- ▶ Ensure orientation and training for all staff including hospice physicians and volunteers includes compliance related to the Conditions of Participation AND Payment.



49

## References

Hospice Care Regulation: (Code of Federal Regulations) (§418 – Hospice)  
<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418#418.56>

SOM – Appendix M – Guidance to Surveyors: Hospice (Revision 210 - 2/3/23) -(§418 – Hospice) [https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap\\_m\\_hospice.pdf](https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_m_hospice.pdf)

Medicare Benefit Policy Manual  
 Chapter 9 – Coverage of Hospice Insurance Services Under the Hospital Insurance:  
<https://www.cms.gov/regulations-andguidance/guidance/manuals/downloads/bp102c09.pdf>

[https://www.palmettogba.com/palmetto/providers.nsf/files/Multi MAC Hospice Beneficiary Election Statement Addendum FAQs.pdf/\\$FILE/Multi MAC Hospice Beneficiary Election Statement Addendum FAQs.pdf](https://www.palmettogba.com/palmetto/providers.nsf/files/Multi_MAC_Hospice_Beneficiary_Election_Statement_Addendum_FAQs.pdf/$FILE/Multi_MAC_Hospice_Beneficiary_Election_Statement_Addendum_FAQs.pdf)

[https://www.cgsmedicare.com/hhh/coverage/hospice\\_ff\\_encounter.html](https://www.cgsmedicare.com/hhh/coverage/hospice_ff_encounter.html)

<https://www.cms.gov/files/document/mln905364-complying-medicare-signature-requirements.pdf>



50



51



**Have any questions?**  
Scan the QR Code to  
schedule a call!

## *Thank You for Participating!*

**Melinda A. Gaboury, COS-C**  
Chief Executive Officer

Healthcare Provider Solutions, Inc.  
402 BNA Drive, Suite 212  
Nashville, TN 37217

615.399.7499  
[info@healthcareprovidersolutions.com](mailto:info@healthcareprovidersolutions.com)



52