CLINICAL Policies and Procedures

MEDICAL MANAGEMENT OF THE HOSPICE PATIENT
Policy #: CP236

<table>
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<tr>
<th>NHPCO Standard(s):</th>
<th>BOD Approval/Review 03/26/14</th>
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<tr>
<td>Regulatory Citation(s):</td>
<td>COPs 418.20,22,24,56,64,102,202, 10 NYCRR 793.2, 793.3, 793.4, 793.7</td>
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POLICY

High Peaks Hospice (HPH) employs or contracts with physicians to provide the palliation and management of terminal illness and related conditions and to meet the general medical needs of the patient. Each HPH patient will have an identified attending physician, available on a 24-hour basis, across all levels of care. HPH will provide accurate and up-to-date information concerning HPH’s policies and procedures to the attending physician referring a patient to the hospice program. There must be mutual availability of the physician and the staff of HPH to respond in a timely manner to questions concerning the patient and their care needs. All information must be provided in an understandable clinical language.

PROCEDURE

1. HPH staff will provide hospice mission statement and pertinent policies to the medical provider when they first refer a patient to the HPH program. These medical providers are referred to as “attending physicians”.

2. HPH employs reasonable measures to ensure that attending physicians who establish plans of care are appropriately licensed. The Billing Office will verify that license is appropriate.

3. HPH employs reasonable measures to ensure that no adverse actions such as criminal conviction, debarment, or exclusion have been taken against the attending physician with whom the hospice contracts or employs. The Billing Office will verify that attending physicians are not excluded from Medicare compliance.

4. Attending Physician:
   A. Must be the choice of the patient and indicated on the admission documents
   B. Must be fully licensed to practice in HPH’s service areas.
   C. Must make a written statement that certifies the patient has a prognosis of six months or less if the terminal illness follows its normal course within 2 days after admission.
   D. An oral statement of terminal illness can be made up to 15 days prior to admission or within 2 days after admission. If the statement is oral, the written
statement must be signed before HPH can bill for services from the insurance provider.

E. Must provide referrals to other organizations and specialty physicians

F. At the time of hospice services inquiry, must be willing to provide the necessary recent patient information and submit to HPH the following:
   1) Admitting diagnosis and prognosis
   2) Most recent history and physical and/or any and all current and relevant medical findings
   3) Treatment orders to include all medication

G. At the time of admission, must furnish treatment orders to include all medications.

H. Must be willing to provide updates regarding care and the treatment plan

I. Must be willing to sign the death certificate, including when the death occurs at home

J. Must provide alternate medical coverage when not available. The attending physician must designate an alternate physician who will be willing to work with HPH’s staff to provide care and orders for the patient when necessary and sign the death certificate if necessary.

5. The attending physician and the HPH’s Interdisciplinary Team (IDT) will provide clear and concise treatment orders in a timely manner in order to ensure patient care needs are met.

6. The HPH IDT is responsible for the implementation of the hospice Plan of Care. HPH staff will provide the attending physician with any pertinent updates and information to the status of the patient on a regular basis at a minimum of every 15 days, and with any significant change in condition.

7. Medical Director or designee is responsible for the final determination of hospice eligibility.
   A. Is available for consultation with attending physician regarding pain and symptom management.
   B. Within 2 days will provide HPH with a signed written certification including narrative indicating a prognosis of six months or less if the disease runs its normal course. May provide an oral certification within 15 days prior to admission, but must provide written certification prior to HPH billing cycle.
   C. Will provide recertifications for patients who are eligible to remain on hospice services after the first benefit period of 90 days.
   D. Must conduct, or have conducted, a face-to-face visit of any patient using the Medicare Hospice Benefit and entering their third benefit period. This visit must be conducted before recertification can be final, not later than the date of recertification and within 30 days of the end of the second benefit period.

8. All communication is confidential in nature.

LAST REVIEW DATE: BOD 03/26/14   LAST UPDATED: Comp Coord 06/17/15, 09/01/18   BOARD APPROVAL: March 26, 2014