POLICY

High Peaks Hospice (HPH) assesses the continued eligibility of hospice patients on a regular basis. No patient is recertified for additional Hospice benefit periods without adequate documentation to support the patient’s continued eligibility. The Medical Director (MD) or Hospice Physician (HP), if MD is not available, certifies the eligibility for continued services before a new benefit period starts.

PROCEDURE

1. The HPH Interdisciplinary Team (IDT) regularly reviews the eligibility of hospice patients.

2. The HPH MD (or HP, if MD is not available) is responsible for recertifying the hospice patient no earlier than 2 weeks before the end of the Hospice benefit period and no later than 2 days after the first day of each new benefit period.

3. Continued eligibility is assessed using National Government Services (NGS) guidelines and evidence of disease related deterioration as documented in the clinical record.

4. Proper documentation is required for the clinical progression/status of a patient's disease and medical condition. Approximately four weeks prior to the end date of the Hospice benefit period (recertification date) the following must be completed:
   A. The HPH Case Manager registered nurse (RN) shall complete a recertification evaluation of the patient. This information will be used in discussing the appropriateness of recertification with the IDT, the MD (or HP if MD is not available) and the attending physician. The RN will document the discussion in the patient’s medical record.
   B. The MD (or HP, if MD is not available) must complete a narrative on the recertification that includes a medical prognosis that the patient’s life expectancy is 6 months or less if the terminal illness runs its normal course and specific clinical findings and other documentation supporting a life expectancy of six months or less.
   C. Patients entering into the 3rd or subsequent Medicare Hospice Benefit periods, the must have a face-to-face meeting with the MD (or HP, if MD is not available) no earlier than 30 days before the new benefit period begin date.
1) This meeting shall be documented and attested to before the recertification can take place, but must be done prior to the start of the new benefit period.

2) A Nurse Practitioner (NP), who is an employee of HPH, can complete and document the face-to-face visit for the MD (or HP, if MD is not available), however the NP cannot sign the certification document.

3) The face-to-face documentation will be included with the MD’s (or HP, if MD is not available) certification.

5. Written certifications must be signed and dated by the MD (or HP if MD is not available) and include the benefit period start and end dates.
   A. The certification must be on file in the patient’s chart before HPH can submit a claim to the fiscal intermediary.
   B. The forms for the certifications and face-to-face visits should be filed in the patient chart within 7 days of the first day of the new benefit period.

6. Recertification for other types of insurance coverage must follow the procedures in the specific insurance policy.

LAST REVIEW DATE: IDT 06/14/17, Clinical Comm 08/08/17, BOD 03/26/18

LAST UPDATED:  Comp Coord 05/17/17, 06/24/17, 04/13/18, 09/01/18

BOARD APPROVAL:  May 8, 2018