POLICY

High Peaks Hospice (HPH) accepts referrals of individuals inquiring about HPH services, 24 hours a day, 7 days a week from any source unless prohibited by Article 45 of the NY State Public Health Law or any other law or regulation. All communications must be documented in detail. Any additional information obtained at any time throughout the referral intake process will be documented in the medical record. A referral from an Acute Care Facility will be considered “Urgent”.

PROCEDURE

1. During scheduled working hours of 8:00 am to 4:00 pm, Monday through Friday except HPH Holidays the Referral Coordinator or designee accepts new referrals and initiates a referral in the electronic medical records system (EMR). As much detail as possible should be put into the EMR. As more information becomes available it will be documented in the EMR.

2. Outside of scheduled working hours referrals are taken by the After Hours Team on duty
   
   A. The After Hours Supervisor is responsible for initiating a referral in the EMR.

   B. Any referral request for admission from an Acute Care Facility is considered urgent.

   C. The After Hours Supervisor will contact the referral source and clearly communicate when a HPH representative will contact them, usually within 24 hours.

   D. As more information becomes available it will be documented in the EMR.

3. Referral Coordinator or designee will:

   A. Contact the individual’s attending physician to confirm the individual’s appropriateness for hospice care if the referral did not come from the attending physician. (See Para 4 for further information on attending physician) (See Clinical Policy “Admission Criteria CP202” for further information on appropriateness).
B. Contact the individual/family within 24 hours to determine if the person is aware of the referral. Set up an informational meeting with the individual/family. (See Paragraph 7 for further information on informational visits.)

1) If the individual/family refuses to schedule an informational visit, the Referral Coordinator or designee will update the EMR to reflect that the referral is cancelled with the appropriate close out reason.

2) Document any/all information that pertains to why the individual/family refused hospice services.

4. Attending Physician Determination:

A. If the attending physician denies appropriateness of the referral to hospice care:

1) The Referral Coordinator or the designee will immediately notify the referral source of the attending physician’s response.

2) The Referral Coordinator or the designee will update the EMR to cancel the referral with the appropriate close out reason

3) Document all information that pertains to why the individual is denied hospice services.

B. If the attending physician approves the referral and provides an oral certification and the release of the individual’s medical record, the Registered Nurse (RN) or the designee will start the admission process within 24 hours (See Clinical Policies “Admission Criteria CP202” and “Initial Assessment and Admission CP233”)

1) The RN and Hospice Physician will review guidelines for individuals receiving high-tech procedures or treatments. (See Clinical Policy “Admission Guidelines-High Tech Procedures CP203”)

2) The Attending Physician and RN will review the National Government Services Guidelines (NGS) for Determining Terminal Prognosis (LCDs) to ascertain the eligibility of hospice services. (See Clinical Policy “Certification of Hospice Eligibility, CP205

3) The Referral Coordinator or designee will request the HPH Billing Coordinator check the Center of Medicare and Medicaid Services to determine if the individual has a history of prior hospice services.

4) If the individual is Medicare/Medicaid eligible and in their third beneficiary period or later, a face-to-face visit must be conducted by the HPH Medical Director or the HPH Nurse Practitioner (See Clinical Policy “Recertification of Hospice Eligibility”, CP255)

5. If an Individual is determined to be not eligible to receive hospice services they will be referred to community services when appropriate.

A. The Referral Coordinator or designee will update the EMR to show the referral was cancelled with the appropriate close out reason
B. Document all information that pertains to why the individual is not eligible for hospice services.

6. Informational visits are performed by a trained and approved staff member. This visit is to provide the individual/family with all the necessary and appropriate materials to effectively explain hospice services and benefits.

A. The staff member performing the informational visit will have on hand the following information:
   1) The referral information already provided
      a) Review and complete any missing information with the individual/family.
      b) Funeral home arrangements are not required at this time
   2) Clinical Policy “Admission Criteria, CP202” to reference
   3) HPH specific materials covering benefits and services
   4) HPH Referral Coordinator’s business card

B. The outcome of the informational visit is to be clearly documented immediately in the EMR. Documentation must state that the staff member who conducted the informational visit clearly and effectively reviewed:
   1) the hospice philosophy,
   2) hospice services and benefits, as well as its limitations of comfort care and not curative care,
   3) advance directives
   4) Medicare hospice benefits (if applicable),
   5) the individual/family’s decision for hospice care
   6) planned follow up

7. The referral is reviewed by the Medical Director or Hospice Physician.

A. If the individual/family is approved to be admitted to HPH services then the admitting RN or designee will:
   1) Contact the individual/family to schedule an appointment to visit within 24 hours, unless the individual/family requests a different time and date.
   2) Document the reason for not visiting for admission within 24 hours.
   3) Review the referral information and medical records as appropriate
   4) Reach out to the referral source to notify them of the HPH admission

B. If the individual/family is not approved to be admitted to HPH services then the appropriate individuals are notified and the EMR is updated to show the reason for denial of HPH services

NOTE: The informational and admitting visit can be done at the same time if necessary.
8. Referrals from Acute Care Facilities - Additional Procedures:

   A. Response to a referral will be immediate, unless a later date/time is requested by the facility

   B. Referrals from acute care facilities must be accompanied by a physician's order as documented in the facility medical record.

   C. The admitting RN or designee reviews the individual's hospital chart and obtains medical information from the facility medical record to assist with determining appropriateness for hospice services. At this time, the admitting RN or designee meets with the individual/family to conduct an "Informational Visit"

   D. Outcome of the informational visit is to be clearly documented in the individual's facility medical record immediately and the facility Case Manager or designee is to be verbally notified of outcome prior to HPH staff member leaving the facility.

   E. Prior to the individual's discharge from the acute care facility and prior to admission to HPH services, the admitting RN or designee will:
      1) Obtain approval from the Medical Director or Hospice Physician to admit
      2) Confirm all needed equipment and services
      3) Contact all appropriate vendor(s) to place order(s) for needed equipment
      4) Obtain orders for medications as needed
      5) Confirm a meeting time with the individual/family at the place of residence after discharge from the acute care facility
      6) Review the referral information and medical record; update the EMR with all additional information

LAST REVIEW DATE: IDT 03/07/18

LAST UPDATED: Comp Coord 03/05/18, 02/13/19

BOARD APPROVAL: February 7, 2019