

*The Certification/
Recertification Process:
No Room for Error*

April 2016 Subscriber Webinar

What You Will Learn Today

Regulatory requirements

- Election of the Medicare Hospice Benefit
- Certification
- Recertification

Operational issues surrounding the certification process and guidance

Note: Specific to Medicare Hospice Benefit

If your state has additional requirements, you must follow the stricter requirement

Subpart F – Covered Services §418.200

To be covered, hospice services must meet the following requirements.

1. They must be reasonable and necessary for the palliation or management of the terminal illness as well as related conditions.
2. The individual must elect hospice care in accordance with Sec. 418.24.
3. A plan of care must be established and periodically reviewed by the attending physician, the medical director, and the interdisciplinary group of the hospice program as set forth in Sec. 418.56.
4. The plan of care must be established before hospice care is provided.
5. The services provided must be consistent with the plan of care.
6. A certification that the individuals terminally ill must be completed as set forth in Sec. 418.22.

Why Do We Care?

The hospice Medicare benefit is for those who are terminally ill and want hospice care

Medicare payment requirement

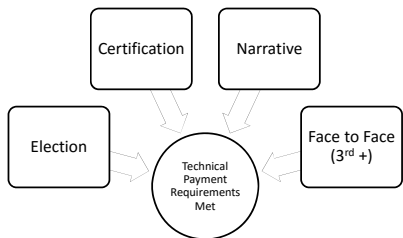
- Must have a valid election statement
- Must have a written certification and narrative statement before you submit a claim for payment
- Must have completed a face to face encounter and attestation prior to 3rd and subsequent benefit periods
- All must be completed according to very specific time frames

Allows for billing for all days of service

Increasing Scrutiny by CMS

2008	2009	2011	2014
418.102 Medical Director Initial certification	418.22 Certification of Terminal Illness Narrative	410.22 Certification of Terminal Illness Face to face	418.24 Election of Hospice Care Identification of attending on EOB

The Sum of the Parts = The Whole



*Election of Hospice Care
§418.24*

*Common Issues and What the
Regulations Really Say*

Purpose of the Election

- To provide the beneficiary with information about electing the Medicare Hospice Benefit
- To determine the date the Medicare Hospice Benefit becomes effective
- To identify the attending physician

Palliative Versus Curative & Waived Services

The Issue

- Election form does not address hospice care is palliative not curative
- Election form does not explain waiver of certain Medicare services

The Rules

- Election form includes acknowledgement that individual has been given full understanding of palliative rather than curative nature of hospice services
- Election form includes acknowledgement of waiver of certain Medicare services

Beneficiary Signatures

The Issue

Having someone besides the beneficiary sign when beneficiary has decision making capacity

The Rule

It is the beneficiary's right to elect the benefit and to understand the consequences of the election



Effective Date of Election

The Issue

Backdating an election effective date

The Rule

The effective date may be no earlier than the date the election was signed

The Issue

The far away POA gives a verbal election

The Rules

There is no allowance for a verbal election of the benefit

Effective Date of Election

The Issues

- Beneficiary in hospital elects date and then hospital discharge is delayed
- Changing the election date or leaving blank for hospice to complete

The Rules

It is the beneficiary's right to determine the effective date. This cannot be determined by the hospice.

Attending Physician

The Issue
Attending physician not identified and acknowledged on election of benefit form
Attending physician filled in later by the hospice

The Rules
Election statement must contain identification of attending physician that will provide care to the individual
Individual or representative must acknowledge that the identified physician was his or her choice
Nurse practitioner can be chosen as attending physician

Attending Physician

The Issue
Individual does not have an attending physician or the identified attending physician refuses to follow.

The Rules
CMS notes several times that “that if the attending physician cannot provide needed physician services, then the hospice physician or hospice NP is required by the hospice CoPs to meet the medical needs of the beneficiary.”

Time of Election: Who's the Attending?

Identified potential attending says	Hospice Action
I'm ready and willing	Get CTI and move forward
"Keep me posted but I'd like hospice physicians to follow her"	Inform beneficiary / rep Offer hospice physician or NP
I do not wish to serve in this role	Ask if other choice Offer hospice physician or NP
"I want to see him first. Have him come in to the office next week."	Decision to make – does beneficiary need care now or can he wait until after visit?
Silence	Hospice physician or NP Other community doc as identified by the beneficiary
I'm a hospitalist	CMS says that they do not prohibit this choice but suggest that the hospice explain the limitations

*Certification of Terminal
Illness
§418.22*

*Common Issues and What the
Regulations Really Say*

Purpose of the Certification

Statutory requirement
Physician prognostications of 6 month life
expectancy

Regulations

§418.22 - Certification of Terminal Illness
§ 418.25 Admission to Hospice Care
§ 418.102 Medical Director

Timing of Certification

The Issue

Not obtaining certification within the appropriate time frame

The Rules

If the hospice cannot obtain the written certification within 2 calendar days after a period begins, it must obtain an oral certification within 2 calendar days and the written certification before it submits a claim for payment.

Certifications and recertifications can be completed no more than 15 days prior to the start of the benefit period.

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Certification Form

The Issues

- Benefit periods ("from" and "to" dates) not on certification form
- Signatures not dated by the physician

The Rule

- The written certifications and recertifications must include the signature(s) of the physician(s), the date signed, and the benefit period dates that the certification or recertification covers.

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Role of Attending in Certification

The Issue

- Not obtaining a certification from the attending physician

The Rules


- For the initial 90-day period, the hospice must obtain written certification statements (and oral certification statements if applicable) from—
 - The medical director or the physician member of the hospice interdisciplinary group (IDG); and
 - The individual's attending physician, if any.
- For subsequent periods, the only requirement is certification by the hospice medical director or physician member of the IDG.

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Who Provides the Certification?

<p>Admission 1st 90 day benefit period</p> <ul style="list-style-type: none"> Hospice physician and Attending physician, if they have one 	<p>Admission 2nd 90 days or any subsequent periods</p> <ul style="list-style-type: none"> Hospice physician 	<p>Recertification</p> <ul style="list-style-type: none"> Hospice Physician
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Billing of a Claim



The Issue

- Billing prior to signed certification and written narrative

The Rules

- If the hospice cannot obtain the written certification within 2 calendar days after a period begins, it must obtain an oral certification within 2 calendar days and the written certification before it submits a claim for payment.
- The physician must include a brief narrative explanation of the clinical findings that supports a life expectancy of 6 months or less as part of the certification and recertification.

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Content of Narrative

The Issues

- Does not address individualized reasons for eligibility
- Does not include findings from the face to face (F2F)
- Not legible

The Rules

- The physician must include a brief narrative explanation of the clinical findings that supports a life expectancy of 6 months or less as part of the certification & recertification.
- Must reflect the patient's individual clinical circumstances and cannot contain check boxes or standard language used for all patients.
- Narrative for 3rd benefit period and every subsequent recertification must include an explanation of why the clinical findings of the F2F encounter support a life expectancy of 6 months or less.
- Must be legible in order to provide an explanation.

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Attestation Statements

The Issues

- Attestations for narrative not above physician's signature
- Attestation for F2F not above NP / physician signature

The Rules

- Attestation for narrative to be positioned directly **above** the hospice physician's signature
- F2F encounter attestation can be on the same page as the recertification and narrative, but must be a separate section above the signature of the physician or NP who performed the encounter
- F2F and narrative attestation can also be a signed addendum to the certification and must be above the signature of the physician or NP who completed the encounter

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Signatures

The Issue

- NP signs the certification(s)

The Rule

- NPs cannot certify or recertify terminal illness (not permitted under current statute)
- There is no requirement to get NPs supervising physician to sign as the "second" physician

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Signatures

The Issue

Physician who signs the certification is not physician who composes the narrative

The Rule

Only the certifying/recertifying physician can sign the certification and compose physician narrative

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Signatures

The Issues

- Illegible signatures
- Electronic signatures: are they really?

The Rules

Program Integrity Manual required a legible identifier in the form of a handwritten or electronic signature for every service provided or ordered

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F2F Not Timely

The Issues

- F2F not completed before the beginning of the next benefit (60 day) period
- F2F not completed before admission into 3rd or subsequent

The Rules

- A hospice physician or hospice nurse practitioner must have a F2F encounter with each hospice patient whose total stay across all hospices is anticipated to reach the 3rd benefit period
- The F2F encounter must occur prior to, but no more than 30 calendar days prior to the 3rd benefit period recertification, and every benefit period recertification thereafter
 - Can be done on the first day of the benefit period

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F2F Not Timely

Results in failure to meet recertification eligibility requirements and ceases to be eligible for the Medicare Hospice Benefit (MHB)

Must be "discharged" from the MHB Benefit effective the day the benefit period ended

F2F completed and then readmitted to MHB

- Election of benefit
- New certification period starts
- Assessment
- POC

Hospice continues to care for patient but assumes financial responsibility

Timing of F2F & Narrative

The Issue

Narrative completed prior to F2F

The Rules

- Rules require that narrative for 3rd and subsequent benefit period consider and incorporate clinical findings from F2F encounter
- This means you can't do the narrative prior to completion of the F2F

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Remember for Signatures...

Acceptable

- MD or DO for narratives and certifications
- Legible handwritten
- Handwritten above printed name
- Electronic signatures (properly authenticated)
- Dated by physician who signs

Not Acceptable

- ARNP or PA for certifications and narratives
- Stamped signature (unless filed proof of disability)
- Using the faxed date as the signature date

F2F Exceptional Circumstances

In cases where a hospice newly admits a patient who is in the third or later benefit period, exceptional circumstances may prevent a F2F encounter prior to the start of the benefit period

In such documented cases, a F2F encounter which occurs within 2 days after admission will be considered to be timely. Additionally, for such documented exceptional cases, if the patient dies within 2 days of admission without a F2F encounter, a face to face encounter can be deemed as complete.

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Documentation of Exceptional Circumstances

CMS encourages providers to use their best judgement and document reasons for late F2F

The Prudent Hospice will have a definition/policy and process

Consider (but not required)

- For those times when CMS not available, print screen of CMS data system used and attached to file for evidence that CMS data system was not available (still only have 2 days)
- Document in admission record that practitioner was not available and patient needed to be admitted (still only have 2 days)

Prior to Billing

Following documents must be completed

- Written / signed certification form
- Physician narrative statement
- Narrative attestation
- Face to face attestation (3rd or subsequent period)

Transfers

The Issue

Patient is in her 3rd or later benefit period (verify it is an actual transfer and not an admission)

The Rules

- Obtain a copy of EOB to determine effective date of election
- Obtain a copy of all current components of certification (statement, narrative/attestation, F2F/attestation)

Transfers (continued)

The Rules

- Not necessary to complete another F2F encounter for the current period if you can verify the previous hospice did
- Patient should sign your consent and election but effective date does not change from current election. Consider documenting "transfer"
- Not required in regulation to complete a new certification and narrative but know that...
 - It is the providers responsibility to determine whether or not the documentation meets the requirements
 - Certification is based on the clinical judgement of the hospice physician

Operational Checks



Operational Checks

- Do your election of benefit (EOB) forms contain all required information?
- Does the staff that completes the EOBs with patients, understand how the need to be completed?
- Do you have a consistent process when a patient does not have an attending physician or the attending physician does not want to follow?

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Operational Checks

EMRs

- Do you clearly understand how your EMR supports your certification/ recertification process?
- Do you know what intelligence it has?
- If the certification, recertification, narratives and F2F are completed electronically, does it contain all required elements?

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Operational Checks

Paper

- Do the forms have all the required elements?
- Are they legible?
- What is the process to complete the correct benefit dates?

Either Paper or EMR

- Does it correctly state "I certify that the individuals prognosis is for a life expectancy of 6 months or less if the illness runs its normal course"

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Operational Checks

- Are you clearly documenting verbal certifications when necessary?
- Do you have a solid process for obtaining and communicating certifications and recertifications?
- Does the staff who enters dates into EMR or approves for billing know what to look for and why?
- How do you identify patients up for recertification?
- How do you know the certifications / narratives are completed prior to billing?

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Operational Checks

- What is your process for verifying the signature and date of the attending?
- What about the signatures you can't read?
- What happens when the physician forgets to date the certification?
- Are your policies in alignment with regulations and your practices?
- Do the 3rd and subsequent narratives include findings from the F2F encounter?

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*Framework for Auditing
& Monitoring*

Ensuring Processes Are Solid



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Ongoing Monitoring

Admission checklists
Certification / recertification checklist
EMR stops and holds
EMR billing reports

- Does the staff doing the monitoring / checklists know the rules?
- Documentation supports eligibility – how do you know?

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Auditing as Part of Compliance Plan

- Prebilling basis, completed by someone outside of the process
- % to audit
- Certifications, narratives, F2F
 - Paper
 - EMR
 - Do they match?
 - Elements
- What are the results
 - What do you do with them

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Actions of the Prudent Hospice

- Require competency training and evaluation for anyone who touches any part of the EOB or certification process.
- Know what your EMR can and cannot do and build your processes around that
- Document your processes from start through billing. And have a back ups.

Summary

- Elections and certifications are coverage requirements for all Medicare beneficiaries
- Completing the entire process well helps you can bill and receive payment of all the care you provide
- If you are unsure, ask
- If your processes need improvement, work with your leadership to make sure they are efficient and effective

There is no room for error in this process!

Resources

Medicare Hospice Regulations

- § 418.22 Certification of Terminal Illness
- § 418.25 Admission to Hospice Care
- § 418.102 Medical Director

CMS Manual Medicare Benefit Policy Manual Chapter 9 -
Section 10, 20 and 40

Complying with Medicare Signature Requirements MLN

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