

*The Prudent Hospice Approach™  
to Evaluating and Planning for  
Discharge*

October 2016  
Subscriber Webinar

---

---

---

---

---

---

---

*What We'll Cover*

- A process for evaluating and proceeding with patients who may no longer be eligible
- Best demonstrated practices for discharge planning when patient may soon no longer be eligible
- Case examples for discussion

3

---

---

---

---

---

---

---

*Today's Material*

Specific to the requirements found in the Medicare Hospice Benefit

TITLE 42--PUBLIC HEALTH  
Chapter IV CMS Services DHHS  
PART 418—HOSPICE CARE

Subpart B Eligibility, Election and Duration of Benefits  
Subparts C & D Conditions of Participation

Applies to beneficiaries receiving care under the Hospice Medicare Benefit

4

---

---

---

---

---

---

---

*The Regulations*

5

---

---

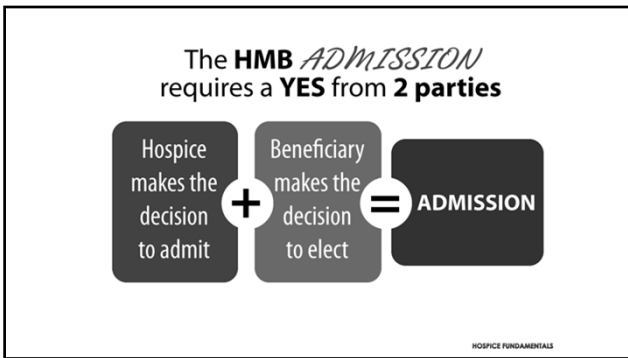
---

---

---

---

---



---

---

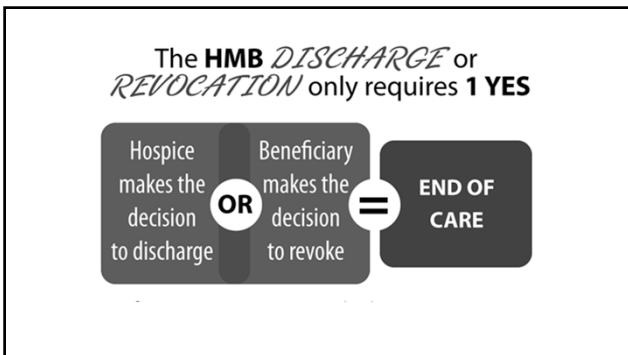
---

---

---

---

---



---

---

---

---

---

---

---

*Live Discharges: Which Exit Door Is the Beneficiary Taking?*

The diagram shows five doors arranged in two rows. The top row has two doors labeled 'Revocation' and 'Transfer'. The bottom row has three doors labeled 'DISCHARGE Medically Ineligible', 'DISCHARGE Out of Service Area', and 'DISCHARGE for Cause'. Each door has a small white circle on its handle.

8

---

---

---

---

---

---

---

---

*42 CFR 418 Subparts*

- A. General Provision and Definitions
- B. Eligibility, Election and Duration of Benefits
  - §418.26 Discharge from hospice care
  - §418.28 Revoking the election of hospice care
  - §418.30 Change of hospice provider
- C. Conditions of Participation – Patient Care
- D. Conditions of Participation - Organizational Environment
- E. Conditions of Participation – Removed and Reserved
- F. Covered Services
- G. Payment for Hospice Care
- H. Coinsurance

9

---

---

---

---

---

---

---

---

*42 CFR 418 Subparts*

- A. General Provision and Definitions
- B. Eligibility, Election and Duration of Benefits
  - §418.26 Discharge from hospice care
  - §418.28 Revoking the election of hospice care
  - §418.30 Change of hospice provider
- C. Conditions of Participation – Patient Care
- D. Conditions of Participation - Organizational Environment
- E. Conditions of Participation – Removed and Reserved
- F. Covered Services
- G. Payment for Hospice Care
- H. Coinsurance

10

---

---

---

---

---


---

---

---

*Door #3* *\$418.26*

**DISCHARGE**  
*Medically Ineligible*



Eligibility for the hospice Medicare benefit requires a life-expectancy of 6 months or less

- Certification by hospice physician and the for 1<sup>st</sup> benefit period, the patient's attending physician, if they have one

If the hospice determines that a beneficiary no longer meets that requirement they must discharge

11

---

---

---

---

---

---

---

---

*Medical Ineligibility: Important Points*

Hospices are required to continue to evaluate eligibility during the period the beneficiary is under care and to discharge if no longer eligible

May be at the end or in the middle of a benefit period

Specific beneficiary notice is required

12

---

---

---

---

---

---

---

---

*Why is discharging for no longer eligible so difficult?*

1. Eligibility Determinations!
2. Documentation
3. Communication



13

---

---

---

---

---

---

---

---

*Eligibility  
Determination*

*Process and components*

14

---

---

---

---

---

---

---

---

*Eligibility Determinations*

- Assessments
- Outside clinical data
- IDG communication
- Plans of care
- Face to Face Encounter
- Narrative

15

---

---

---

---

---

---

---

---

*MACs and Decline*

*Since determination of decline presumes assessment of the patient's status over time, it is essential that both baseline and follow-up determinations be reported where appropriate.*

*Obtaining and recording objective data is instrumental in showing the continual decline of a patient when the weight loss and decreased appetite is not caused by other factors such as medication.*

NGS, PGBA

To show decline you need to document objective data over time

---

---

---

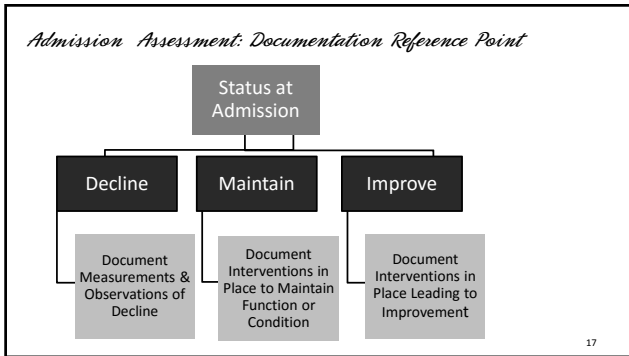
---

---

---

---

---



---

---

---

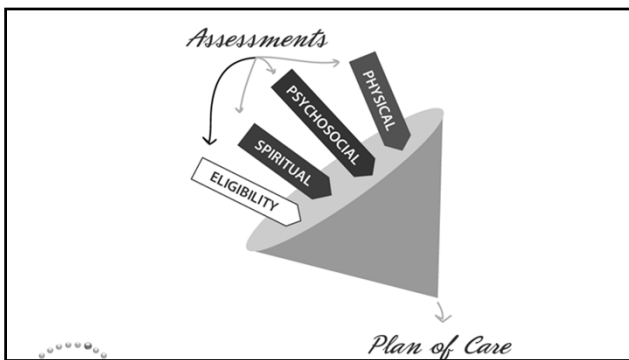
---

---

---

---

---



---

---

---

---

---

---

---

---

*Face to Face Encounter*

Purpose “to gather clinical findings to determine continued hospice eligibility”

- F2F by itself is not intended to determine eligibility or non-eligibility
- Findings are provided to the certifying physician for use in determining continued eligibility for hospice care

19

---

---

---

---

---

---

---

---

*Physician Narrative*

Eligibility is determined by the certifying physician who provides a brief narrative explanation of the clinical findings that support a life expectancy of 6 months or less

Narrative based on

- Clinical information in the chart (assessments)
- Outside records, labs, etc.
- IDG presentations and discussions
- F2F findings

Since purpose of narrative is to support eligibility for the next benefit period, no need for one when patient will not be recertified

20

---

---

---

---

---

---

---

---

*If Eligibility Is Unclear*

It means there is not clear evidence of a terminal prognosis supported by documentation

One or both of the following options must occur

- Obtain more clinical information to determine eligibility, and/or
- Begin formulating a plan for discharge from hospice

21

---

---

---

---

---

---

---

---

*The Process*

*When Eligibility Is Not So Clear*

22

---

---

---

---

---

---

---

---

*Medical Ineligibility: Discharge Planning*

CMS notes: "Discharge is not expected to be the result of a single moment that does not allow time for some post-discharge planning. Rather we would expect that the hospice's IDG is following their patient, and if there are indications of improvement in the individual's condition such that the patient may soon no longer be eligible, then planning should begin"

- Discharge planning is expected to be a process, and planning should begin before the discharge date
- Document prudently- indicate "the reason why hospice should continue if there seems to be improvement such that a discharge is under consideration"

23

---

---

---

---

---

---

---

---

*Medical Ineligibility: Discharge Planning*

Must discharge when a patient is determined no longer terminally ill (no longer eligible for the Medicare Hospice Benefit)

- Continual process of evaluation
- Physician/IDG judgement required
- Distinction between stabilization of symptoms due to hospice services versus stabilization of disease process

24

---

---

---

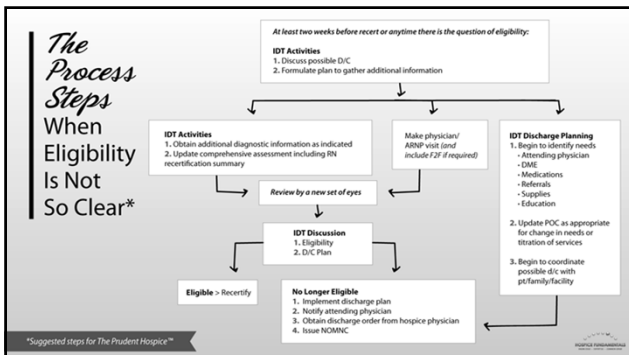
---

---

---

---

---




---

---

---

---

---

---

---

---



*Drilling  
Down*

*Case Example 1*

36

---

---

---

---

---

---

---

*Case Example 1*

- Admitted 2/16/16 Hypertensive heart disease, CKD stage 3, dementia
- Discharged 7/12/16
- 91 years. Lives in ALF
- PPS 40%. FAST 6d
- Not using O2. O2 sats stable on room air
- No weight loss, infections or skin breakdown, medication changes
- No comparison charting
- Should this discharge have been a surprise?

---

---

---

---

---

---

---

*Case Example 1 (continued)*

7/6	F2F by NP "D/C hospice services
7/9	Notice of Medicare Non-Coverage Issued
7/12	Discharged

What were the challenges here?

38

---

---

---

---

---

---

---

*Drilling  
Down*

*Case Example 2*

39

---

---

---

---

---

---

---

---

*Case Example 2 (continued)*

- Admission 5/13/15 with Alzheimer's
- Discharge 7/18/16
- FAST 7d. PPS 30%.
- ALF
- No weight loss, infections or skin breakdown, or medication changes
- Should this discharge have been a surprise?

40

---

---

---

---

---

---

---

---

*Case Example 2*

- F2F 7/11
  - Hospice physician spoke with ALF to say proceeding with discharge.
  - Draw platelet level tomorrow
  - Facility will need to proceed with move to NF with hospice discharge
- 7/12 SW visit. No documentation of pending discharge.
- 7/12 platelet drawn. 122 low.
- 7/12 IDG discussion. Proceed with planned discharge on 7/18.
- 7/16 Physician narrative on certification form "discharge warranted"

41

---

---

---

---

---

---

---

---

*Case Example 2 (continued)*

- F2F 7/11
  - Hospice physician spoke with ALF to say proceeding with discharge.
  - Draw platelet level tomorrow
  - Facility will need to proceed with move to NF with hospice discharge
- 7/12 SW visit. No documentation of pending discharge.
- 7/12 platelet drawn. 122 low.
- 7/12 IDG discussion. Proceed with planned discharge on 7/18.
- 7/16 Physician narrative on certification form "discharge warranted"

42

---

---

---

---

---

---

---

---

*Case Example 2 (continued)*

- F2F 7/11
  - Hospice physician spoke with ALF to say proceeding with discharge.
  - Draw platelet level tomorrow
  - Facility will need to proceed with move to NF with hospice discharge
- 7/12 SW visit. No documentation of pending discharge.
- 7/12 platelet drawn. 122 low.
- 7/12 IDG discussion. Proceed with planned discharge on 7/18.
- 7/16 Physician narrative on certification form "discharge warranted"

43

---

---

---

---

---

---

---

---

*Case Example 2 (continued)*

- 7/12 Daughter notified – very surprised. Faxed NOMNC. No discussion of potential move to NF as ALF unable to meet needs without hospice
- 7/12 SW contacted ALF, left message
- 7/13 Discussion with ALF who said will not be able to meet needs without hospice and daughter will be opposed to move. ALF said will refer to another hospice
- 7/13 Discussion with son to fax NOMNC back and ALF said NF placement may be needed in future

44

---

---

---

---

---

---

---

---

*Case Example 2 (continued)*

What could have been done differently?

- Son
- Facility
- Timing
- F2F
- Hospice physician notifying facility
- Platelet count

45

---

---

---

---

---

---

---

---

*Actions of a Prudent Hospice*

1. Improve understanding and documenting of eligibility
2. When eligibility is not clear, have a process to discuss and plan
3. Remember the F2F is to gather information to use in the physician's narrative to support eligibility
4. Fine tune your discharge planning process
  - Identification of needs before no longer eligible
  - Who does what and when
  - Implement discharge plan when determination made no longer eligible
  - Issue the 2 day notice and then discharge from Medicare Hospice Benefit

46

---

---

---

---

---

---

---

---

*To Contact Us*

Susan Balfour  
919-491-0699  
[Susan@HospiceFundamentals.com](mailto:Susan@HospiceFundamentals.com)

Roseanne Berry  
480-650-5604  
[Roseanne@HospiceFundamentals.com](mailto:Roseanne@HospiceFundamentals.com)

Charlene Ross  
602-740-0783  
[Charlene@HospiceFundamentals.com](mailto:Charlene@HospiceFundamentals.com)

The information enclosed was current at the time it was presented. This presentation is intended to serve as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

---

---

---

---

---

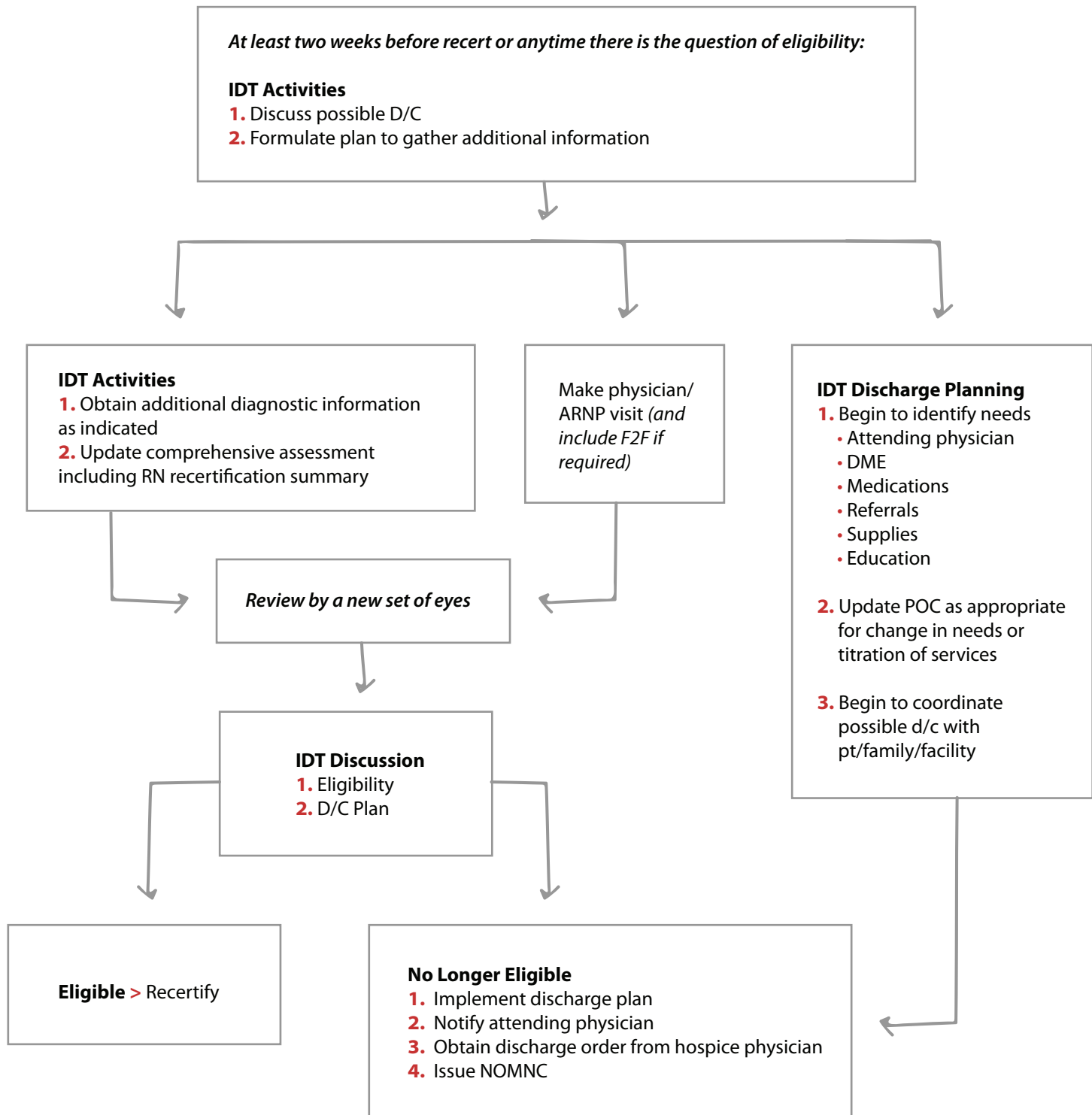
---

---

---

# The Process Steps

## When Eligibility Is Not So Clear\*



\*Suggested steps for The Prudent Hospice™

FOR MORE INFORMATION: visit [www.hospicefundamentals.com](http://www.hospicefundamentals.com) or call us at 919-491-0699