

The Least You Need to Know:

CMS is introducing new billing instructions when a hospice is involved in a patient transfer. This change will no longer allow there to be a gap in time between two hospices who are transferring care from one to the next. In the future, the date of the end of the prior hospice claim must end on the same date as the beginning of the new hospice's initial claim.

What Are the Details of the Change?

CMS is creating a new CWF edit that no longer allows gaps of care to occur during a transfer.

"The CWF will reject the hospice transfer if the transfer doesn't occur immediately and there's a gap in the number of billing days between one hospice and the next," according to CMS.

If the receiving hospice's claim "**from date**" is not the same as the transferring hospice's "**through date**" with "**patient status**" indicating a transfer (codes 50 or 51), the transfer will be rejected.

"We consider any gap, even of one day, to be a discharge and readmission rather than a transfer, and the beneficiary would have to re-elect hospice care with the new hospice."

according to CMS in MLN Matters 12619

What's the current rule?

Currently, transfers are being allowed to process through the Common Working File (CWF) with a "from date" from the receiving hospice that doesn't match the "to date" from the transferring hospice.

What Do We Need to Do Moving Forward?

This change will require an important piece of documentation for both hospice providers, according to MM 12619.

To transfer hospice programs, the patient or representative must file, with the hospice from which care has been given and with the newly designated hospice, a statement that includes the following information:

1. The **name of the hospice** from which the individual was given care and the **name of the hospice** from which he or she plans to get care.
2. The **date** the change is to be effective.

The change is **effective July 1, 2022**, with an implementation date of July 5, 2022.



Actions of a Prudent Hospice™

ONE. Educate the team. Marketing, Intake, start of care RNs, IDG, and billing must all know and understand the changes to the transfer rules to ensure compliance.

TWO. Review your current process for transfers. Does your current process need to be changed?

THREE. Discuss as a team when/if your agency wants to provide for transfers, or if it would be better to allow a discharge, and admission to your agency? Transfers are a heavy lift logistically, and can be risky from a compliance standpoint when your agency depends upon another hospice's documentation and technical compliance. Develop a network of partners in the community that you feel comfortable with to ensure compliance and quality of a safe handoff of care.

Links to More Information

See the CR notice at:

<https://go.cms.gov/3oEepE3>

See the MLN article, *Gap Billing Between Hospice Transfers*, at:

<https://go.cms.gov/3uOY8Ap>

