

Checklist

HOSPICE PAYMENT AUDIT

- Written synopsis of eligibility/hospice care (*optional, but best practice*) with page numbers for each of the following:**
 - Election statement** (Includes name of agency, knowledge of the hospice benefit- palliative versus curative model, understanding of waiving traditional Medicare for terminal disease and related conditions, the right to choose an attending physician, the right to request an addendum to explain non-covered services/medications, QIO contact info, and patient's signature/date)
 - Addendum** provided, within allowed timeframe (5 days at election, or 3 days after election), when requested
 - Certifications** covering all dates of service requested. Doctor narrative for each certification period. (Initial certification includes attending physician and hospice physician's signatures/date of up to 15 days prior, or two days after the benefit period. Each certification narrative must clearly describe the acuity or trajectory of the disease that supports the six-month trajectory. Base this on the LCD guidelines, when appropriate)
 - FTF documentation** within 30 days prior to each 60 day benefit period (after 180 days)
 - Plan of Care** to cover all dates of service in the audit (may be 3 POC Updates), updated at least every 15 days, and additional physician orders
 - Documentation** to show all core group of IDT were involved in the POC update (may be a signature log, or a document that lists the team in attendance: Dr, RN, SW, Chaplain)
 - Visit notes** for all IDT members and additional supportive services (Should match the visits on the claim)
 - Documentation** from contracted services, such as GIP care in SNF or hospital
 - Physician visit notes** (when on the claim) (Must be present if billing physician visit on hospice bill, but otherwise can also be helpful in supporting eligibility for hospice care)
 - Other supportive documentation**, such as: H&P, hospital or facility discharge notes, information from the patient history- during or prior to hospice, and most recent documentation that may be after the dates of service selected for ADR to show terminal decline

- Does the documentation answer the question?**
 - Why hospice/why hospice now?** Does it appear this patient has a less than six-month prognosis due to acuity or trajectory of illness? (Generally basing on LCD)