

Why?

- Length of Stay and Census: It is a lot harder to replace a patient than to keep one
- There are regulatory requirements for each
- PEPPER!
- Red Flags to service issues

When?


- Discharge planning and revocation prevention begin at the start of care

How?



Death


- Most common and least popular way to leave a hospice program
- Days from admission to death are your length of stay, the longer the better (for the hospice)
- Legitimate, earlier admissions are important for hospice profitability




Discharge*

- ONE in FIVE* patients in the US are discharged alive by their hospice agency
- This varies by region, for-profit status and by diagnosis
- Believe it or not, some hospices discharge patients when their care becomes costly
 - Chapter 9, Section 20.2.3 says this is a BIG No-No- and OIG/CMS is looking for these “Costly transitions”


Teno JM, Plotzke M, Gozalo P, Mor V. A national study of live discharges from hospice. J Palliat Med. 2014 Oct;17(10):1121-7. doi: 10.1089/jpm.2013.0595. Epub 2014 Aug 7. PM




What is your live discharge rate?



Discharge




- Most common reasons for discharge:
 - No longer terminally ill
 - Moved out of service area
 - Family and patient behavior is disruptive, abusive, unsafe or uncooperative to the extent that the ability to deliver the plan of care safely is compromised




Regulatory Common Denominator*

- All live discharges by the agency (not revocation by patient/family) must have a physician's order
- "Discharge order: Prior to discharging a patient for any reason other than a patient revocation, transfer, or death, the hospice must obtain a written physician's discharge order from the hospice medical director. If a patient has an attending physician involved in his or her care, this physician should be consulted before discharge and his or her review and decision included in the discharge note."



No Longer Terminal

- When the patient seems to have stabilized to the point where death within 6 months (from today) is no longer likely or clinically evident
- This is often not met with the joy one might expect regarding prolonged prognosis
- It is not advisable to retain a non-terminal patient because "we are all they have" or decline is anticipated after discharge



No Longer Terminal

- Improvement and the expectation-setting for discharge should begin as soon as the hospice team begins discussing it
- Long lengths of stay for terminal patients should not trigger discharge
- “Discharge planning” for non-terminal patients is not covered—watch how you document!



No Longer Terminal

- Obtain an order from your hospice physician, and involve the attending physician
- Create and review a discharge plan with the patient and family

Goodbye



Notice of Medicare Non-Coverage

- The hospice must give the patient 2 days advance notice, and provide documentation of this notice
- The family can appeal the hospice’s decision to discharge by submitting a request to the local Quality Improvement Organization (QIO) before noon on the day the care is scheduled to end.



Notice of Medicare Non-Coverage

- The QIO should provide a response within 2 days
- The hospice must continue to provide care during the appeal process
- If the QIO upholds the discharge decision, the hospice may bill the family for care on those days
- If the QIO does not agree, the hospice must continue care

Discharge for Cause

- Hospice should not knowingly participate in a Plan of Care that is unsafe
 - Unsafe wandering
 - Smoking with oxygen
 - Drug diversion
 - Illegal activity
 - Violence and threats
 - What else?

Discharge for Cause*

- Advise (warn) the patient and family, and explain the reasons
- Make efforts to resolve the problems and document those efforts and the patient and families response
- If discharge does occur, notify the MAC within 5 calendar days of discharge (NOTR)
- Do NOT provide the NOMNC (provides an appeal right)

What Chapter 9 Says*

- Advise the patient that a discharge for cause is being considered;
- Make a serious effort to resolve the problem(s) presented by the patient's behavior or situation;
- Ascertain that the patient's proposed discharge is not due to the patient's use of necessary hospice services; and
- Document the problem(s) and efforts made to resolve the problem(s) and enter this documentation into the patient's medical records.
- The hospice must notify the Medicare contractor and State Survey Agency of the circumstances surrounding the impending discharge. The hospice may also need to make referrals to other relevant state/community agencies (i.e., Adult Protective Services) as appropriate.

Medicare Benefit Policy Manual, Ch 9, Section 20.2.3



Readmission

- If the patient is subsequently admitted to another hospice or your hospice, they will automatically enter another benefit period



Moved out of Service Area

- If the patient moves to a location outside of hospice agency's service area
 - May also consider transfer
- If the patient goes to a non-contracted facility that is within the hospice's service area



Metrics

- Track your own live discharge rate against PEPPER data, local benchmarks and your own history
- Variances and outliers can mean:
 - Admitting people that are not terminal
 - Discharge of patients that are terminal
 - Poor understanding of evidence of terminal prognosis.

Big Questions*

- Will Medicare guarantee payment for a patient that the hospice retains because the QIO says they have to?
 - Billing code
- Is a safe household in an “unsafe” neighborhood cause for discharge?

Revocation

- A patient and family can revoke the hospice benefit at any time, for any reason, just by signing a form
- No verbal revocations, no back-dating
- Common reasons:
 - Decision to pursue curative care
 - Skilled admission to a nursing facility following hospitalization
 - Hospice may advocate to family that SNF rehab focus may be the complete opposite of a palliative approach that had been chosen.

Revocation

- There is no need to provide an Advance Beneficiary Notice or Notice of Medicare Non-Coverage; they are breaking up with you
- Revocations may flag service issues or deficits in explaining the benefit and prognosis to patients and families. Track revocations and the reason for each with detail and attention



Keeping in Touch

- Discharges and revocations can be followed up with check-in calls on a periodic basis
- If they do come back to hospice care, you want it to be your hospice!



Transfer*

- Patients can transfer to another hospice if they leave your service area, or to a competitor
- No change of benefit period, unless.....
 - If for some reason they transfer a second time in the same benefit period, the second time would need to be a revocation and readmission
- This affects whether or not a face-to-face visit is due since a readmission may put the patient in a later benefit period
- MUST end/begin care on SAME DAY
- No need for a NOMNC



All Aboard! The Transfer Train

- The PATIENT initiates the Transfer**
A transfer is a decision made by the patient and/or family based on the desire for another hospice to receive the care. The Notice of Medicare Coverage is NOT needed. This is an INTENT initiated change.
- The PATIENT (or Representative) must submit in writing a transfer request**
The patient or representative must file a transfer request, as written, to both the current hospice and the hospice that will be assuming care.
- The AGENCIES should then communicate and coordinate transfer**
The current hospice should provide documentation to the hospice assuming care, including the last CT, a PR if applicable, and the current plan of care. If the receiving hospice feels that the documentation may not be fully complete, they may completed their own CT/FP as well.
- The TRANSFER MUST overlap ONE day**
As of July, 2022, CMS has made it mandatory that the "through" date on the current hospice's last bill must match the "from" date on the receiving hospice's claim. If this date does not match, CMS will reject the transfer, and the agency must treat it as a new admission.
Example: If the transfer was to be on March 25th, this date would be both the last day on the prior hospice's last claim, as well as the first day on the receiving hospice's claim.
- Impact on the BENEFIT PERIOD**
The receiving hospice will continue under the current hospice benefit period, and therefore the patient will not lose any days in this benefit.
- TRANSFER'S DISCHARGE when patient is moving**
Per CMS, if the beneficiary is transferring from outside the service area and the transferring hospice cannot arrange care until the beneficiary reaches the new hospice, the hospice may discharge the beneficiary. This way, if the beneficiary requires medical treatment while in the process of transferring, he/she can access it under his/her traditional Medicare coverage.

The Notice of Transfer, Type of Bill (TOB) 9HC, must still be submitted when the hospice receives a patient from another hospice during an existing Medicare Hospice Benefit election period. The Notice of Transfer should be submitted to Medicare after the transferring hospice has submitted their final claim (834) with the appropriate patient status 50 or 51, but before the receiving hospice has billed their first claim.
This guidance regarding the transfer date is currently appropriate, but will be made mandatory on July 1, 2022.


Big Question*

- On transfers, what happens when there are emergencies enroute?
 - May be another reason it is prudent to suggest a discharge/clean admission

Live Discharges: Which Exit Door Is the Beneficiary Taking?

	Revocation	Transfer	DISCHARGE Medically Ineligible	DISCHARGE Out of Service Area	DISCHARGE for Cause
Initiated By	Beneficiary	Beneficiary	Hospice	Hospice	Hospice
Why	Wishes to terminate hospice care and return to regular Medicare coverage	Wishes to transfer to another Medicare-certified hospice	Patient no longer meets terminal status requirement	Hospice no longer able to provide services as beneficiary is ill and/or service area is in a non-certified facility	Based on hospice's policy that specifies reasons when hospice cannot deliver care appropriately. (see language of §418.24 (a)(3))
Hospice Physician Order Required	No	No	Yes	Yes	Yes
Attending Order Required	No	No	No but reqs § 418.24 (b) note that physician should be consulted before discharge and his or her review and decision included in the discharge note	Yes	Yes
Effective Date	Date revocation signed or later date as specified - May not be a date earlier	Date designated by patient on the transfer statement	Date selected by hospice	Date beneficiary leaves service area	Date selected by hospice
Notice of Medicare Non-Coverage Required	No	No	Yes, dates of non-eligibility stop before discharge	No	No
Impact on Benefit Period	Ends It	Maintains current period (only one transfer per benefit period allowed)	Ends It	Ends It	Ends It
Claim Coding	Occurrence Code 42	DC Status 50 or 51	No additional coding	Condition Code 52	Condition Code 12

Questions????



HOSPICE FUNDAMENTALS

To Contact Us



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