
CHAPTER 24: HOSPICE

SECTION 24.5: PROVIDER REQUIREMENTS**PAGE(S) 6**

PROVIDER REQUIREMENTS

A hospice agency must be Medicare-certified in order to qualify for enrollment as a Louisiana Medicaid hospice provider. The hospice agency must be enrolled prior to billing for any services provided to Medicaid recipients.

Licensure

Except to the extent required by the licensing standards for hospice as defined in LAC 48:I.Chapter 82, §8205.A.1, it shall be unlawful to operate or maintain a hospice without first obtaining a license from the Department of Health and Hospitals (DHH). DHH is the only licensing authority for hospice in the State of Louisiana.

Provider Responsibilities

The hospice must ensure employees providing hospice services have all licensure, certification, or registration requirements in accordance to applicable federal and/or state laws.

Interdisciplinary Group

Additionally, the hospice must designate an interdisciplinary group (IDG) composed of qualified medical professionals and social support staff from all core services, with expertise in meeting the special needs of hospice recipients and their families. The IDG must consist of the following individuals:

- Physician,
- Registered Nurse,
- Social Worker, and
- Pastoral or other counsel.

Note: Nurse practitioners may not serve as medical director or as the physician member of the interdisciplinary group.

Plan of Care

A written plan of care (POC) must be established before services are provided and must be maintained for each recipient admitted to a hospice program in accordance with the provisions set forth in the Licensing Standards for Hospices (LAC 48:I.Chapter 82). The initial plan of care must be established on the same day as the assessment if the day of assessment is to be a covered day of hospice. The date of the plan of care should be the date it is first established. The care provided to a recipient must be consistent with the plan and be reasonable and necessary for the palliation or management of the terminal illness **as well as all related conditions**. In

CHAPTER 24: HOSPICE

SECTION 24.5: PROVIDER REQUIREMENTS**PAGE(S) 6**

establishing the initial plan of care the member of the basic interdisciplinary group who assesses the patient's needs must meet or call at least one other group member (nurse, physician, or medical social worker or counselor) before writing the initial plan of care. At least one of the persons involved in developing the initial plan must be a nurse or physician. The plan of care is signed by the attending physician and an appropriate member of the interdisciplinary group.

The plan of care must encompass plans on access to emergency care and must address the condition of the recipient as a whole. All co-morbidities must be included even those not related to the terminal illness. In addition, the plan of care must meet general medical needs of recipients to the extent these needs are not being met by the attending physician. This information is being required to access the patient for complications and risk factors that would affect care planning (i.e., access to emergency care). Providers may not be responsible for providing care for the unrelated co-morbidities.

There is no official hospice POC form. Each hospice should develop a form which includes the required information and best meets its needs.

Physician Certification and Narrative

The hospice must obtain written certification of terminal illness via BHSF Form Hospice-CTI (Certification of Terminal Illness). The certification must specify that the recipient's **prognosis** is for a life expectancy of six months or less if the terminal illness runs its normal course. The certification must be based on the physician's clinical judgment regarding the normal course of the individual's illness and must include the signatures of the physicians. A copy of this certification must be on file in the recipient's clinical record.

Clinical information and other documentation that support the medical prognosis must accompany the certification and must be filed in the medical record with a written certification. In addition, the attending physician must include a brief narrative explanation of the clinical findings that supports a life expectancy of 6 months or less as an addendum to the certification and recertification forms. The physician must also sign and date immediately following the narrative in the addendum. The physician must print and sign his/her name. The narrative must include a statement under the physician signature attesting that by signing, the physician confirms that he/she composed the narrative based on his/her review of the patient's medical record or, if applicable, his or her examination of the patient. The narrative must reflect the patient's individual clinical circumstances and cannot contain check boxes or standard language used for all patients. **Submit this narrative along with the signed CTI to the Hospice Program.** A copy of this certification must also be on file in the recipient's clinical record (Federal Register, 42CFR, Section 418.22 (b) (3), Volume 74, number 150, August 6, 2009).

The narrative associated with the third benefit period recertification and every subsequent recertification must include an explanation of why the clinical findings of the face-to-face encounter support a life expectancy of six months or less.

CHAPTER 24: HOSPICE

SECTION 24.5: PROVIDER REQUIREMENTS**PAGE(S) 6**

Nurse Practitioners as Attending Physician

A nurse practitioner (NP) is defined as a registered nurse who is permitted to perform such services as legally authorized to perform (in the state in which the services are performed) in accordance with state law (or state regulatory mechanism provided by state law) and who meets training, education and experience requirements described in 42CFR 410.75.

If a patient does not have an attending physician or a nurse practitioner who has provided primary care prior to or at the time of the terminal diagnosis, the patient may choose to be served by either a physician or a nurse practitioner who is employed by the hospice. The beneficiary must be provided with a choice of a physician or a nurse practitioner.

Services provided by a nurse practitioner that are medical in nature must be reasonable and necessary, be included in the plan of care and must be services that, in the absence of a nurse practitioner, would be performed by a physician. If the services performed by a nurse practitioner are such that a registered nurse could perform them in the absence of a physician, they are not considered attending physician services and are not separately billable. Services that are duplicative of what the hospice nurse would provide are not separately billable.

Nurse practitioners **cannot** certify a terminal diagnosis or the prognosis of six months or less, if the illness or disease runs its normal course, or re-certify terminal diagnosis or prognosis. In the event that a beneficiary's attending physician is a nurse practitioner, the hospice medical director and another physician designee must certify or re-certify the terminal illness. When a nurse practitioner performs the encounter, the attestation must state that the clinical findings of that visit were provided to the certifying physician, for use in determining whether the patient continues to have a life expectancy of six months or less, should the illness run its normal course. Regulations require the narrative to be composed by the certifying physician only.

Certification of Terminal Illness

The Hospice must obtain written certification of terminal illness (BHSF Form Hospice-Certification of Terminal Illness (CTI)) for **each** of the election periods, even if a single election continues in effect for two or more periods. Written certifications may be completed two weeks before the beginning of each election period. See Appendix B for detailed information on completing the BHSF Form Hospice-CTI.

Certification of Initial Period

The hospice must obtain BHSF Form Hospice CTI-Certification of Terminal Illness no later than two calendar days after hospice care is initiated. If **written** certification is not obtained within two calendar days, **verbal** verification from the physician must be received by an

CHAPTER 24: HOSPICE

SECTION 24.5: PROVIDER REQUIREMENTS**PAGE(S) 6**

interdisciplinary group (IDG) member and the verbal verification section on the form must be completed and submitted to BHSF within 2 calendar days following the initiation of hospice care. The Clinical information may be provided verbally, and must be documented in the medical record and included as part of the hospice's eligibility assessment. Written certification must be obtained no later than 8 calendar days after care is initiated. If the Notice of Election (see Appendix A) physician's narrative and Certification of Terminal Illness Forms are not received within 10 calendar days of the initiation of hospice care, the date of admission (election) will be the date that BHSF receives the proper documentation.

NOTE: The 10-day requirement is the same for Medicaid only recipients as well as dually eligible (Medicaid/Medicare) recipients.

Verbal Certification

If verbal certification is made, the referral from the physician must be received by a member of the hospice IDG. The entry of the verbal certification in the recipient's clinical record must include at a minimum the recipient's name, attending physician's name, terminal diagnosis, prognosis, and the name, date and signature of the IDG member taking the referral. The diagnosis code on the NOE and the diagnosis description on the CTI must match. The diagnosis description must be notated on the CTI.

Hospice staff must make an appropriate entry in the recipient's clinical record as soon as a verbal certification is received and file written certifications in the clinical record.

Sources of Certification

For the initial 90-day period, the hospice must obtain a completed certification form from:

- The hospice's medical director or a physician member of the hospice IDG **and**
- The recipient's attending physician. The attending physician must be a doctor of medicine or osteopathy and must be identified by the recipient, **at the time of election for hospice care**, as having the most significant role in the determination and delivery of the individual's medical care.

The recipient shall not be required to relinquish his/her attending physician in order to receive hospice benefits. If the attending physician wishes to relinquish care of the recipient to the hospice medical director, the attending physician must still sign the BHSF Form Hospice-CTI.

CHAPTER 24: HOSPICE

SECTION 24.5: PROVIDER REQUIREMENTS**PAGE(S) 6**

For subsequent periods, the hospice must obtain, no later than two calendar days after the first day of each period a written certification statement (CTI) from the medical director of the hospice or the physician member of the hospice's interdisciplinary group.

Face-to-Face Encounters

Section 3131(b) of the Affordable Care Act of 2010 requires a hospice physician or nurse practitioner (NP) to have a face-to-face encounter with every hospice recipient to determine the continued eligibility of that recipient prior to the recipient's 180th day recertification and each subsequent recertification. These required encounters are due no more than 30 calendar days prior to the recertification date. The Department of Health and Hospitals will align with the Centers for Medicare and Medicaid Services (CMS) regarding the face-to-face requirement.

The regulation requires that the hospice physician or nurse practitioner attest that the encounter occurred, and the recertifying physician must include a narrative which describes how the clinical findings of the encounter support the recipient's terminal prognosis of six months or less. The attestation language must be located directly above the physician or nurse practitioner attestation signature and date line. The physician or nurse practitioner must sign and date the form. The statement must include the date of visit, the requested period, signature of the physician or nurse practitioner who made the visit along with his date of signature. The physician must print and then sign his/her name. Visit notes are not a substitute for a physician narrative, which is a brief explanation of the clinical findings that supports continuing eligibility for the hospice benefit. Outside attending physicians are not allowed to perform the face-to-face encounter. The hospice is responsible for either providing the encounter itself or for arranging for the encounter. Please note volunteer physicians are considered hospice employees. Hospices are supposed to provide physician services to their recipients when needed during a time of crisis.

If a recipient improves or stabilizes sufficiently over time while in hospice, such that he/she no longer has a prognosis of six months or less from the most recent recertification evaluation or definitive interim evaluation, that recipient should be considered for discharge from Medicaid hospice services.

NOTE: In the event a recipient is in the hospital or emergency room and a referral is made to hospice, the physician attending to the recipient in the hospital or emergency room or the physician referring the recipient to hospice services must sign the BHSF Form Hospice-CTI if the recipient does not have an attending physician.

BHSF Written Notice of Hospice Decision

The hospice provider and nursing facility (if applicable) are notified by letter from the Louisiana Medicaid Hospice Unit of the recipient's hospice approval or denial. The approval letter

CHAPTER 24: HOSPICE

SECTION 24.5: PROVIDER REQUIREMENTS**PAGE(S) 6**

contains the election date and the prior authorization requirements (if applicable). The denial letter gives the reason(s) for the denial.

Disaster Operations

The provisions set forth in the Licensing Standards for Hospices (LAC 48:1, Chapter 82) policy states, “The hospice provider shall have policy and procedures and a written plan for emergency operations in case of disaster.” To comply, all providers should adhere to the following procedure in the event a state emergency occurs where evacuations are required:

- Transportation during emergency evacuation of a nursing facility recipient receiving hospice services is the responsibility of the nursing facility,
- Hospice recipients who receive hospice services in their home and are without accessible transportation during an emergency evacuation will be directed to a parish pick up point, and
- Transportation during emergency evacuation of an inpatient hospice facility recipient is the responsibility of the inpatient hospice facility.

It is the responsibility of the hospice to know the location of recipients under their care at all times.