POLICY STATEMENT: The Hope Hospice and Palliative Care (HHPC) Medical Director or physician designee and the patient’s attending Physician (if the patient has one) sign a written statement certifying that the patient’s prognosis is:

- 6 months or less if the terminal illness follows its normal course for appropriate patients, including but not limited to any patient who is electing the Medicare and/or Medicaid hospice benefit or has an insurance that stipulates this criteria or the Medical Director requests the 6 month criteria be used; or

PROCEDURES:

1. For patients who are electing the Hospice Medicare and/or Hospice Medicaid benefit, or who have third party payor that stipulates this criteria or the Medical Director chooses to use the six month criteria, the HHPC Certification of Terminal Illness form specifies that the patient’s prognosis is for a life expectancy of six months or less if the terminal illness runs its normal course.

2. The certification of the patient’s terminal illness is based on the physician’s clinical judgment regarding the normal course of the patient’s illness.

3. The HHPC Advance Practice Nurse may not take the place of the HHPC medical director or physician designee related to certification responsibilities but is allowed to make the face to face visit for recertification purposes with information being forwarded to the medical director for recertification.

4. Clinical information (which may be provided verbally) and other documentation that supports the patient’s medical prognosis and the physician’s certification of terminal illness is included in the patient’s clinical record and documented as part of the HHPC’s eligibility assessment. If a HHPC staff person obtains verbal clinical information it is documented on appropriate HHPC medical records tools indicating the name of the person who gave the verbal information. Relevant documentation may include discharge summary, diagnostic findings, office visit notes, history/physical, emergency service visit notes, etc.

5. If the HHPC Medical Director or physician designee and the patient’s attending physician, if any, do not sign the Certification of Terminal Illness form within two days of the start of care (by the end of the third day), a verbal certification is required from the HHPC Medical Director or physician designee and the attending physician, if any, within the two
days. The verbal certification is documented in the patient’s clinical record by the HHPC staff person who secured it.

6. The Certification of Terminal Illness form, signed by the HHPC Medical Director/physician designee and the attending physician, if any, is available in the patient’s clinical record prior to submitting claims for payment. The HHPC staff responsible for billing verifies the completeness of the form, including but not limited to, the proper signatures.

7. The HHPC Medical Director/physician designee considers the following information when making his/her certification decision:
   a. Diagnosis of the terminal condition of the patient;
   b. Other health conditions, whether related or unrelated to the terminal condition;
   c. Current clinically relevant information supporting all diagnoses and objective and subjective medical findings;
   d. Current medications and treatment orders; and
   e. Information about the medical management of any of the patient’s conditions unrelated to the terminal illness.

8. Certifications may be completed no more than 15 calendar days prior to the effective date of election. Recertification’s may be completed no more than 15 calendar days prior to the start of the subsequent benefit period.

9. Face-to-Face encounters for recertification: A hospice physician or hospice nurse practitioner must have a face-to-face encounter with each hospice patient, whose total stay across all hospices is anticipated to reach the 3rd benefit period, no more than 30 days prior to the 3rd benefit period recertification, and must have a face-to-face encounter with that patient no more than 30 calendar days prior to the start of the 180th day and every recertification thereafter, to gather clinical findings to determine continued eligibility for hospice care. The face-to-face encounter is based on benefit periods and not on actual days of care and is NOT billable.

10. The narrative associated with the 3rd 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 6 months or less. The physician or nurse practitioner who performs the face-to-face encounter with the patient must attest in writing that he or she had a face-to-face encounter with the patient, including the date of that visit. The attestation of the nurse practitioner shall 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 6 months or less, should the illness run its normal course. The attestation, its accompanying signature, and the date signed, must be a separate and distinct section of, or an addendum to, the recertification form, and must
be clearly titled. All certifications and recertification’s must be signed and dated by the physician(s), and must include the benefit period dates to which the certification or recertification applies.

Initial IDG approval date: 12/16/08

Review/updated/and reapproved by IDG dates: 2/15/2011, 11/13/2012