

OCTOBER 11, 2011

CMS UPDATES CLAIMS PROCESSING MANUAL TO REFLECT FAILURE OF TIMELY HOSPICE FACE-TO-FACE

As **previously discussed**, hospice providers are required to have a hospice physician or nurse practitioner perform a face-to-face encounter with each hospice patient whose total length of stay is anticipated to reach the third benefit period. This encounter must be performed no more than thirty days prior to the third benefit period recertification, and no more than thirty days prior to any subsequent recertification.

CMS has just released Transmittal 2316 which updates the Claims Processing Manual to reflect the failure of a hospice to complete a timely face-to-face evaluation. Such a failure will result in the beneficiary no longer being considered terminally ill for Medicare purposes due to lack of recertification. As patients receiving a hospice benefit must be certified as terminally ill, no longer being considered terminally ill renders the patient ineligible for the Medicare hospice benefit.

Should this occur, a hospice will have to discharge the patient, and then re-admit once the face-to-face encounter has occurred, provided the patient continues to meet all of the eligibility requirements and files a hospice election statement. In this situation, CMS expects the hospice to continue to care for the patient at its own expense until Medicare eligibility is re-established.

Should you have any questions, please contact:

Todd Selby at 317.977.1440 or tselby@hallrender.com;

Brian Jent at 317.977.1402 or bjent@hallrender.com; or

David Bufford at 502.568.9368 or dbufford@hallrender.com,

or your regular Hall Render attorney.