

Eli's Hospice Insider

Compliance: Use These Tips For NOE, Cert Success

Do your NOE forms contain this often-overlooked detail?

Will your NOEs and certifications pass muster, now that a new **HHS Office of Inspector General** has drawn increased attention to the trouble areas?

In a claim review of 2012 GIP claims, the OIG finds problems with about one-third of NOEs (see related story above).

Face it: "The hospice industry must wake up to the fact that ever-increasing scrutiny will not ... blow over, so that we can all go back to 'touchy-feely' hospice care without accurate, thorough documentation to support payment for hospices' medically necessary services," says consultant **Beth Noyce** with **Noyce Consulting** in Salt Lake City.

"Once the OIG and CMS find problems within a program, the issue never drops from their sights," she laments.

Bottom line: "Get used to it," Noyce advises in report analysis posted to her blog.

To make sure your NOEs are toeing the regulatory line, the **National Association for Home Care & Hospice** and affiliated **Hospice Association of America** advises agencies to make sure their election statements:

- specify that the patient is electing the Medicare hospice benefit. This was the OIG's biggest problem in the review.
- explain the coverage waived when electing hospice;
- spell out palliative versus curative care;
- detail revocation versus transfer versus discharge.

Tip: For palliative versus curative care and revocation/transfer/benefit information, your election statement can "specifically reference where this explanation can be found in materials presented to the patient prior to election," NAHC offers.

To avoid medical review problems with your certifications, make sure the physician narrative:

1. is there at all. About 10 percent of claims reviewed by the OIG lacked a narrative altogether, or the narrative included only the patient's diagnosis, the OIG notes in its report. Make sure it's present.

2. includes clinical findings. Your patient's narrative must explain the clinical findings, the OIG says in the report. "It must reflect the beneficiary's individual clinical circumstances and cannot include checkboxes or standard language used for all patients."

3. contains an attestation statement. "The narrative must include an attestation confirming that the physician wrote the narrative based on either an examination of the patient or a review of the clinical record," the OIG reminds in the report. "For the third and subsequent periods, the beneficiary must be examined face-to-face by either a physician or a nurse practitioner."

Tip: Don't overlook the importance of educating your certifying physicians on cert requirements, the **National Hospice & Palliative Care Organization** says. A study the NHPCO reported in its July 2012 newsletter found better cert compliance when physicians trained other physicians on how to document properly.

Check yourself: Assess your ongoing cert compliance, and improvement, with a quality assurance initiative focused on the topic, the NHPCO article suggested.

