

Eli's Hospice Insider

Medical Review: Can Your Claims Stand Up To Increased Scrutiny Of Patient Eligibility?

HIS, CAHPS to make your load heavier soon.

Medicare may not want to appear to be penalizing hospices when patients don't die fast enough, but that doesn't mean stronger scrutiny of eligibility is off the table.

A hospice patient's prognosis and eligibility for the hospice benefit is up to the physician's clinical judgment, the **Centers for Medicare & Medicaid Services** acknowledges in its newly proposed rule for hospice payment in 2015. But "a hospice is required to make certain that the physician's clinical judgment can be supported by clinical information and other documentation that provide a basis for the certification of 6 months or less if the illness runs its normal course," CMS emphasizes in the rule.

"There are multiple public sources available to assist in determining whether a patient meets Medicare hospice eligibility criteria (that is, industry specific clinical and functional assessment tools and information on MAC websites)," CMS says in the rule. "Additionally, we expect that hospices will use their expert clinical judgment in determining eligibility for hospice services. We expect that documentation supporting a 6-month or less life expectancy is included in the beneficiary's medical record and available to the MACs when requested."

Quality Reporting Burdens To Hit Soon

Don't let the many payment and regulatory changes afoot distract from another important part of the rule: quality reporting and CAHPS.

The rule reiterates the Hospice Item Set duties that will start July 1, including payment reductions for agencies who don't submit the HIS-Admission and HIS-Discharge sets.

And six months later, on Jan. 1, your vendor will need to start collecting Hospices' Consumer Assessment of Healthcare Providers and Systems data. The dry run period will run from January to March, then hospices' vendors must collect monthly data starting in April 2015.

Those interested in becoming CAHPS vendors may apply starting this summer, and CMS will post an approved list of vendors closer to the launch, it says.

CMS doesn't propose any additional Hospice Quality Reporting Program measures in the rule, notes the **National Association for Home Care & Hospice**.

Note: A link to the rule is at www.cms.gov/Center/Provider-Type/Hospice-Center.html in the "Spotlights" box.