

Medicaid Hospice Provider Enrollment Checklist

The Centers for Medicare & Medicaid Services (CMS) is providing educational resources to hospice providers and other stakeholders to enhance awareness of the Medicaid hospice benefit and to engage providers in efforts to prevent fraud, waste, and abuse in the Medicaid program. Recent audits of Medicaid hospice providers identified common claim errors that resulted in improper payments. Specifically, patients' medical records often did not support a terminal condition with a life expectancy of 6 months or less if the illness ran its normal course; documentation supported long-term or custodial care rather than hospice; or beneficiaries did not meet Federal and State requirements for the hospice level of care billed.

There are several criteria that must be met prior to enrollment in hospice. Proper documentation to support medical necessity and proper level of care must be included in the medical record.

Hospice providers should check all criteria included on the checklist. Check with your State Medicaid agency (SMA) for additional requirements.

Checklist

| Question | Answer |
|---|---|
| Does the patient have a physician-certified diagnosis that meets the Local Coverage Determination (LCD) criteria of a terminal illness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the patient been certified as "terminally ill" by a physician or hospice medical director and is that clinical information in the medical record? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is patient certification made less than 15 days prior to the effective date of hospice care? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is patient recertification made less than 15 days prior to the effective date of a subsequent period? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If a dually eligible hospice patient's stay is anticipated to reach the third benefit period, has the hospice physician completed a face-to-face visit with the patient to determine continued eligibility? (This visit cannot be completed more than 30 days prior to certification for the third benefit period). Answer not applicable (N/A) if this does not apply. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Is the hospice a participating provider that meets Medicaid and Medicare certification requirements and does the provider have a valid provider agreement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the patient signed the election of hospice form? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the election of signed hospice form identify the hospice provider and designate the attending physician who will provide care? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Question | Answer |
|--|---|
| Has the patient/representative been informed that care will not be curative in nature as it relates to the terminal illness, unless the patient is younger than age 21? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the election form contain the effective date of election? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the medical record contain the documentation to support the level of care provided—routine home care, continuous home care, inpatient respite care, or general inpatient care? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has a written plan of care (POC) been established? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If the patient is in a long-term care facility such as a nursing home or assisted living facility, has an agreement between the hospice provider and the facility been signed? (If the answer is N/A, the remaining three questions do not apply). | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Does the agreement specify the services the hospice will provide? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the agreement outline a communication process between the facility and hospice provider? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the agreement contain the proper provisions, including delineation of responsibilities, reporting violations, and hospice’s responsibility in providing medical direction? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |

Providers can play a significant role in the fight against Medicaid fraud, waste, and abuse. By increasing your awareness of eligibility and documentation requirements and the common errors made, you can help strengthen the Medicaid program. For more information about hospice, refer to the booklet “Program Integrity—An Overview for Medicaid Hospice Providers” at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/hospice-provideroverview-booklet.pdf> on the CMS website.

To see the electronic version of this checklist and the other products included in the “Hospice Care” Toolkit, visit the Medicaid Program Integrity Education page at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

Follow us on Twitter  [#MedicaidIntegrity](https://twitter.com/MedicaidIntegrity)

Disclaimer

This checklist was current at the time it was published or uploaded onto the web. Medicaid and Medicare policies change frequently so links to the source documents have been provided within the document for your reference.

This checklist was prepared as a service to the public and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. Voluntary use of this checklist by a provider of hospice services does not demonstrate compliance with applicable statutes, regulations, and other interpretive materials. Inclusion of a link does not constitute CMS endorsement of the material. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

February 2016

