Hospice Discharge, Revocation & Transfers

April 2015

Home Health VNA Merrimack Valley Hospice HomeCare, Inc.



Objectives

- The participant will be able to discuss Hospice discharges
- The participant will be able to discuss Hospice revocations
- The participant will be able to discuss Hospice transfers

Hospice Discharge, Revocation & Transfers

- A Hospice may discharge a beneficiary in certain circumstances. The Medicare Hospice benefit is only available to beneficiaries who are terminally ill.
- A beneficiary or representative may choose to revoke the election of Hospice care at any time
- In addition, a beneficiary may transfer Hospice agencies only once in each benefit period

Discharge from Hospice

- The election of the Hospice benefit is the beneficiary's choice rather than the Hospice's choice, and thus, the Hospice cannot revoke the beneficiary's election
- Therefore, when a Hospice agency admits a beneficiary to Hospice, it may not automatically or routinely discharge the beneficiary at its discretion, even if the care promises to be costly or inconvenient
- Hospice may bill for the day of discharge

418.26 (a) Reasons for discharge

- The beneficiary moves out of the Hospice's service area, goes into a non-contracted facility or transfers to another Hospice
- The Hospice determines the beneficiary meets their internal policy regarding discharge for cause – specific criteria and requires a physician's order or
- The Hospice determines the beneficiary is no longer terminally ill (live discharge) or

418.25 Discharge (con't)

Requirements

- Discharge order from Medical Director
- Consultation with attending
- Discharge planning (including any other services required, patient/family education, etc; <u>cannot be a lengthy</u> <u>timeframe</u>)
- Discharge summary sent to attending
- File NOTR with MAC

418.25 Discharge (con't)

- Live discharge –No longer terminally ill
- The patient has the right to appeal
- Must be given NONC (Notice of Non-Coverage) at least 48 hours before discharge

When a patient is discharged from Hospice care, the beneficiary...

- Is no longer covered under the Medicare Hospice benefit
- Resumes Medicare coverage of the benefits waived by their Hospice Election and
- May at any time, elect to receive Hospice care if he/she is again eligible and would be admitted into the next benefit period

Discharge Documentation

The hospice discharge summary must include—

- A summary of the care provided including treatments, and symptoms & pain management.
- The patient's current plan of care including medications
- The patient's latest physician orders
- Any other documentation that will assist in post-discharge continuity of care or that is requested by the attending physician or receiving facility.

- A Hospice revocation is a beneficiary's choice to no longer receive Medicare covered Hospice benefits
- The patient may revoke at any time
- The election and revocation of the hospice benefit is the <u>beneficiary's</u> choice and the hospice cannot "revoke the patient"
- To revoke the election of Hospice care, the beneficiary/representative must give a signed written statement of revocation to the Hospice

- The statement must contain the effective date of revocation
- A verbal revocation of benefits is NOT acceptable
- The individual forfeits Hospice coverage for any remaining days in that election period
- An individual may not designate a revocation effective date earlier then the date the revocation is made

- ▶ The day of revocation is a billable day
- The Hospice cannot revoke the beneficiary's election, nor can the Hospice request or demand the beneficiary revoke his/her election

- Upon revoking the election of Medicare coverage of Hospice care for a particular election period, an individual resumes Medicare coverage of the benefits waiver when Hospice care was elected
- In cases where the individual was enrolled in a Medicare Advantage Plan at the time they elected Hospice, all Medicare claims will continue to be paid by the fee-for-service contractor until the first day of the month following the revocation

- An individual may, at any time, re-elect to receive Hospice coverage, provided that the beneficiary is otherwise entitled to Hospice care benefits
- A revocation is the beneficiary's choice rather than the Hospice's choice, and the Hospice cannot revoke the beneficiary's election

418.30 Change of the Designated Hospice (Transfer)

- Transfer is a "Change of the Designated Hospice"
- May occur once in a benefit period without losing any days of that benefit period
- Patient must sign a statement with the names of both hospices and the date of the transfer

418.30

Change of the Designated Hospice

The date of transfer is billable by both the discharging agency and the admitting agency

A second transfer in a benefit period requires a discharge and re-admission into the next benefit period

- If the care of a patient is transferred to another Medicare/ Medicaid-certified facility, the hospice must forward to the receiving facility/agency;
- a copy of the hospice discharge summary; and the patient's clinical record, if requested.