

Regulation(s): 42 CFR 418.22(a)(4)
L-Tag(s): None

POLICY: A hospice physician or a nurse practitioner (employed by the hospice) conducts a face-to-face encounter with patients whose total stay across all hospices reaches the third or later hospice benefit period.

PROCEDURE:

1. The hospice physician or hospice nurse practitioner conducts a face-to-face encounter with the patient to gather clinical findings to support the patient’s continued eligibility for hospice care.
2. The face-to-face encounter takes place no more than 30 days prior to, but before the start of the 3rd benefit period recertification, and no more than 30 calendar days prior to, but prior to every recertification thereafter.
3. The face-to-face encounter may take place in the patient’s residence, or the patient may go to the hospice physician or nurse practitioner for the meeting if medically appropriate.
4. When a hospice physician conducts the face-to-face encounter, s/he signs an attestation statement (included with the recertification form) that s/he had a face-to-face encounter with the patient and the date of the encounter.
5. If a nurse practitioner (employed by the hospice) conducts the face-to-face encounter, s/he signs an attestation statement (included with the recertification form) that s/he had a face-to-face encounter with the patient, the date of the encounter and that the clinical findings of the visit were provided to the certifying physician.
6. The certifying physician composes the physician narrative for the recertification period, includes findings from the face-to face encounter that support the patient’s continued eligibility for hospice in the physician narrative and signs the recertification of terminal illness form.
7. When a patient is referred to hospice the intake department identifies patients who have a history of prior hospice care and are entering into their third or later hospice benefit period and would therefore require a face-to-face encounter prior to admission.

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8. When a patient is transferring from another hospice, the intake department verifies the patient's current benefit period and, if applicable, ensures documentation of the face-to-face encounter provided by the transferring hospice is received. If no face-to-face encounter was provided, and the patient is in his/her third or later benefit period, a face-to-face encounter is completed prior to admission.
9. If the hospice physician provides medically necessary professional services during the face-to-face encounter, documentation of this component of the visit is provided so that the hospice can bill for these services.
10. If a patient or family member refuses to allow the hospice physician or nurse practitioner to make the required visit, discharge procedures may be considered since failure to have the face-to-face encounter impedes the hospice's ability to provide needed care.
11. If there is a failure to complete the documented face-to-face encounter prior to the start of the relevant benefit period, the hospice must discharge the patient from the Medicare hospice benefit but will continue to care for the patient at its own expense until the required encounter occurs. Once the face-to-face encounter occurs, the hospice may re-establish Medicare eligibility. The hospice must obtain a new election statement and re-admit the patient and file a new election statement in accordance with CMS regulations.
12. If the failure to meet the required timeframes for the face-to-face encounter for new admissions is due to an exceptional circumstance, then the hospice must follow exceptional circumstance guidelines. Reasons for exceptional circumstance include:
 - a. the patient is an emergency weekend admission, and it is impossible for a hospice physician or nurse practitioner to see the patient prior to admission; or
 - b. if CMS data systems are unavailable, and the hospice is unaware whether the patient is in the third or later benefit period.
13. When an exceptional circumstance occurs, it must be documented, and the face-to-face encounter must occur within 2 days after admission to be considered timely.
14. For documented exceptional circumstances, if the patient dies within 2 days of admission without a face-to-face encounter, a face-to-face encounter is considered complete.

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