

	Department: Corporate Compliance	Policy No.: 505
	<b>TITLE: PLANS OF CARE AND CERTIFICATION AND RECERTIFICATION FOR MEDICARE</b>	
Effective Date: 1/1/15	Revised: 1/1/15	

## **PLANS OF CARE, CERTIFICATION, AND RECERTIFICATION FOR MEDICARE**

### **SCOPE:**

All Ascension At Home, LLC colleagues. For purposes of this policy, all references to “colleague” or “colleagues” include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

### **PURPOSE:**

To provide guidance to all of Ascension At Home, LLC and its subsidiaries’ (the “Company”) colleagues for the establishment of the plan of care, and for Medicare patients, the initial certification and subsequent recertification that the patient is eligible for the Medicare hospice benefit.

### **POLICY:**

It is the policy of the Company that a plan of care and physician orders will be established for each patient in accordance with this policy. Moreover, for Medicare patients, the Company will obtain certifications and subsequent recertification of eligibility for the Medicare hospice benefit in accordance with applicable laws and this policy.

### **PROCEDURE:**

#### *The Plan of Care*

The Company must establish a written plan of care for every hospice patient. Care and services must be provided in accordance with the plan of care.

- The plan must be based on the individualized needs of the patient and the family. The plan must be established by the Company interdisciplinary group (“IDG”) in collaboration with the patient’s attending physician (if any), the patient or representative, and the primary caregiver. Each patient and primary caregiver should receive education and training regarding their responsibilities for the care and services identified in the plan of care.

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- Every plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments.
- The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions.
- The plan of care should include the following:
  1. Interventions to manage pain and symptoms.
  2. A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.
  3. Measureable outcomes anticipated from implementing and coordinating the plan of care.
  4. Drugs and treatment necessary to meet the needs of the patient.
  5. Medical supplies and appliances necessary to meet the needs of the patient.
  6. The IDG's documentation of the patient's or representative's level of understanding, involvement, and agreement with the plan of care, in accordance with the Company's policies, in the clinical record.

***Review of the Plan of Care***

- The Company's IDG must review, revise, and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days.
- The revised plan of care should include information from the patient's updated comprehensive assessment and should note the patient's progress toward outcomes and goals specified in the plan of care

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***Certification***

The Company must certify a patient’s eligibility for hospice care as necessary to comply with applicable Medicare rules

- Timing of Certification. The Company must obtain a physician’s written or verbal order for hospice services no later than two (2) calendar days after hospice care is initiated. The Company may accept verbal orders for hospice care, but the verbal order must be verified and the certification made in writing before the Company can submit a claim for payment. Certifications may be completed no more than 15 calendar days prior to the effective date of election of hospice care.
- Professional to Complete the Certification. The Company Medical Director or the physician member of the Company IDG, and the patient’s attending physician, if any, must provide the certification, oral or written.
- Contents of the Certification. Certification will be based on the IDG physician member’s or Medical Director’s clinical judgment. The written certification must specify the following:
  1. The individual’s prognosis is for a life expectancy of 6 months or less if the terminal illness runs its normal course.
  2. Clinical information and other documentations used to support the medical prognosis.
  3. Brief narrative explanation of the clinical findings supporting the certification.
  4. Signature of the certifying Medical Director or IDG physician and the date signed.
- Certification should be noted in the patient’s medical record and the written certification filed therein.

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***Recertification***

The Company must recertify a patient’s eligibility for hospice care as necessary to comply with applicable Medicare rules.

- Timing of Recertification. Recertifications may be completed no more than 15 calendar days prior to the start of the subsequent Medicare benefit period.
- Face-to-Face Encounter. A Company physician or nurse practitioner must have a face-to-face encounter with each hospice patient whose total stay across all hospices is anticipated to reach the third benefit period.
- Timing of Face-to-Face Encounter. The face-to-face encounter must occur prior to, but no more than 30 calendar days prior to, the third benefit period recertification and every benefit period recertification thereafter.
- Face-to-Face Attestation Requirements. A Company physician or nurse practitioner who performs the face-to-face encounter must attest in writing that he or she had a face-to-face encounter with the patient, including the date of the encounter.
  1. The attestation, its accompanying signatures, and the date signed, must be a separate and distinct section of, or an addendum to, the recertification form.
  2. Where a nurse practitioner or non-certifying Company physician performs the encounter, the attestation must state that the clinical findings of that visit were provided to the certifying physician, for use in determining whether the patient continues to have a life expectancy of 6 months or less, should the patient’s illness run its normal course.