

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health Care Finance



DHCF Transmittal No. 12-16

Officer of the Deputy Director

TO: District of Columbia Medicaid Hospice Providers

FROM: Linda Elam, PhD, MPH  
Deputy Director - Medicaid

DATE: JUL 11 2012

SUBJECT: Certification of Medicaid beneficiary eligibility for DC Medicaid Hospice Services

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This transmittal clarifies District of Columbia (DC) Medicaid program requirements of Medicaid providers of hospice services pertaining to certification of Medicaid beneficiaries' eligibility for hospice care under the DC Medicaid Program.

As you know, the District's Medicaid plan includes hospice care as a benefit for patients who have been diagnosed with a terminal illness and with a life expectancy no longer than six (6) months. As stated in the DC Medicaid state plan (In Supplement 1 to Attachment 3.1 – B, available at: <http://dhcf.dc.gov/dhcf/site/default.asp>) and the DC Medicaid Hospice Provider Billing Manual (available at: <https://www.dc-medicaid.com/dcwebportal/home>):

“The initial Hospice election period shall be for ninety (90) days, followed by a second ninety (90) day period, a third period of thirty (30) days, and then one or more thirty (30) day extended election periods as long as the provider **obtains a written certification statement** that the recipient's medical prognosis is for a life expectancy of six months or less. This certification shall be obtained no later than two (2) calendar days after the beginning of each period.” (emphasis added)

The DC Medicaid program has not heretofore explicitly stated from where a hospice provider is to “obtain a written certification statement” of a beneficiary's medical prognosis. However, a recent District of Columbia Office of the Inspector General (OIG) review of hospice patient medical records discovered that in multiple instances, the certification was signed only by the Medical Director of the hospice; not by the patient's primary care provider or other treating physician providing care prior to the election of the hospice benefit.

The OIG and Department of Health Care Finance (DHCF) share a concern about an inherent conflict of interest when only the hospice Medical Director signs the certification. Moreover, the absence of certification from the patient's primary care provider or physician treating the patient's medical condition is a risk factor for health care errors and poor quality of care overall.

Through this transmittal, DHCF is clarifying that the DC Medicaid program expects that certification of a patient's medical prognosis for the DC Medicaid hospice benefit be obtained in the same manner required under the Federal Medicare Hospice Regulations. As described in the federal regulations governing the Medicare hospice benefit (Title 42 of the Code of Federal Regulations (CFR) § 418.22 (c)):

(c) Sources of certification. (1) For the initial 90-day period, the hospice must obtain written certification statements (and oral certification statements if required under paragraph (a)(3) of this section) from-

(i) The medical director of the hospice or the physician member of the hospice interdisciplinary group; AND [emphasis added]

(ii) The individual's attending physician, if the individual has an attending physician  
...

(2) For subsequent periods, the only requirement is certification by . . . [the medical director of the hospice or the physician member of the hospice interdisciplinary group.]

In addition, the OIG review found that medical documentation in support of a terminal illness with a prognosis of six months or less was sometimes inadequate. For example, a diagnosis of "dementia" was given as the sole diagnosis and justification for the hospice benefit. DHCF also expects that the documentation in support of a terminal illness as part of the provision of the DC Medicaid hospice benefit meet the same standards required by the federal Medicare program. The federal Medicare requirements are located at 42 CFR § 418.22 (b) and state:

(b) Content of certification. Certification will be based on the physician's or medical director's clinical judgment regarding the normal course of the individual's illness. The certification must conform to the following requirements:

(1) The certification must specify that 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 documentation that support the medical prognosis must accompany the certification and must be filed in the medical record with the written certification as set forth in paragraph (d)(2) of this section. Initially, the clinical information may be provided verbally, and must be documented in the medical record and included as part of the hospice's eligibility assessment.

(3) The physician must include a brief narrative explanation of the clinical findings that supports a life expectancy of 6 months or less as part of the certification and recertification forms, or as an addendum to the certification and recertification forms.

- (i) If the narrative is part of the certification or recertification form, then the narrative must be located immediately prior to the physician's signature.
  - (ii) If the narrative exists as an addendum to the certification or recertification form, in addition to the physician's signature on the certification or recertification form, the physician must also sign immediately following the narrative in the addendum.
  - (iii) The narrative shall include a statement directly above the physician signature attesting that by signing the physician confirms that he/she composed the narrative based on his/ her review of the patient's medical record or, if applicable, his/her examination of the patient.
  - (iv) The narrative must reflect the patient's individual clinical circumstances and cannot contain check boxes or standard language used for all patients.
  - (v) The narrative associated with the 3rd benefit period recertification and every subsequent recertification must include an explanation of why the clinical findings of the face-to-face encounter support a life expectancy of 6 months or less....
- (5) All certifications and re-certifications must be signed and dated by the physician(s), and must include the benefit period dates to which the certification or recertification applies.

(d) Maintenance of records. Hospice staff must—

- (1) Make an appropriate entry in the patient's medical record as soon as they receive an oral certification; and
- (2) File written certifications in the medical record.

Thank you for your attention to these requirements, and your ongoing help in strengthening the DC Medicaid hospice benefit and improving the quality of care we provide to all DC Medicaid beneficiaries. If you have any questions or concerns regarding this transmittal, please contact Pamela L. Hodge, Management Analyst at (202) 724-4282 or Pamela.Hodge@dc.gov.