

## Ten Hospice Compliance Tips – Plans of Care

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In a recent presentation at the National Hospice and Palliative Care Organization (NHPCO) conference in Washington, DC, a representative from CMS told the audience that seven of the top ten reasons for hospice claims denials related to the plan of care. Are your plans of care problematic? Here are ten tips for staying in compliance.

- Educate your staff using the hospice regulations (42CFR418). Publication 21 section 230 specifies requirements for coverage for Medicare hospice services. This section provides clarification to the plan of care time requirement.
- Place a verbal order date followed by the name of the attending physician and the person receiving the orders on your plans of care. These orders must be

received prior to providing care.

- Clearly list the names and titles of all team members who were involved in the initial plan development. Include the date of their input into the plan of care. Remember the input can be by telephone however, it must be documented.
- Check to ensure that each core discipline is represented along with the attending physician and the medical director or hospice physician.
- Assign plan of care problems to a specific discipline or disciplines. Identify the discipline responsible for the problem on the plan of care document.
- Verify that the patient needs that were identified on the initial assessment are addressed on the plan of care.
- Place a statement on your plan of care to identify the frequency of the plan review and update. Then update

your plans of care at the interval specified on the plan.

Use your IDG meetings to review plans of care. Structure your meeting agendas to review the existing plan of care and document any changes to the plan on a plan of care review/update document. File these forms in your patient's medical record.

- Prior to the beginning of each new benefit period review the plan of care in its entirety. Update the plan to incorporate all changes which occurred during the previous period.
- Create an individualized Bereavement Plan of Care for each patient and follow the plan. Update the Bereavement Plan of Care as needed with the approval of the team.