Model: Hospice Patient Information on Face-to-Face Encounters

(Insert logo here)

Medicare Hospice Benefit Services

Requirement for a Face-to-Face Encounter between the Patient and the Hospice Physician or Nurse Practitioner (NP)

Medicare covers hospice services for individuals who elect to receive hospice care instead of other Medicare benefits for treatment of a terminal illness. To be eligible to begin hospice services, a patient's physician (if he or she has one) and the hospice medical director must certify that the patient's life expectancy is six months or less if the illness runs its normal course. A patient is eligible for two 90-day hospice benefit periods followed by an unlimited number of 60-day benefit periods; for the 2nd and for each additional benefit period a hospice physician must recertify that you continue to be eligible for hospice.

A recent change in the law adds a new requirement to qualify for Medicare hospice benefits for a 3rd or later benefit period. In order to encourage greater involvement of the physician in the care of a patient who has been on hospice service for a longer period of time, a patient who is expected to enter a third benefit period (180 days) or a subsequent 60-day benefit period must been seen in person (face to face) by a hospice physician or hospice nurse practitioner to gather information that supports the patient's continuing eligibility for hospice care. This requirement becomes effective for patients entering their 3rd or later benefit period on or after January 1, 2011.

If you are approaching your 3rd or later benefit period, you will be contacted by a staff member of _____ Hospice to arrange for a face-to-face meeting with a hospice physician or hospice nurse practitioner. This meeting must take place within 30 calendar days of you entering the 3rd or later hospice benefit period. While you may see your personal physician during that same time period for care, only a meeting between you and physician or hospice nurse practitioner connected with _____ Hospice will satisfy the new requirement.

This requirement is quite complex and in need of clarifications from Medicare. Here is a summary of the conditions that the new law establishes.

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