

**HOSPICE PHYSICIAN COMPLIANCE CONFERENCE – EDUCATION AGENDA (DRAFT)**  
**Date: Friday, August 27, 2021 • 8:00 AM to 5:00 PM Central Time (CT)**

Time and Educational Content	Regulatory References and Content Overview
8:00 – 9:10 AM CT (70-minute session) <b>1. Admission: Introduction to Hospice Regulations and Hospice Admission</b>	<i>Regulatory References:</i> §418.20-§418.25; and §418.102
	<i>Goals/Deficiencies Addressed:</i> <ul style="list-style-type: none"> <li>• Physician Certification and Recertification of Terminal Illness</li> <li>• The Registered Nurse (RN) role in the hospice admission process</li> <li>• Physician prognostication</li> <li>• Utilization of the Local Coverage Determination (LCD) guidelines at the start of care</li> <li>• Hospice Election timeline</li> <li>• Election Statement Addendum, diagnoses, and medications</li> </ul>
	<i>HMDCB Blueprint Correlation:</i> Patient and Family Care D Medical Knowledge J Medical Leadership and Communication D. 1, 5, 6 Regulatory, Compliance & Quality Improvement B. 1, 2, 3, 5
9:10 – 9:20 AM CT	<b>10-minute Break</b>
9:20 – 10:30 AM CT (70-minute session) <b>2. Hospice Care: The Interdisciplinary Group (IDG) and the Role of the Physician</b>	<i>Regulatory References:</i> §418.54; §418.56; and §418.64
	<i>Goals/Deficiencies Addressed:</i> <ul style="list-style-type: none"> <li>• The Comprehensive Assessment drives the Plan of Care, which drives the IDG meeting</li> <li>• The physician's role in leading the IDG and continuous assessment of the patient's clinical eligibility</li> <li>• Utilization of the LCD guidelines throughout the course of care</li> <li>• Anticipatory care planning to enhance clinical outcomes and decrease undesired outcomes (e.g., revocation)</li> <li>• The physician's role and responsibilities regarding relatedness determination</li> </ul>
	<i>HMDCB Blueprint Correlation:</i> Medical Leadership and Communication D. 1, 2, 3, 4, 5, 6; F Regulatory, Compliance & Quality Improvement B. 1, 5

10:30 AM – 11:30 PM CT (60-minute session) <b>3. A Comprehensive Review of the Local Coverage Determination (LCD) Guidelines</b>	<i>References:</i> CGS Administrators (CGS), National Government Services (NGS), and Palmetto GBA LCD Guidelines [online versions]
	Goals/Deficiencies Addressed: <ul style="list-style-type: none"> <li>• A thorough review of LCD guidelines provided by the three Medicare Administrative Contractors (CGS, NGS, Palmetto)</li> <li>• Discussion of how and when to incorporate LCD verbiage into hospice clinical record documentation, including physician-specific documentation</li> </ul>
	<i>HMDCB Blueprint Correlation:</i> Medical Leadership and Communication D. 1, 6 Regulatory, Compliance & Quality Improvement B. 1, 3, 5
11:30 AM – 12:00 PM CT	<b>30-minute Lunch Break</b>
12:00 – 1:00 PM CT (60-minute session) <b>4. Hospice Assessment Tools: Correct Administration and Clinical Record Documentation</b>	<i>References:</i> Palliative Performance Scale (PPS) by the Victoria Hospice Society; Eastern Cooperative Oncology Group (ECOG); Functional Assessment Staging (FAST) tool; and New York Heart Association (NYHA) Classification [online versions]
	Goals/Deficiencies Addressed: <ul style="list-style-type: none"> <li>• In-depth explanation the following hospice assessment tools: PPS, ECOG, FAST, and NYHA</li> <li>• Integration of hospice assessment tools in physician prognostication decisions and physician documentation</li> </ul>
	<i>HMDCB Blueprint Correlation:</i> Patient and Family Care D Medical Knowledge F. 10, J Medical Leadership and Communication D. 1, 6
1:00 – 1:10 PM CT	<b>10-minute Break</b>
1:10 – 2:10 PM CT (60-minute session) <b>5. Higher Levels of Care: General Inpatient (GIP) and Continuous Home Care (CHC) Levels of Care</b>	<i>Regulatory References:</i> §418.108 and §418.302
	Goals/Deficiencies Addressed: <ul style="list-style-type: none"> <li>• Explanation of the four hospice levels of care: Routine Home Care (RHC), Inpatient Respite (Respite), Continuous Home Care (CHC) and General Inpatient (GIP)</li> <li>• The IDG members' roles and responsibilities regarding the provision of the CHC and GIP levels of care</li> <li>• The physician's role and responsibilities during the provision of all four levels of care</li> </ul>
	<i>HMDCB Blueprint Correlation:</i> Medical Knowledge F. 1, 2, Medical Leadership and Communication D 2 Regulatory, Compliance & Quality Improvement A. 3, 4

2:10 – 3:10 PM CT (60-minute session) <b>6. Hospice Eligibility and Physician Certification</b>	<i>Regulatory References:</i> §418.20-§418.25; §418.26; §418.28; §418.30; and §418.102
	Goals/Deficiencies Addressed: <ul style="list-style-type: none"> <li>• Physician prognostication at the start of care and throughout the course of hospice care</li> <li>• The physician’s determination of relatedness and the physician’s role regarding the Election Statement Addendum</li> <li>• The physician’s determination of medication coverage, de-prescribing and formulary use</li> <li>• The physician’s role in the live discharge of hospice patients</li> </ul>
	<i>HMDCB Blueprint Correlation:</i> Patient and Family Care A. 4, D Medical Knowledge G, J Medical Leadership and Communication D. 5, 6 Regulatory, Compliance & Quality Improvement B. 2, 5
3:10 – 3:20 PM CT	<b>10-minute Break</b>
3:20 – 4:30 PM CT (70-minute session) <b>7. Physician Documentation of the Hospice Patient</b>	<i>Regulatory References:</i> §418.304
	Goals/Deficiencies Addressed: <ul style="list-style-type: none"> <li>• Methodology of drafting a compliant and compelling physician narrative statement</li> <li>• Consideration and documentary incorporation of the clinical findings of the Face-to-Face Encounter (F2FE) into the physician narrative statement</li> <li>• Physician documentation during the provision of higher level of care (e.g., GIP and/or CHC) and physician home visits</li> <li>• Billing for hospice physician services</li> </ul>
	<i>HMDCB Blueprint Correlation:</i> Medical Knowledge F. 1, 2 Medical Leadership and Communication D. 1, 2, 4, 6 Regulatory, Compliance & Quality Improvement A. 3, 4, 8, 9 B. 3, 4
4:30 – 5:00 PM CT (30-minute session) <b>8. Mitigation Risk Strategies</b>	<i>Regulatory References:</i> §418.301-312, 418.58
	Goals/Deficiencies Addressed: <ul style="list-style-type: none"> <li>• The role of the hospice physician in mitigating and responding to payment-related scrutiny</li> <li>• Current hospice payment-related scrutiny and its effect on hospice physicians</li> <li>• The hospice physician’s role and responsibilities related to organizational quality and compliance</li> </ul>
	<i>HMDCB Blueprint Correlation:</i> Regulatory, Compliance & Quality Improvement A. 1, 5, 6, 7 C. 1, 2, 3, 4