

# Hospice Language Markup

## from 10/17/19 Meeting of MSBML Rules Committee

### Part 2635 Chapter 15: Hospice Practice

#### Rule 15.1 In-Home Hospice Good Faith

Recognizing the unique team-based approach utilized when treating in-home hospice patients, the following represents five factors required to establish a proper physician-patient relationship:

- i) The medical director must receive an order from the treating/referring physician requesting the patient be admitted for hospice care. ~~self-referral~~ self-referral by the physician medical director may be necessary, <sup>and on</sup> on those occasions, a second physician should be consulted to affirm the decision for hospice admission;  
*SOC*
- ii) That the treating hospice physician or medical director has thoroughly reviewed the medical records of the patient, as provided by the referring physician, has documented the review, and has determined just cause exists for hospice admission (expected death in six months or less), with documented follow-up review at every certification period thereafter;  
*SOC*
- iii) That the actions of the physician are ~~deemed~~ <sup>deemed</sup> within the course of legitimate professional practice, as defined by the Centers for Medicare and Medicaid Services (CMS); *If the "attending physician" as required in CMS rule is not a physician with a prior physician-patient relationship. an appropriate w/ pres. authority*
- iv) That the physician, or the healthcare professional <sup>who authorizes prescriptive</sup> ~~medications~~ <sup>medications</sup>, performs a history and physical examination of the patient no later than thirty (30) days after the initiation of controlled substance therapy; and
- v) ~~That the physician obtains a minimum of ten (10) hours of CME per cycle focused in the area of Palliative/Hospice Care.~~

It shall be considered unprofessional conduct for a medical director to participate in active recruitment for patient admission to hospice. For the purposes of this regulation, the term "active recruitment" shall mean any unsolicited interaction with a patient for the purposes of convincing a patient to enroll in hospice. ~~(As an example: having hospice staff or affiliates visit nursing home patients, with whom the physician has no prior relationship, for the ultimate purpose of soliciting their enrollment in hospice.)~~

Nothing in this section shall preclude a hospice physician from fulfilling their duties to provide physician services as needed to hospice patients.