



April 19, 2024

CHAPCA Regulatory Alert

WHO SHOULD KNOW: Compliance Officers, Admission and Intake Staff, Billing Staff –  
Distribute to these staff **IMMEDIATELY**

**DEADLINE OF APRIL 30, 2024  
FOR PHYSICIAN ENROLLMENT  
CLAIMS WILL NOT BE PAID BEGINNING MAY 1, 2024**

### **PHYSICIAN CERTIFICATION OF HOSPICE ENROLLMENT**

Starting [May 1, 2024](#), under Section 6405 of the [Affordable Care Act](#) and detailed in the FY 2024 Hospice Wage Index and Quality Reporting Final Rule, these 2 categories of physicians must be [enrolled in Medicare](#) or must opt out of Medicare **to get paid for hospice services**:

1. Hospice medical director or the physician member of the hospice interdisciplinary group who certifies the patient's terminal condition.
2. Patient-designated attending physician (if they have one) who certifies their terminal condition.

You can find further information regarding the final rule in the [CMS Fact Sheet](#) on the [FY 2024 Hospice Payment Rate Update final rule](#).

### **WHAT TO DO NOW:**

1. **Admission and Intake Staff:** They are likely in the best position to look up the physicians in the database and many physicians are likely already enrolled. If you have not already done this for your agency, do so IMMEDIATELY! The physician's license, any adverse actions on the license, and listing in the "[List of Excluded Individuals/Entities](#)"
2. **Enrollment or Opt-Out Status Verification:** Hospices can verify a physician's enrollment or opt-out status using the CMS [ordering and referring data file \(ORDF\)](#),

which lists all Medicare-enrolled and opted-out physicians. The ORDF has a separate column for hospice enrolled or opted-out physicians.

3. **Hospice Physicians – both W-2 and Contracted:** Physicians must be enrolled or opted-out. If they are not listed in the ORDF, **your hospice claim will not be paid after May 1, 2024.**
4. **Attending Physicians:** If the patient designates an attending physician who's not enrolled or opted-out, the certification of terminal illness for the initial 90-day benefit period **isn't valid** under [42 CFR 418.22\(c\)](#). If the patient wants to designate a different attending physician, they may do so. If they elect not to designate an attending physician, only the hospice certifying physician may certify the patient's eligibility for the hospice benefit, and they must be enrolled or have opted out. The requirement that the hospice certifying physician and the designated attending physician both must sign the initial certification only applies if the patient designates an attending physician. If the patient doesn't have one, only the hospice certifying physician must sign the certification.
  - Our [CMS] new requirement doesn't prohibit the patient's desired attending physician from treating the patient in the hospice and then billing for these services under Part B; in that case, the physician must still be enrolled through the CMS-855I.
5. **Enrollment Vehicle:** You can enroll using [PECOS](#), the [Medicare Enrollment Application: Physicians and Non-Physician Practitioners \(CMS-855I\)](#), or the [Medicare Enrollment Application: Enrollment for Eligible Ordering/Certifying Physicians and Other Eligible Professionals \(CMS-855O\)](#) enrollment applications. The [Medicare Enrollment for Providers & Suppliers](#) has more information about the provider enrollment process.

## WHAT TO DO IF THEY ARE NOT IN THE PECOS DATABASE

1. Work with the physician or their office staff to complete the necessary information for enrollment. See the PECOS and enrollment links above. **Time is of the essence – without their enrollment, Medicare will not pay for hospice services after May 1, 2024.**
2. Continue to check the database and follow up - DAILY.

## OTHER IMPORTANT INFORMATION

1. **Certification Timing:** The hospice physician and attending physician only need to be enrolled or opted-out at the time they make the certification or recertification. They don't need to remain enrolled or opted-out during the patient's entire certification and benefit period, and if they become unenrolled and non-opted-out, the hospice doesn't need to get a new certification to replace the one the previously enrolled or opted-out physician signed.
2. **Written and Oral Certifications:** The new requirement applies to all certifications under [42 CFR 418.22\(c\)](#), whether written or oral. [42 CFR 418.22\(a\)\(3\)\(i\)](#) has information about oral certifications.
3. **No Other Change in Who Can Certify:** Except for the new enrollment or opt-out requirement, nothing is changing under [42 CFR 418.22](#) about who may certify the patient's terminal illness.
  - a. **Reminder: ONLY an MD or DO can certify. Nurse Practitioners and Physician Assistants MAY NOT certify.**
4. **Hospice Specialty:** It's not necessary for the physician to have designated "hospice" as their specialty on the [Medicare Enrollment Application: Institutional Providers \(CMS-855A\)](#) to certify hospice care. If the physician is enrolled or opted-out, they meet the new requirement regardless of their specialty listed on the CMS-855A enrollment application.
5. **Listing of Physicians on the Claim Form:** For initial benefit periods, complete the Attending Physician and Other fields (with the hospice certifying physician listed in the latter field) unless the patient's designated attending physician is the same as the hospice physician certifying the terminal illness. When the attending physician is also the hospice certifying physician, only populate the Attending Physician field.

For subsequent benefit periods, the hospice certifying physician should be listed in the claim form's Attending Physician field. Leave the Other field blank.

6. **Verification of Fields:** Starting May 1, 2024, we'll only verify the enrollment or opt-out status of the physician listed in the claim's Attending Physician field. We'll begin verifying the enrollment or opt-out status of physicians listed in the Other Physician field later in 2024.

## INSTRUCTIONS TO THE MEDICARE ADMINISTRATIVE CONTRACTOR

[CR 13342](#) was issued by CMS on November 16, 2023, and directed to your MAC. It provides guidance to the MACs for the action to be taken on **May 1, 2024, or later**.

**Details of the MAC process:**

PECOS will send an extract file to FISS of all enrolled and opted-out physicians. Effective May 1, 2024, or as otherwise directed by CMS, **FISS shall deny the hospice claim if the physician in the Attending field is not on the file**. CMS will update the existing ordering and referring file on [Data.CMS.Gov](#) with an additional column for hospice ordering and referring eligibility. CMS will be applying the edit only to the Attending physician NPI field and does not want to implement soft edit periods- we [CMS] are directly moving to hard edits.

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**MANAGING EMPLOYEE REQUIREMENT  
ENROLL YOUR ADMINISTRATOR AND MEDICAL DIRECTOR**

**Hospices Must Report All Medical Directors and Administrators as  
Managing Employees on the 855A**

MLN Matters released the following information for hospice providers in the February 8, 2024, MLN Connects. In the [CY 2024 Home Health Final Rule](#), released on November 13, 2023, CMS clarified that hospice and skilled nursing facility medical directors and administrators are **always** considered managing employees for Medicare provider enrollment purposes. Your hospice must report all current managing employees. **If you have not reported a medical director or administrator, report them now on the CMS 855A**. See the [Medicare Program Integrity Manual: CY 2024 Home Health Prospective Payment System Updates \(PDF\)](#) MLN Matters Article for more information.

[CR 13333](#) updates [Chapter 10 of the Medicare Program Integrity Manual](#) with instructions regarding these new regulatory requirements. The main manual revisions are:

- **Section 10.1.1:** CMS revised the definition of managing employee. For purposes of this definition of managing employee, this includes, but is not limited to, a hospice or skilled nursing facility (SNF) administrator **and** a hospice or SNF medical director. Every Medicare provider and supplier must report all current managing employees. If a hospice or SNF has not reported a medical director or administrator as a managing employee, they must **report now**.

- **Section 10.6.1.1.5:** We [CMS] added this section to give details on reporting HHA and hospice majority ownership changes occurring within 36 months after the effective date of the HHA's or hospice's initial enrollment in Medicare or within 36 months after the HHA's or hospice most recent change in majority ownership.
- **Section 10.6.15:** We [CMS] updated this section to show the revised screening requirements for hospices.
- The 855A was revised on September 1, 2023 and can be found here:  
<https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms855a.pdf>

Source: [MLN6922507 - Medicare Payment Systems \(cms.gov\)](#)