

**CMS-1539-P-1 Medicare Program; Hospice Wage Index for Fiscal Year 2008**

**Submitter :** Sheree Rosenbloom

**Date & Time:** 05/01/2007

**Organization :** VITAS Innovative Hospice Care

**Category :** Nurse Practitioner

**Issue Areas/Comments**

**Nomenclature Changes**

Nomenclature Changes

See Attachment

CMS-1539-P-1-Attach-1.DOC

## Nurse Practitioner

Comments on Proposed Rule Volume 72, No. 83, May 1, 2007 pp. 24116-24170

42 CFR 418

### Provisions of Proposed Rule

E: 1. Educational requirements for Nurse Practitioners

Please also add this clarification (below in bold) to the hospice physician definition as it is often the hospice physician who is attending the patient/family except for the purpose of certification.

Section 408 of the MMA, Recognition of Attending Nurse Practitioners as Attending Physicians to Serve Hospice Patients, amended sections 1861(dd)(3)(B) and 1814(a)(7) of the Act to add nurse practitioners (NPs) to the definition of an attending physician for beneficiaries who have elected the hospice benefit. Section 408 of the MMA was implemented through an administrative issuance (Change Request (CR) 3226, Transmittals 22 and 304, September 24, 2004).

In the FY 2006 Final Rule (70 FR 45130, August 4, 2005), we revised § 418.3 to implement the provisions of section 408 of the MMA. Section 418.3 indicated (under clause (1)(ii) of the definition of "attending physician") that the nurse practitioner " \* \* \* meet the training, education, and experience requirements as the Secretary may prescribe \* \* \*". We believe that the definition for nurse practitioners under the << [REDACTED] >> hospice benefit should reflect the definition as established for the << [REDACTED] >> benefit found at § 410.75. To ensure consistency, **we propose to revise the definition of "attending physician" at § 418.3 to cross reference the requirement in § 410.75(b).**

**Please also add this revision to the hospice physician definition except for purpose of certification of terminal illness.**

**CMS-1539-P-2 Medicare Program; Hospice Wage Index for Fiscal Year 2008**

**Submitter :** Mrs. Lisa To

**Date & Time:** 05/15/2007

**Organization :** Hospice of Warren County

**Category :** Nurse

**Issue Areas/Comments**

**Payment for Hospice Care  
Based on Location**

Payment for Hospice Care Based on Location

Clarification is provided stating that the "level of care, not the location of care" determines appropriate level of payment. Proposal is made that hospice beneficiaries must meet an "intensity of care requirement...that cannot be managed in any other setting."

Current Medicare regulations state that "general inpatient" level of care may be provided in a skilled nursing facility or general hospital. If a SNF (nursing home) patient's (who is on routine hospice LOC) condition changes to require a higher level of care, how can a higher Medicare payment be justified for the patient to remain in the same facility? (i.e. the nursing home) I.E. What does / would Medicare require or look at to show that a higher level of care (general inpatient vs routine) is being provided to a patient who remains in the same facility?

For example, if a non-hospice patient in a nursing home requires a higher level of care, that patient is typically transferred to a general hospital, or higher level of care. The general inpatient level of care cannot be provided in the current (SNF) setting."

**CMS-1539-P-3 Medicare Program; Hospice Wage Index for Fiscal Year 2008**

**Submitter :** Dr. Gordon Glasgow

**Date & Time:** 05/27/2007

**Organization :** Hospice Care of California, Inc.

**Category :** Hospice

**Issue Areas/Comments**

**Rural Areas Without Hospital  
Wage Data**

Rural Areas Without Hospital Wage Data

Is a patient visit by Hospice Medical Director at time of patient's admission to Hospice, necessary for Certification? If so, what is the time frame for this visit?