



COMMISSIONER
Chris Traylor

October 24, 2011

To: Medicaid Hospice Providers

Subject: Information Letter No. 11-128
Submittal of Hospice Physician's Narrative

Dear Provider:

Effective November 1, 2011, the Department of Aging and Disability Services (DADS) will be modifying the Hospice physician narrative review process. As a result, Hospice providers are no longer required to submit the physician narrative for all individuals entering the Hospice program.

Provider information letter 11-54 issued June 20, 2011, requires providers to submit a physician narrative for each individual being enrolled into the Hospice program. In the narrative reviews conducted to date, DADS has found almost 50 percent of the submitted documents did not support a determination of life expectancy of six-months or less or the need for hospice services. Therefore, DADS has determined the program eligibility assessments should be expanded to include consideration of medical record documentation, as well information in the physician narrative.

Physician narrative reviews conducted by DADS utilization review nurses identified several issues:

- Handwritten narratives are often illegible, including information such as name, social security number, and Medicaid or Medicare numbers.
- The individual's information for common data elements on the Form 3074, Form 3071, and the narrative may not be the same.
- Clinical information on the physician narrative is often insufficient to support a determination of terminal illness and a life expectancy of six-months or less.
- Attestation statements, which should be documented directly above the physician signature showing the physician composed the narrative based on his/her review of the individual's medical record or, if applicable, his or her examination of the individual, are often missing.
- Narrative summaries often contain standardized language instead of showing the individual's clinical circumstances.

Effective November 2011, DADS will begin selecting a monthly, statistically valid random sample of individuals being enrolled into the Hospice program. Approximately 300 cases will be selected for review during a 12-month period. In the new expanded process, both the physician narrative and medical records will be reviewed to determine the individual's program eligibility and to assess appropriateness of Hospice services being provided. Hospice providers will receive a written request for the documentation. The requested medical records and physician narrative should be submitted to DADS within 30 days from receipt of the request. The provider will receive

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a report of the review findings. If DADS determines the documentation does not establish eligibility or support the type of services being provided, DADS may recoup part or all of the claims paid for the individual's services.

Effective November 1, 2011, submittal of the completed physician's narrative to DADS for each individual entering the Hospice program is no longer required; however, the document should be maintained in the individual's Hospice chart. Hospice providers should continue to submit Form 3074 and Form 3071 electronically through the Texas Medicaid Healthcare Partnership on-line portal.

If you have questions or need further assistance, please contact Pam Lovell, R.N. at (512) 438-3519 or by email at pam.lovell@dads.state.tx.us.

Sincerely,

[signature on file]

Carol Sloan
Section Manager
Community Services and Program Operations

CS:lr