

June 17, 2024

NPHI Statement: Hospital Notifications to Patients of Hospice Referral Options

Many hospitals are providing discharged patients with a list of all Medicare-certified hospices in the geographic area in which the patient resides, in the mistaken belief that this is a requirement under the Medicare Conditions of Participation (COPs). **Hospitals may be understandably confused by existing hospital CoPs that require such lists to be provided for HH, SNF, IRF and LTCHs.** [Section 482.43\(c\)\(2\)](#) clearly states these provider types and excludes hospices. There is no such requirement in the hospice regulations or law that requires a hospital to provide patients with a list of all hospices in a particular geographic area. Please see the relevant portion of the regulation below (bold and italicized fonts added):

“§482.43 (c) Standard: Requirements related to post-acute care services. **For those patients discharged home and referred for HHA services, or for those patients transferred to a SNF for post-hospital extended care services, or transferred to an IRF or LTCH for specialized hospital services, the following requirements apply, in addition to those set out at [paragraphs \(a\) and \(b\)](#) of this section:**

1. *The hospital must include in the discharge planning a list of HHA’s, SNF’s, IRF’s, or LTCH’s that are available to the patient, that are participating in the Medicare program, and that serve the geographic area (as defined by the HHA) in which the patient resides, or in the case of a SNF, IRF, or LTCH, in the geographic area requested by the patient. HHAs must request to be listed by the hospital as available.”*

Hospitals should know that they may provide patients with a selected list of hospices that have longstanding ties to the community and are known to provide high quality care. They have no obligation to provide a comprehensive list that may include hospices with no track record and no publicly available evidence of providing quality care.