

Hospice Documentation: Painting the Picture of the Terminal Patient

12/9/2021



Today's Presenters

- Madeleine Collins, RN, CPHM
 - Medicare Home Health and Hospice Clinical Consultant
 - Provider Outreach and Education

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Objectives

- To assist providers with a greater understanding of the federal Medicare hospice benefit regulations regarding medical record documentation that will support terminal prognosis

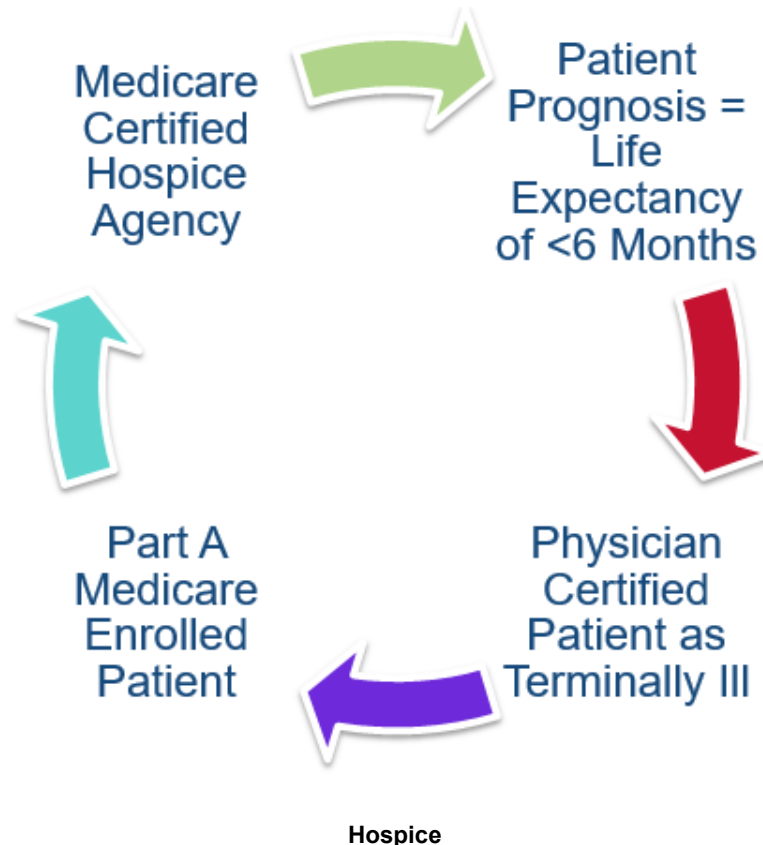
Agenda

- Medicare Hospice Coverage
- Physician Certification of Terminal Illness (PCTI)
- Hospice Nursing Documentation
- Local Coverage Determination
 - Local Coverage Determination (LCD): Hospice - Determining Terminal Status (L33393)
 - Local Coverage determination Documentation Guidelines

Eligibility Requirements Certification and Recertification

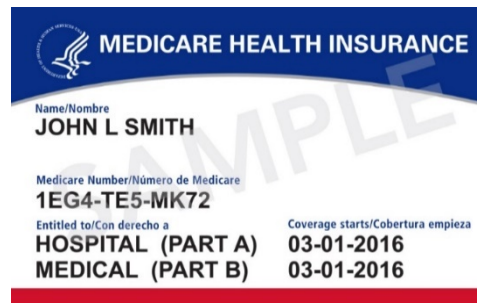
Medicare Hospice Coverage

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 9



Eligibility for the Medicare Hospice Benefit

- An individual (or his authorized representative) must elect hospice care to receive it
- If the individual (or authorized representative) elects to receive hospice care, he or she must file an election statement with a particular hospice
- Benefit is organized into two 90-day benefit periods followed by an unlimited number of 60-day periods as long as the individual meets the above criteria



A sample Medicare Health Insurance card for John L. Smith. The card is white with a blue header and a red footer. The header contains the Medicare logo and the text "MEDICARE HEALTH INSURANCE". Below the header, the cardholder's name "JOHN L SMITH" is printed. The Medicare Number is "1EG4-TE5-MK72". The card is entitled to "HOSPITAL (PART A)" and "MEDICAL (PART B)". The coverage starts on "03-01-2016".

Entitled to/Con derecho a		Coverage starts/Cobertura empieza
HOSPITAL (PART A)		03-01-2016
MEDICAL (PART B)		03-01-2016

Physician Certification of Terminal Illness

- In reaching a decision to certify that the patient is terminally ill, the **hospice medical director** must consider at least the following information
 - Diagnosis of the terminal condition of the patient
 - Other health conditions, whether related or unrelated to the terminal condition
 - Current clinically relevant information supporting all diagnoses

Physician Certification of Terminal Illness

- Section 1814(a)(7) of the Social Security Act (the Act) specifies that certification of terminal illness for hospice benefits shall be based on the clinical judgment of the hospice medical director or physician member of the interdisciplinary group (IDG) and the individual's attending physician, if he/she has one, regarding the normal course of the individual's illness
 - No one other than a medical doctor or doctor of osteopathy can certify or recertify a terminal illness
 - Predicting of life expectancy is not always exact
 - The fact that a beneficiary lives longer than expected in itself is not cause to terminate benefits

Physician Certification of Terminal Illness

- Must be provided by a physician no later than two calendar days after hospice care is initiated or by the end of the third day
- If the agency cannot obtain a written certification, it must obtain an oral certification within that same time frame

JANUARY 2018						
	1	2	3	4	5	6
7	8	9 Care Initiated	10 Calendar DAY ONE	11 Calendar DAY TWO	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Certification Due

Physician Certification of Terminal Illness

- Must be obtained by the medical director of the hospice or the physician member of the hospice IDG and the individual's attending physician if the individual has an attending physician
- No one other than a medical doctor or doctor of osteopathy can certify or recertify an individual as terminally ill/has a life expectancy of <six months
- Nurse practitioners and physician assistants cannot certify or recertify an individual as terminally ill
- In the event that a beneficiary's attending physician is a nurse practitioner or a physician assistant, the hospice medical director or the physician member of the hospice IDG certifies the individual as terminally ill

Physician Certification of Terminal Illness

- Initial certification may be completed up to 15 days before hospice care is elected
- Payment normally begins with the effective date of election which is the same as the admission date
- If the physician forgets to date the certification, a notarized statement or some other acceptable documentation can be obtained to verify when the certification was obtained

Physician Certification of Terminal Illness

- The hospice must obtain a written certification of terminal illness for each benefit period, even if a single election continues in effect
- Recertification may be completed up to 15 days before the next benefit period begins
- For subsequent periods, the hospice must obtain, no later than two calendar days after the first day of each period, a written certification statement from the medical director of the hospice or the physician member of the hospice's IDG
- If the hospice cannot obtain written certification within two calendar days, it must obtain oral certification within two calendar days

Physician Certification of Terminal Illness

- Documentation of Receipt of an “**Oral Certification**”
 - Statement that the patient is being admitted into hospice care (best practice suggestion)
 - Hospice diagnosis (best practice suggestion)
 - A statement that the patient is terminally ill with a prognosis of less than six months to live
- **Entry Authentication**
 - Hospice staff signs and dates their entry for documenting the oral certification
 - The oral certification from a physician **does not** require a physician signature

Physician Certification of Terminal Illness

- A complete written certification must include

A statement that the individual's medical prognosis is that their life expectancy is six months or less

The specific clinical findings and other documentation supporting a life expectancy of six months or less

The signature(s) of the physician(s) with the date signed

The benefit period dates that the certification or recertification covers

The physician's brief narrative explanation of the clinical findings supporting a life expectancy of six months or less as part of the certification and recertification forms or as an addendum to the forms

A face-to-face encounter for recertifications completed by a hospice physician or NP prior to the beginning of the patient's third benefit period, and prior to each subsequent benefit period

Physician Certification of Terminal Illness

- Physician Narrative

- If the narrative is part of the certification or recertification form, then the narrative must be located immediately above the physician's signature
- If the narrative exists as an addendum to the certification or recertification form, in addition to the physician's signature on the certification or recertification form, the physician must also sign immediately following the narrative in the addendum
- The narrative shall include a statement directly above the physician signature attesting, that by signing, the physician confirms that he/she composed the narrative based on his/her review of the patient's medical record or, if applicable, his or her examination of the patient

Physician Certification of Terminal Illness

- Physician Narrative
 - The narrative must reflect the patient's individual clinical circumstances and cannot contain check boxes or standard language used for all patients
 - The physician must synthesize the patient's comprehensive medical information in order to compose this brief clinical justification narrative
 - The narrative associated with the third benefit period recertification, and every subsequent recertification, must include an explanation of why the clinical findings of the face-to-face encounter support a life expectancy of six months or less
 - The physician may dictate the narrative

Physician Certification of Terminal Illness

- **Face-to-Face Encounter**
- Practitioner for the encounter
 - The FTF may be completed by
 - Nurse practitioner employed by the hospice
 - Physician employed/contracted by the hospice
 - The FTF may not be completed by
 - Physician assistant
 - Clinical nurse specialist
 - Non-contracted physician

Physician Certification of Terminal Illness

■ Face-to-Face Encounter

- Timeframe of the encounter
 - Prior to the recertification for the third benefit period and each subsequent benefit period
 - No more than 30 calendar days before the third benefit period recertification and each subsequent recertification
 - May occur on the first day of the benefit period and still be considered timely (Refer to Section 20.1.5.d for an exception to this timeframe)

Physician Certification of Terminal Illness

- **Face-to-Face Encounter**
- **Attestation**
 - The hospice physician or NP performing the encounter must attest in writing that they had the encounter with the patient
 - Include the date of the encounter
 - Documentation of the encounter as part of the recertification form must be clearly titled and documented in a separate and distinct section, as well as contain the attestation and dated signature
 - Documentation of the encounter as an addendum to the form must be clearly titled, as well as contain the attestation and dated signature
 - When a nurse practitioner or noncertifying hospice physician performs the encounter, the attestation must state that the clinical findings of that visit were provided to the certifying physician for use in determining whether the patient continues to have a life expectancy of six months or less

Physician Certification of Terminal Illness

- **Face-to-Face Encounter**

- Timeliness requirements

- In cases where a hospice newly admits a patient who is in the third or later benefit period, exceptional circumstances may prevent a face-to-face encounter prior to the start of the benefit period

- **Examples**

- If the patient is an emergency weekend admission, it may be impossible for a hospice physician or NP to see the patient until the following Monday
 - Or, if CMS data systems are unavailable, the hospice may be unaware that the patient is in the third benefit period. In such documented cases, a face-to-face encounter which occurs within two days after admission will be considered to be timely
 - Additionally, for such documented exceptional cases, if the patient dies within two days of admission without a face-to-face encounter, a face-to-face encounter can be deemed as complete

Physician Certification of Terminal Illness

- Written certification must be on file to submit a claim to the MAC
- Clinical info and other documentation to support the medical prognosis must accompany the certification
- Initially, the clinical information may be provided verbally, and must be documented in the medical record and included as part of the hospice's eligibility assessment

Example 1: Initial Certification of Terminal Illness

- I certify that John Doe is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.
- Certification period dates: 1/1/2016 to 3/30/2016
- Brief narrative statement: (Review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to the hospice services)
- **78 year old male with a diagnosis of stage four lung cancer. Completed three rounds of chemotherapy, but cancer has metastasized to the liver and bone. Patient no longer wants to continue chemotherapy and states he wants comfort measures only. Increased dyspnea and pain over past two weeks. Is now oxygen dependent with 2LNC and requires morphine every six hours for bone pain and shortness of breath**

Example 2: Recertification of Terminal Illness (At 90 days and each subsequent 60 days)

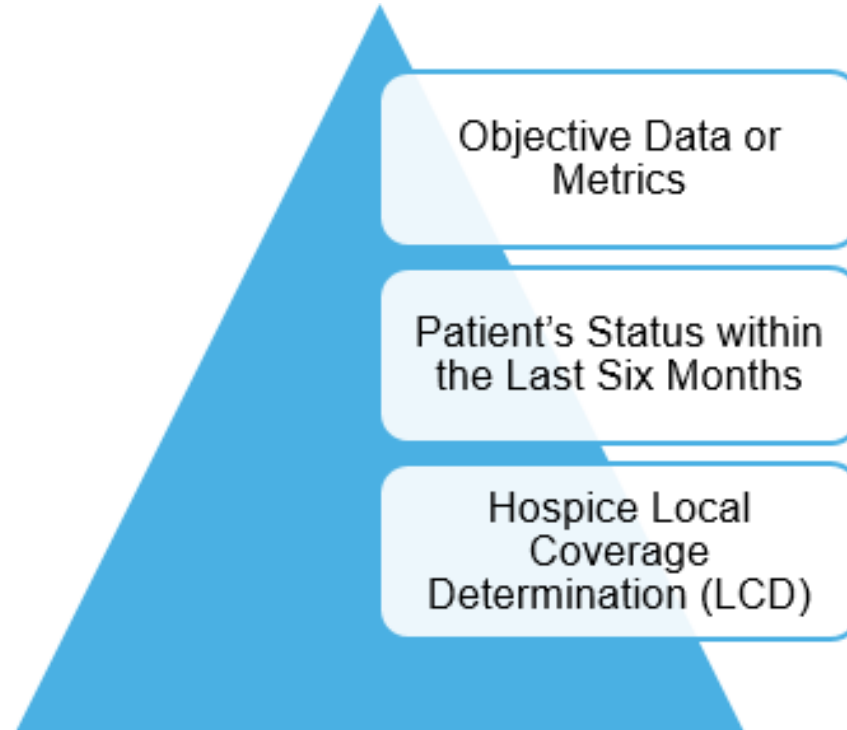
- I certify that John Doe is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.
- Certification period dates: 3/31/2016 to 6/28/2016
- *Brief narrative statement:* (Review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to the hospice services)
- **78 year old male with a diagnosis of stage four lung cancer who has been receiving hospice services since 1/1/2016. Oxygen dependent and has been increased to 6LNC. Increasing somnolence and is only out of bed for short periods of time with max assist. Poor appetite and is only taking small sips of water and broth. Evident cachexia. Receiving morphine every two hours for pain**

Example 3: Recertification of Terminal Illness (At 90 days and each subsequent 60 days)

- I certify that Jane Smith is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course
- Certification period dates: 6/29/2016 to 8/27/2016
- *Brief narrative statement:* (Review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to hospice services)
- **83 year old female with end-state CHF, NYHA Class IV. Dyspnea at rest. Bilateral 2+ pitting edema in feet, calves and thighs not responsive to diuretic therapy. Increasing episodes of angina. Was ambulatory one month ago but is now bedbound and sleeps most of the time. Is arousable but with increasing confusion. Taking only small sips of water. Patient has been under hospice services since 1/1/2016**

Physician Certification of Terminal Illness

Tips to Strengthen the Hospice Physician Narrative Summary



Nursing Documentation

Nursing Documentation

- The Hospice Nurse is responsible for management of the patient as a whole. The nurse has to know everything that is going on with the patient at any given time
- It is the responsibility of the nurse to ensure that he/she is aware of all aspects of the patients care especially in regards to improvement/decline



Nursing Documentation

- Focus on patient deterioration and decline
- Good objective data
- Must support PCTI that the patient has a life expectancy < six months



Patient
Achievements &
Accomplishments



Patient Decline

Custodial Comfort/Palliative/Terminal Care

Custodial Care

- Slowly decline disease process
- May require assistance with activities of daily living
- Can live several years as their body fails

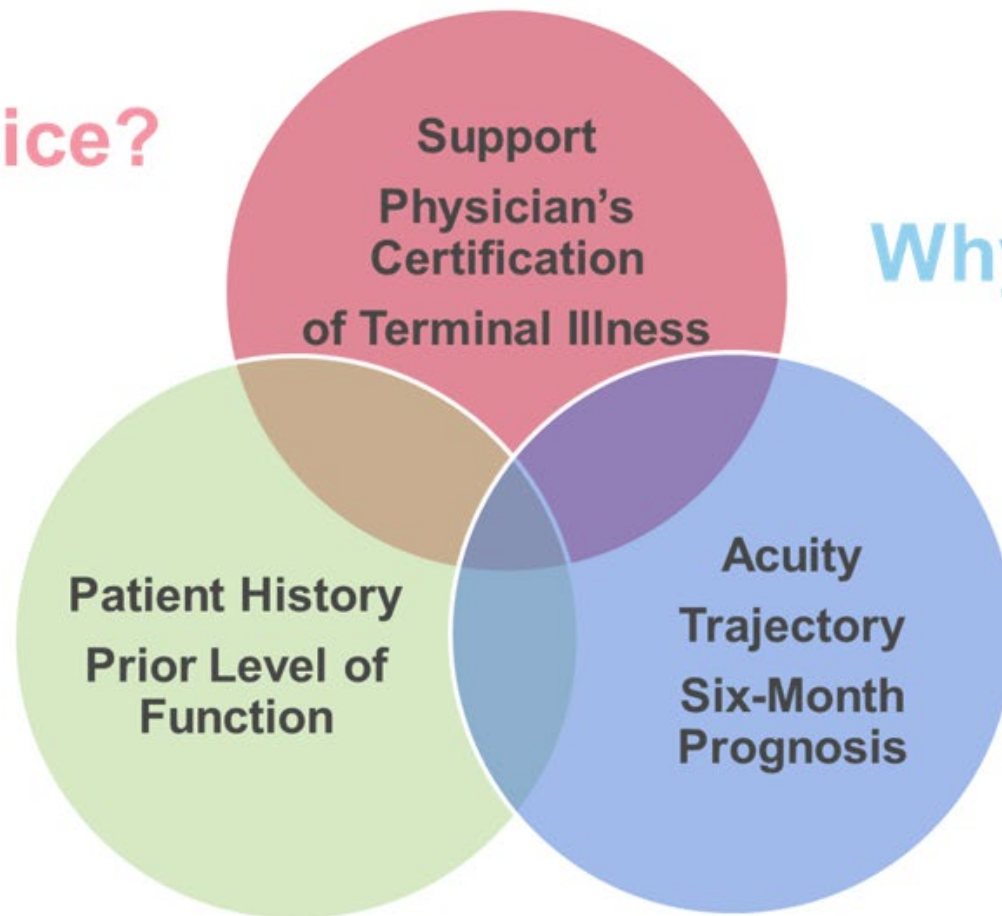
Comfort Care

- Disease progression significantly declining
- Trajectory of progression provides prognosis of a life expectancy of less than six months

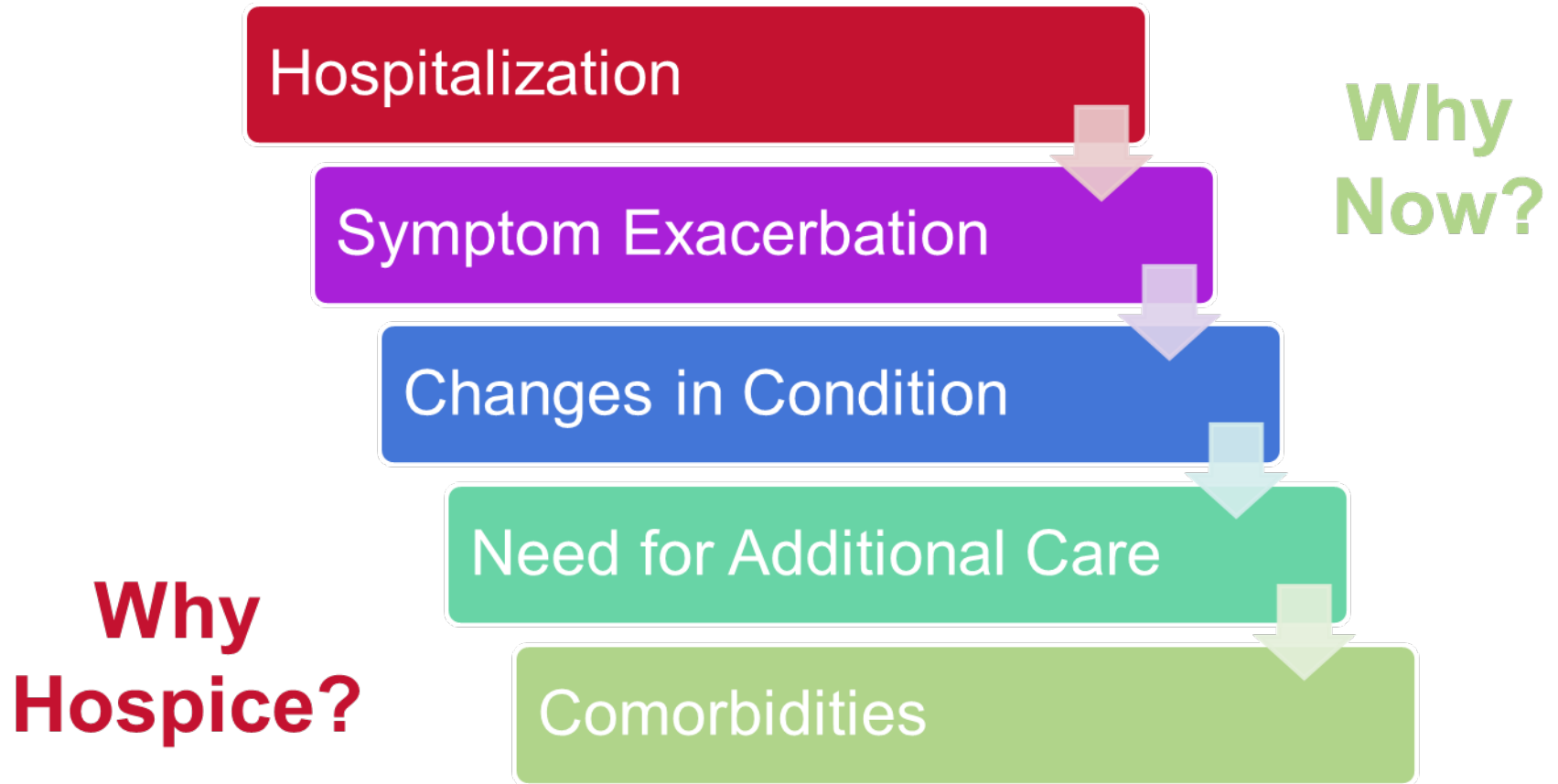
Hospice Nursing Documentation

Why Hospice?

Why Now?



Hospice Nursing Documentation



Hospice Nursing Documentation

Neurological

- Orientation (what was their neuro status prior?)
- Lethargy
- Speech
- Follows commands/prompts
- Sleeping patterns
- PAIN

Respiratory

- Intractable Cough
- Oxygen Usage (what did they use prior?)
- Shortness of Breath (how far can they ambulate before getting SOB?)
- Lung Sounds
- Inspiratory Effort

Cardiovascular

- Vital Signs
- Edema
- Heart Sounds
- Lasix Use
- Opioid Use
- Peripheral Pulses
- Circulation/Perfusion

Hospice Nursing Documentation

GI/GU

- Urine Output
- Incontinence
- Dependence on Continence Care
- Bowel Habits
- Foley
- Creatinine

Skin

- Color, Temperature, Texture, Moisture, Integrity
- Skin Risk Tools (Braden/Norton Scale)
- Wounds
- Interventions

Musculoskeletal

- ADL's
- Weakness/ROM
- Ambulation (PLOF)
- Trunk Control
- Devices (Cane, Walker, Hoyer, WC)
- KPS/PPS

Hospice Nursing Documentation

Nutrition

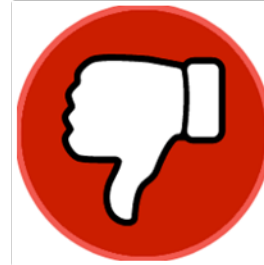


Hospice Nursing Documentation



Good
Documentation

- “Pt is much weaker than last visit.”
- “Breathing is more shallow and the patient is conversing slower today.”
- “Long silences with fixed stares”



Questionable
Documentation

- Appears to be “losing weight”
- Ate 50% of meal
- Shows “slow decline”
- “Stable”
- “Eating well”

Hospice Nursing Documentation

- Cachectic
- Anorexic
- Nonambulatory
- Dyspneic
- Weight Loss
- Poor Appetite
- Fragile
- Failing
- Weaker
- As evidenced by.....

EVIDENCE

Hospice Nursing Documentation

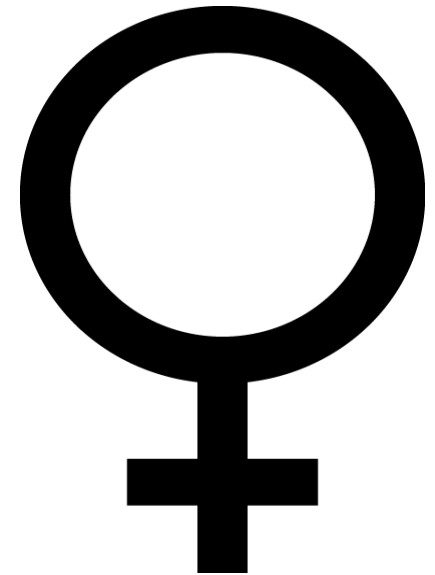
- Specific
- Objective
- Measureable
- Support the trajectory of decline related to the terminal diagnosis

Measurable Objectives

- ✓ Weights
- ✓ Mid arm circumference
- ✓ Abdominal girths
- ✓ Food and fluid intake
- ✓ Signs and symptoms
- ✓ Diagnostic studies
- ✓ Lab values

Scenario

- 72 Year Old Female Patient
- Diagnosis: Alzheimer's Disease
- Hospitalized 6.20.2016 for Pneumonia
- Hospital Admission Weight = 85#
- Discharged from Hospital and Returned Home with Primary Care Giver (Daughter) on 6.25.2016
- Hospice Admission Weight = 82.5#



Scenario

- Claim DOS: 10/1/2016–10/30/2016
 - Documentation includes that the patient
 - Has poor appetite
 - Appears thin, clothes are loose fitting
 - Totally dependent for all ADLs
 - Incontinent of urine and feces
 - Non-verbal
 - Oxygen increased
 - Sleeps most of the time

Scenario

CLAIM DOS: 10/1/2016–10/30/2016

- Comorbidities include CHF, diabetes, ischemic heart disease
 - O2@4LNC increased from previous 2LNC yesterday
 - Has poor appetite- eating three to four bites of food with difficulty, last week was eating two full meals per day
 - Drinks two-three sips of thickened liquids and aspirates easily, last week was drinking two glasses per day
 - Family reports patient sleeps 19 of 24 hours, last week awake 10 to 12 hrs/day
 - Totally dependent for all ADLs, patient no longer assisting with care
 - Hospitalized 6/20/2016 for pneumonia
 - Oxygen saturation
 - 8/19/16 92% on 2L per N/C
 - 8/20/16 88% on 4L per N/C
 - Blood sugars family reports
 - 8/15/2016 AM blood sugar 62
 - 8/15/2016 HS blood sugar 386
- Weights
- 6/20/2016- 85 LBS
 - 6/25/2016- 82.5 LBS
 - 7/20/2016- 82 LBS
 - 8/15/2016- Patient refused wt
 - 10/2/2016-81 LBS

LCD Guidelines



Hospice



LCD Guidelines

- **What's a “Local Coverage Determination”?**
- LCDs are decisions made by a MAC whether to cover a particular item or service in a MAC's jurisdiction (region) in accordance with section 1862(a)(1)(A) of the Social Security Act

LCD Guidelines

Claim denials related to NCDs and LCDs make up large percentage of denied claims

- Denials represent major expense to providers in terms of time and money

To fix and prevent denials, providers must know how to access and correctly interpret Medicare NCDs, LCDs and policy articles

LCD: Hospice - Determining Terminal Status (L33393)

Determining Terminal Status

- Section 322 of BIPA amended section 1814(a) of the Social Security Act:
 - certification of an individual who elects hospice "shall be based on the physician's or medical director's clinical judgment regarding the normal course of the individual's illness"
 - certification is based on a clinical judgment regarding the usual course of a terminal illness, and recognizes the fact that making medical prognostications of life expectancy is not always exact
- Physician's clinical judgment does not negate the fact that there must be a basis for a certification
- A hospice needs to be certain that the physician's clinical judgment can be supported by clinical information and other documentation that provide a basis for the certification of six months or less if the illness runs its normal course

Determining Terminal Status

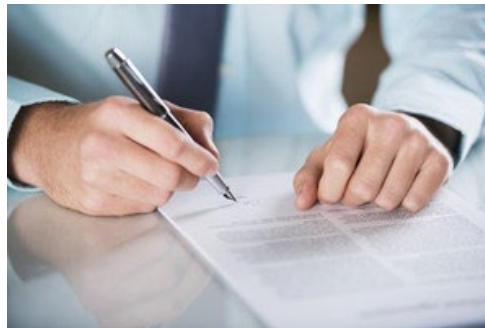
- Patient improves and/or stabilizes sufficiently over time while in hospice such that he/she no longer has a prognosis of six months or less from the most recent recertification evaluation or definitive interim evaluation, that **patient should be considered for discharge from the Medicare hospice benefit**
 - Such patients can be re-enrolled for a new benefit period when a decline in their clinical status is such that their life expectancy is again six months or less
- Patients in the terminal stage of their illness who originally qualify for the Medicare hospice benefit but stabilize or improve while receiving hospice care, yet have a reasonable expectation of continued decline for a life expectancy of less than six months, remain eligible for hospice care

Determining Terminal Status

- A patient will be considered to have a life expectancy of six months or less if he/she meets the nondisease specific “Decline in clinical status” guidelines described in Part I. Alternatively, the baseline nondisease specific guidelines described in Part II plus the applicable disease specific guidelines listed in Part III will establish the necessary expectancy.
 - Part I. Decline in Clinical Status Guidelines
 - Part II. Nondisease Specific Baseline Guidelines (both A and B should be met)
 - Part III. Disease Specific Guidelines

Determining Terminal Status: Documentation Guidelines

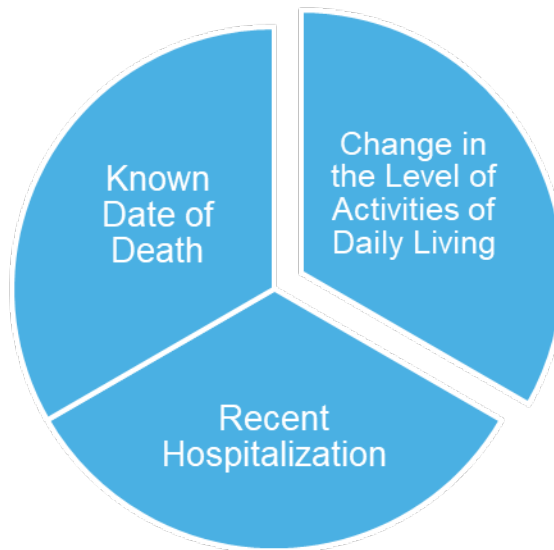
- Documentation should “paint a picture” for the reviewer to clearly see why the patient is appropriate for hospice care and the level of care provided, i.e., routine home, continuous home, inpatient respite, or general inpatient. The records should include observations and data, not merely conclusions
- The amount and detail of documentation will differ in different situations
 - The patient with metastatic small cell CA may be demonstrated to be hospice eligible with less documentation than one with chronic lung disease. Patients with chronic lung disease, long term survival in hospice, or apparent stability can still be eligible for hospice benefits, but sufficient justification for a less than six-month prognosis should appear in the record



Hospice

Determining Terminal Status: Documentation Guidelines

- Documentation submitted may include information from periods of time outside the billing period currently under review



Determining Terminal Status: Documentation Guidelines

- Submitted documentation should always include the admission assessment, as well as any evaluations and IDG discussions used for recertification. Records that show the progression of the patient's illness are very helpful



Hospice

Medical Review Updates

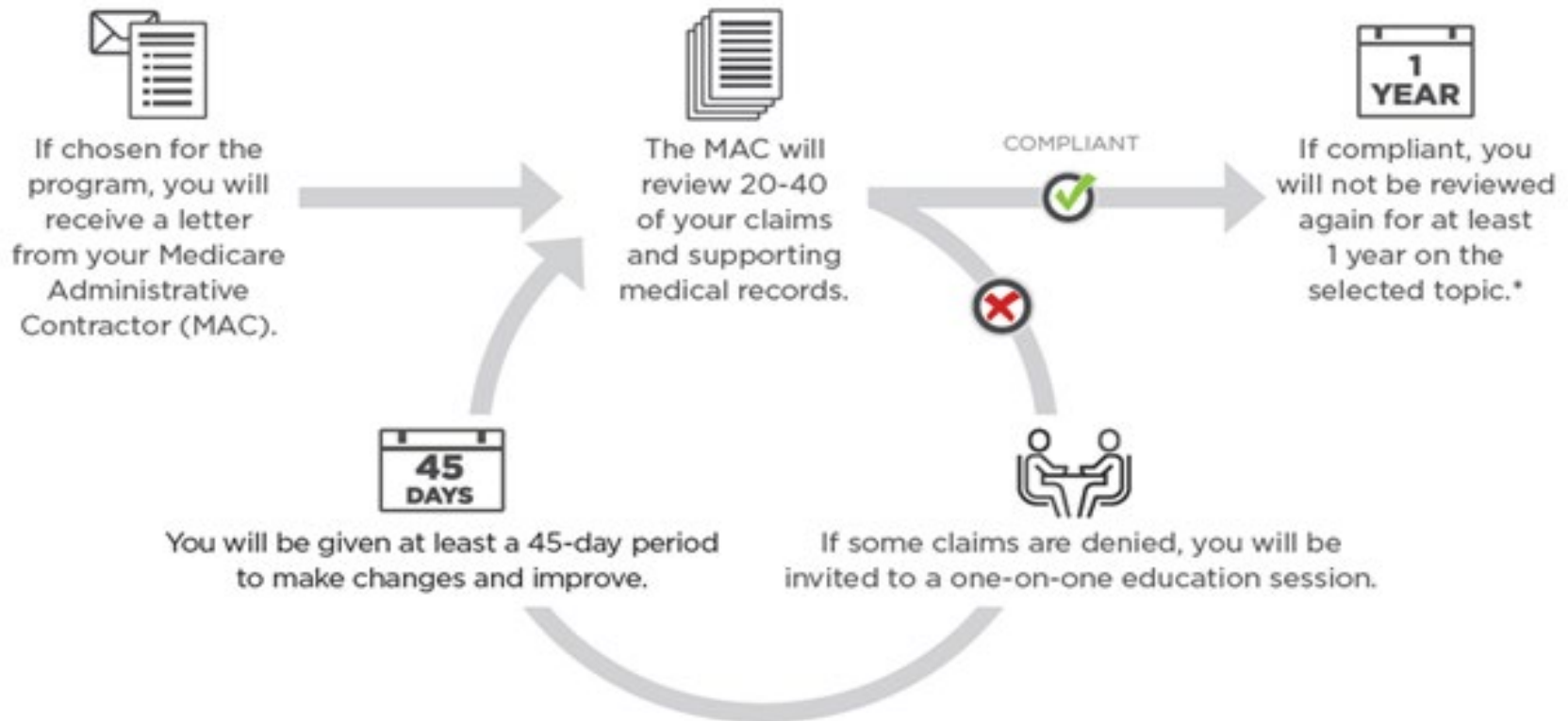
Medical Review Updates

Targeted Probe And Educate

CMS' TPE program is designed to help providers and suppliers reduce claim denials and appeals through one-on-one help.

The goal: to help you quickly improve. MACs work with you, in person, to identify errors and help you correct them. Many common errors are simple – such as a missing physician's signature – and are easily corrected.

Medical Review Updates



Medical Review Updates

Provider Tips:

- Providers targeted for TPE will receive a notification letter about the upcoming review and ADR will be used for the specific claims selected for review.
- Respond promptly to the notification letter with the name, phone number and email address of a designated point of contact for TPE-related issues.
- Ensure that medical records are submitted promptly upon request.
- Reminder: ADRs must be responded to prior to the 45 day deadline (based on the date of the ADR) for each claim selected.
- Providers are highly encouraged to respond to the ADR by sending all applicable medical records prior to day 45. Provider nonresponse to medical records requests will count as an error.

Medical Review Updates

All providers, for each line of business (Part A, Home Health and Hospice) can request an extension to the documentation submission date.

The extension request instructions are included in the Notification Letter and will also be included in the ADR.

JK: ngs-jkmedicalreview@anthem.com

J6: j6probeandeducate@anthem.com

Hospice Resources



CMS Hospice Resources

- [CMS website, Hospice Center](#)
- [CMS website, Transmittals](#)
- [CMS website, Internet-Only Manuals](#)
 - CMS IOM Pub. 100-02, *Medicare Benefit Policy Manual*
 - Chapter 9 (Hospice Coverage)
 - CMS IOM Pub. 100-04, *Medicare Claims Processing Manual*
 - Chapter 11 (Hospice Billing)
 - Code of Federal Regulations
 - [Part 418 Hospice Care](#)

National Government Services Website Hospice Resources

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Available on [our website](#)

- Select your provider type and applicable state, click on enter.
- From the drop down menu, click on **Education** for manuals, job aids and to access Medicare University.
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NGS Local Coverage Determinations

- [NGS Website](#)
 - Medical Policies tab
 - [LCD: Hospice – Determining Terminal Status \(L33393\)](#)

National Government Services Local Coverage Determinations

Welcome to Medical Policies. Below you will find the LCDs, related billing & coding articles and additional medical policy topics. When entering criteria into the search box, the search results will be conducted within the LCDs and the Medical Policy Articles shown below. For additional Medical Policy Topics, refer to the bottom of the page.

[\[View Draft Policies\]](#) | [\[View Future Effective LCDs\]](#) | [\[View Future Effective Billing & Coding Articles\]](#) | [\[National Coverage Determinations\]](#)

[Local Coverage Determinations](#) [Medical Policy Articles](#)

Local Coverage Determinations

LCD	LCD #	Billing and Coding #	Response to Comments	Related CPT/HCPCS Codes
Hospice - Determining Terminal Status <i>Related terms: Decline, life expectancy</i>	L33393	A52830		

NGS Jurisdiction 6

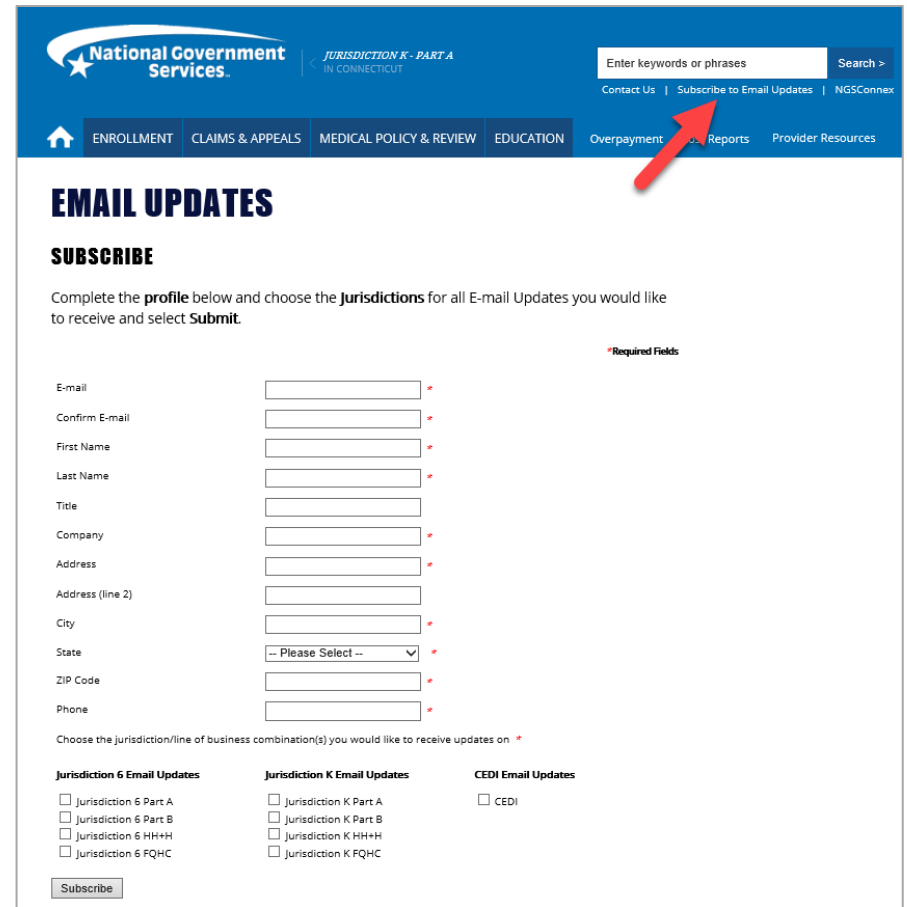
- [NGS Website](#)
- IVR Unit – 866-277-7287
- Provider Contact Center – 866-590-6724
- LCDs and Policy Articles – See website home page, Medical Policies – Find LCDs and related billing and coding articles card

NGS Jurisdiction K

- [NGS Website](#)
- IVR Unit – 866-275-7396
- Provider Contact Center – 866-289-0423
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<input type="checkbox"/> Jurisdiction 6 FQHC	<input type="checkbox"/> Jurisdiction K FQHC	

Medicare University

- Interactive online system available 24/7
- Educational opportunities available
 - Computer-based training courses
 - Teleconferences, webinars, live seminars/face-to-face training
- Self-report attendance
- [Medicare University website](#)

Continuing Education Credits

- All National Government Services Part A and Part B Provider Outreach and Education attendees can now receive one CEU from AAPC for every hour of National Government Services education received
- If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization not National Government Services with your questions concerning CEUs

Contact Us

- For future hospice questions or issues
 - Email: J6.provider.training@anthem.com

State/Region	Toll-Free Number	IVR	PCC Hours of Service
Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Washington, American Samoa, Guam, Northern Mariana Island	866-590-6724 TTY: 888-897-7523	866-277-7287	Monday–Friday 8:00 a.m.–4:00 p.m. PT Thursday, closed for training 12:00–2:00 p.m. PT
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	866-289-0423 TTY: 866-786-7155	866-275-7396	Monday–Friday 8:00 a.m.–4:00 p.m. ET Thursday, closed for training 2:00–4:00 p.m. ET
Michigan, Minnesota, New York, New Jersey, Wisconsin, Puerto Rico, U.S. Virgin Islands	866-590-6728 TTY: 888-897-7523	866-275-3033	Monday–Friday 8:00 a.m.–5:00 p.m. CT 9:00 a.m.–6:00 p.m. ET Thursday, closed for training 2:00–4:00 p.m. CT 3:00–5:00 p.m. ET

Thank You!

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