Your hospice billing readiness checklist

Hospice billing has a lot of moving parts. Tight timelines, detailed documentation, payor requirements, and compliance considerations all need to work together to help support clean, timely reimbursement.

This checklist is designed to give hospice agencies a clear, organized way to review key billing steps from intake through submission and follow-up.

Front-end intake and eligibility (before election/admission)

- [ ] Eligibility verified prior to hospice election (Medicare Hospice Benefit vs. Medicaid/Commercial)
- [ ] Medicare Part A active with no conflicting elections
- [ ] Level of care identified (routine, continuous, inpatient, respite)
- [ ] Attending and certifying physician NPIs validated (PECOS enrolled)

Certifications, face-to-face, and physician orders

- [ ] Initial certification signed and dated within required timeframes
- [ ] Physician documentation supports terminal prognosis (≤ 6 months)
- [ ] Face-to-face encounter completed for required recert periods; narrative reflects ongoing terminal decline
- [ ] Recertifications signed before the benefit period ends

Clinical documentation quality (election through discharge)

- [ ] Narrative documentation consistently reflects terminal status
- [ ] Symptoms, functional decline, and clinical changes are clearly documented
- [ ] Visits demonstrate skilled hospice services (not custodial care)
- [ ] Discharge, revocation, or transfer documentation completed on time

Plan of Care (POC) and Interdisciplinary Group (IDG) compliance

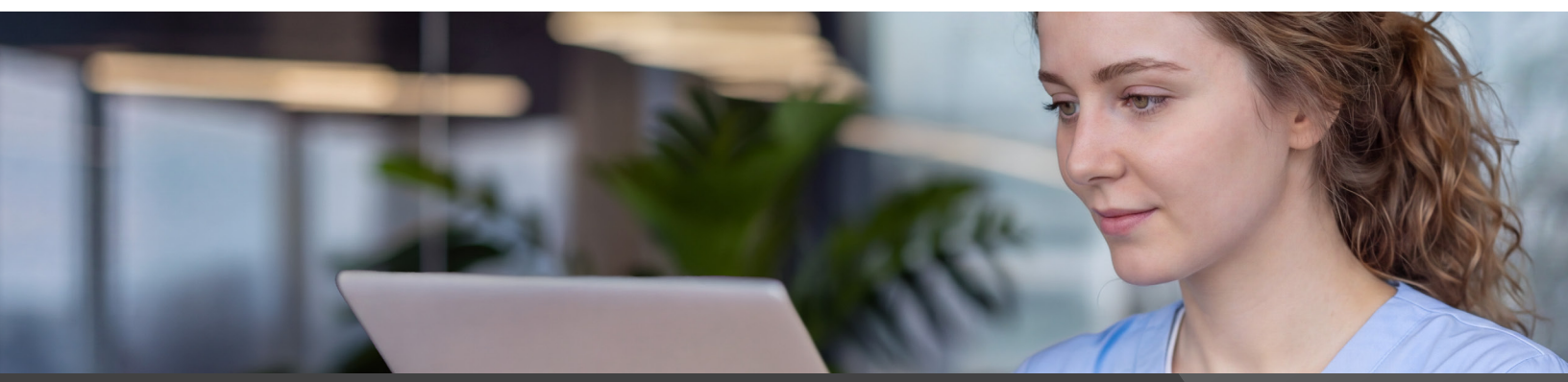
- [ ] Initial POC established within required timeframe
- [ ] POC reviewed and updated by IDG at least every 15 days
- [ ] Visit frequencies align with goals of care
- [ ] IDG attendance and participation fully documented

Timely billing and submission

- [ ] Notice of Election (NOE) submitted within required timelines
- [ ] Clean claims prepared on first submission and billed promptly after month end
- [ ] Electronic confirmations reviewed daily
- [ ] Billing rejections reviewed and revised within 24-48 hours

Internal audits and compliance monitoring

- [ ] Pre-bill chart audits performed routinely
- [ ] Eligibility and prognosis audits conducted regularly
- [ ] ADR and denial trends reviewed monthly
- [ ] 30/60/90-day AR monitored by payor and denial reason



Keep billing moving with more clarity and confidence

Strong processes don't happen by chance. MatrixCare RCM Services brings specialized hospice billing experience to help agencies refine their processes and work through billing challenges with right-fit support built around their needs.

To learn more about what's possible for your organization, contact our experts at **866-469-3766** or visit **www.matrixcare.com/rcm-billing**