DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Administrator
Washington, DC 20201

MAY 24 2002

Mr. Jonathon Keyserling
The National Hospice and Palliative Care Organization
1700 Diagonal Road, Suite 625
Alexandria, VA 22314

Dear Mr. Keyserling:

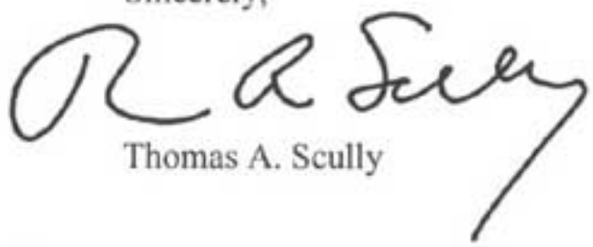
The Centers for Medicare & Medicaid Services (CMS) believes hospice care is an essential Medicare benefit that can bring physical and emotional care to the terminally ill individual and his or her family when life nears its end. However, we are concerned that some individuals who may want hospice care, and could benefit from it, may not be learning about it or may be learning about it late in the course of their illness. Therefore, we are requesting that members of the physician community, as well as other health care professionals, think more about hospice as they care for terminally ill patients.

To help bring more attention to hospice and end-of-life care, CMS has published an article recently in the Physician Executive Journal, McKnight's Long Term Care News, and Caring Magazine entitled, "End-of Life Care Enhances Dignity and Peace as Life Nears Its End" (copy enclosed). The article provides information about the benefits of hospice services to terminally ill patients and reinforces CMS's commitment to ensure that beneficiaries receive appropriate end-of-life care tailored to meet their needs. Please feel free to share this letter and the enclosed article with your association's members.

As part of our effort to ensure that beneficiaries receive appropriate end-of-life care, I would like to address the concerns that the physician community has expressed to CMS about the difficulty in making end-of-life care prognoses and in particular, about making accurate or exact prognoses. We recognize that making these determinations is not an exact science and that the impact of a hospice's services may, initially, improve the patient's condition. Thus, Medicare regulations use the terms "expectancy" and "if the terminal illness runs it normal course" in its definition to indicate that it is entirely possible for hospice services to be needed for more than a 6-month period. The Medicare program recognizes that terminal illnesses do not have entirely predicable courses. In further recognition of the difficulty in making exact predictions, physicians certifying Medicare patients for hospice are expected only to use their best "clinical judgment regarding the normal course of the individual's illness."

In closing, I would like to re-emphasize CMS's commitment to ensuring that beneficiaries receive appropriate end-of-life care tailored to meet their needs. I would also like to thank you for your continued interest in the Medicare program.

Sincerely,



Thomas A. Scully

Enclosure