

Hospice Peer Review Audit Tool

Aligned with Targeted Probe & Educate (TPE) Risk Areas

Section 1: Eligibility & Prognosis Documentation

- Terminal diagnosis clearly documented and supported by LCD criteria
- Physician narrative includes individualized clinical findings (not boilerplate)
- Prognosis statement supports 6-month life expectancy
- Evidence of functional decline documented over time
- Cumulative disease burden described (not just diagnoses listed)
- Recertification documentation reflects continued decline

Section 2: Evidence Bundle Assessment

- Functional trajectory documented (PPS trend, ADL decline)
- Nutritional decline supported with data (weight, intake, swallowing)
- Acute events noted (falls, infections, ED visits)
- Disease-specific markers documented and progressing
- Caregiver burden or psychosocial risk documented

Section 3: IDG Documentation & Consistency

- IDG notes reflect interdisciplinary input
- Nursing, social work, and physician documentation are aligned
- No contradictory documentation suggesting improvement without context
- Plan of care reflects terminal focus

Section 4: Common TPE Risk Triggers

- Long length of stay (>180 days) reviewed for continued eligibility
- High utilization patterns evaluated (GIP, continuous care)



- Documentation avoids vague terms (e.g., 'stable', 'doing well') without context
- No copy-forward or cloned physician narratives
- Face-to-Face encounter supports ongoing decline

Section 5: Auditor Lens Review Questions

- Would an external reviewer clearly see trajectory of decline?
- Does documentation tell a cohesive story across disciplines?
- Is there objective data supporting subjective observations?
- If hospice were removed, would deterioration likely occur?

Overall Peer Review Determination:

- Continue hospice – Documentation defensible
- Continue hospice – Documentation needs strengthening
- Escalate to Medical Director for further review
- Consider discharge discussion

Reviewer Name: _____

Date Reviewed: _____

Comments/ Action Plan: _____

TPE Risk Scoring Thresholds

Scoring Instructions:

Assign 1 point for each unchecked item in Sections 1–5 (documentation gaps).

Total the number of identified gaps to determine TPE risk level.

Risk Categories:

- **LOW TPE RISK (0–3 gaps identified)**
 - Documentation is cohesive and defensible.
 - Evidence bundle clearly supports 6-month prognosis.
 - No significant contradictory or cloned documentation.
- **MODERATE TPE RISK (4–7 gaps identified)**
 - Some documentation inconsistencies or missing trajectory language.
 - Narrative may rely too heavily on diagnosis without clear decline.
 - Strengthening recommended prior to MAC review.
- **HIGH TPE RISK (8+ gaps identified)**
 - Significant eligibility documentation weaknesses.
 - Lack of clear prognostic narrative or trend data.
 - Potential exposure during TPE, ADR, or UPIC review.
 - Immediate escalation to Medical Director recommended.

Escalation Guidance:

- **LOW:** Continue routine peer review.
- **MODERATE:** Implement documentation coaching and re-audit within 30 days.
- **HIGH:** Escalate for Medical Director review and corrective action plan.

