

Hospice Regulations and Conditions of Participation



Introduction

Hospices must meet these "Conditions of Participation" to become licensed and certified by state regulators and to be allowed by the (CMS) to continue to participate in the Medicare hospice program. Without certification as meeting these standards, hospices cannot receive reimbursement for enrolling patients in their program.

Summary

Federally recognized hospice care in the United States began with implementation of parts of the Social Security Act (including Sections 1102, 1861 and 1871/42 U.S.C. 1302 and 1395hh and other sections).

The Centers for Medicare and Medicaid Services (CMS) develops Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) that healthcare organizations must meet in order to begin and continue participating in the Medicare and Medicaid programs. These minimum health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. CMS also ensures that the standards of accrediting organizations recognized by CMS (through a process called "deeming") meet or exceed the Medicare standards set forth in the CoPs/CfCs.